BRFSS/ASTHMA SURVEY
CHILD QUESTIONNAIRE - 2006

INTRODUCTION TO THE BRFSS Asthma call back for Adult parent/guardian of child with asthma:

Hello, my name is _____. I'm calling on behalf of the {Minnesota/Michigan/Oregon} health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview {sample person's first name or initials} indicated {he/she} would be willing to participate in this study about {sample child's} asthma.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the {Minnesota/Michigan/Oregon} health department and the Centers for Disease Control and Prevention about a health study we are doing in your state. During a recent phone interview {sample person's first name or initials} indicated {he/she} would be willing to participate in this study about {sample child}.

1.1 Are you {sample person's first name or initials}?

1.   Yes (go to informed consent)
2.   No

1.2 May I speak with {sample person first name or initials}?

1.   Yes (go to 1.3 when person comes to phone)
2.   No
               If not available set time for return call

1.3 Hello, my name is _____. I'm calling on behalf of the {Minnesota/Michigan/Oregon} state health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview you indicated that {sample child's name} had asthma and that you would be able to complete the follow-up interview on {sample child's name}asthma at this time.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the {Minnesota/Michigan/Oregon} state health department and the Centers for Disease Control and Prevention about a health study we are doing in your state. During a recent phone interview you indicated that you would be able to complete a follow-up interview on {sample child's name} at this time.

If respondent requests transfer to another person (parent/guardian) who is more knowledgeable about the child's asthma use code 2 below:
 1. BRFSS respondent will continue
 2. Alternate respondent will continue

INFORMED CONSENT

Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act

{Child's name} was selected to participate in this study about asthma because of your responses to questions about his or her asthma in a prior survey.

[If responses for sample child were "yes" to lifetime and no to "still" in core BRFSS interview read:]

The answers to asthma questions during the earlier survey indicated that a doctor or other health professional said that {child's name} had asthma sometime in {his/her} life, but does not have it now. Is that correct?

[IF YES, READ: IF NO, Go to REPEAT (2.0)]

Since {child's name} no longer has asthma, your interview will be very brief (about 5 minutes). You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. **[Go to section 3]**

[**If responses for sample child were "yes" to lifetime and yes to "still" in core BRFSS survey, read:**]

Answers to the asthma questions in the earlier survey indicated that that a doctor or other health professional said that {child's name} had asthma sometime in his or her life, and that {child's name} still has asthma. Is that correct?

[IF YES, READ: IF NO, Go to REPEAT (2.0)]

Since {child's name} has asthma now, your interview will last about 15 minutes. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. **[Go to section 3]**

REPEAT (2.0)   **If BRFSS core respondent: Check if correct person from core survey is on phone. Ask "is this {sample person's name} and are you {sample person's age} years old. If yes, continue. If not the correct respondent, ask to speak to that person, and start over at section 1.**

**If alternate adult (from 1.3) or correct BRFSS respondent read:
I would like to repeat the questions from the previous survey now to make sure {sample child's name} qualifies for this study.**

EVER_ASTH (2.1)   Have you ever been told by a doctor or other health professional that {child's name} had asthma?

(1) YES
(2) NO [Go to TERMINATE]

(7) DON'T KNOW [Go to TERMINATE]
(9) REFUSED [Go to TERMINATE]

CUR_ASTH (2.2)   Does {child's name} still have asthma?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

RELATION (2.3)   What is your relationship to {child's name}?

(1)   MOTHER (BIRTH/ADOPTIVE/STEP) **[go to READ]**
(2)   FATHER (BIRTH/ADOPTIVE/STEP) **[go to READ]**
(3)   BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE)
(4)   GRANDPARENT (FATHER/MOTHER)
(5)   OTHER RELATIVE
(6)   UNRELATED

(7)   DON'T KNOW
(9)   REFUSED

GUARDIAN (2.4)   Are you the legal guardian for {child's name}

(1) YES
(2) NO **[go to TERMINATE if BRFSS respondent; continue if alternate from 1.3]**

(7) DON'T KNOW **[go to TERMINATE if BRFSS respondent; continue if alternate from 1.3]**
(9) REFUSED **[go to TERMINATE if BRFSS respondent; continue if alternate from 1.3]**

READ: {child's name} does qualify for this study, I'd like to continue unless you have any questions. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions

[If YES to 2.2 read:]
Since {child's name} does have asthma now, your interview will last about 15 minutes. **[Go to section 3]**

[If NO to 2.2 read:]
Since {child's name} does not have asthma now, your interview will last about 5 minutes. **[Go to section 3]**

[If Don't know or refused to 2.2 read:]
Since you are not sure if {child's name} has asthma now, your interview will probably last about 10 minutes. **[Go to section 3]**

Some states may require the following section:

READ: Some of the information that you shared with us when we called you before could be useful in this study.

PERMISS (2.5) May we combine your answers to this survey with your answers from the survey you did a few weeks ago?

