SLAITS NATIONAL ASTHMA SURVEY
STATE SAMPLE - 2003
CATI SPECIFICATIONS

INTRODUCTION TO THE NIS/NAS SAMPLE:

> Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the study.

INTRODUCTION TO THE NAS-ONLY SAMPLE:

> Hello, my name is [INTERVIEWER NAME]. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a survey regarding asthma. Your telephone number has been selected at random to be included in this important study. For most households, the interview will be very brief.

S1   Am I speaking to someone who lives in this household who is over 17 years old?

(1) YES, I AM THAT PERSON	**[SKIP TO S_NUMB IF NIS/NAS. SKIP TO SCR_OTHRS IF NAS-ONLY]**
(2) THIS IS A BUSINESS	**[SKIP TO SALTZ]**
(3) NEW PERSON COMES TO PHONE	**[SKIP BACK TO INTRO_1]**
(7) REFUSED	**[SKIP TO RQ01 FOR REF. QUESTIONS]**
(8) DOESN'T LIVE IN HOUSEHOLD	**[SKIP TO CALLBCK1]**
(9) NO PERSON AT HOME WHO IS OVER 17	**[SKIP TO S2_B]**

> **HELP SCREEN:** IF R SAYS 'GROUP QUARTERS': BARRACKS, DORMITORIES, HOSPITALS, SCHOOLS SHOULD BE CODED AS "DOES NOT LIVE IN HOUSEHOLD"

S_NUMB   How many children between the ages of 12 months and 3 years old are living or staying in your household? Please do not include children who have had their third birthdays.

> IF ONE OR MORE, ENTER
> NUMBER OF CHILDREN   ___

NIS-ELIGIBLES SKIP TO NIS INTERVIEW. AFTER NIS INTERVIEW IS COMPLETE, GO TO SLAITS TRANSITION.

NIS-INELIGIBLES GO TO SCR_OTHRS

SLAITS TRANSITION FOR NIS-ELIGIBLE AND NIS-INELIGIBLE HOUSEHOLDS:

Now I have some questions regarding asthma for both adults and children in your household.

SCR_OTHRS

Including yourself, has anyone living in your household ever been told by a doctor or other health professional that they have asthma?
[INCLUDE EXERCISE INDUCED ASTHMA]

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

[IF SCR_OTHRS IN (2, 6, 7) SKIP TO NOASTH, ELSE SKIP TO ROST]

HELP SCREEN: RESPONDENT SHOULD ONLY ANSWER "YES" IF THEY OR ANYONE ELSE LIVING IN THE HOUSEHOLD HAS BEEN DIAGNOSED WITH ASTHMA BY A HEALTH CARE PROVIDER (EXERCISE INDUCED ASTHMA COUNTS AS HAVING ASTHMA). THIS IS NOT AN OPINION-BASED QUESTION. IF THE RESPONDENT THINKS HE/SHE HAS ASTHMA BUT HAS NEVER BEEN TOLD SO SPECIFICALLY FROM A HEALTH CARE PROVIDER, THE QUESTION SHOULD BE CODED AS 'NO'.

NOASTH These are all the questions I have. I would like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you have spent answering these questions.
[TERMINATE INTERVIEW, CODE CASE AS '949' – NO ASTHMA, SCREENER COMPLETED]

ROST I need to randomly select household members for the interview. How many people 18 years of age or older who live in your household have been diagnosed with asthma?

(01 – 30) [ENTER NUMBER OF PEOPLE]   **[SKIP TO ROSTKID]**
(96) DON'T KNOW   **[SKIP TO NOROST]**
(97) REFUSED   **[SKIP TO NOROST]**

HELP SCREEN: EACH PERSON IN THE HOUSEHOLD MUST BE A CURRENT RESIDENT OF THE HOUSEHOLD. A CURRENT RESIDENCE IS DEFINED AS A PLACE WHERE THE PERSON IS STAYING FOR MORE THAN TWO MONTHS AT THE TIME OF THE SURVEY CONTACT. IF A PERSON HAS NO PLACE WHERE HE OR SHE USUALLY STAYS, THEY SHOULD BE CONSIDERED A CURRENT RESIDENT REGARDLESS OF THE LENGTH OF THE CURRENT STAY.

PERSONS AWAY FROM THEIR RESIDENCE FOR TWO MONTHS OR LESS, WHETHER TRAVELING OR IN THE HOSPITAL, ARE CONSIDERED "IN RESIDENCE."

PERSONS AWAY FROM THEIR RESIDENCE FOR MORE THAN TWO MONTHS ARE CONSIDERED "NOT IN RESIDENCE" UNLESS THEY ARE AWAY AT SCHOOL (I.E., BOARDING SCHOOL, MILITARY ACADEMY, OR PREP SCHOOL, ETC.).

CHILDREN WHO ONLY LIVE PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES SHOULD BE INCLUDED IF THEY ARE STAYING THERE WHEN CONTACT WITH THE HOUSEHOLD IS MADE.

ROSTKID   How many people under 18 years of age who live in your household have been diagnosed with asthma?

        (01 – 30)   [ENTER NUMBER OF PEOPLE]   **[SKIP TO SELECT]**
        (96) DON'T KNOW   **[SKIP TO NOROST]**
        (97) REFUSED   **[SKIP TO NOROST]**

NOROST   I would like to assure you that all information will be kept in strict confidence and will be summarized for research purposes only. We only ask for this information to help us scientifically select the person in your household to be interviewed in this survey.

        (1)   RESPONDENT WILL ANSWER   **[SKIP BACK TO ROST OR ROSTKID]**
        (7)   REFUSED   **[SKIP TO NOROST1]**

NOROST1   These are all the questions I have. I would like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you have spent answering these questions.

SELECT

BASED ON THE DATA FROM ROST AND ROSTKID, THERE MAY BE UP TO TWO ROSTER LISTS CREATED FOR UP TO 9 PERSONS IN EACH.

INVITE

    The **(person/people)** selected for the interview in your household **(is/are)** the **[FILL ADULT AND/OR CHILD FROM THE SELECT GRIDS]** with asthma.

    **[IF THERE IS A SELECTED ADULT, SKIP TO INVITE_A;
    ELSE SKIP TO INVITE_K]**

INVITE_A   May I please speak with the **[FILL SAMPLED ADULT]** in the household with asthma?

(1) YES, I AM THAT PERSON	**[SKIP TO INFORMED CONSENT]**
(2) NEW PERSON COMES TO PHONE	**[SKIP TO INFORMED CONSENT]**
(3) THE PERSON IS NOT AVAILABLE	**[IF A CHILD WAS SAMPLED, AND CHILD INTERVIEW IS NOT COMPLETE, SKIP TO INVITE_K. ELSE SET CALLBACK]**
(4) UNABLE TO DO THE INTERVIEW DUE TO ILLNESS	**[SKIP TO PROXY]**
(5) RESPONDENT DOES NOT SPEAK ENGLISH/SPANISH	**[CODE CASE AS 939, SKIP TO T_END]**
(7) REFUSED	**[SKIP TO RQ01 FOR REF. QUESTIONS]**

INVITE_K   May I please speak with the parent or guardian who lives in this household and who knows the most about the health of the **[FILL SAMPLED CHILD]** with asthma?

(1) YES, I AM THAT PERSON	**[SKIP TO INFORMED CONSENT]**
(2) NEW PERSON COMES TO PHONE	**[SKIP TO INFORMED CONSENT]**
(3) THE PERSON IS NOT AVAILABLE	**[SET CALLBACK]**
(4) UNABLE TO DO THE INTERVIEW DUE TO ILLNESS	**[SKIP TO PROXY]**
(5) RESPONDENT DOES NOT SPEAK ENGLISH/SPANISH	**[CODE CASE AS 939, SKIP TO T_END]**
(7) REFUSED	**[SKIP TO RQ01 FOR REF. QUESTIONS]**

T_END   These are all the questions I have. I would like to thank you on behalf of the Centers for DiseaseControl and Prevention for the time and effort you have spent answering these questions.

        [TERMINATE]

INFORMED CONSENT

IF RESPONDENT WAS NOT MAILED AN ADVANCE LETTER OR THE RESPONDENT WAS MAILED AN ADVANCE LETTER AND WAS ASKED IF THEY RECEIVED THE LETTER DURING THE NIS INTERVIEW, SKIP TO INFORMED CONSENT VERSION 1.

ELSE IF RESPONDENT WAS MAILED AN ADVANCE LETTER AND WAS NOT ASKED IF THEY RECEIVED THE LETTER DURING THE NIS INTERVIEW SKIP TO INTRODUCTION WITHOUT CONSENT.

IF THE MOST KNOWLEDGEABLE PERSON FOR THE CHILD IS THE SELECTED ADULT, WHEN RETURNING TO COMPLETE THE CHILD INTERVIEW, SKIP OVER INFORMED CONSENT TO R_DOB.

INFORMED CONSENT VERSION 1:

      (IF INVITE_A = 2: Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We are conducting a study regarding asthma. This survey is authorized by the U.S. Public Health Service Act and will take about 15 minutes. You were randomly selected to participate in the study.
      INVITE_K = 2: Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We are conducting a study regarding asthma. This survey is authorized by the U.S. Public Health Service Act and will take about 15 minutes. [FILL SAMPLED CHILD] was randomly selected to participate in the study. We were told that you know the most about [FILL SAMPLED CHILD]'s health.
      IF INVITE_A = 1 OR INVITE_K = 1: Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act and will take about 15 minutes.) You may choose not to answer any question you don't want to answer or stop at any time without penalty. In order to evaluate my performance, my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

INFORMED CONSENT VERSION 2:

> **(IF INVITE_A = 2: Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We are conducting a study regarding asthma. This survey is authorized by the U.S. Public Health Service Act and will take about 15 minutes. You were randomly selected to participate in the study.**
>
> **INVITE_K = 2: Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We are conducting a study regarding asthma. This survey is authorized by the U.S. Public Health Service Act and will take about 15 minutes. [FILL SAMPLED CHILD] was randomly selected to participate in the study. We were told that you know the most about [FILL SAMPLED CHILD]'s health.**
>
> **IF INVITE_A = 1 OR INVITE_K = 1: Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act and will take about 15 minutes.)** You may choose not to answer any question you don't want to answer or stop at any time without penalty. A letter describing this survey may have been sent to your home recently. Do you remember seeing the letter?

