

Child's ID# \_\_\_\_\_

Household ID# \_\_\_\_\_

## Green Housing Study 綠色住房研究



### 6 and 12-month Follow-up Questionnaire (Children 7-12 with asthma) 第六個和第十二個月跟蹤問卷 (7-12歲由哮喘的小孩)

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX) 這個數據收集所造成的回答負擔大約在 1 0 分鐘左右，其中包括閱讀指示，搜索現有信息庫，集合和保持所需數據，以及完成並檢查收集的數據。任何單位不能進行或贊助，任何人也沒有必要回答沒有國家管理和經費預算辦公室 (OMB) 批復編號的數據收集問卷。發送有關回答負擔的評論或者建議到美國疾病控制與方中心(CDC/ATSDR)信息收集審查辦公室：1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXX).

Interviewer Initials \_\_\_\_\_ Date: \_\_\_\_\_  
訪問員名字： 日期：

1. Observation point (Circle One):

- a) 6-month follow-up (post-remediation)
- b) 12-month follow-up (post-remediation)

1. 跟蹤時間點：

- a) 六個月 (翻新后)
- b) 十二個月 (翻新后)

2. Does [Child's name] attend childcare? Yes No  
If yes, please specify

- 1. Childcare facility
- 2. Private residence
- 3. Both

2. [小孩名字]去托兒所嗎? 是 否  
如果是，請說明：

- 
- 
- 1. 托兒所
  - 2. 私人住所
  - 3. 兩者都有
- 
- 

### Health Care Access

#### 健康醫療

3. Is [Child's name] currently covered by any kind of health insurance or some other health care plan?

Yes No Don't know

If YES, then ask:

3.1 Which of the following types of health care insurance is it?  
(Please circle one)

DK = Don't know R = Refused NA = Not applicable

1. employer or union either through yourself or another family member
2. Medicaid or any government-assistance plan for those with low incomes or a disability
3. TRICARE, VA, or other military health care
4. Indian Health Service
5. Medicare, for people with certain disabilities
6. Any other type of health insurance or health coverage plan
7. Don't know

3. [小孩名字]現在有健康保險或者其他的醫療計劃嗎？ 有 沒有 不知道  
如果有，繼續問：

3.1 是以下哪個(些)健康保險？（請選一）

1. 你或者其他家人的工作單位或者工會保險
2. **Medicaid** 或者任何政府針對低收入或殘障所進行補補助的計劃
3. **TRICARE** , **VA**, 或者其他軍隊健康保險
4. 印第安健康保險
5. Medicare , 針對有殘障的人群
6. 其他任何健康保險或者醫療保險計劃
7. 不知道

4. Do you have one person you think of as your personal doctor or health care provider?  
*Probe if answer is NO: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"*

1. Yes, only one
2. More than one
3. No
4. Don't know

4. 有沒有某一個人你認為是你的個人醫生或者醫療提供者？

如果回答是“否”，提示：是有多個人，或者沒有任何人你認為是你的個人醫生或者醫療提供者？

1. 是，只有一個人
2. 有多個人
3. 否
4. 不知道

## Asthma History

### 哮喘歷史

5. During the past 3 months, has [Child's name] had an episode of asthma or an asthma attack?

Yes                      No                      Don't know

If **NO**, then SKIP to Question 14, “regular schedule of medicine”

DK = Don't know

R = Refused

NA = Not applicable

If **YES**, how many asthma episodes or attacks?

5.1 \_\_\_\_\_ Number of times

5. 在過去的3個月中，[小孩名字]有出現過氣喘或者氣喘症狀嗎？ 有 沒有 不知道  
如果沒有，調到第14題“常規服藥安排”  
如果有，有幾次哮喘發作？

5 . 1 \_\_\_\_\_ 發作次數

6. During the past 3 months, did [Child's name] have an emergency or urgent care visit because of asthma?

Yes No

在過去的3個月中，[小孩名字]有因為氣喘而到過急救中心或者急救部門嗎？ 有 沒有

If **NO**, Skip to Question #8 如果沒有跳到第8題

If **YES**, did [Child's name] visit the following?

