

Dear Student,

Thank you for your participation in the Urban Measurement of Asthma and Aerosol Project (UrbanMAAP). This is a project being conducted by the Institute on Climate and Planets at the NASA Goddard Institute for Space Studies along with the Mount Sinai School of Medicine's Environmental Medicine Department. As part of this project, we would greatly appreciate your cooperation by completing the survey we have provided.

Your help in this study is of great importance to us, the student researchers, as well as to the doctors and NASA scientists we are working on environmental and human health research. The answers you supply will assist us in our research on measuring the quality of respiratory health among youth in New York City and its relation to air pollution by providing a better understanding of asthma prevalence in the area. This is a great opportunity for you to help improve the quality of information on human health in your neighborhood. Our study will help address air quality and an increased awareness of this health issue.

Please take this seriously and follow all printed directions carefully. If you are not sure of an answer, fill in the most appropriate answer. We sincerely appreciate your time and cooperation. Thank you again.

The UrbanMAAP Team

**New York City: Urban Measurement of Aerosol and Asthma Survey – Fall 2000**

**School Name and Zip Code**

1. Male \_\_\_ Female \_\_\_                      2. Age \_\_\_\_\_

3. Race (check **ONE**):

White \_\_\_      Black\_\_\_      Hispanic \_\_\_

Asian \_\_\_      Native American \_\_\_      Multi-ethnic \_\_\_      Other\_\_\_

4. Write in the zip code for where you live and your borough \_\_\_\_\_

5. What would you pay if you ate school lunch? (check ONE)

Free \_\_\_      Reduced Price\_\_\_\_\_      Full price \_\_\_

6. What is the highest level of education completed by either of your parents?

Some High School \_\_\_      High School\_\_\_      Some College\_\_\_

College\_\_\_      Graduate School\_\_\_      Other\_\_\_

7. How many blocks do you live from -

a. Highways?

0-4 blocks\_\_\_ 5-9 blocks\_\_\_ 10-14 blocks\_\_\_ 15-19 blocks\_\_\_ 20 or more blocks\_\_\_

b. Bus routes?

0-4 blocks\_\_\_ 5-9 blocks\_\_\_ 10-14 blocks\_\_\_ 15-19 blocks\_\_\_ 20 or more blocks\_\_\_

c. Bridges/Tunnels?

0-4 blocks\_\_\_ 5-9 blocks\_\_\_ 10-14 blocks\_\_\_ 15-19 blocks\_\_\_ 20 or more blocks\_\_\_

8. Do you have allergies?                      Yes\_\_\_                      No\_\_\_

9. Do you have any family members with asthma?    Yes\_\_\_                      No\_\_\_

10. Do you live with anyone with asthma?    Yes\_\_\_                      No\_\_\_

11. Has a doctor ever told you that you have asthma?    Yes\_\_\_                      No\_\_\_

12. Do you currently have asthma?    Yes\_\_\_                      No\_\_\_

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13. Have you suffered from any of the following symptoms in the past year?: (check all that apply to YOU)

Wheezing \_\_\_      Coughing \_\_\_      Sneezing \_\_\_      Shortness of breath \_\_\_  
Tightness of Chest \_\_\_      Whistling in the chest \_\_\_      NONE \_\_\_

**If you answered NONE for symptoms (Question #13) AND said that you do NOT have asthma, please do not complete the remaining survey questions.**

**All other students should answer the remaining survey questions.**

14. How many asthma attacks did you have in the last 12 months?

None \_\_\_    1-5 \_\_\_    6-10 \_\_\_    More than 10 \_\_\_

15. During the past year, how many asthma attacks have you had in?

Fall (Sept., Oct., Nov.): None \_\_\_    1-5 \_\_\_    6-10 \_\_\_    More than 10 \_\_\_

Winter (Dec., Jan., Feb.): None \_\_\_    1-5 \_\_\_    6-10 \_\_\_    More than 10 \_\_\_

Spring (Mar., Apr., May): None \_\_\_    1-5 \_\_\_    6-10 \_\_\_    More than 10 \_\_\_

Summer (June, July, Aug.): None \_\_\_    1-5 \_\_\_    6-10 \_\_\_    More than 10 \_\_\_

16. In which season are your asthma attacks most frequent?

Fall \_\_\_    Winter \_\_\_    Spring \_\_\_    Summer \_\_\_

17. Where are you most likely to go for treatment when you have an asthma attack?

Family Doctor Office \_\_\_      Specialist \_\_\_  
Hospital Emergency Room \_\_\_      Neighborhood clinic \_\_\_      School Nurse \_\_\_

18. If you have been to an emergency room for asthma, how many times in the last 12 months?

1-2 \_\_\_    3-6 \_\_\_    7-11 \_\_\_    Over 11 \_\_\_

19. Have you ever stayed in the hospital overnight for asthma? Yes \_\_\_    No \_\_\_

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20. Do you use any medication for your asthma? (check all that apply)

Antibiotics, by pill or shot\_\_\_      Inhaled medications\_\_\_      Steroid, by pill or shot\_\_\_  
Other breathing medications\_\_\_      Other medication\_\_\_      No medications for asthma\_\_\_  
Don't know\_\_\_

21. When has your asthma attacks been most frequent during the past year? (Check one in a and one in b)

a. Before school\_\_\_      During school\_\_\_      After school\_\_\_  
b. During the week\_\_\_      On the weekend\_\_\_