> **HELP SCREEN:** EVEN IF R DID RECEIVE THE LETTER, WE ARE REQUIRED TO REPEAT THIS INFORMATION BEFORE BEGINNING THE INTERVIEW.

R_DOB   **Please tell me (your age/the age of the [SELECTED PERSON] in your household.)**

ENTER NUMBER ____

(996) DON'T KNOW   **[SKIP TO REF_DOB]**
(997) REFUSED   **[SKIP TO REF_DOB]**

R_SEX
{Are you/Is the [(AGE) year old]} male or female?
 (1) MALE
 (2) FEMALE
 (7) REFUSED

[IF R_DOB < 18 THEN SKIP TO RELA_CHLD. ELSE, SKIP TO OTH_CHLD]

REF_DOB   I would like to assure you that all information will be kept in strict confidence and will be summarized for research purposes only. We only ask for ages to help us understand more about characteristics of people who do and do not have asthma.

(1) RESPONDENT WILL GIVE AGES   **[SKIP BACK TO R_DOB]**
(7) REFUSED   **[SKIP TO END_DOB]**

END_DOB   These are all the questions I have. I would like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you have spent answering these questions.
[GO TO RQ01. IF R_DOB = 997, THEN CODE CASE AS A REFUSAL (DISPOSITION 861). ELSE IF R_DOB = 996, THEN CODE CASE AS A CALLBACK (DISPOSITION 871)]

PROXY   Can you or someone else in the household answer the questions for **[the [AGE] year old]?**

        (1) YES, ME   **[SKIP TO PROXYREL]**
        (2) YES, SOMEONE ELSE   **[SKIP TO PROXYSPEAK]**
        (3) NO   **[CODE CASE AS 9N9. SKIP TO INVITE_K IF THERE IS A SAMPLED CHILD WHO HASN'T COMPLETED THE ASTHMA INTERVIEW YET. ELSE SKIP TO T_END]**

PROXYSPEAK May I speak with that person?

        (1) YES   **[WHEN PERSON COMES TO PHONE, SKIP TO PROXY1]**
        (2) NO   **[CALLBCK3]**

PROXY1

Hello, my name is [INTERVIEWER NAME]. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a survey regarding asthma. Because **[the [AGE] year old]** is unable to answer questions over the phone, I would like to ask you questions about **[the [AGE] year old]'s** experiences with asthma**.** The length of this survey will depend on **[the [AGE] year old]'s** health characteristics, but for most people, it will take about 15 minutes.

PROXYREL

What is your relationship to **[the [AGE] year old]**?
SPOUSE..01
UNMARRIED PARTNER, BOYFRIEND/
GIRLFRIEND ....…...02
CHILD.. 03
GRANDCHILD.. 04
MOTHER (BIRTH/ADOPTIVE/STEP/
FOSTER/OTHER) ....…..... 05
FATHER (BIRTH/ADOPTIVE/STEP/
FOSTER/OTHER) 06
BROTHER/SISTER... 07
GRANDFATHER/GRANDMOTHER..................... 08
OTHER RELATIVE 09
FOSTER CHILD... 10
HOUSEMATE/ROOMMATE.................................. 11
ROOMER/BOARDER.. 12
OTHER NON-RELATIVE 13
UNRELATED LEGAL GUARDIAN....................... 90
DON'T KNOW…………………………………… 96
REFUSED…………………………………………… 97

SL_PROX

Before we continue, I'd like you to know that this research is authorized by the Public Health Service Act so your answers will be kept strictly private. Your participation is voluntary.   You may choose not to answer any question you don't want to answer. And you may stop at any time without penalty. In order to evaluate my performance, my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

[SKIP TO OTH_CHLD]

RELA_CHLD (3.3L)

> **[RELA_CHLD IS ONLY ASKED FOR AGE < 18]**
>
> What is your relationship to **[the [AGE] year old]** who lives in this household?
>
> (01) MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN
> (02) FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN
> (03) SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
> (04) IN-LAW OF ANY TYPE
> (05) AUNT/UNCLE
> (06) GRANDPARENT
> (07) OTHER FAMILY MEMBER
> (08) FRIEND
> (96) DON'T KNOW
> (97) REFUSED

OTH_CHLD (3.3M)

> **[IF INVITE_A = 1 or INVITE_K = 1, INSERT 'Just to confirm,']**
> **{Have you/Has [the [AGE] year old]}** ever been told by a doctor or other health professional that **{you have /he has /she has}** asthma?
>
> (1) YES
> (2) NO
> (6) DON'T KNOW
> (7) REFUSED
>
> <u>**IF ONLY A CHILD WAS SELECTED:**</u>
>
> **IF OTH_CHLD IS BEING ASKED FOR SELECTED CHILD AND RESPONDENT STATES EITHER 2,6,7; SKIP TO CWEND AND CODE AS 9M9**
>
> <u>**IF ONLY AN ADULT WAS SELECTED:**</u>
>
> **IF OTH_CHLD IS BEING ASKED FOR SELECTED ADULT AND RESPONDENT STATES EITHER 2,6,7; SKIP TO CWEND AND CODE CASE AS 9M9**
>
> <u>**IF ONE CHILD + ONE ADULT IS SELECTED AND ONE OF THE TWO ANSWERS WITH (2, 6, 7) TO THIS QUESTION:**</u>
>
> **SKIP BACK TO EITHER INVITE_K (CHILD) OR INVITE_A (ADULT) TO INTERVIEW THE OTHER SAMPLED HH MEMBER,**
> **IF THE OTHER HH MEMBER ALSO ANSWERS WITH (2, 6, 7), SKIP TO CWEND**

AGEDGNOS (3.4)

How old {were you/was [the [AGE] year old]} when {you were/he or his parent or guardian was/she or her parent or guardian was} first told by a doctor or other health professional that {you/he/she} had asthma?
[INTERVIEWER: ENTER 0 IF LESS THAN ONE YEARS OLD]

_____(ENTER AGE IN YEARS)
[RANGE CHECK: IS 001-115, 996, 997]

(996) DON'T KNOW
(997) REFUSED

CUR_AST2 (3.5)

{Do you/Does [the [AGE] year old]} still have asthma?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

LAST_MD (3.6)

How long has it been since {you/[the [AGE] year old] or [the [AGE] year old]'s parents or guardians/you} last talked to a doctor or other health professional about {your/his/her} asthma?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

(00) NEVER
(04) WITHIN THE PAST YEAR
(05) 1 YEAR TO LESS THAN 3 YEARS AGO
(06) 3 YEARS TO 5 YEARS AGO
(07) MORE THAN 5 YEARS AGO
(96) DON'T KNOW
(97) REFUSED

LAST_MED (3.7)

How long has it been since {you/[the [AGE] year old]} last took asthma medication?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

(00) NEVER
(01) LESS THAN ONE DAY AGO
(02) 1-6 DAYS AGO
(03) 1 WEEK TO LESS THAN 3 MONTHS AGO
(04) 3 MONTHS TO LESS THAN 1 YEAR AGO
(05) 1 YEAR TO LESS THAN 3 YEARS AGO
(06) 3 YEARS TO 5 YEARS AGO
(07) MORE THAN 5 YEARS AGO
(96)DON'T KNOW
(97)REFUSED

INTRODUCTION FOR LASTSYMP:

READ: Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when **{you do not/[the [AGE] year old] does not}** have a cold or respiratory infection.

LASTSYMP (3.8)

How long has it been since **{you/[the [AGE] year old]}** last had any symptoms of asthma?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

(00) NEVER
(01) LESS THAN ONE DAY AGO
(02) 1-6 DAYS AGO
(03) 1 WEEK TO LESS THAN 3 MONTHS AGO
(04) 3 MONTHS TO LESS THAN 1 YEAR AGO
(05) 1 YEAR TO LESS THAN 3 YEARS AGO
(06) 3 YEAR TO 5 YEARS AGO
(07) MORE THAN 5 YEARS AGO
(96) DON'T KNOW
(97) REFUSED

IF ONLY AN ADULT WAS SAMPLED AND THEY DO NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED "NEVER " OR "MORE THAN ONE YEAR AGO" TO SEEING A DOCTOR ABOUT ASTHMA, TAKING ASTHMA MEDICATION, AND SHOWING SYMPTOMS OF ASTHMA (CUR_AST = 2 AND LAST_MD = 00, 05,06,07 AND LAST_MED= 00, 05,06,07, AND LAST_SYMP= 00, 05,06,07), THEN SKIP TO INS1.

IF ONLY A CHILD WAS SAMPLED AND THEY DO NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED "NEVER " OR "MORE THAN ONE YEAR AGO" TO SEEING A DOCTOR ABOUT ASTHMA, TAKING ASTHMA MEDICATION, AND SHOWING SYMPTOMS OF ASTHMA (CUR_AST = 2 AND LAST_MD = 00, 05,06,07 AND LAST_MED= 00, 05,06,07, AND LAST_SYMP= 00, 05,06,07)v, THEN SKIP TO INS1.

IF BOTH CHILD AND ADULT WERE SAMPLED AND ADULT IS INTERVIEWED FIRST AND SAMPLED ADULT DOES NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED "NEVER " OR "MORE THAN ONE YEAR AGO" TO SEEING A DOCTOR ABOUT ASTHMA, TAKING ASTHMA MEDICATION, AND SHOWING SYMPTOMS OF ASTHMA (CUR_AST = 2 AND LAST_MD = 00, 05,06,07 AND LAST_MED= 00, 05,06,07, AND LAST_SYMP= 00, 05,06,07), THEN SKIP TO INS1. COME BACK TO INVITE_K TO INTERVIEW CHILD AFTER ADULT INTERVIEW IS COMPLETE.