6.1 Emergency department	Y	N	_____	Number of visits
6.2 Urgent care center	Y	N	_____	Number of visits
6.3 Emergency visit to doctor's office	Y	N	_____	Number of visits

如果有，[小孩名字]到過以下哪些地方？

11.1 急救科	有	沒有	次數
11.2 急診中心	有	沒有	次數
11.3 緊急到醫生辦公室	有	沒有	次數

*If child went to Emergency department (6.1 is one or more visits), then ask:*

如果小孩去了急救科，繼續問：

6.4 Did [Child's name] travel by ambulance?

Yes No

If **YES**, how many times?

6.4.1 \_\_\_\_\_ Number of times

6.4 有救護車載[小孩名字]嗎？ 有 沒有  
如果有，有幾次？

6.4.1 \_\_\_\_\_ 次數

7. During the past 3 months, has [Child's name] stayed in the hospital overnight (NOT considering the emergency department) because of asthma?

Yes No

在過去的3個月中，[小孩名字]有因為氣喘而在醫院留宿嗎？（換句話說，住院；不包括在急救室呆的晚上）

If **YES**, how many different times was [Child's name] admitted to the hospital?

7.1 \_\_\_\_\_ Number of visits

如果有，[小孩名字]一共有多少次住院？

7.1 \_\_\_\_\_ 次數

*(If # of visits equals 1, then min = max)*

7.2 \_\_\_\_\_ Minimum number of days in hospital

7.3 \_\_\_\_\_ Maximum number of days in hospital

7.4 \_\_\_\_\_ Total number of days in hospital

7.2 最少住院時間

7.3 最多住院時間

7. 4 總住院時間

8. During the past 3 months, was [Child's name] unable to attend school because of asthma?  
Yes No

8. 在過去的3個月中，[小孩名字]有因為氣喘而無法上學嗎？ 有 沒有

If **YES**, then ask: How many days did [Child's name] miss school?

8.1.1 \_\_\_\_\_ Number of days [Child's name] missed school  
**[Include only days school was in session.]**

如果有，繼續問：[小孩名字]一共缺席多少天？

8.1.1 \_\_\_\_\_ [小孩名字]缺席的天數（只包括學校開的日子）

8.2 Did this occur in the past 2 weeks? Yes No  
[小孩名字]在過去的2個星期裏缺席了嗎？ 有 沒有

If **YES**, how many times?

8.2.1 \_\_\_\_\_ Number of days [Child's name] missed school  
**[Include only days school was in session.]**

如果有，有多少次？

8.2.1 \_\_\_\_\_ [小孩名字]缺席的天數（只包括學校開的日子）

9. During the past 3 months, were **YOU** unable to attend work or carry out your usual activities because of [Child's name] asthma?

Yes No

9. 在過去的3個月裏，你有因為小孩的氣喘而無法上班或者進行日常的活動嗎？ 有 沒有

If **YES**, then ask

9.1 \_\_\_\_\_ Total number of days (*use your best guess*)

9.1.1 \_\_\_\_\_ Of these, how many work days did you miss?

如果有，繼續文：

9.1 \_\_\_\_\_ 總天數（最好的估計）

9.1.1 其中有 \_\_\_\_\_ 天你無法上班

9.2 Did this occur in the past 2 weeks? Yes No  
9.2 這是在過去的2周裏發生的嗎？ 是 否

If **YES**, then ask

9.2.1 \_\_\_\_\_ Number of days you missed work (*if applicable*)

9.2.2 \_\_\_\_\_ Number of days you missed other activities

如果是，繼續問：

9.2.1 上班缺席的天數 \_\_\_\_\_

9.2.2 缺席其它活動的天數\_\_\_\_\_

10. In the past 3 months, did [Child's name] wake up at night because of asthma?

Yes No

If **YES**, then ask

10.1 \_\_\_\_\_ Number of nights (use your best guess)

