

# Semtel

1. Date of telephone contact:

\_\_\_\_\_ (mm-dd-yyyy)

## Respondent identification

2. Who is the respondent?

- Participant
- Participant's mother
- Participant's father
- Participant's guardian (but not parent)
- Other
- No answer

If other, specify: \_\_\_\_\_

3. Relationship of respondent to participant:

- Self
- Mother
- Father
- Niece or Nephew
- Aunt or Uncle
- First Cousin
- Second Cousin
- Grandparent
- Great Grandparent
- Great Great Grandparent
- Great Aunt or Great Uncle
- Great Great Aunt or Great Great Uncle
- Foster Parent
- Other
- Unrelated
- No answer

If other, specify: \_\_\_\_\_

## Chest Symptoms(ATS/DLD modified)

4. How often has the participant had a cough, wheeze, shortness of breath or chest tightness since the last study visit?

- 2 or fewer times per week    daily    3-6 times per week    continuously    No answer

5. Since the last study visit, how often has the participant awakened from sleep because of coughing, wheezing, shortness of breath or chest tightness?

- 2 or fewer times per month    3-4 times per month    5-9 times per month    10 or more times per month    No answer

6. Since the last study visit, has the participant had an attack of wheezing, coughing, shortness of breath or chest tightness after playing hard or exercising?

- Yes    No

6a. Which problem(s)? (check all that apply)

- wheezing (whistling sound)  
 coughing  
 shortness of breath  
 chest tightness

6b. How often?

- 2 or fewer times per month  
 3-4 times per month  
 5-9 times per month  
 10 or more times per month  
 No answer

7. How often do respiratory symptoms (cough, wheezing, shortness of breath) keep the participant from doing what he/she wants to do?

- 2 or fewer times per month    3-4 times per month    5-9 times per month    10 or more times per month  
 No answer

8. Think about all activities that the participant did since the last study visit. How much was he/she bothered by respiratory symptoms (cough, wheeze, shortness of breath)?

- Not bothered at all    hardly bothered    bothered a little    somewhat bothered  
 quite bothered    very bothered    extremely bothered    No answer

### Asthma History

9. How many days has the participant used albuterol (or other short-acting bronchodilator) because of respiratory symptoms?

\_\_\_\_\_ (days)

10. How many days has the participant used albuterol (or other short-acting bronchodilator) for preventive use before exercise?

\_\_\_\_\_ (days)

11. Since the last visit, has the participant had problems with allergies?

- Yes  
 No

12. Has the participant been prescribed oral steroids (e.g. prednisone, orapred) since the last visit?

- Yes    No

12a. How many times? \_\_\_\_\_

13. Since the last study visit, has the participant been prescribed any new medications?

- Yes  
 No

If no, skip to question #14

If yes, please fill out the Semi-Annual Telephone Medication Appendix form for each new medication.

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14. Has the participant been hospitalized since the last study visit?

- No  
 Yes  
 Don't Know  
 No answer

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14a. If yes, what was the reason for the visit(s)? (check all that apply)

- Pain  
 Respiratory symptoms (cough, Wheeze, shortness of breath)  
 Acute Chest Syndrome  
 Other

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If other, specify: \_\_\_\_\_

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15. Has the participant had any blood transfusions since the last study visit?

- Yes  
 No

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16. Has the participant had any surgical procedures since the last study visit?

- No  
 Yes  
 Don't Know  
 No answer

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17. Since the last visit date, has the participant smoked cigarettes?

- Yes  
 No

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17a. On average, how many days per week has the participant smoked cigarettes?

\_\_\_\_\_ (days)

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17b. On the days participant smoked, about how many cigarettes did participant smoke per day?

\_\_\_\_\_ (cigarettes)

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### Additional Smoking Questions

18. Do you live with anyone who currently smokes cigarettes? (not only the place where you live most of the time, but any other place where you also spend the night on a regular basis ie. Grandparents' house, mom's house or dad's house, etc.)

- Yes  No

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19. In the past week, have you been in a car with someone who was smoking?

- Yes  
 No

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19a. How Frequently? (choose one)

- Almost never  
 Once a week  
 Several times a week  
 Every day  
 No answer

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20. In the past week, have you been at someone else's house where someone was smoking?

- Yes  
 No

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20a. How Frequently? (choose one)

- Almost never
- Once a week
- Several times a week
- Every day
- No answer

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21. In the past week, have you been inside a public place (i.e., a restaurant or club) where people were smoking?

- Yes    No

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21a. How Frequently? (choose one)

- Almost never
- Once a week
- Several times a week
- Every day
- No answer

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22. In the past week, have you spent time outside with people who were smoking?

- Yes
- No

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If no, skip to question #23

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22a. How Frequently? (choose one)

- Almost never
- Once a week
- Several times a week
- Every day
- No answer

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23. Have you been around anyone who smokes in the past week?

- Yes
- No

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23a. How Frequently? (choose one)

- Almost never
- Once a week
- Several times a week
- Every day
- No answer

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24. Do any of your closest friends smoke cigarettes, cigars or pipes?

- Yes
- No

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25. Have you been around anyone who smokes in the past 24 hours?

- Yes
- No

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26. Since the last visit, has the participant been given a diagnosis of Asthma by a physician?

- Yes
- No