IF BOTH CHILD AND ADULT WERE SAMPLED AND ADULT IS INTERVIEWED SECOND AND SAMPLED ADULT DOES NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED "NEVER " OR "MORE THAN ONE YEAR AGO" TO SEEING A DOCTOR ABOUT ASTHMA, TAKING ASTHMA

MEDICATION, AND SHOWING SYMPTOMS OF ASTHMA (CUR_AST = 2 AND LAST_MD = 00, 05,06,07 AND LAST_MED= 00, 05,06,07, AND LAST_SYMP= 00, 05,06,07), THEN SKIP TO INS1. TERMINATE INTERVIEW AFTER SECTION 9.

IF <u>BOTH CHILD AND ADULT</u> WERE SAMPLED AND <u>CHILD IS INTERVIEWED FIRST</u> AND SAMPLED CHILD DOES NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED "NEVER " OR "MORE THAN ONE YEAR AGO" TO SEEING A DOCTOR ABOUT ASTHMA, TAKING ASTHMA MEDICATION, AND SHOWING SYMPTOMS OF ASTHMA (CUR_AST = 2 AND LAST_MD = 00, 05,06,07 AND LAST_MED= 00, 05,06,07, AND LAST_SYMP= 00, 05,06,07), THEN SKIP TO INS1. COME BACK TO INVITE_A TO INTERVIEW ADULT AFTER CHILD INTERVIEW IS COMPLETE.

IF <u>BOTH CHILD AND ADULT</u> WERE SAMPLED AND <u>CHILD IS INTERVIEWED SECOND</u> AND SAMPLED CHILD DOES NOT HAVE ASTHMA AND THEY ANSWERED "NEVER " OR "MORE THAN ONE YEAR AGO" TO SEEING A DOCTOR ABOUT ASTHMA, TAKING ASTHMA MEDICATION, AND SHOWING SYMPTOMS OF ASTHMA (CUR_AST = 2 AND LAST_MD = 00, 05,06,07 AND LAST_MED= 00, 05,06,07, AND LAST_SYMP= 00, 05,06,07), SKIP to INS1. TERMINATE INTERVIEW AFTER SECTION 9.

ELSE, CONTINUE TO SECTION 4.

[IF LASTSYMP ≥4 AND ≤7, SKIP TO EPIS_INT
IF LASTSYMP=0 (NEVER), SKIP TO EPIS_INT]

SYMP_30D (4.1)

During the past 30 days, how many days did **{you/[the [AGE] year old/NAME]}** have any symptoms of asthma?

__ __DAYS
[RANGE CHECK: (00-30, 96, 97)]

                                                [SKIP TO ASLEEP30]

(00) NO SYMPTOMS IN THE PAST 30 DAYS   **[SKIP TO EPIS_INT]**
(30) EVERY DAY   **[CONTINUE]**
(96) DON'T KNOW   **[SKIP TO ASLEEP30]**
(97) REFUSED   **[SKIP TO ASLEEP30]**

DUR_30D (4.2)

{Do you/Does [the [AGE] year old/NAME]} have symptoms all the time?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN (ALSO TRAINING ISSUE): "ALL THE TIME" MEANS SYMPTOMS THAT CONTINUE THROUGHOUT THE DAY. IT DOES NOT MEAN SYMPTOMS FOR A LITTLE WHILE EACH DAY.

ASLEEP30 (4.3)

During the past 30 days, on how many days did symptoms of asthma make it difficult for **{you/[the [AGE] year old/NAME]}** to stay asleep?

__ __ DAYS/NIGHTS
[RANGE CHECK: (00-30, 96, 97)]

(00) NONE
(96) DON'T KNOW
(97) REFUSED

SYMPFREE (4.4)

During the past two weeks, on how many days **{were you/was [the [AGE] year old/NAME]}** completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?

__ __ Number of days
[RANGE CHECK: (00-14, 96, 97)

 (96) DON'T KNOW
(97) REFUSED

EPIS_INT

 [IF LASTSYMP > 5 AND < 7, SKIP TO INS1
IF LASTSYMP=0 (NEVER), SKIP TO INS1]

READ: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make **{you limit your/limit[the [AGE] year old/NAME]'s}** activity more than **{you usually do/[he/she] usually does},** or make **{you/him/her}** seek medical care.

EPIS_12M (4.5)

[IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], **{have you/has [the [AGE] year old/NAME]}** had an episode of asthma or an asthma attack?

(1) YES
(2) NO   **[SKIP TO INS1]**
(6) DON'T KNOW   **[SKIP TO INS1]**
(7) REFUSED   **[SKIP TO INS1]**

HELP SCREEN: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make {you limit your/limit[the [AGE] year old/NAME]'s} activity more than {you usually do/[he/she] usually does}, or make {you/him/her} seek medical care.

EPIS_TP (4.6)

During the past three months, how many asthma episodes or attacks **{have you/has [the [AGE] year old/NAME]}** had?

__ __
[RANGE CHECK: (000-100, 996, 997)]

 (000) NONE
(996) DON'T KNOW
(997) REFUSED

DUR_ASTH (4.7)

How long did **{your/[the [AGE] year old/NAME]'s}** most recent asthma episode or attack last?

__ __ __
[RANGE CHECK: (01-59, 96-97)]

| | (96) DON'T KNOW | **[SKIP TO COMPASTH]** |
| | (97) REFUSED | **[SKIP TO COMPASTH]** |

DUR2ASTH

ENTER PERIOD

MINUTES	1
HOURS	2
DAYS	3
WEEKS	4
DK	6
REFUSED	7

COMPASTH (4.8)

Compared with other episodes or attacks, was this most recent attack shorter, longer, or about the same?

(1) SHORTER
(2) LONGER
(3) ABOUT THE SAME
(4) THE MOST RECENT ATTACK WAS ACTUALLY THE FIRST ATTACK
(6) DON'T KNOW
(7) REFUSED

INS1

{**Do you/Does [CHILD'S NAME]**} have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

(1) YES   [SKIP TO INS2]
(2) NO   [SKIP TO NER_TIME]
(6) DON'T KNOW   [SKIP TO NER_TIME]
(7) REFUSED   [SKIP TO NER_TIME]

INS2

[IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], was there any time that {**you/[CHILD'S NAME]**} did not have any health insurance or coverage?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

[IF SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED "NEVER " OR "MORE THAN ONE YEAR AGO" TO SEEING A DOCTOR ABOUT ASTHMA, TAKING ASTHMA MEDICATION, AND SHOWING SYMPTOMS OF ASTHMA, SKIP TO HH_INT]

NER_TIME (5.1)   **[IF LAST_MD= 0,5,6,7; SKIP TO MISS_DAY]**

[IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], how many times did {**you/[the [AGE] year old/NAME]**} see a doctor or other health professional for a routine checkup for {**your/his/her**} asthma?

__ __ __ ENTER NUMBER
[RANGE CHECK: (000-365, 996, 997)]

 (000) NONE
(996) DON'T KNOW
(997) REFUSED

ER_VISIT (5.2)

[IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], {**have you/has [the [AGE] year old/NAME]**} had to visit an emergency room or urgent care center because of {**your/his/her**} asthma?

(1) YES
(2) NO   [SKIP TO URG_TIME]
(6) DON'T KNOW
(7) REFUSED

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

ER_TIMES (5.3)

[IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], how many times did **{you/[the [AGE] year old/NAME]}** visit an emergency room or urgent care center because of **{your/his/her}** asthma?

__ __ __ ENTER NUMBER
[RANGE CHECK: (000-365, 996, 997)]

(996) DON'T KNOW
(997) REFUSED

HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.

URG_TIME (5.4)

[IF ONE OR MORE ER VISITS (ER_TIMES (5.3)) INSERT "Besides those emergency room or urgent care center visits,"] [IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], how many times did **{you/[the [AGE] year old/NAME]}** see a doctor or other health professional for urgent treatment of worsening asthma symptoms or an asthma episode or attack?

__ __ __ ENTER NUMBER
[RANGE CHECK: (000-365, 996, 997)]

 (000) NONE
(996) DON'T KNOW
(997) REFUSED

HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.

HOSP_VST (5.5)

**[IF LASTSYMP $\geq$ 5 OR $\leq$ 7, SKIP TO MISS_DAY
IF LASTSYMP=0 (NEVER), SKIP TO MISS_DAY]**

[IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], that is since **[1 YEAR AGO TODAY]**, {have you/has [the [AGE] year old/NAME]} had to stay overnight in a hospital because of **{your/his/her}** asthma? Do not include an overnight stay in the emergency room.

(1) YES
(2) NO   **[SKIP TO MISS_DAY]**
(6) DON'T KNOW   **[SKIP TO MISS_DAY]**
(7) REFUSED   **[SKIP TO MISS_DAY]**

HOSPTIME (5.6A)   **[IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'],** how many different times did **{you/[the [AGE] year old/NAME]}** stay in any hospital overnight or longer because of **{your/his/her}** asthma?

        __ __ __ TIMES
        [RANGE CHECK: (001-365, 996, 997)]

        (996) DON'T KNOW
        (997) REFUSED

HOSPPLAN (5.7)

        The last time **{you/[the [AGE] year old/NAME]}** left the hospital, did a health professional talk with **{you/[the [AGE] year old/NAME] or [the [AGE] year old/NAME] parents or guardians}** about how to better control **{your/his/her}** asthma to prevent serious episodes or attacks and hospitalizations in the future?

        (1) YES
        (2) NO
        (6) DON'T KNOW
        (7) REFUSED

MISS_DAY (5.8A)

        [SKIP THIS QUESTION AND HTIME_CONF, IF INTERVIEW IS FOR SAMPLED CHILD] [IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], how many days were you unable to work or carry out your usual activities because of your asthma?