> (1) YES (Skip to Section 3)
> (2) NO (GO TO TERMINATE)
>
> (7) DON'T KNOW (GO TO TERMINATE)
> (9) REFUSED (GO TO TERMINATE)

TERMINATE:
Upon survey termination, READ:

Those are all the questions I have. I'd like to thank you on behalf of the {Minnesota/Michigan/Oregon} Health Department and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1 – xxx-xxx-xxxx. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1-800-xxx-xxxx. Thanks again. Goodbye

AGEDX (3.1)   **How old was {child's name} when a doctor or other health professional first said {child's name} had asthma?**

　　　　　(ENTER AGE IN YEARS)

(777) DON'T KNOW
(888) Under 1 year old
(999) REFUSED

INCIDNT (3.2)   **How long ago was that? Was it .." READ CATEGORIES**

(1) Within the past 12 months
(2) 1-5 years ago
(3) more than 5 years ago

(7) DON'T KNOW
(9) REFUSED

LAST_MD (3.3)   **How long has it been since you last talked to a doctor or other health professional about {child's name} asthma? This could have been in a doctor's office, the hospital, an emergency room or urgent care center.**

[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

(88) 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

(77) DON'T KNOW
(99) REFUSED

LAST_MED (3.4)   **How long has it been since {child's name} last took asthma medication?**

[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

(88) 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

(77) DON'T KNOW
(99) REFUSED

INTRODUCTION FOR LASTSYMP:

　　　READ: Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when {child's name} did not have a cold or respiratory infection.

LASTSYMP (3.5)　　How long has it been since {child's name} last had any symptoms of asthma?

　　　　　　[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

　　　　　(88) 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

　　　　　(77) DON'T KNOW
　　　　　(99) REFUSED

[**SKIP**: If the response to last symptoms (LASTSYMP, question 3.5) was 3 months to 1 year ago, then the respondent skips to episode introduction (EPIS_INT between question 4.4 and 4.5).]

[**SKIP**: If the response to last symptoms (LASTSYMP) was 1-5+ years ago or "never," then the respondent skips to Section 5.]

[**CONTINUE**: If the response to last symptoms (LASTSYMP) was within the past 3 months, "Don't know" or "Refused" then the respondent continues.]

SYMP_30D (4.1)   **During the past 30 days, on how many days did {child's name} have any symptoms of asthma?**

__ __DAYS

[1-29, 77, 99]   **[SKIP TO 4.3 ASLEEP30]**

(88) NO SYMPTOMS IN THE PAST 30 DAYS   **[SKIP TO EPIS_INT]**
(30) EVERY DAY   **[CONTINUE]**

(77) DON'T KNOW   **[SKIP TO 4.3 ASLEEP30]**
(99) REFUSED   **[SKIP TO 4.3 ASLEEP30]**

DUR_30D (4.2)   **Does {child's name} have symptoms all the time**? **"All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

ASLEEP30 (4.3)   **During the past 30 days, on how many days did symptoms of asthma make it difficult for {child's name} to stay asleep?**

__ __ DAYS/NIGHTS

(88) NONE
(30) Every day

(77) DON'T KNOW
(99) REFUSED

SYMPFREE (4.4)   **During the past two weeks, on how many days was {child's name} completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?**

__ __ Number of days

(88) NONE

(77) DON'T KNOW
(99) REFUSED

[**RESUME**: If the response to last symptoms (question 3.5) was 3 months to 1 year ago (LASTSYMP = 4) respondent resumes interview here.]

[**CONTINUE**: If the response to last symptoms was within the past 3 months, don't know or refused (LASTSYMP = 1, 2, 3, 77 or 99) respondent continues.   (Respondents with no symptoms in the past year were skipped to section 5.)]

EPIS_INT   READ**: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.**

EPIS_12M (4.5)   **During the past 12 months' has {child's name} had an episode of asthma or an asthma attack?**

(1) YES
(2) NO   **[SKIP TO INS1 in Section 5]**

(7) DON'T KNOW   **[SKIP TO INS1 in Section 5]**
(9) REFUSED   **[SKIP TO INS1 in Section 5]**

EPIS_TP (4.6)   **During the past three months, how many asthma episodes or attacks has {child's name} had?**

— —

(888) NONE

(777) DON'T KNOW
(999) REFUSED

DUR_ASTH (4.7)   **How long did {child's name} most recent asthma episode or attack last?**

1_ _   Minutes
2_ _   Hours
3_ _   Days
4_ _   Weeks
5 5 5   Never

7 7 7   Don't know / Not sure
9 9 9   Refused

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

(7) DON'T KNOW
(9) REFUSED

[**RESUME**: All respondents continue the interview here.]

INS1 (5.1)   **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   **[continue]**
(2) NO   **[SKIP TO FLU_SHOT]**

(7) DON'T KNOW   **[SKIP TO FLU_SHOT]**
(9) REFUSED   **[SKIP TO FLU_SHOT]**

INS_TYP (5.2)   **What kind of health care coverage does (Childs name) have? Is it paid for through the parent's employer, or is it Medicaid, Medicare, Children's Health Insurance Program (CHIP), or some other type of insurance?**

(1) parent's employer
(2) Medicaid/Medicare
(3) CHIP {replace with state specific name}
(4) Other

(7) DON'T KNOW
(9) REFUSED

INS2 (5.3)   **During the past 12 months was there any time that {child's name} did not have any health insurance or coverage?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

FLU_SHOT (5.4)   **A flu shot is an influenza vaccine injected in your arm. During the past 12 months, did {CHILD'S NAME} have a flu shot?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

FLU_SPRAY (5.5)   **A flu vaccine that is sprayed in the nose is called FluMist^{TM}. During the past 12 months, did {CHILD'S NAME} have a flu vaccine that was sprayed in his/her nose?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[**SKIP**: If the child does not currently have asthma (response of "no," "don't know" or "refused" to the ACBS question CUR_ASTH, if asked, or if not asked, to the BRFSS child module question 16.2 "Does the child still have asthma?") and has not seen a doctor (LAST_MD), has not had asthma symptoms (LASTSYMP) and has not taken asthma medication (LAST_MED) in the past year, the respondent skips to section 6.]

