Adult and Child Asthma Call-back Surveys
Questionnaires
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BRFSS/ASTHMA SURVEY
ADULT QUESTIONNAIRE – 2006

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Section 1. Introduction

Introduction to the BRFSS Asthma Call-Back Survey for adult respondents with asthma:

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

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the {state name} 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 first name or initials} indicated {he/she} would be willing to participate in this study.

1.1 Are you {sample person's name}?

(1) YES (go to informed consent)
(2) NO

1.2 May I speak with {sample person's name}?

(1) YES (go to 1.3 when sample 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 {state name} 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 you had asthma and would be able to complete the follow-up interview on asthma at this time.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the {state name} 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 the follow-up interview at this time.

Section 2: Informed Consent

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

You were selected to participate in this study about asthma because of your responses to questions in a prior survey.

[If "yes" to lifetime ("Have you ever been told by a doctor, nurse, or other health professional that you had asthma?) and "no" to current ("Do you still have asthma?") in core BRFSS survey, read:]
Your answers to the asthma questions during the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, but you do not have it now. Is that correct?

(IF "YES," READ TEXT BELOW; IF "NO," Go to REPEAT (2.0))
Since you no longer have 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 "yes" to lifetime and "yes" to current in core BRFSS survey, read:]
Your answers to the asthma questions in the earlier survey indicated that that a doctor or other health professional told you that you had asthma sometime in your life, and that you still have asthma. Is that correct?

(IF "YES," READ TEXT BELOW; IF "NO," Go to REPEAT (2.0))
Since you have 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)

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.

I would like to repeat the questions from the previous survey now to make sure you qualify for this study.

EVER_ASTH (2.1)

Have you ever been told by a doctor or other health professional that you have asthma?

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

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

CUR_ASTH (2.2) **Do you still have asthma?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

READ: You do 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 you have asthma now, your interview will last about 15 minutes. **[Go to section 3]**

[If NO to 2.2 read:]
Since do not have asthma now, your interview will last about 5 minutes. **[Go to section 3]**

[If (7) "Don't know" or (9) "refused" to 2.2, read:]
Since you are not sure if you have 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 (2.3) 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 {state name} 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-XXX-XXX-XXXX}. Thanks again. Goodbye

Section 3. Recent History

AGEDX (3.1) **How old were you when you were first told by a doctor or other health professional that you had asthma?**

__ __ __ (ENTER AGE IN YEARS)

(777) DON'T KNOW
(888) UNDER ONE YEAR OLD
(999) REFUSED

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

[Please read categories]
(1) WITHIN THE PAST 12 MONTHS
(2) 1-5 YEARS AGO
(3) MORE THAN 5 YEARS AGO

[Do not read]
(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 your asthma? This could have been in your doctor's office, the hospital, an emergency room or urgent care center.**

[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

[Do not read]
(77) DON'T KNOW
(99) REFUSED

LAST_MED (3.4) **How long has it been since you last took asthma medication?**

[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

[Do not read]
(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 **you do not** have a cold or respiratory infection.

LASTSYMP (3.5) How long has it been since you last had any symptoms of asthma?

[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

[Do not read]
(77) DON'T KNOW
(99) REFUSED

IF AN ADULT AND THEY DO NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED "NEVER" OR "MORE THAN ONE YEAR AGO" TO EACH OF 1) SEEING A DOCTOR ABOUT ASTHMA, 2) TAKING ASTHMA MEDICATION, AND 3) SHOWING SYMPTOMS OF ASTHMA THEN SKIP SECTION 4.

IF CUR_ASTH (2.2) = 2 AND LAST_MD (3.3) = 88, 05, 06, 07 AND LAST_MED (3.4) = 88, 05, 06, 07, AND LASTSYMP (3.5) = 88, 05, 06, 07, THEN SKIP TO INS1 (Section 5).

Yes to "still," do section 4

No to "still" and nothing within a year, skip all of section 4 because all questions reference 2 weeks to 1 year

No to "still," and something within a year, do parts of Section 4

DON'T KNOW/REFUSED to "still," do Section 4

Section 4. History of Asthma (Symptoms & Episodes in past year)

IF LAST SYMPTOMS (3.5) WERE WITHIN THE PAST 3 MONTHS CONTINUE. IF LAST SYMPTOMS WERE 3 MONTHS TO 1 YEAR AGO, SKIP TO EPISODE INTRODUCTION (EPIS_INT - BETWEEN 4.4 AN 4.5); IF SYMPTOMS WERE 1-5+ YEARS AGO, SKIP TO SECTION 5; IF NEVER HAD SYMPTOMS, SKIP TO SECTION 5; IF DON'T KNOW/REFUSED, CONTINUE.