        __ __ __ENTER NUMBER DAYS
        [3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (000-365, 996, 997)]

        [DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THS QUESTION TO ASSIST THE INTERVIEWER]

        (000) ZERO
        (996) DON'T KNOW
        (997) REFUSED

MISS_SCH (5.8C)

        **[SKIP THIS QUESTION IF INTERVIEW IS FOR SAMPLED ADULT
        FOR CHILDREN 0-4 INSERT "DAYCARE OR PRESCHOOL"
        FOR CHILDREN 5-13 INSERT "SCHOOL",
        FOR CHILDREN 14-17 INSERT "SCHOOL OR WORK"]**

        [IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], that is since **[1 YEAR AGO TODAY]** about how many days of **[daycare or preschool/school/school or work]** did **{[the [AGE] year old/NAME]}** miss because of **[his/her]** asthma?

        __ __ __ ENTER NUMBER
        [RANGE CHECK: (000-365, 994, 995, 996, 997)]

        (000) ZERO
        (994) CHILD DID NOT GO TO SCHOOL IN PAST 12 MONTHS
        (995) HOME SCHOOLED

(996) DON'T KNOW
(997) REFUSED THIS QUESTION

ACT_DAYS (5.9)

[IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], would you say **{you/[the [AGE] year old/NAME]}** limited **{your/his/her}** usual activities due to asthma not at all, a little, a moderate amount, or a lot?

(1) NOT AT ALL
(2) A LITTLE
(3) A MODERATE AMOUNT
(4) A LOT
(6) DON'T KNOW
(7) REFUSED

TCH_SIGN (6.1)

Has a doctor or other health professional ever taught **[IF R_DOB < 006 THEN FILL: {you/ or/[the [AGE] year old/NAME]'s parent or guardian}, ELSE FILL: {you/[the [AGE] year old/NAME] or/[the [AGE] year old/NAME]'s parent or guardian}....**

a. How to recognize early signs or symptoms of an asthma episode?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

TCH_RESP (6.2)

Has a doctor or other health professional ever taught **[IF R_DOB < 006 THEN FILL: {you/ or/[the [AGE] year old/NAME]'s parent or guardian}, ELSE FILL: {you/[the [AGE] year old/NAME] or/[the [AGE] year old/NAME]'s parent or guardian}....**

b. What to do during an asthma episode or attack?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

TCH_MON (6.3)   **[SKIP FOR CHILD INTERVIEW IF CHILD < 5 YEARS OLD]**
(Has a doctor or other health professional ever taught **[IF R_DOB < 006 THEN FILL: {you/ or/[the [AGE] year old/NAME]'s parent or guardian}, ELSE FILL: {you/[the [AGE] year old/NAME] or/[the [AGE] year old/NAME]'s parent or guardian}....**

c. How to use a peak flow meter, a device that measures how much air you can blow out of your lungs, to adjust daily medications?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

MGT_PLAN (6.4)

An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given **[IF R_DOB < 006 THEN FILL: {you/ or/[the [AGE] year old/NAME]'s parent or guardian}, ELSE FILL: {you/[the [AGE] year old/NAME] or/[the [AGE] year old/NAME]'s parent or guardian}** an asthma management plan?
[READ IF NECESSARY: Include nurses and asthma educators]

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

MGT_CLAS (6.5)

[IF R_DOB < 006 THEN FILL: {Have you/ or/Has[the [AGE] year old/NAME]'s parent or guardian}, ELSE FILL: {Have you/Has [the [AGE] year old/NAME] or/Has [the [AGE] year old/NAME]'s parent or guardian} ever taken a course or class on how to manage **{your/his/her}** asthma?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

**[IF SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND IF THEY ANSWERED
"NEVER " OR "MORE THAN ONE YEAR AGO" TO SEEING A DOCTOR ABOUT ASTHMA, TAKING
ASTHMA MEDICATION, AND SHOWING SYMPTOMS OF ASTHMA, ASK ONLY HH_INT -
S_INSIDE, AND CIGARETS - UNEMP_R IN THIS SECTION. THEN, SKIP TO SECTION 8.]**

HH_INT

> **READ:** The following questions are about **[your/the [AGE] year old/NAME]**
> household and living environment. I will be asking about various things that may be
> related to experiencing asthma symptoms.

AIRCLEANER (7.1)

> Is an air cleaner or purifier regularly used inside your home?
>
> (1) YES
> (2) NO
> (6) DON'T KNOW
> (7) REFUSED

DEHUMID (7.2)

> Is a dehumidifier regularly used to reduce moisture inside your home?
>
> (1) YES
> (2) NO
> (6) DON'T KNOW
> (7) REFUSED

KITC_FAN (7.3)

> Is an exhaust fan that vents to the outside used regularly when cooking in your kitchen?
>
> (1) YES
> (2) NO
> (6) DON'T KNOW
> (7) REFUSED

COOK_GAS (7.4)

> Is gas used for cooking?
>
> (1) Yes
> (2) NO
> (6) DON'T KNOW
> (7) REFUSED

ENV_MOLD (7.5)

In the past 30 days, has anyone seen or smelled mold or a musty odor inside your home? Do not include mold on food.

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

ENV_PETS (7.6)

Does your household have indoor pets such as dogs, cats, hamsters, birds or other feathered or furry pets that are kept inside?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

C_ROACH (7.7)

In the past 30 days, has anyone seen cockroaches inside your home?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: Studies have shown that cockroaches are a leading cause of asthma in children that live in urban areas. Cockroach droppings and carcasses can cause children to experience symptoms of asthma.

WOOD_STOVE (7.8)

Is a fireplace or wood burning stove used in your home?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: OCCASIONAL USE SHOULD BE CODED AS "YES".

GAS_STOVE (7.9)

Are unvented gas logs, an unvented gas fireplace, or an unvented gas stove used in your home?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: "Unvented" means no chimney.

S_INSIDE (7.10)

In the past week, has anyone smoked inside your home?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: "Smoked" means "anything."

MOD_ENV (7.11)

For adult interview READ:
[FILL ONLY IF QUESTIONS HH_INT THROUGH S_INSIDE WERE ASKED OF THIS RESPONDENT: Now, back to questions specifically about you.]
Has a health professional ever advised you to change things in your home, school, or work to improve your asthma?

For child interview READ:
[FILL ONLY IF QUESTIONS HH_INT THROUGH S_INSIDE WERE ASKED OF THIS RESPONDENT: Now, back to questions specifically about the [AGE] year old/NAME].
Has a health professional ever advised you to change things in **{[the [AGE] year old/NAME]'s}** home, school, or work to improve **{[the [AGE] year old/NAME]'s}** asthma?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

MATTRESS (7.12)

{Do you/Does [the [AGE] year old/NAME]} use a mattress cover that is made especially for controlling dust mites?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

E_PILLOW (7.13)

{Do you/Does [the [AGE] year old/NAME]} use a pillow cover that is made especially for controlling dust mites?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

CARPET (7.14)

Do you have carpeting or rugs in **{your/[the [AGE] year old/NAME]'s}** bedroom?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

HOTWATER (7.15)

Are **{your/[the [AGE] year old/NAME]'s}** sheets and pillowcases washed in cold, warm, or hot water?

(1) COLD
(2) WARM
(3) HOT
(6) DON'T KNOW
(7) REFUSED

BATH_FAN (7.16)

{In your/[the [AGE] year old/NAME]'s} bathroom, **{do you/does [the [AGE] year old/NAME]}** regularly use an exhaust fan that vents to the outside?

(1) YES
(2) NO OR "NO FAN"
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: IF RESPONDENT INDICATES THEY HAVE MORE THAN ONE BATHROOM, THIS QUESTIONS REFERS TO THE BATHROOM THEY USE MOST FREQUENTLY FOR SHOWERING AND BATHING.

PETBEDRM (7. 17)

Is the pet allowed in **{your/[the [AGE] year old/NAME]'s}** bedroom?

[SKIP THIS QUESTION IF ENV_PETS = 2,6,7]

(1) YES
(2) NO
(3) SOME ARE/SOME AREN'T
(6) DON'T KNOW
(7) REFUSED

CIGARETS (7.18)

[SKIP TO OTC, IF INTERVIEW IS FOR SAMPLED CHILD]

{Have you/ Has the [AGE] year old/NAME]'s} smoked at least 100 cigarettes in your entire life?

(1) YES
(2) NO   **[SKIP TO EMP_STAT]**

(6) DON'T KNOW   **[SKIP TO EMP_STAT]**
(7) REFUSED   **[SKIP TO EMP_STAT]**

CIG_FREQ (7.20)

{Do you/Does the [AGE] year old/NAME]'s} now smoke cigarettes every day, some days or not at all?

(1) EVERY DAY
(2) SOME DAYS
(3) NOT AT ALL
(6) DON'T KNOW
(7) REFUSED

EMP_STAT (7.21)

We are interested in things that affect asthma in the workplace. However, first I'd like to ask how you would describe **{your/[the [AGE] year old/NAME]'s}** current employment status? Would you say …

(1) Employed full-time
(2) Employed part-time
(3) Not employed   **[SKIP TO WORKENV2]**
(6) DON'T KNOW   **[SKIP TO WORKENV2]**
(7) REFUSED   **[SKIP TO WORKENV2]**

WORKENV2 (7.22)

Was **{your/[CHILD'S NAME]'s}** asthma caused or made worse by chemicals, smoke, fumes or dust in any job **{you/he/she}** ever had?

(1) YES
(2) NO
(3) NEVER BEEN EMPLOYED
(6) DON'T KNOW
(7) REFUSED

[IF EMP_STAT = 1 OR 2, THEN SKIP TO OTC. ELSE SKIP TO UNEMP_R.]

UNEMP_R (7.23)

What is the main reason you are not employed?