[**CONTINUE**: If the child does not currently have asthma (response of "no," "don't know" or "refused" to ACBS question CUR_ASTH, if asked, or if not asked, to the BRFSS child module question 16.2 "Does the child still have asthma?") and has had asthma symptoms (LASTSYMP), taken asthma medication (LAST_MED), or seen a doctor for asthma (LAST_MD) in the past year, the respondent continues with question 5.6.]

[**CONTINUE**: If the child does currently have asthma (response of "yes" to the ACBS question CUR_ASTH if asked, or if not asked, to the BRFSS child module question 16.2 "Does the child still have asthma?"), the respondent continues with question 5.6.]

ACT_DAYS (5.6)   **During the past 12 months, would you say {child's name} limited {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

(7) DON'T KNOW
(9) REFUSED

[**SKIP**: If the child has not seen a doctor (LAST_MD) in the past year, the respondent skips to section 6.]

NR_TIMES (5.7)   **During the past 12 months how many times did {child's name} see a doctor or other health professional for a routine checkup for {his/her} asthma?**

__ __ __ ENTER NUMBER

(888) NONE

(777) DON'T KNOW
(999) REFUSED

ER_VISIT (5.8)   An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, has {child's name} had to visit an emergency room or urgent care center because of {his/her} asthma?

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

    (7) DON'T KNOW   **[SKIP TO URG_TIME]**
    (9) REFUSED   **[SKIP TO URG_TIME]**

ER_TIMES (5.9)   During the past 12 months, how many times did {child's name} visit an emergency room or urgent care center because of {his/her} asthma?

    __ __ __ ENTER NUMBER

    (777) DON'T KNOW
    (999) 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 (5.10)   **[IF ONE OR MORE ER VISITS (ER_VISIT (5.4) = 1) INSERT "Besides those emergency room or urgent care center visits,"]**

    During the past 12 months, how many times did {child's name} see a doctor or other health professional for urgent treatment of worsening asthma symptoms or an asthma episode or attack?

    __ __ __ ENTER NUMBER

    (888) NONE

    (777) DON'T KNOW
    (999) 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.]

[**SKIP:** If the response to LASTSYMP is never or more than one year ago, then the respondent skips to Section 6. If the child has not had symptoms in the past year the questions on hospital stays are not asked.]

HOSP_VST (5.11)   **During the past 12 months, that is since [1 YEAR AGO TODAY], has {child's name} had to stay overnight in a hospital because of {his/her} asthma? Do not include an overnight stay in the emergency room.**

     (1) YES
     (2) NO   **[SKIP TO Section 6]**

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

HOSPTIME (5.12)   **During the past 12 months, how many different times did {child's name} stay in any hospital overnight or longer because of {his/her} asthma?**

     __ __ __ TIMES

     (777) DON'T KNOW
     (999) REFUSED

HOSPPLAN (5.13)   **The last time {child's name} left the hospital, did a health professional talk with you or {child's name} about how to prevent serious attacks in the future?**

     (1) YES
     (2) NO

     (7) DON'T KNOW
     (9) REFUSED

     [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

[**RESUME**: All respondents continue the interview here.]

TCH_SIGN (6.1) **Has a doctor or other health professional ever taught you or {child's name}....**

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

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

TCH_RESP (6.2) **Has a doctor or other health professional ever taught you or {child's name}....**

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

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

TCH_MON (6.3) **A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you or {child's name}....**

c. How to use a peak flow meter to adjust your daily medications?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

MGT_PLAN (6.4)   **An asthma action plan, or asthma management plan, is a form with instructions about 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 you or {child's name}....an asthma action plan?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

MGT_CLAS (6.5)   **Have you or {child's name} ever taken a course or class on how to manage {his/her} asthma?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[All respondents continue the interview.]

HH_INT   **READ: The following questions are about {child's name} household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.**

AIRCLEANER (7.1)   **An air cleaner or air purifier can filter out pollutants like dust, pollen, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.**

Is an air cleaner or purifier regularly used inside {child's name} home?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

DEHUMID (7.2)   **Is a dehumidifier regularly used to reduce moisture inside {child's name} home?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

KITC_FAN (7.3)   **Is an exhaust fan that vents to the outside used regularly when cooking in the kitchen in {child's name} home?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

COOK_GAS (7.4)   **Is gas used for cooking in {child's name} home?**

(1) Yes
(2) NO

(7) DON'T KNOW
(9) REFUSED

ENV_MOLD (7.5)   **In the past 30 days, has anyone seen or smelled mold or a musty odor inside in {child's name} home? Do not include mold on food.**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

ENV_PETS (7.6)   **Does {child's name} home have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time <u>indoors</u>?**

(1) YES
(2) NO   **(SKIP TO 7.8)**

(7) DON'T KNOW   **(SKIP TO 7.8)**
(9) REFUSED   **(SKIP TO 7.8)**

PETBEDRM (7. 7)   **Is the pet allowed in {child's name} bedroom?**

(1) YES
(2) NO
(3) SOME ARE/SOME AREN'T

(7) DON'T KNOW
(9) REFUSED

C_ROACH (7.8)   **In the past 30 days, has anyone seen cockroaches inside {child's name} home?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[HELP SCREEN: Studies have shown that cockroaches may be a cause of asthma. Cockroach droppings and carcasses can also cause symptoms of asthma.]

C_RODENT (7.9)   **In the past 30 days, has anyone seen mice or rats inside {child's name} home? Do not include mice or rats kept as pets.**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[HELP SCREEN: Studies have shown that rodents may be a cause of asthma.]