22. How many school days have you missed because of your asthma:

0 days\_\_\_      1-4 days\_\_\_      5-9 days\_\_\_      10-14 days\_\_\_  
15-19 days\_\_\_      20+ days\_\_\_

23. What makes you have an asthma attack? (check all that apply)

dust\_\_\_      animal dander\_\_\_      mold\_\_\_      indoor exercise\_\_\_      stress\_\_\_  
outdoor activities/sports\_\_\_      dust mites\_\_\_      pollen\_\_\_      tobacco smoke\_\_\_  
other\_\_\_

24. What are you allergic to? (check all that apply)

dust\_\_\_      animal dander\_\_\_      dust mites\_\_\_      food\_\_\_  
pollen\_\_\_      mold\_\_\_      tobacco smoke\_\_\_      other\_\_\_

**Winter 2001 Asthma Survey**  
**Explanation of Coding**

- |  |   |
|--|---|
| <p>1) Gender: enter <b>M</b> for male<br/><b>F</b> for female</p> <p>2) Age: enter the numerical value</p> <p>3) Race: enter <b>W</b> for White<br/><b>B</b> for Black<br/><b>H</b> for Hispanic<br/><b>A</b> for Asian<br/><b>NA</b> for Native American<br/><b>ME</b> for Multi-ethnic<br/><b>O</b> for Other</p> <p>4) Home</p> <p>a) Zip code enter: numerical value</p> <p>b) Borough: <b>B</b> for Bronx<br/><b>BR</b> for Brooklyn<br/><b>M</b> for Manhattan<br/><b>Q</b> for Queens<br/><b>SI</b> for Staten Island<br/><b>N</b> for Nassau<br/><b>O</b> for other</p> <p>5) Lunch: enter <b>F</b> for Free<br/><b>RP</b> for reduced price<br/><b>FP</b> for Full Price</p> <p>6) Parent's Education: enter<br/><b>11</b> for Some High School<br/><b>12</b> for High School<br/><b>14</b> for Some College<br/><b>16</b> for College<br/><b>18</b> for Grad School<br/><b>O</b> for other</p> <p>7) Traffic a, b, and c enter <b>2</b> for 0-4<br/><b>7</b> for 5-9<br/><b>12</b> for 10-14<br/><b>20</b> for 20</p> <p>8) Allergies: enter <b>Y</b> for yes or <b>N</b> for no</p> | <p>9) Family members with allergies: enter <b>Y</b> for yes or <b>N</b> for no</p> <p>10) Live with someone with asthma:<br/>enter <b>Y</b> for yes or <b>N</b> for no</p> <p>11) Doctor diagnosed: enter <b>Y</b> for yes or <b>N</b> for no</p> <p>12) Current asthma: enter <b>Y</b> for yes or <b>N</b> for no</p> <p>13) Symptoms: enter <b>W</b> for Wheezing<br/><b>C</b> for coughing<br/><b>S</b> for Sneezing<br/><b>SB</b> for shortness of breath<br/><b>T</b> for tightness of chest<br/><b>WH</b> for whistling<br/><b>N</b> for None<br/><b>A</b> for All</p> <p>14) # of Attacks: enter <b>0</b> for none<br/><b>3</b> for 1-5<br/><b>8</b> for 6-10<br/><b>10</b> for &gt; 10</p> <p>15) # attacks/season a, b, c, and d<br/>enter <b>0</b> for none<br/><b>3</b> for 1-5<br/><b>8</b> for 6-10<br/><b>10</b> for &gt; 10</p> <p>16) Season attacks most frequent:<br/>enter <b>F</b> for fall<br/><b>W</b> for winter<br/><b>SP</b> for spring<br/><b>S</b> for summer</p> <p>17) Treatment enter: <b>MD</b> for family doctor<br/><b>ER</b> for Emergency Room<br/><b>S</b> for Specialist<br/><b>C</b> for neighborhood Clinic<br/><b>RN</b> for school nurse</p> |
|--|---|

18) # ER visits in last year enter **1** for 1-2  
**3** for 3-6  
**7** for 7-11  
**12** for > 11

19) Hospitalized overnight:  
enter **Y** for yes or **N** for No

20) Medications:  
enter **A** for Antibiotics  
**I** for inhaled medicines  
**S** for steroids  
**OBM** for other breathing medicines  
**OM** for other medicines  
**N** for no medicines  
**D** for don't know

21) Asthma attacks  
a) time of day:  
enter **BS** for Before School  
**DS** for During School  
**AS** for After School  
b) Day of week:  
enter **MF** for weekday  
**SS** for weekend

22) Missed school days: enter **0** for 0  
**1** for 1-4  
**5** for 5-9  
**10** for 10-14  
**15** for 15-19  
**20** For > 20

23) Asthma trigger:  
enter **D** for Dust  
**AD** for Animal Dander  
**M** for Mold  
**IE** for Indoor Exercise  
**S** for Stress  
**OE** for Outdoor Exercise  
**DM** for Dust Mites  
**P** for Pollen  
**T** for Tobacco smoke  
**O** for Other

24) Allergic to: enter **D** for Dust  
**AD** for Animal Dander  
**DM** for Dust Mites  
**F** for Food  
**P** for Pollen  
**M** for Mold  
**T** for Tobacco smoke  
**O** for Other