(01) KEEPING HOUSE
(02) GOING TO SCHOOL
(03) RETIRED
(04) DISABLED
(05) UNABLE TO WORK FOR OTHER HEALTH REASONS
(06) LOOKING FOR WORK
(07) LAID OFF
(08) OTHER
(96) DON'T KNOW
(97) REFUSED

OTC (8.1)

[IF LAST_MED = 0 (NEVER), SKIP TO SECTION 9.

ELSE, IF SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND ANSWERED "NEVER " OR "MORE THAN ONE YEAR AGO" TO SEEING A DOCTOR ABOUT ASTHMA AND SHOWING SYMPTOMS OF ASTHMA, AND THEY HAVE NOT TAKEN ASTHMA MEDICATION IN THE LAST 3 YEARS, ASK OTC, INHALERE, INHALERH. THEN SKIP TO SECTION 9.

ELSE, CONTINUE.]

Over-the-counter medication can be bought without a doctor's order. **{Have you/Has [the [AGE] year old/NAME]}** ever used over-the-counter medication for your/his/her asthma?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

INHALERE (8.2)

{Have you/Has [the [AGE] year old/NAME]} ever used a prescription inhaler?

(1) YES
(2) NO   **[SKIP TO SCR_MED1]**
(6) DON'T KNOW   **[SKIP TO SCR_MED1]**
(7) REFUSED   **[SKIP TO SCR_MED1]**

INHALERH (8.3)

Did a health professional show **{you/[the [AGE] year old/NAME]}** or **{[the [AGE] year old/NAME] parents or guardians}** how to use the inhaler?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

SCR_MED1 (8.4)

[IF LAST_MED = 0, 4, 5,6,7,96, or 97, SKIP TO SECTION 9]

Now I am going to ask questions about specific prescription medications **{you /[the [AGE] year old/NAME]}** may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often **{you take/[the [AGE] year old/NAME] takes}** each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

It may help to get **{[your/[the [AGE] year old/NAME]}** medicines so you can read the labels. Are **{your/ [the [AGE] year old/NAME]'s}** asthma medicines handy?

(1) YES
(2) NO   **[SKIP TO INH_SCR]**
(3) RESPONDENT KNOWS THE MEDS   **[SKIP TO INH_SCR]**
(6) DON'T KNOW
(7) REFUSED   **[SKIP TO INH_SCR]**

SCR_MED2 (8.5)

Can you please go get the asthma medicines while I wait on the phone?

(1) YES
(2) NO   **[SKIP TO INH_SCR]**
(6) DON'T KNOW
(7) REFUSED   **[SKIP TO INH_SCR]**

SCR_MED3 (8.6)

Am I correct that you have all the medications?

(1) YES I HAVE ALL THE MEDICATIONS
(2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL
(3) NO
(6) DON'T KNOW
(7) REFUSED

INH_SCR (8.7)

In the past 3 months**, {have you/has [the [AGE] year old/NAME]}** taken prescription asthma medicine using an inhaler?

(1) YES
(2) NO   **[SKIP TO PILLS]**
(6) DON'T KNOW   **[SKIP TO PILLS]**
(7) REFUSED   **[SKIP TO PILLS]**

INH_MEDS (8.8)

In the past 3 months, what medications did {**you/[the [AGE] year old/NAME]**} take by inhaler? [**MARK ALL THAT APPLY. PROBE: Any other medications?**]

		Brand Name	Type (not shown in CATI)
01		Advair	
02		Aerobid	corticosteroids
03		Albuterol	beta 2 agonist
04		Alupent	beta 2 agonist
05		Atrovent	Anticholinergic
06		Azmacort	Corticosteroids
07		Beclomethasone dipropionate	corticosteroids
08		Beclovent	corticosteroids
09		Bitolterol	beta 2 agonist
10		Brethaire	beta 2 agonist
11		Budesonide	Corticosteroids
12		Combivent	
13		Cromolyn	Anti-inflammatories
14		Flovent	inhaled corticosteroid
15		Flovent Rotadisk	inhaled corticosteroid
16		Flunisolide	corticosteroids
17		Fluticasone	inhaled corticosteroid
18		Intal	Anti-inflammatories
19		Ipratropium Bromide	Anticholinergic
20		Maxair	beta 2 agonist
21		Metaproteronol	beta 2 agonist
22		Nedocromil	Anti-inflammatories
23		Pirbuterol	beta 2 agonist
24		Proventil	beta 2 agonist
25		Pulmicort Turbuhaler	Corticosteroids
26		Salmeterol	beta 2 agonist (LONG LASTING)
27		Serevent	beta 2 agonist (LONG LASTING)
28		Terbutaline	beta 2 agonist
29		Tilade	Anti-inflammatories
30		Tornalate	beta 2 agonist
31		Triamcinolone acetonide	Corticosteroids
32		Vanceril	corticosteroids
33		Ventolin	beta 2 agonist
34		Other, Please Specify	[**SKIP TO OTH_I1**]

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-33, SKIP TO ILP01]
(5) NO PRESCRIPTION INHALERS   **[SKIP TO PILLS]**
(6) DON'T KNOW   **[SKIP TO REC_MED1]**
(7) REFUSED   **[SKIP TO PILLS]**

[100 ALPHANUMERIC CHARACTER LIMIT FOR 48]

OTH_I1

ENTER OTHER MEDICATION
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

[ADMINISTER QUESTIONS REC_MED1 THROUGH DK7INHLR, ONLY IF R RESPONDS WITH "DON'T KNOW" FOR QUESTION INH_MEDS (8.8)]

INTRODUCTION FOR REC_MED1:

> **READ**: I'm going to read a list of medicines to see if you recognize the name of any of the medications **{you have/[CHILD'S NAME] has}** taken, please let me know if you hear the name.

DK1INHLR (8.8A)

> In the past three months, did **{you/[the [AGE] year old/NAME]}** take Flovent or Flovent Rotadisk using an inhaler?
>
> (1) YES
> (2) NO
> (6) DON'T KNOW
> (7) REFUSED

DK2INHLR (8.8B)

> In the past three months**,** did **{you/[the [AGE] year old/NAME]}** take:
>
> Beclovent, Vanceril, Beclomethasone dipropionate,
> Pulmicort Turbuhaler, Budesonide,
> Aerobid, Flunisolide,
> Azmacort or Triamcinolone acetonide?
>
> (1) YES
> (2) NO
> (6) DON'T KNOW
> (7) REFUSED

DK3INHLR (8.8C)

> In the past three months**,** did **{you/[the [AGE] year old/NAME]}** take:
>
> Ventolin, Proventil, Albuterol,
> Alupent, Metaproteronol,
> Tornalate, Bitolterol,
> Maxair, Pirbuterol
> Brethaire, Terbutaline
> Serevent?
>
> (1) YES
> (2) NO
> (6) DON'T KNOW
> (7) REFUSED

DK4INHLR (8.8D)

In the past three months**,** did **{you/[the [AGE] year old/NAME]}** take:

Intal, Cromolyn,
Tilade, or Nedocromil

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK5INHLR (8.8E)

In the past three months**,** did **{you/[the [AGE] year old/NAME]}** take:

Atrovent or Ipratropium Bromide

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK6INHLR (8.8F)

Did **{you/[the [AGE] year old/NAME]}** take a medication by inhaler that we have not mentioned?

(1) YES   **[SKIP TO 8.8G]**
(2) NO
(6) DON'T KNOW
(7) REFUSED

[SKIP TO 8.9]

DK7INHLR (8.8G)

Will you please tell me what that medication was?

_____

ILP01 (8.9)
[LOOP BACK TO ILP01 AS NECESSARY TO ADMINSTER QUESTIONS ILP01 THRU ILP11 FOR EACH MEDICINE REPORTED IN INH_MEDS, OR IF AN ANSWER OF (1) "YES" IS GIVEN FOR QUESTIONS DK1INHLR THROUGH DK7INHLR
IF AN ANSWER OF (1) "YES" IS PROVIDED DURING QUESTIONS DK1INHLR THROUGH DK7INHLR, USE THE PHRASE "THIS MEDICATION" FOR FILL [MEDICINE FROM INH_MEDS SERIES] FOR QUESTIONS ILP01 THROUGH ILP11]

How long {**have you/has [the [AGE] year old/NAME]**} been taking **[MEDICINE FROM INH_MEDS SERIES]**? Would you say less than 6 months, 6 months to 1 year, or longer than 1 year.

(1) Less than 6 months
(2) 6 months to 1 year
(3) Longer than 1 year
(6) DON'T KNOW
(7) REFUSED

ILP02 (8.10)

A spacer is a small attachment for an inhaler that makes it easier to use. {**Do you/Does [the [AGE] year old/NAME]**} use a spacer with **[MEDICINE FROM INH_MEDS SERIES]**?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: A spacer is a device that attaches to a metered dose inhaler. It holds the medicine in its chamber long enough for you to inhale it in one or two slow, deep breaths. The spacer makes it easy to take the medicines the right way, especially for young children.

ILP03 (8.11A)

[IF INH_MEDS = 3, 4, 9, 10, 20, 21, 23, 24, 28, 30, 33, OR DK3INHLR (8.8C) = 1 OTHERWISE, SKIP TO ILP06]

In the past 3 months**,** did {**you/[the [AGE] year old/NAME]**} take **[MEDICINE FROM INH_MEDS SERIES]** when {**you/he/she had**} an asthma episode or attack?

(1) YES
(2) NO
(3) NO ATTACK IN PAST 3 MONTHS
(6) DON'T KNOW
(7) REFUSED

ILP04 (8.11B)

[IF THE AGE OF THE CHILD IS LESS THAN 6 YEARS OLD, SKIP TO ILP05]

In the past 3 months, did **{you/[the [AGE] year old/NAME]}** take **[MEDICINE FROM INH_MEDS SERIES]** before exercising?