WOOD_STOVE (7.10)   **Is a wood burning fireplace or wood burning stove used in {child's name} home?**

        (1) YES
        (2) NO

        (7) DON'T KNOW
        (9) REFUSED

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

GAS_STOVE (7.11)   **Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in {child's name} home?**

        (1) YES
        (2) NO

        (7) DON'T KNOW
        (9) REFUSED

        [HELP SCREEN: "Unvented" means no chimney or the chimney flue is kept closed during operation.]

S_INSIDE (7.12)   **In the past week, has anyone smoked inside {child's name} home?**

        (1) YES
        (2) NO

        (7) DON'T KNOW
        (9) REFUSED

        HELP SCREEN: "The intent of this question is to measure smoke resulting from tobacco products (cigarettes, cigars, pipes) or illicit drugs (cannibus, marijuana) delivered by smoking (inhaling intentionally). Do not include things like smoke from incense, candles, or fireplaces, etc."

MOD_ENV (7.13)   **INTERVIEWER READ:** Now, back to questions specifically about **{child's name}**.

        Has a health professional ever advised you to change things in {child's name} home, school, or work to improve his/her asthma?

        (1) YES
        (2) NO

        (7) DON'T KNOW
        (9) REFUSED

        [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

MATTRESS (7.14)   Does {child's name} use a mattress cover that is made especially for controlling dust mites?

[INTERVIEWER: If needed: This does not include normal mattress covers used for padding or sanitation (wetting). These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the mattress. They are made of special fabric, entirely enclose the mattress, and have zippers.]

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

E_PILLOW (7.15)   Does {child's name} use a pillow cover that is made especially for controlling dust mites?

[INTERVIEWER: If needed: This does not include normal pillow covers used for fabric protection. These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the pillow. They are made of special fabric, entirely enclose the pillow, and have zippers.]

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

CARPET (7.16)   Does {child's name} have carpeting or rugs in {his/her} bedroom? This does not include throw rugs small enough to be laundered.

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

HOTWATER (7.17)   Are {child's name} sheets and pillowcases washed in cold, warm, or hot water?

(1) COLD
(2) WARM
(3) HOT

DO NOT READ
(4) VARIES

(7) DON'T KNOW
(9) REFUSED

BATH_FAN (7.18)   **In {child's name} bathroom, does {child's name} regularly use an exhaust fan that vents to the outside?**

(1) YES
(2) NO OR "NO FAN"

(7) DON'T KNOW
(9) REFUSED

[HELP SCREEN: IF RESPONDENT INDICATES THEY HAVE MORE THAN ONE BATHROOM, THIS QUESTION REFERS TO THE BATHROOM THE CHILD USES MOST FREQUENTLY FOR SHOWERING AND BATHING.]

[SKIP: If child has never taken asthma medication (LAST_MED = 88 NEVER), respondent skips to Section 9.]

OTC (8.1)   **The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to {child's name} medication use.**

Over-the-counter medication can be bought without a doctor's order. Has {child's name} ever used over-the-counter medication for {his/her} asthma?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

INHALERE (8.2)   **Has {child's name} ever used a prescription inhaler?**

(1) YES
(2) NO   **[SKIP TO SCR_MED1]**

(7) DON'T KNOW   **[SKIP TO SCR_MED1]**
(9) REFUSED   **[SKIP TO SCR_MED1]**

INHALERH (8.3)   **Did a health professional show {child's name} how to use the inhaler?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

INHALERW (8.4)   **Did a doctor or other health professional watch {child's name} use the inhaler?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[SKIP: If respondent has not taken asthma medication in the past 3 months (LAST_MED = 4, 5, 6, 7, 77, or 99), respondent skips to Section 9.]

SCR_MED1 (8.5)   **Now I am going to ask questions about specific prescription medications {child's name} may have taken for asthma <u>in the past 3 months</u>. I will be asking for the names, amount, and how often {child's name} takes each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.**

**It will help to get {child's name} medicines so you can read the labels.
Can you please go get the asthma medicines while I wait on the phone?**

(1) YES
(2) NO   **[SKIP TO INH_SCR]**
(3) RESPONDENT KNOWS THE MEDS   **[SKIP TO INH_SCR]**

(7) DON'T KNOW   **[SKIP TO INH_SCR]**
(9) REFUSED   **[SKIP TO INH_SCR]**

SCR_MED3 (8.7)   **[when Respondent returns to phone:] Do you have all the medications?**

[INTERVIEWER: Read if necessary]

(1) YES I HAVE ALL THE MEDICATIONS
(2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL
(3) NO

(7) DON'T KNOW
(9) REFUSED

[SKIP: If the child has never used an inhaler, (8.2 INHALERE= 2 NO) the respondent skips to PILLS]

INH_SCR (8.8)   **In the past 3 months has {child's name} taken prescription asthma medicine using an inhaler?**

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

(7) DON'T KNOW   **[SKIP TO PILLS]**
(9) REFUSED   **[SKIP TO PILLS]**

INH_MEDS (8.9)   **In the past 3 months, what prescription asthma medications did {child's name} take by inhaler?**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION. MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]

[Note: For the following inhalers the respondent can report up to eight medications; each medication can only be reported once. When 66 (Other) is selected as a response, the series of questions ILP01 (8.11) to ILP10 (8.19) is not asked for that response.