IF LASTSYMP = 1, 2, 3 then continue
IF LASTSYMP = 4 SKIP TO EPIS_INT (between 4.4 and 4.5)
IF LASTSYMP = 88, 05, 06, 07 SKIP TO INS1 (Section 5)
IF LASTSYMP = 77, 99 then continue

SYMP_30D (4.1) **During the past 30 days, on how many days did you have any symptoms of asthma?**

__ __DAYS	**[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) **Do you 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 you to stay asleep?**

__ __ DAYS/NIGHTS

(88) NONE

(77) DON'T KNOW
(99) REFUSED

SYMPFREE (4.4) **If LASTSYMP = 88 (never) or = 04, 05, 06, or 07 (more than 3 months ago) then SYMPFREE = 14**

If SYMP_30D = 88 (no symptoms in the past 30 days) then SYMPFREE = 14

During the past two weeks, on how many days were you completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?

__ __ Number of days

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

EPIS_INT **IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP = 4) PICK UP HERE; SYMPTOMS WITHIN THE PAST 3 MONTHS CONTINUE HERE AS WELL**

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, have you had an episode of asthma or an asthma attack?**

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

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

EPIS_TP (4.6) **During the past three months, how many asthma episodes or attacks have you had**?

__ __ __

(888) NONE

(777) DON'T KNOW
(999) REFUSED

DUR_ASTH (4.7) **How long did your most recent asthma episode or attack last?**

1__ __ MINUTES
2__ __ HOURS
3__ __ DAYS
4__ __ WEEKS

(555) NEVER
(777) DON'T KNOW / NOT SURE
(999) 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

Section 5. Health Care Utilization

All respondents continue here:

INS1 **Do you 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 NER_TIME]**

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

INS2 **During the past 12 months was there any time that you did not have any health insurance or coverage**?

(1) YES
(2) NO

(7) DON'T KNOW
(9) 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 SECTION 6]

[IF LAST_MD (3.3) = 88, 05, 06, 07, SKIP TO MISS_DAY]

NER_TIME (5.1) **During the past 12 months how many times did you see a doctor or other health professional for a routine checkup for your asthma?**

__ __ __ ENTER NUMBER

(888) NONE

(777) DON'T KNOW
(999) REFUSED

ER_VISIT (5.2) **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, have you had to visit an emergency room or urgent care center because of your 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 (5.3) **During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?**

__ __ __ ENTER NUMBER

(777) DON'T KNOW
(999) REFUSED

URG_TIME (5.4) **[IF ONE OR MORE ER VISITS (ER_TIMES (5.3) INSERT "Besides those emergency room or urgent care center visits,"]**

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

__ __ __ ENTER NUMBER

(888) NONE

(777) DON'T KNOW
(999) REFUSED

[IF LASTSYMP ≥ 5 AND ≤ 7, SKIP TO MISS_DAY
IF LASTSYMP=88 (NEVER), SKIP TO MISS_DAY]

HOSP_VST (5.5) **During the past 12 months, that is since {1 YEAR AGO TODAY}, have you had to stay overnight in a hospital because of your asthma? Do not include an overnight stay in the emergency room.**

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

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

HOSPTIME (5.6A) **During the past 12 months, how many different times did you stay in any hospital overnight or longer because of your asthma?**

__ __ __ TIMES

(777) DON'T KNOW
(999) REFUSED

HOSPPLAN (5.7) **The last time you left the hospital, did a health professional talk with you about how to prevent serious attacks in the future?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

MISS_DAY (5.8A) **During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?**

[INTERVIEWER: If response is, "I don't work," emphasize USUAL ACTIVITIES]

__ __ __ENTER NUMBER DAYS

(888) ZERO

(777) DON'T KNOW
(999) REFUSED

ACT_DAYS (5.9) **During the past 12 months, would you say you limited your 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

Section 6. Knowledge of Asthma/Management Plan

TCH_SIGN (6.1)

Has a doctor or other health professional ever taught you...

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...