(1) YES
(2) NO
(3) DIDN'T EXERCISE IN PAST 3 MONTHS
(6) DON'T KNOW
(7) REFUSED

ILP05 (8.11C)

In the past 3 months, did **{you/[the [AGE] year old/NAME]}** take **[MEDICINE FROM INH_MEDS SERIES]** on a regular schedule everyday?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

ILP06 (8.12)

[ADMINISTER THIS QUESTION ONLY IF INH_MEDS IS ONE OR MORE OF THE FOLLOWING RESPONSES: 14, 15, 17; OR DK1INHLR = 1; OTHERWISE, SKIP TO ILP07]

Is the dosage 44, 50, 100, 110, 220, or 250 micrograms for the Flovent?

(1)   44 MICROGRAMS
(2)   50 MICROGRAMS
(3)   100 MICROGRAMS
(4)   110 MICROGRAMS
(5)   220 MICROGRAMS
(6)   250 MICROGRAMS
(7)   TOOK MORE THAN 1 IN PAST 3 MONTHS
(96) DON'T KNOW
(97) REFUSED

ILP07 (8.13A)

On average, how many puffs **{do you/does [the [AGE] year old/NAME]}** take each time **{you use/he uses/she uses}** **[MEDICINE FROM INH_MEDS SERIES]**?

__ __ PUFFS EACH TIME
[RANGE CHECK: (01-95, 96, 97)]

(96) DON'T KNOW
(97) REFUSED

INTERVIEWER: PROBE FOR NUMBER OF PUFFS IF RANGE IS GIVEN.

ILP09 (8.14)

How many times per day or per week **{do you/does [the [AGE] year old/NAME]}** use **[MEDICINE FROM INH_MEDS SERIES]**?

__ __ __

[RANGE CHECK: (001-900, 994, 996-997)]

(994) LESS OFTEN THAN ONCE A WEEK   **[SKIP TO ILP11]**
(996) DON'T KNOW   **[SKIP TO ILP11]**
(997) REFUSED   **[SKIP TO ILP11]**

ILP10

ENTER PERIOD

PER DAY   1
PER WEEK   2
DK   6
REFUSED   7

ILP11 (8.15)

How many full canisters of this inhaler **{have you /has [the [AGE] year old/NAME]}** used in the past 3 months?
[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '00']

___ CANISTERS
(96) DON'T KNOW
(97) REFUSED
[RANGE CHECK: (00-95, 96, 97)]

HELP SCREEN: IF RESPONDENT INDICATES HE/SHE HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE IN PURSE, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY CANISTERS HE/SHE USED.

PILLS (8.16)

In the past 3 months, **{have you/has [the [AGE] year old/NAME]}** taken any medicine in pill form for your/his/her asthma?

(1) YES
(2) NO   **[SKIP TO SYRUP]**
(6) DON'T KNOW   **[SKIP TO SYRUP]**
(7) REFUSED   **[SKIP TO SYRUP]**

PILLS_MD (8.17)   What medications **{do you/does [the [AGE] year old/NAME]}** take in pill form?
[MARK ALL THAT APPLY. PROBE: Any other medications?]

	Medication	**Type not shown in CATI)**
01	Accolate	Leukotriene Modifiers
02	Aerolate	Methylxanthines
03	Albuterol	Beta 2 agonist
04	Alupent	Beta 2 agonist
05	choledyl	Methylxanthines
06	Cromolyn	Anti-Inflammatories
07	Deltasone	Corticosteriods
08	Elixophyllin	Methylxanthines
09	Intal	Anti-Inflammatories
10	Marax	Methylxanthines
11	Medrol	Corticosteriods
12	Metaprel	Beta 2 agonist
13	Metaproteronol	Beta 2 agonist
14	Methylpredinisolone	Corticosteriods
15	Montelukast	Leukotriene Modifiers
16	Nedocromil	Anti-inflammatory
17	Pediapred	Corticosteriods
18	Prednisolone	Corticosteriods
19	Prednisone	Corticosteriods
20	Prelone	Corticosteriods
21	Proventil	Beta 2 agonist
22	Quibron	Methylxanthines
23	Respid	Methylxanthines
24	Singulair	Leukotriene Modifiers
25	Slo-phyllin	Methylxanthines
26	Slo-bid	Methylxanthines
27	Sustaire	Methylxanthines
28	Theo-24	Methylxanthines
29	Theobid	Methylxanthines
30	Theochron	Methylxanthines
31	Theoclear	Methylxanthines
32	Theodur	Methylxanthines
33	Theo-Dur	Methylxanthines
34	Theolair	Methylxanthines
35	Theophylline	Methylxanthines
36	Theo-Sav	Methylxanthines
37	Theospan	Methylxanthines
38	Theox	Methylxanthines
39	Tilade	Anti-inflammatory
40	T-Phyl	Methylxanthines
41	Unidur	Methylxanthines
42	Uniphyl	Methylxanthines
43	Ventolin	Beta 2 agonist
44	Volmax	Beta 2 agonist (long acting)
45	Zafirlukast	Leukotriene Modifiers
46	Zileuton	Leukotriene Modifiers

47	Zyflo Filmtab	Leukotriene Modifiers
48	Other, Please Specify: **[SKIP TO OTH_P1]**	

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-47, SKIP TO PILLX]

(5) NO PILLS   **[SKIP TO SYRUP]**
(6) DON'T KNOW   **[SKIP TO REC_MED2]**
(7) REFUSED   **[SKIP TO SYRUP]**

[100 ALPHANUMERIC CHARACTER LIMIT FOR 48]

OTH_P1

ENTER OTHER MEDICATION
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE
LINE.

[ADMINSTER QUESTIONS REC_MED2 THROUGH DK7_PILL, ONLY IF R RESPONDS WITH
"DON'T KNOW" FOR QUESTION PILLS_MD (8.17)]

INTRODUCTION TO REC_MED2:

READ: I'm going to read a list of medicines to see if you recognize the name of the
medications **{you have/[CHILD'S NAME] has}** taken within the past three months. If
you recognize any that were taken, please let me know.

DK1_PILL (8.17A)

Did **{you/[the [AGE] year old/NAME]}** take:

Accolate or Zafirlukast
Zyflo Filmtab or Zileuton
Singulair or Montelukast

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK2_PILL (8.17B)

Did **{you/[the [AGE] year old/NAME]}** take:

Intal   or   Cromolyn
Tilade   or   Nedocromil

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK3_PILL (8.17C)

Did **{you/[the [AGE] year old/NAME]}** take:

Medrol , Methylpredinisolone,
Deltasone, Prednisone
Pediapred,
Prelone, or Prednisolone?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK4_PILL (8.17D)

Did {you/[the [AGE] year old/NAME]} take:

Proventil, Ventolin, Volmax or Albuterol
Alupent, Metaprel or Metaproteronol

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK5_PILL (8.17E)

Did **{you/[the [AGE] year old/NAME]}** take:

Theophylline, Elixophyllin, Theo-Dur, choledyl , Theo-Sav, Theospan, Theoclear, T-Phyl, Theodur, Unidur, Uniphyl, Aerolate, Theox, Marax, Theobid, Quibron, Theo-24, Sustaire, Slo-phyllin, Slo-bid, Respid, Theochron, or Theolair?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK6_PILL (8.17F)

Did **{you/[the [AGE] year old/NAME]}** take a medication in pill form that we have not mentioned?

(1) YES   **[SKIP TO DK7_PILL]**
(2) NO   **[SKIP TO PILLX]**
(6) DON'T KNOW   **[SKIP TO PILLX]**
(7) REFUSED   **[SKIP TO PILLX]**

DK7_PILL (8.17G)

Will you please tell me what that medication was?

_____

[REPEAT QUESTION PILLX AS NECESSARY FOR EACH PILL REPORTED IN PILLS_MD, OR IF AN ANSWER OF (1) "YES" IS GIVEN FOR QUESTIONS: DK1_PILL THROUGH DK7_PILL
IF AN ANSWER OF (1) "YES" IS PROVIDED DURING QUESTIONS DK1_PILL THROUGH DK7_PILL, USE THE PHRASE "THIS MEDICATION" FOR FILL [MEDICATION LISTED IN PILLS_MD] FOR QUESTION PILLX]

PILLX (8.18)

How long **{have you/has [the [AGE] year old/NAME]}** been taking **[MEDICATION LISTED IN PILLS_MD]**?

(1) Less than 6 months
(2) 6 months to 1 year
(3) Longer than 1 year
(6) DON'T KNOW
(7) REFUSED

SYRUP (8.19)

In the past 3 months, **{have you/has [the [AGE] year old/NAME]}** taken prescription medicine in syrup form?

(1) YES
(2) NO   **[SKIP TO NEB_SCR]**
(6) DON'T KNOW   **[SKIP TO NEB_SCR]**
(7) REFUSED   **[SKIP TO NEB_SCR]**

SYRUP_ID (8.20)

What prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken as a syrup? **[MARK ALL THAT APPLY. PROBE: Any other medications?]]**

	Medication
01	Aerolate
02	Albuterol
03	Alupent
04	Metaproteronol
05	Prednisolone
06	Prelone
07	Proventil
08	Slo-Phyllin
09	Theophyllin
10	Ventolin
11	Other, Please Specify: **[SKIP TO OTH_S1]**

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB_SCR]

[100 ALPHANUMERIC CHARACTER LIMIT FOR 11]

OTH_S1

ENTER OTHER MEDICATION.
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE
LINE.

[ADMINSTER QUESTIONS REC_MED3 THROUGH DK6_SYRP, ONLY IF R RESPONDS WITH
"DON'T KNOW" FOR QUESTION SYRUP_ID (8.20)]

INTRODUCTION FOR REC_MED3:

READ: I'm going to read a list of medicines to see if you recognize the name of the medications **{you have/[CHILD'S NAME] has}** taken within the past three months.

DK1_SYRP (8.20A)

Which of these prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken as a syrup?

Alupent or Metaproteronol

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK2_SYRP

(Which of these prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken as a syrup?)

Ventolin or Proventil or Albuterol

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK3_SYRP

(Which of these prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken as a syrup?)