	Brand Name	Type (not shown in CATI)
01	Advair (17 + 26)	combination
02	Aerobid (16)	corticosteroid
03	Albuterol	beta 2 agonist (Short-Acting)
04	Alupent (21)	beta 2 agonist (Short-Acting)
05	Atrovent (19)	anti-cholinergic
06	Azmacort (31)	corticosteroid
07	Beclomethasone dipropionate	corticosteroid
08	Beclovent (07)	corticosteroid
09	Bitolterol	beta 2 agonist (Short-Acting)
10	Brethaire (28)	beta 2 agonist (Short-Acting)
11	Budesonide	corticosteroid
12	Combivent (19 + 03)	combination
13	Cromolyn	anti-inflammatory
14	Flovent (17)	inhaled corticosteroid
15	Flovent Rotadisk (17)	inhaled corticosteroid
16	Flunisolide	corticosteroid
17	Fluticasone	inhaled corticosteroid
34	Foradil (35)	beta 2 agonist (Long-acting)
35	Formoterol	beta 2 agonist (Long-acting)
18	Intal (13)	anti-inflammatory
19	Ipratropium Bromide	anti-cholinergic
20	Maxair (23)	beta 2 agonist (Short-Acting)
21	Metaproteronol	beta 2 agonist (Short-Acting)
22	Nedocromil	anti-inflammatory
23	Pirbuterol	beta 2 agonist (Short-Acting)
24	Proventil (03)	beta 2 agonist (Short-Acting)
25	Pulmicort Turbuhaler (11)	corticosteroid
36	QVAR (07)	inhaled corticosteroid
26	Salmeterol	beta 2 agonist (Long-acting)
27	Serevent (26)	beta 2 agonist (Long-acting)
28	Terbutaline	beta 2 agonist (Short-Acting)
29	Tilade (22)	anti-inflammatory
30	Tornalate (09)	beta 2 agonist (Short-Acting)
31	Triamcinolone acetonide	corticosteroid
32	Vanceril (08)	corticosteroid
33	Ventolin (03)	beta 2 agonist (Short-Acting)
66	Other, Please Specify	**[SKIP TO OTH_I1]**

[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP01]

(88) NO PRESCRIPTION INHALERS **[SKIP TO PILLS]**

(77) DON'T KNOW **[SKIP TO PILLS]**
(99) REFUSED **[SKIP TO PILLS]**

OTH_I1 (8.10)   **ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD**
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS
ON ONE LINE.

[**NOTE:** QUESTIONS ILP01 THRU ILP10 ARE ADMINSTERED FOR UP TO EIGHT INHALED
MEDICATIONS REPORTED IN INH_MEDS, BUT NOT FOR 66 (OTHER). THE SPECIFIC MEDICATION
NAME IS REFFERED TO IN EACH QUESTION, ILP01 THROUGH ILP10]

[**SKIP:** IF THE MEDICATION FROM THE INH_MEDS SERIES IS 03, 04, 21, 24, OR 33 ASK ILP01
OTHERWISE SKIP TO ILP02]

ILP01 (8.11)   **Are there 80, 100, or 200 puffs in the [MEDICINE FROM INH_MEDS SERIES]**
inhaler that {child's name} uses?

[INTERVIEWER: A puff is a single inhalation or a single dose. Inhalers sometimes
say "100 metered doses". Instructions are to use 2-3 inhalations (doses, puffs) each
time. The 80 puff canister may say 6.8 g. The 100 puff canister may say 90 mcg and
the 200 puff canister may say 17 g. or 18 g. depending on the brand being used.]

(1) 80 PUFFS
(2) 100 PUFFS
(3) 200 PUFFS
(4) Other number of puffs
(5) USED DIFFERENT SIZES OF THIS MEDICATION IN PAST 3 MONTHS

(7) DON'T KNOW
(9) REFUSED

ILP02 (8.12)   **How long has{child's 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

(7) DON'T KNOW
(9) REFUSED

[**SKIP:** IF [MEDICINE FROM INH_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15) SKIP
TO 8.14. These inhalers are not used with spacers.]

ILP03 (8.13)   **A spacer is a small attachment for an inhaler that makes it easier to use. Does {child's name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]?**

(1) YES
(2) NO
(3) Medication is a disk inhaler not a canister inhaler

(7) DON'T KNOW
(9) 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.]

[HELP SCREEN: The response category 3 (disk not canister) is primarily intended for medications Serevent (27), Salmeterol (26) and Flovent (14) which are known to come in disk type inhalers (which do not use a spacer). However, new medications may come on the market that will need this category so it can be used for other than 14, 26, and 27.]

ILP04 (8.14)   **In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack?**

(1) YES
(2) NO
(3) NO ATTACK IN PAST 3 MONTHS

(7) DON'T KNOW
(9) REFUSED

ILP05 (8.15)   **In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] before exercising?**

(1) YES
(2) NO
(3) DIDN'T EXERCISE IN PAST 3 MONTHS

(7) DON'T KNOW
(9) REFUSED

ILP06 (8.16)   **In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

ILP07 (8.17)   On average, how many puffs did {child's name} take each time he/she used [MEDICINE FROM INH_MEDS SERIES]?

__ __ PUFFS EACH TIME

(77) DON'T KNOW
(99) REFUSED

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

ILP08 (8.18)   How many times per day or per week did {child's name} use [MEDICINE FROM INH_MEDS SERIES]?

3 _ _   Days
4 _ _   Weeks
5 5 5   Never
6 6 6   LESS OFTEN THAN ONCE A WEEK

7 7 7   Don't know / Not sure
9 9 9   Refused

[SKIP: ASK ILP10 ONLY IF INH_MEDS = 3, 4, 9, 10, 20, 21, 23, 24, 28, 30, 33 OTHERWISE SKIP TO PILLS (8.20). These are SABA inhalers.]

ILP10 (8.19)   How many canisters of [MEDICINE FROM INH_MEDS SERIES] has {child's name} used in the past 3 months?