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…

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 an asthma action plan?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

MGT_CLAS (6.5) **Have you ever taken a course or class on how to manage your asthma?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

Section 7. Modifications to Environment

HH_INT **READ:** The following questions are about your 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 your home?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

DEHUMID (7.2) **Is a dehumidifier regularly used to reduce moisture inside your 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 your kitchen?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

COOK_GAS (7.4) **Is gas used for cooking?**

(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 your home? Do not include mold on food.**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

ENV_PETS (7.6) **Does your household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?**

(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) **[SKIP THIS QUESTION IF ENV_PETS = 2, 7, 9]**
Are pets allowed in your 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 a cockroach inside your home?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

C_RODENT (7.9) **In the past 30 days, has anyone seen mice or rats inside your home? Do not include mice or rats kept as pets.**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

WOOD_STOVE (7.10) **Is a wood burning fireplace or wood burning stove used in your home?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

GAS_STOVE (7.11) **Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in your home?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

S_INSIDE (7.12) **In the past week, has anyone smoked inside your home?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

INTERVIEWER READ: Now, back to questions specifically about you.

MOD_ENV (7.13) **Has a health professional ever advised you to change things in your home, school, or work to improve your asthma?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

MATTRESS (7.14) **Do you use a mattress cover that is made especially for controlling dust mites?**

[Read 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) **Do you use a pillow cover that is made especially for controlling dust mites?**

[Read 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) **Do you have carpeting or rugs in your 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 your sheets and pillowcases washed in cold, warm, or hot water?**

[Please read]
(1) COLD
(2) WARM
(3) HOT

[Do not read]
(4) VARIES

(7) DON'T KNOW
(9) REFUSED

BATH_FAN (7.18) **In your bathroom, do you regularly use an exhaust fan that vents to the outside?**

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

(7) DON'T KNOW
(9) REFUSED

[IF LAST_MED = 88 (NEVER), SKIP TO SECTION 9. ELSE, CONTINUE.]

Read: The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to your medication use.

OTC (8.1) **Over-the-counter medication can be bought without a doctor's order. Have you ever used over-the-counter medication for your asthma?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

INHALERE (8.2) **Have you 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 doctor or other health professional show you how to use the inhaler?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

INHALERW (8.4) **Did a doctor or other health professional watch you use the inhaler?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

SCR_MED1 (8.5) **[IF LAST_MED = 88, 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9]**

Now I am going to ask questions about specific prescription medications you may have taken for asthma <u>in the past 3 months</u>. I will be asking for the names, amount, and how often you take each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

It will help to get your 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]**

[Leave field in data file layout for 8.6 blank]

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

[Read if necessary]
(1) YES I HAVE ALL THE MEDICATIONS
(2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL
(3) NO

[Do not read]
(7) DON'T KNOW
(9) REFUSED

[IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]

INH_SCR (8.8) **In the past 3 months have you 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 you take by inhaler? [MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

	Brand Name
01	Advair (17 + 26)
02	Aerobid (16)
03	Albuterol
04	Alupent (21)
05	Atrovent (19)
06	Azmacort (31)
07	Beclomethasone dipropionate
08	Beclovent (07)
09	Bitolterol
10	Brethaire (28)
11	Budesonide
12	Combivent (19 + 03)

13	Cromolyn
14	Flovent (17)
15	Flovent Rotadisk (17)
16	Flunisolide
17	Fluticasone
34	Foradil (35)
35	Formoterol
18	Intal (13)
19	Ipratropium Bromide
20	Maxair (23)
21	Metaproteronol
22	Nedocromil
23	Pirbuterol

24	Proventil (03)
25	Pulmicort Turbuhaler (11)
36	QVAR (07)
26	Salmeterol
27	Serevent (26)
28	Terbutaline
29	Tilade (22)

30	Tornalate (09)
31	Triamcinolone acetonide
32	Vanceril (08)
33	Ventolin (03)
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.

[LOOP BACK TO ILP01 AS NECESSARY TO ADMINSTER QUESTIONS ILP01 THRU ILP10 FOR EACH MEDICINE REPORTED IN INH_MEDS

[FOR FILL [MEDICINE FROM INH_MEDS SERIES] FOR QUESTIONS ILP01 THROUGH ILP10]

[IF {MEDICINE FROM INH_MEDS SERIES} IS 03, 04, 21, 24, OR 33, ASK ILP01; ELSE SKIP TO ILP02

ILP01 (8.11) Are there 80, 100, or 200 puffs in the [MEDICINE FROM INH_MEDS SERIES] inhaler that you use?