Aerolate, Slo-Phyllin, or Theophyllin

(1) YES
(2) NO

          (6) DON'T KNOW
          (7) REFUSED

DK4_SYRP

(Which of these prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken as a syrup?)

Prelone or Prednisolone

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK5_SYRP (8.20B)

Did **{you/[the [AGE] year old/NAME]}** take a medication in syrup form that we have not mentioned?

(1) YES
(2) NO   **[SKIP TO NEB_SCR]**
(6) DON'T KNOW   **[SKIP TO NEB_SCR]**
(7) REFUSED   **[SKIP TO NEB_SCR]**

DK6_SYRP (8.20C)

Will you please tell me what that medication was?

_____

NEB_SCR (8. 21)

A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of **{your/[the [AGE] year old/NAME]'s}** asthma medicines used with a nebulizer?

(1) YES
(2) NO   **[SKIP TO BRO_N]**
(6) DON'T KNOW   **[SKIP TO BRO_N]**
(7) REFUSED   **[SKIP TO BRO_N]**

NEB_ID (8.22)

In the past 3 months**,** what prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken using a nebulizer? **[MARK ALL THAT APPLY. PROBE: Any other medications?]**

	Medication
01	Albuterol
02	Alupent
03	Cromolyn
04	Intal
05	Metaproteronol
06	Proventil
07	Ventolin
08	Other, Please Specify: **[SKIP TO OTH_N1]**

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-07, SKIP TO BRO_N]

    (96) DON'T KNOW   **[SKIP TO DK1_NEB]**
    (97) REFUSED   **[SKIP TO BRO_N]**

OTH_N1

ENTER OTHER MEDICATION
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

[ADMINSTER QUESTIONS DK1_NEB THROUGH DK5_NEB, ONLY IF R RESPONDS WITH "DON'T KNOW" FOR QUESTION NEB_ID (8.22)]

DK1_NEB (8.22A)

In the past 3 months**,** which of these prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken using a nebulizer?

Alupent or Metaproteronol

    (1) YES
    (2) NO
    (6)   DON'T KNOW
    (7)   REFUSED

DK2_NEB

(In the past 3 months, which of these prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken using a nebulizer?)

Ventolin Proventil or Albuterol

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK3_NEB

(In the past 3 months, which of these prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken using a nebulizer?)

Intal or Cromolyn

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK4_NEB (8.22B)

Did **{you/[the [AGE] year old/NAME]}** take a medication using a nebulizer that we have not mentioned?

(1) YES
(2) NO   **[SKIP TO BRO_N]**
(6) DON'T KNOW   **[SKIP TO BRO_N]**
(7) REFUSED   **[SKIP TO BRO_N]**

DK5_NEB (8.22C)

Will you please tell me what that medication was?

_____

BRO_N (9.1)

How many biological brothers [**have you/ has the [AGE] year old**] had?

__ __NUMBER
[RANGE CHECK: (00-10, 96, 97)]

(00) NONE
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN: RESPONDENTS WHO ARE ADOPTED AND DO NOT HAVE ANY HEALTH INFORMATION REGARDING THEIR BIOLOGICAL PARENTS/SIBLINGS SHOULD BE CODED AS "DON'T KNOW" PARENTS/SIBLINGS THAT ARE DECEASED SHOULD BE INCLUDED. HALF-BROTHERS SHOULD BE INCLUDED.

SIS_N (9.2)

How many biological sisters [**have you/ has the [AGE] year old**] had?

__ __NUMBER
[RANGE CHECK: (00-10, 96, 97)]

 (00) NONE
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN: RESPONDENTS WHO ARE ADOPTED AND DO NOT HAVE ANY HEALTH INFORMATION REGARDING THEIR BIOLOGICAL PARENTS/SIBLINGS SHOULD BE CODED AS "DON'T KNOW" PARENTS/SIBLINGS THAT ARE DECEASED SHOULD BE INCLUDED. HALF-SISTERS SHOULD BE INCLUDED.

PARENTS1 (9.3)

Were either of [**your/[the [AGE] year old]'s**] biological parents ever told they have asthma?

(1) YES
(2) NO   **[SKIP TO BROASTH1]**
(6) DON'T KNOW   **[SKIP TO BROASTH1]**
(7) REFUSED   **[SKIP TO BROASTH1]**

HELP SCREEN: RESPONDENTS WHO ARE ADOPTED AND DO NOT HAVE ANY HEALTH INFORMATION REGARDING THEIR BIOLOGICAL PARENTS/SIBLINGS SHOULD BE CODED AS "DON'T KNOW" PARENTS/SIBLINGS THAT ARE DECEASED SHOULD BE INCLUDED.

PARENTS2 (9.4)

Who?

(1) FATHER
(2) MOTHER
(3) BOTH
(6) DON'T KNOW
(7) REFUSED

BROASTH1 (9.5)

[SKIP THIS QUESTION TO SISASTH1, IF BRO_N=00 (NONE)]
CATI: IF BRO_N=1, ASK: Was **[your/[the [AGE] year olds]'s]** biological brother ever told that he had asthma?
IF BRO_N >1, SKIP TO BROASTH2
(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

BROASTH2

How many of **[your/[the [AGE] year old]'s]** biological brothers were ever told they had asthma?

__ __NUMBER
[RANGE CHECK: (00-10, 96, 97)]

 (00) ZERO
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN: RESPONDENTS WHO ARE ADOPTED AND DO NOT HAVE ANY HEALTH INFORMATION REGARDING THEIR BIOLOGICAL PARENTS/SIBLINGS SHOULD BE CODED AS "DON'T KNOW" PARENTS/SIBLINGS THAT ARE DECEASED SHOULD BE INCLUDED.

SISASTH1 (9.6)

[SKIP THIS QUESTION TO GRANDSCR, IF SIS_N=00 (NONE)]

CATI: IF SIS_N=1, ASK: Was **[your/[the [AGE] year old]'s]** biological sister ever told that she had asthma?
IF SIS_N>1, SKIP TO SISASTH2

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

SISASTH2

> **CATI: IF SIS_N > 1, ASK:** How many of **[your/[the [AGE] year old]'s]** biological sisters were ever told they had asthma?
>
> __ __NUMBER
> **[RANGE CHECK: (00-10, 96, 97)]**
>
> (00) ZERO
> (96) DON'T KNOW
> (97) REFUSED
>
> **HELP SCREEN: RESPONDENTS WHO ARE ADOPTED AND DO NOT HAVE ANY HEALTH INFORMATION REGARDING THEIR BIOLOGICAL PARENTS/SIBLINGS SHOULD BE CODED AS "DON'T KNOW" PARENTS/SIBLINGS THAT ARE DECEASED SHOULD BE INCLUDED.**

GRANDSCR (9.7)

> Were any of **[your/[the [AGE] year old]'s]** biological grandparents ever told they had asthma?
>
> (1) YES
> (2) NO   **[SKIP TO SKIP1]**
> (6) DON'T KNOW   **[SKIP TO SKIP1]**
> (7) REFUSED   **[SKIP TO SKIP1]**
>
> **HELP SCREEN: RESPONDENTS WHO ARE ADOPTED AND DO NOT HAVE ANY HEALTH INFORMATION REGARDING THEIR BIOLOGICAL GRANDPARENTS SHOULD BE CODED AS "DON'T KNOW" GRANDPARENTS THAT ARE DECEASED SHOULD BE INCLUDED.**

GRNDASTH (9.8)

> Which of **[your/[the [AGE] year old]'s]** biological grandparents were told they had asthma? **[MARK ALL THAT APPLY]**
> (1) MOTHER'S MOTHER
> (2) MOTHER'S FATHER
> (3) FATHER'S MOTHER
> (4) FATHER'S FATHER
> (6) DON'T KNOW
> (7) REFUSED
>
> **HELP SCREEN: RESPONDENTS WHO ARE ADOPTED AND DO NOT HAVE ANY HEALTH INFORMATION REGARDING THEIR BIOLOGICAL GRANDPARENTS SHOULD BE CODED AS "DON'T KNOW" GRANDPARENTS THAT ARE DECEASED SHOULD BE INCLUDED.**

OTHER_T (11.1) **[IF THE FIRST ASTHMA DETAILED INTERVIEW HAS BEEN DONE,
THEN SKIP TO R_ETH_2, ELSE ASK …]
[IF NIS = 1, SKIP TO HEIGHT1]
[IF NIS = 1, SKIP TO R_ETH_2]**
Now, I just have a few more general questions about you and your household. Do you
have any other home phone numbers in addition to **[AREA CODE AND TELEPHONE
NUMBER CALLED]**? Please do not include cellular phones in your answer.

(1) YES
(2) NO   **[SKIP TO WO_SERVICE]**
(6) DON'T KNOW   **[SKIP TO WO_SERVICE]**
(7) REFUSED   **[SKIP TO WO_SERVICE]**

SEC_USE (11.2)

Is this second number for home use only, for business use only, or for both home and
business use?

(1) HOME ONLY
(2) BUSINESS ONLY   **[SKIP TO THIRD_TN]**
(3) BOTH HOME AND BUSINESS
(6) DON'T KNOW   **[SKIP TO WO_SERVICE]**
(7) REFUSED   **[SKIP TO WO_SERVICE]**

SEC_FAX (11.3)

Is this second number used only for computer or fax communications?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED   **[SKIP TO WO_SERVICE]**

THIRD_TN (11.4)

Do you have a third home phone number in addition to the two you have already told me
about? Please do not include cellular phones in your answer.

(1) YES
(2) NO   **[SKIP TO WO_SERVICE]**
(6) DON'T KNOW   **[SKIP TO WO_SERVICE]**
(7) REFUSED   **[SKIP TO WO_SERVICE]**

THIRD_USE (11.5)

Is this third number for home use only, for business use only, or for both home and business use?