[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']

___ CANISTERS

(77) DON'T KNOW
(88) NONE
(99) REFUSED

[HELP SCREEN: IF RESPONDENT INDICATES THAT <CHILD> HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE AT SCHOOL, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY FULL CANISTERS HE/SHE USED. THE INTENT IS TO ESTIMATE HOW MUCH MEDICATION IS USED, NOT HOW MANY DIFFERNT INHALERS.]

PILLS (8.20)   In the past 3 months, has {child's name} taken any prescription medicine in pill form for his/her asthma?

(1) YES
(2) NO   [SKIP TO SYRUP]

(7) DON'T KNOW   [SKIP TO SYRUP]
(9) REFUSED   [SKIP TO SYRUP]

PILLS_MD (8.21)   What prescription asthma medications does **{child's name}** take in pill form?

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION. MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]

[Note: For the following pills the respondent can report up to five medications; each medication can only be reported once.]

	Medication	**Type not shown in CATI)**
01	Accolate	Leukotriene Modifier
02	Aerolate	Methylxanthine
03	Albuterol	Beta 2 agonist – Rescue Bronchodilator
04	Alupent	Beta 2 agonist – Rescue Bronchodilator
05	choledyl	Methylxanthins
07	Deltasone	Corticosteriod
08	Elixophyllin	Methylxanthine
10	Marax	Methylxanthine
11	Medrol	Corticosteriod
12	Metaprel	Beta 2 agonist – Rescue Bronchodilator
13	Metaproteronol	Beta 2 agonist – Rescue Bronchodilator
14	Methylpredinisolone	Corticosteriod
15	Montelukast	Leukotriene Modifier
17	Pediapred	Corticosteriod
18	Prednisolone	Corticosteriod
19	Prednisone	Corticosteriod
20	Prelone	Corticosteriod
21	Proventil	Beta 2 agonist – Rescue Bronchodilator
22	Quibron	Methylxanthine
23	Respid	Methylxanthine
24	Singulair	Leukotriene Modifier
25	Slo-phyllin	Methylxanthine
26	Slo-bid	Methylxanthine
27	Sustaire	Methylxanthine
28	Theo-24	Methylxanthine
29	Theobid	Methylxanthine
30	Theochron	Methylxanthine
31	Theoclear	Methylxanthine
32	Theodur	Methylxanthine
33	Theo-Dur	Methylxanthine
34	Theolair	Methylxanthine
35	Theophylline	Methylxanthine
36	Theo-Sav	Methylxanthine
37	Theospan	Methylxanthine
38	Theox	Methylxanthine
40	T-Phyl	Methylxanthine
41	Unidur	Methylxanthine
42	Uniphyl	Methylxanthine
43	Ventolin	Beta 2 agonist – Rescue Bronchodilator
44	Volmax	Beta 2 agonist – Rescue Bronchodilator
45	Zafirlukast	Leukotriene Modifier
46	Zileuton	Leukotriene Modifier
47	Zyflo Filmtab	Leukotriene Modifier
66	Other, Please Specify: **[SKIP TO OTH_P1]**	

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

      (88) NO PILLS   **[SKIP TO SYRUP]**

      (77) DON'T KNOW   **[SKIP TO SYRUP]**
      (99) REFUSED   **[SKIP TO SYRUP]**

OTH_P1   **ENTER OTHER MEDICATION IN TEXT FIELD**
                 IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

[QUESTION PILLX IS ADMINISTERED FOR UP TO FIVE PILLS 01-47 REPORTED IN PILLS_MD, BUT NOT FOR 66 (OTHER). THE REPORTED MEDICINE NAME FROM PILLS_MD SERIES IS INSERTED INTO PILLX]

PILLX (8.22)   **How long has{child's name} been taking [MEDICATION LISTED IN PILLS_MD**]?

      (1) Less than 6 months
      (2) 6 months to 1 year
      (3) Longer than 1 year

      (7) DON'T KNOW
      (9) REFUSED

SYRUP (8.23)   **In the past 3 months, has {child's name} taken prescription medicine in syrup form?**

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

      (7) DON'T KNOW   **[SKIP TO NEB_SCR]**
      (9) REFUSED   **[SKIP TO NEB_SCR]**

SYRUP_ID (8.24)   **What prescriptions asthma medications has {child's name} taken as a syrup?**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION. MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?]

[For the following syrups the respondent can report up to four medications; each medication can only be reported once.]

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

(88) NO PILLS   **[SKIP TO NEB_SCR]**

(77) DON'T KNOW   **[SKIP TO NEB_SCR]**
(99) REFUSED   **[SKIP TO NEB_SCR]**

OTH_S1   **ENTER OTHER MEDICATION.**
                        IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

NEB_SCR (8. 25)   **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 {child's name} prescription asthma medicines used with a nebulizer?**

(1) YES
(2) NO   **[SKIP TO Section 9]**

(7) DON'T KNOW   **[SKIP TO Section 9]**
(9) REFUSED   **[SKIP TO Section 9]**

NEB_PLC(8. 26)   **I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no.**

In the past 3 months did your child use a nebulizer …

(8.26a)	(1) AT HOME	YES	NO	DK
(8.26b)	(2) AT A DOCTOR'S OFFICE	YES	NO	DK
(8.26c)	(3) IN AN EMERGENCY ROOM	YES	NO	DK
(8.26d)	(4) AT WORK OR AT SCHOOL	YES	NO	DK
(8.26e)	(5) AT ANY OTHER PLACE	YES	NO	DK

NEB_ID (8.27)   **In the past 3 months, what prescriptions asthma medications has {child's name} taken using a nebulizer?**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION. MARK ALL THAT APPLY. PROBE: Has your child taken any other prescription asthma medications using a nebulizer in the past 3 months?]