10.2 Did this occur in the past 2 weeks? Yes No

If **YES**, then ask

10.2.1 \_\_\_\_\_ Number of nights

10. 在過去的3個月裏，[小孩名字]有因為氣喘而半夜突然醒來嗎？ 有 沒有  
如果有，繼續問：

10.1 \_\_\_\_\_ 晚上

10.2 這個/些再過去的2周裏出現過嗎？ 有 沒有

如果有，再問：

10.2.1 \_\_\_\_\_ 晚上

11. During the last 3 months, did [Child's name] take medication when he/she had an asthma episode or attack? Y N DK

If **YES**, then ask the following:

11.1 Please tell me which medicines

*(Interviewer: Place a mark in the "Emergency" column next to each identified medicine on the med sheet on the last two pages of this questionnaire)*

11.2 Did this occur in the past 2 weeks? Y N DK

11. 在過去的3個月中，[小孩名字]有在出現氣喘症狀的時候吃藥嗎？ 有 沒有 不知道

如果有，繼續問：

11.1 請告訴我這些藥品

(採訪員：在“緊急”這個縱列裏對每個提到的藥品划X)

11.2 這個是在過去2周裏發生的嗎？ 是 否 不知道

12. During the last 3 months, did [Child's name] take prescription asthma medications by inhaler? Y N DK

Y N DK

12. 在過去的3個月中，[小孩名字]有吸入針對氣喘的處方藥嗎？ 有 沒有 不知道

If **YES**, then ask all of the following:

12.1 How long did [Child's name] take them?

1. ≤ 1 month

2. 2 months

3. 3 months

- 12.2 Please tell me which medicines  
*(Interviewer: Place a mark in the "Inhaler" column next to each identified medicine on the med sheet on the last two pages of this questionnaire)*
- 12.3 Please tell me how many canisters were used up in the past 3 months  
*(Interviewer: Enter number next to each identified medicine on the med sheet on the last two pages of this questionnaire)*
- 12.4 Did [Child's name] take prescription asthma medications by inhaler in the past 2 weeks?  
Y N DK

如果有，問以下所有：

12.1 [小孩名字]使用了多久了？

1. 小於一個月
2. 兩個月
3. 3個月

12.2 請告訴有哪些藥品

(採訪員：在“吸入藥品”這個縱列裏對每個提到的藥品划X)

12.3 請告訴我在過去的三個月中共有了多少罐？

12.4 在過去的2周裏，[小孩名字]有吸入過針對氣喘的處方藥嗎？ 有 沒有 不知道

13. During the last 3 months, has [Child's name] taken any prescription medicine in pill or syrup form for his/her asthma?  
Y N DK  
在過去的3個月中，[小孩名字]有吃過顆粒狀或者液體狀的氣喘藥嗎？ 有 沒有 不知道

If **YES**, then ask the following:

13.1 Please tell me which medicines

*(Interviewer: Place a mark in the "Pill/Syrup" column next to each identified medicine on the med sheet on the last two pages of this questionnaire)*

13.2 Did this occur in the past 2 weeks? Y N DK

如果有，繼續問：

13.1 請告訴我有哪一些藥品 (採訪員：在“顆粒/液體藥”這個縱列裏對每個提到的藥品划X)

13.2 小孩又在過去的2周裏吃過嗎？ 有 沒有 不知道

14. During the last 3 months, did [Child's name] take any medicine on a regular schedule everyday for his/her asthma?  
Y N DK  
14. 在過去的3個月裏，[小孩名字]有每天定時吃氣喘的藥嗎？ 有 沒有 不知道

If **YES**, then ask the following:

14.1 What was the medication?

*(Interviewer: Place a mark in the "Regular Schedule" column next to each identified medicine on the med sheet on the last two pages of this questionnaire)*