(1) HOME ONLY
(2) BUSINESS ONLY   **[SKIP TO WO_SERVICE]**
(3) BOTH HOME AND BUSINESS
(6) DON'T KNOW   **[SKIP TO WO_SERVICE]**
(7) REFUSED   **[SKIP TO WO_SERVICE]**

THIRD_FAX (11.6)

Is this third number used only for computer or fax communications?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

WO_SERVICE (11.7)

During the past 12 months, has your household been without telephone service for 1 week or more? Please do not include cellular phones in your answer.

(1) YES
(2) NO   **[SKIP TO R_ETH_2]**
(6) DON'T KNOW   **[SKIP TO R_ETH_2]**
(7) REFUSED   **[SKIP TO R_ETH_2]**

C11Q21_A (11.8)

For how long was your household without telephone service in the past 12 months?

(ENTER THE DAYS, WEEKS, OR MONTHS THEN CONTINUE TO THE NEXT SCREEN TO ENTER TIME PERIOD.)

ENTER NUMBER __ __ __

(996)   DON'T KNOW   **[SKIP TO R_ETH_2]**
(997)   REFUSED   **[SKIP TO R_ETH_2]**

**[IF DAYS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-365;
IF WEEKS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-52;
IF MONTHS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-12]**

C11Q21 (11.9)

ENTER PERIOD
[ONE NUMERIC-CHARACTER FIELD]

(1) DAYS
(2) WEEK(S)
(3) MONTH(S)
(6) DON'T KNOW
(7) REFUSED

C11Q21_CNF

Just to confirm that I entered it correctly, I have **[NUMBER/PERIOD]**. Is that correct?

(1) YES
(2) NO **[SKIP BACK TO C11Q21_A (11.8)]**

R_ETH_2

(Are you / Is [the [AGE] year old]) of Hispanic or Latino origin?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

R_RACE2 (2.6)

Now, I'm going to read a list of categories. Please choose one or more of the following categories to describe **(yourself/ the [AGE] year old). (Are you / Is [the [AGE] year old])** White, Black or African-American, American Indian, Alaska Native, Asian, or Native Hawaiian or other Pacific Islander?

[MARK ALL THAT APPLY]

(01) WHITE
(02) BLACK/ AFRICAN-AMERICAN
(03) AMERICAN INDIAN
(04) ALASKA NATIVE
(05) ASIAN
(06) NATIVE HAWAIIAN
(07) PACIFIC ISLANDER
(08) OTHER (SPECIFY)
(96) DON'T KNOW
(97) REFUSED

**[IF R_RACE2 = (08) OTHER (SPECIFY), CONTINUE TO R_RACEA.
ALL OTHERS SKIP TO R_EDUC]**

**HELP SCREEN: BE SURE TO READ THE ENTIRE QUESTION AS WRITTEN
(INCLUDING ALL RESPONSE CATEGORIES).**

RACE INFORMATION IS COLLECTED BY SELF-IDENTIFICATION. IT IS

"WHATEVER RACE YOU CONSIDER YOURSELF TO BE." DO NOT TRY TO EXPLAIN OR DEFINE ANY OF THE GROUPS. MULTIPLE RACES MAY BE SELECTED.

R_RACEA

ENTER OTHER DESCENT

R_EDUC (2.7)

[SKIP IF A PERSON'S AGE IS UNDER 6, I.E. R_DOB_XX < 6]
The next questions are about **(your/ the [AGE] year old]'s)** education level. What is the highest level of school that **{you have/[the [AGE] year old] has}** completed?

__ __   ENTER HIGHEST GRADE COMPLETED (1-12)
 (13) GRADUATED HIGH SCHOOL
(14) SOME POST-HIGH SCHOOL, BUT NOT BACHELOR'S DEGREE (B.A.)
(15) COLLEGE GRADUATE – BACHELOR'S DEGREE OR B.A.
(16) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH OR WITHOUT
       DEGREE)
(17) PRESCHOOL/HEADSTART
(18) KINDERGARTEN
(19) NO FORMAL SCHOOLING
(96) DON'T KNOW
(97) REFUSED

HEIGHT1
HEIGHT2
HEIGHT3

How tall **{are you/ is the [AGE] year old}** ?

__ __ foot / __ __inches   OR   __ ___centimeters

VALUES OF GREATER THAN 8 FEET 11 INCHES OR 250 CENTIMETERS SHOULD NOT BE ALLOWED, VALUE RANGE FOR INCHES 00-72
IF VALUE OF INCHES IS > 11, VALUE OF FEET SHOULD BE 0
IF VALUE OF FEET NE 0, VALUE OF INCHES SHOULD BE < 12

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA FOR PEOPLE WHO DO AND DO NOT HAVE ASTHMA.

(96) DON"T KNOW
(97) REFUSED

WEIGHT1
WEIGHT2
WEIGHT3

How much **{do you/ does the [AGE] year old}** weigh?

__ __ __ pounds OR   __ __ __kilograms
[3 [VALUES OF GREATER THAN 500 POUNDS OR 230 KILOGRAMS SHOULD NOT BE ALLOWED]]

(996) DON"T KNOW
(997) REFUSED

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA FOR PEOPLE WHO DO AND DO NOT HAVE ASTHMA.

BIRTHW1
BIRTHW2
BIRTHW3

How much did **[the [AGE] year old]** weigh at birth (in pounds)?

__ __ __ pounds /__ __ __ ounces   OR   __ __ __ __ grams **[SKIP TO INC_TOT]**

(996) DON"T KNOW   **[SKIP TO BIRTHRF]**
(997) REFUSED   **[SKIP TO BIRTHRF]**

BIRTHRF

At birth, did **[the [AGE] year old/NAME]** weigh less than 5 ½ pounds?

[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS]

(1) YES
(2) NO
(1) DON'T KNOW
(2) REFUSED

INC_TOT (10.1)
     [IF NIS = 1, 2 SKIP TO CWEND]

What was the total combined income of your household in **[FILL LAST CALENDAR YEAR]**, including income from all sources including wages, salaries, unemployment payments, public assistance, Social Security or retirement benefits, help from relatives and so forth? Can you tell me that amount before taxes?

 [9 NUMERIC-CHARACTER FIELD]

          RECORD INCOME $_____
          (999999996) DK   **[SKIP TO RANGE_20]**
          (999999997) REFUSED   **[SKIP TO RANGE_20]**

HELP SCREEN: RESPONDENT MAY GIVE A RANGE AS AN ANSWER TO THIS QUESTION. BE PREPARED TO PROBE FOR A MORE ACCURATE ANSWER.

INC_CONF (10.2)

Just to confirm that I entered it correctly, your income was **[AMOUNT FROM INC_TOT]**. Is that correct?

(1) YES   **[SKIP TO C11Q22]**
(2) NO   **[SKIP BACK TO INC_TOT]**

RANGE_20 (10.3)

For the purposes of this survey, it is important to get at least a range for the total income received by all members of your household in **[FILL YEAR]**. Would you say that the total combined income, before taxes, was above or below $20,000?

MORE THAN $20,000	1	GO TO RANGE_40
$20,000	2	GO TO **C11Q22**
LESS THAN $20,000	3	GO TO RANGE_10
DON'T KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_10 (10.4)

Was the total combined household income more or less than $10,000?

MORE THAN $10,000	1	GO TO RANGE_15
$10,000	2	GO TO **C11Q22**
LESS THAN $10,000	3	GO TO RANGE_7
DON'T KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_7 (10.5)

Was it more than $7,500?

YES	1	GO TO **C11Q22**
NO	2	GO TO **C11Q22**
DON'T KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_15 (10.6)

Was it more than $15,000?

YES	1	GO TO RANGE_17
NO	2	GO TO RANGE_12
DON'T KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_17 (10.7)

Was it more than $17,500?

YES	1	GO TO **C11Q22**
NO	2	GO TO **C11Q22**
DON'T KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_12 (10.8)

Was it more than $12,500?

YES	1	GO TO **C11Q22**
NO	2	GO TO **C11Q22**
DON'T KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_40 (10.9)

Was the total combined household income more or less than $40,000?

MORE THAN $40,000	1	GO TO RANGE_60
$40,000	2	GO TO **C11Q22**
LESS THAN $40,000	3	GO TO RANGE_30
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_60 (10.10)

Was the total combined household income more or less than $60,000?

MORE THAN $60,000	1	GO TO RANGE_75
$60,000	2	GO TO **C11Q22**
LESS THAN $60,000	3	GO TO RANGE_50
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_50 (10.11)

Was the total combined household income more or less than $50,000?

MORE THAN $50,000	1	GO TO **C11Q22**
$50,000	2	GO TO **C11Q22**
LESS THAN $50,000	3	GO TO RANGE_45
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_45 (10.12)

Was the total combined household income more or less than $45,000?

MORE THAN $45,000	1	GO TO **C11Q22**
LESS THAN $45,000	2	GO TO **C11Q22**
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_30 (10.13)

Was the total combined household income more or less than $30,000?

MORE THAN $60,000	1	GO TO RANGE_35
$60,000	2	GO TO **C11Q22**
LESS THAN $60,000	3	GO TO RANGE_25
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_35 (10.14)

Was the total combined household income more or less than $35,000?

MORE THAN $35,000	1	GO TO **C11Q22**
LESS THAN $35,000	2	GO TO **C11Q22**
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_25 (10.15)

Was the total combined household income more or less than $25,000?

MORE THAN $25,000	1	GO TO **C11Q22**
LESS THAN $25,000	2	GO TO **C11Q22**
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_75 (10.16)

Was the total combined household income more or less than $75,000?

MORE THAN $75,000	1	GO TO **C11Q22**
$75,000	2	GO TO **C11Q22**
LESS THAN $75,000	3	GO TO **C11Q22**
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

C11Q22 (11.10)

Please tell me your zip code.

_____ _____ _____ ____ _____ (00001-99997)
(99996) DON'T KNOW
(99997) REFUSED

CWEND

Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1 - (866) 7 7 5 - 6 8 5 8. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1-800-223-8118. Thanks again.