[For the following nebulizers the respondent can report up to five medications; each medication can only be used once.]

	Medication
01	Albuterol
02	Alupent (11)
03	Atrovent (09)
04	Bitolterol
05	Budesonide
06	Cromolyn
07	Duoneb (01 + 09)
08	Intal (06)
09	Ipratroprium bromide
10	Levalbuterol
11	Metaproteronol
12	Proventil (01)
13	Pulmicort (05)
14	Tornalate (04)
15	Ventolin (01)
16	Xopenex (10)
66	Other, Please Specify: **[SKIP TO OTH_N1]**

(88) NONE   **[SKIP TO Section 9]**

(77) DON'T KNOW   **[SKIP TO Section 9]**
(99) REFUSED   **[SKIP TO Section 9]**

OTH_N1   **ENTER OTHER MEDICATION**
                     IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

SKIP: If the child does not currently have asthma (response of "no," "don't know" or "refused" to the ACBS question CUR_ASTH, if asked, or if not asked, to the BRFSS child module question 16.2 "Does the child still have asthma?") the respondent skips to section 10.]

[**CONTINUE**: If the child does currently have asthma (response of "yes" to the ACBS question CUR_ASTH if asked, or if not asked, to the BRFSS child module question 16.2 "Does the child still have asthma?") then the respondent continues here.]

ASMDCOST (9.1)   Was there a time in the past 12 months when {child's name} needed to see his/her primary care doctor <u>for asthma</u> but could not because of the cost?

    (1) YES
    (2) NO

    (7) DON'T KNOW
    (9) REFUSED

ASSPCOST (9.2)   Was there a time in the past 12 months when you were referred to a specialist <u>for {child's name} asthma care</u> but could not go because of the cost?

    (1) YES
    (2) NO

    (7) DON'T KNOW
    (9) REFUSED

ASRXCOST (9.3)   Was there a time in the past 12 months when {child's name} needed medication <u>for his/her asthma</u> but you could not buy it because of the cost?

    (1) YES
    (2) NO

    (7) DON'T KNOW
    (9) REFUSED

[**RESUME**: All respondents continue the interview here.]

SCH_STAT (10.1)   **Next, we are interested in things that might affect {child's name} asthma when he/she is not at home.**

Does {child's name} currently go to school or pre school outside the home?

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

(7) DON'T KNOW
(9) REFUSED

NO_SCHL (10.2)   **What is the main reason {child's name} is not now in school? READ RESPONSE CATEGORIES**

(1) NOT OLD ENOUGH   [**SKIP TO DAYCARE**]
(2) HOME SCHOOLED   [**SKIP TO SCHGRADE**]
(3) UNABLE TO ATTEND FOR HEALTH REASONS
(4) ON VACATION OR BREAK
(5) OTHER

(7) DON'T KNOW
(9) REFUSED

SCHL_12 (10.3)   **Has {child's name} gone to school in the past 12 months?**

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

(7) DON'T KNOW   [**SKIP TO DAYCARE**]
(9) REFUSED   [**SKIP TO DAYCARE**]

SCHGRADE (10.4)   **[IF SCHL_12 = 1] What grade was {child's name} in the last time he/she was in school?**

[IF SCH_STAT = 1 OR NO_SCHL = 2] What grade is {child's name} in?

(88)   PRE SCHOOL
(66)   KINDERGARDEN
__ __   ENTER GRADE 1 TO 12

(77) DON'T KNOW
(99) REFUSED

[**SKIP**: If the child does not currently have asthma (response of "no," "don't know" or "refused" to the ACBS question CUR_ASTH, if asked, or if not asked, to the BRFSS child module question 16.2 "Does the child still have asthma?") the respondent skips to question 10.8.]

[**CONTINUE**: If the child does currently have asthma (response of "yes" to the ACBS question CUR_ASTH if asked, or if not asked, to the BRFSS child module question 16.2 "Does the child still have asthma?") then the respondent continues here.]

MISS_SCHL (10.5)   **During the past 12 months, about how many days of school did {child's name} miss because of {his/her} asthma?**

__ __ __ ENTER NUMBER DAYS

(888) ZERO

(777) DON'T KNOW
(999) REFUSED

[**SKIP:** If child is home schooled (NO_SCHL = 2) skip to section 11**.**]

[**IF SCHL_12 (10.3) = 1 READ 'PLEASE ANSWER THESE NEXT FEW QUESTIONS ABOUT THE SCHOOL {CHILD'S NAME} WENT TO LAST]**

SCH_APL (10.6)   **Earlier I explained that an asthma action plan contains instructions about how to care for the child's asthma.**

Does {child's name} have a written asthma action plan or asthma management plan on file at school?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

SCH_MED (10.7)   **Does the school {child's name} goes to allow children with asthma to carry their medication with them while at school?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

SCH_ANML (10.8)   **Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {child's name} CLASSROOM?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

SCH_MOLD (10.9)   **Are you aware of any mold problems in {child's name} school?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[**SKIP:** IF CHLDAGE2 > 10 YEARS OR 131 MONTHS SKIP TO SECTION 11.]