14.2 Did this occur in the past 2 weeks? Y N DK

如果有，繼續問：

14.1 是什麼藥品？

(採訪員：在“定時藥品”這個縱列裏對每個提到的藥品划X)

14.2 小孩在在過去的2周裏有定時吃藥嗎？ 有 沒有 不知道

15. During the past 3 months, did [Child's name] have any of these conditions?

(If **YES** to any of the following, enter number of episodes in space provided)

15. 在過去的3個月裏，[小孩名字]出現過一下情況嗎？(如果是，請輸入次數)

Number 次數

15.1 Flu or cold Y N DK \_\_\_\_\_  
(Defined by at least 3 of the following: feverish, stuffy/runny nose, cough, sore throat, body aches or tiredness, for more than 24 hours)

(If **YES**, then ask)

15.1.1 During these illness episodes, did [Child's name] asthma get worse?

Y N DK

15.1.2 Did [Child's name] receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness?

Y N DK

15.1.3 Was [Child's name] prescribed antibiotics? Y N DK

15.1 流感或感冒 有 沒有 不知道 \_\_\_\_\_

(定為至少3種或以上的症狀持續24小時以上：發燒，鼻塞/流鼻涕，咳嗽，喉嚨發炎，身體痛或乏力)

15.1.1 在這些症狀發生時，[小孩名字]的哮喘有加重嗎？ 是 否 不知道

15.1.2 [小孩名字]有接受Tamiflu 或者 oseltamivir，或者吸入 Relenza 或 zanamivir 的藥物？ 是 否 不知道

15.1.3 [小孩名字]有用抗生素嗎？ 是 否 不知道

15.2 Pneumonia Y N DK \_\_\_\_\_

15.3 Bronchitis Y N DK \_\_\_\_\_

Enter frequency by circling one choice

15.4 Sneezing, runny/stuffed nose (**without a cold**)

Never Once/ Twice Monthly Weekly Daily

15.5 Wheezing Never Once/ Twice Monthly Weekly Daily

15.6 Cough (**without a cold**) Never Once/ Twice Monthly Weekly Daily

15.7 Shortness of breath Never Once/ Twice Monthly Weekly Daily

15.2 肺炎 是 否 不知道

15.3 支氣管炎 是 否 不知道

15.4 (沒有感冒清款下的)鼻塞/流鼻涕 從無 一兩次 每月 每週 每日

15.5 喘息 從無 一兩次 每月 每週 每日

15.6 咳嗽(沒有感冒) 從無 一兩次 每月 每週 每日

15.7 氣緊/氣短 從無 一兩次 每月 每週 每日

16. Did [Child's name] receive a flu shot (probe: or seasonal flu vaccine?) during the past year?

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Y	N	DK
有	沒有	不知道

16 . 在過去的一年中[小孩名字]有打過流感育苗嗎？

Emergency/rescue Inhaler/ nebulizer	Pill/Syrup	Regular (Daily-use) schedule # Canisters used in last 3 months	Visual Confirmation	Emergency/rescue Inhaler/ nebulizer	Pill/Syrup	Regular (Daily-use) schedule # Canisters used in last 3 months	Visual Confirmation
			Accolate				Nedocromil
			Acetaminophen				Pedialpred
			Advair				Prednisolone
			Advil				Prednisone
			Aerobid				Proventil
			Aerolate				Pirbuterol
			Aerospan HFA				Primatene Mist
			Albuterol				Pro-Air HFA
			Allegra				Proventil
			Alupent				Pulmicort Turbuhaler
			Asmanex				QVAR
			Atrovent				Respid
			Azmacort				Robitussin
			Beclomethasone dipropionate				Salbutamol
			Beclovent				Salmeterol
			Bitolterol				Serevent
			Brethaire				Singulair
			Brethine				Slo-phyllin
			Budesonide				Symbicort
			Choledyl				Terbutaline
			Claritin				Theo-24
			Combivent				Theochron
			Cromolyn				Theoclear
			Deltasone				Theo-Dur