DAYCARE (10.10)   **Does {child's name} go to day care outside his/her home?**

(1) YES   [SKIP TO MISS_DCAR]
(2) NO

(7) DON'T KNOW   [SKIP TO SECTION 11]
(9) REFUSED   [SKIP TO SECTION 11]

DAYCARE1 (10.11)   **Has {child's name} gone to daycare in the past 12 months?**

(1) YES
(2) NO   [SKIP TO SECTION 11]

(7) DON'T KNOW   [SKIP TO SECTION 11]
(9) REFUSED   [SKIP TO SECTION 11]

MISS_DCAR (10.12)   [**SKIP**: If the child does not currently have asthma (response of "no," "don't know" or "refused" to the ACBS question CUR_ASTH, if asked, or if not asked, to the BRFSS child module question 16.2 "Does the child still have asthma?") the respondent skips to question 10.14.]

[**CONTINUE**: If the child does currently have asthma (response of "yes" to the ACBS question CUR_ASTH if asked, or if not asked, to the BRFSS child module question 16.2 "Does the child still have asthma?") then the respondent continues here.]

During the past 12 months, about how many days of daycare did {child's name} miss because of {his/her} asthma?

__ __ __ENTER NUMBER DAYS

(888) ZERO

(777) DON'T KNOW
(999) REFUSED

DCARE_APL (10.13)   [IF DAYCARE1 (10.11) = YES (1) THEN READ: "Please answer these next few questions about the daycare {child's name} went to last. "

Does {child's name} have a written asthma action plan or asthma management plan on file at daycare?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

DCARE_ANML(10.14)   Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {child's name} room at daycare?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

DCARE_MLD (10.15)   Are you aware of any mold problems in {child's name} daycare?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

DCARE_SMK (10.16)   Is smoking allowed at {child's name} daycare?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[**SKIP**: If the child does not currently have asthma (response of "no," "don't know" or "refused" to the ACBS question CUR_ASTH, if asked, or if not asked, to the BRFSS child module question 16.2 "Does the child still have asthma?") the respondent skips to section 12.]

[**CONTINUE**: If the child does currently have asthma (response of "yes" to the ACBS question CUR_ASTH if asked, or if not asked, to the BRFSS child module question 16.2 "Does the child still have asthma?") then the respondent continues here.]

READ: **Sometimes people use methods other than prescription medications to help treat or control their asthma. These methods are called non-traditional, complementary, or alternative health care. I am going to read a list of these alternative methods. For each one I mention, please answer "yes" if {child's name} has used it to control asthma <u>in the past 12 months.</u> Answer "no" if {child's name} has not used it in the past 12 months.**

In the past 12 months, has {child's name} used … to control asthma?

[INTERVIEWER: repeat prior phasing as needed]

CAM_HERB (11.1)	**herbs**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_VITA (11.2)	**vitamins**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_PUNC (11.3)	**acupuncture**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_PRES (11.4)	**acupressure**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_AROM (11.5)	**aromatherapy**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_HOME (11.6)	**homeopathy**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_REFL (11.7)	**reflexology**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_YOGA (11.8)	**yoga**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_BR (11.9)	**breathing techniques**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_NATR (11.10)	**naturopathy**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**

[INTERVIEWER: If respondent does not recognize the term "naturopathy" the response should be no"]

[HELP SCREEN: Naturopathy (nay-chur-o-PATH-ee) is an alternative treatment based on the principle that there is a healing power in the body that establishes, maintains, and restores health. Naturopaths prescribe treatments such as nutrition and lifestyle counseling, dietary supplements, medicinal plants, exercise, homeopathy, and treatments from traditional Chinese medicine.]

CAM_OTHR (11.11)   **Besides the types I have just asked about, has your child used any other type of alternative care for asthma in the past 12 months?**

       (1)   YES
       (2)   NO   **[SKIP TO SECTION 12]**

       (7)   DON'T KNOW   **[SKIP TO SECTION 12]**
       (9)   REFUSED   **[SKIP TO SECTION 12]**

CAM_TEXT (11.13)   **What else has your child used?**

       ENTER OTHER ALTERNATIVE MEDICINE IN TEXT FIELD
       IF MORE THAN ONE IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

READ "I have just a few more questions about {child's name}."

HEIGHT1 (12.1)   How tall is {child's name}?

                    [INTERVIEWER: if needed: Ask the respondent to give their best guess.]

                    _ _ _ _ = Height (ft/inches)

                    7 7 7 7 = Don't know/Not sure
                    9 9 9 9 = Refused

                    [HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT
                    AND WEIGHT MAY BE RELATED TO ASTHMA.]

WEIGHT1 (12.2)   **How much does {child's name} weigh?**

                    [INTERVIEWER: if needed: Ask the respondent to give their best guess.]

                    _ _ _ _   Weight (pounds/kilograms)

                    7 7 7 7   Don't know / Not sure
                    9 9 9 9   Refused

                    **[HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT
                    AND WEIGHT MAY BE RELATED TO ASTHMA.]**

BIRTHW1 (12.3)   **How much did {child's name}] weigh at birth (in pounds)?**

                    _ _ _ _ _ _   Weight (pounds/kilograms)

                    7 7 7 7 7 7   Don't know / Not sure
                    9 9 9 9 9 9   Refused

[SKIP: If birth weight is provided, skip to the end of the interview (CWEND).]

[CONTINUE: If birth weight is not provided (12.3 BIRTHW1 is DON'T KNOW or REFUSED) ask 12.4
          BIRTHRF.]

BIRTHRF (12.4)   **At birth, did {child's name} weigh less than 5 ½ pounds?**

                    [INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS]

                    (1) YES
                    (2) NO

                    (7) DON'T KNOW
                    (9) REFUSED

CWEND   Those are all the questions I have. I'd like to thank you on behalf of the {State name} Health Department and 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 – xxx-xxx-xxxx. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1-800-xxx-xxxx. Thanks again.