(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 have you 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

IF [MEDICINE FROM INH_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15) SKIP TO 8.14

ILP03 (8.13) **A spacer is a small attachment for an inhaler that makes it easier to use. Do you 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

ILP04 (8.14) **In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you 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 you 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 you 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 do you take each time you use [MEDICINE FROM INH_MEDS SERIES]?**

__ __ PUFFS EACH TIME

(77) DON'T KNOW
(99) REFUSED

ILP08 (8.18) **How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]?**

3__ __ DAYS
4__ __ WEEKS
(555) NEVER
(666) LESS OFTEN THAN ONCE A WEEK

(777) DON'T KNOW / NOT SURE
(999) REFUSED

[ASK ILP10 ONLY IF INH_MEDS = 3, 4, 9, 10, 20, 21, 23, 24, 28, 30, 33; OTHERWISE SKIP TO PILLS (8.20)]

ILP10 (8.19) **How many canisters of [MEDICINE FROM INH_MEDS SERIES] have you 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

PILLS (8.20) **In the past 3 months, have you taken any prescription medicine in pill form for your 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 do you take in pill form? [MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

	Medication
01	Accolate
02	Aerolate
03	Albuterol
04	Alupent
05	choledyl
06	
07	Deltasone
08	Elixophyllin
09	
10	Marax
11	Medrol

12	Metaprel
13	Metaproteronol
14	Methylpredinisolone
15	Montelukast
16	
17	Pediapred
18	Prednisolone
19	Prednisone
20	Prelone
21	Proventil
22	Quibron
23	Respid

24	Singulair
25	Slo-phyllin
26	Slo-bid
27	Sustaire
28	Theo-24
29	Theobid
30	Theochron
31	Theoclear
32	Theodur
33	Theo-Dur
34	Theolair
35	Theophylline
36	Theo-Sav

37	Theospan
38	Theox
39	
40	T-Phyl
41	Unidur
42	Uniphyl
43	Ventolin
44	Volmax
45	Zafirlukast
46	Zileuton
47	Zyflo Filmtab
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.

[REPEAT QUESTION PILLX AS NECESSARY FOR EACH PILL REPORTED IN PILLS_MD]

PILLX (8.22) **How long have you been taking [MEDICATION LISTED IN PILLS_MD]? 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

SYRUP (8.23) **In the past 3 months, have you taken any prescription asthma medication 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 prescription asthma medications have you taken as a syrup? [MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?]**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

	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]**

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

(88) NO SYRUPS **[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.

Read: A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously.

NEB_SCR (8. 25) **In the past 3 months, were any of your 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 you might have used a nebulizer. Please answer yes if you have used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did you 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 have you taken using a nebulizer? [MARK ALL THAT APPLY. PROBE: Have you taken any other prescription asthma medications with your nebulizer in the past 3 months?]**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

	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) NO NEBULIZERS **[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.

Section 9. Cost of Care

If No to "still" from BRFSS core or CUR_ASTH (2.2) = 2 [or either are missing] skip to section 10
If Yes to "still" from BRFSS core or CUR_ASTH (2.2) = 1, continue

ASMDCOST (9.1) **Was there a time in the past 12 months when you needed to see your primary care doctor for your asthma 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 for asthma care 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 you needed to buy medication for your asthma but could not because of the cost?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

Section 10. Work Related Asthma

EMP_STAT (10.1) **Next, we are interested in things that affect asthma in the workplace. However, first I'd like to ask how you would describe your current employment status? Would you say…**

(1) EMPLOYED FULL-TIME **[SKIP TO WORKENV1]**
(2) EMPLOYED PART-TIME **[SKIP TO WORKENV1]**
(3) NOT EMPLOYED

(7) DON'T KNOW **[SKIP TO EMPL_EVER (10.3)]**
(9) REFUSED **[SKIP TO EMPL_EVER (10.3)]**

UNEMP_R (10.2) **What is the main reason you are not now 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

(77) DON'T KNOW
(99) REFUSED

EMP_EVER (10.3) **Have you ever been employed outside the home?**

(1) YES **[SKIP TO WORKENV3]**
(2) NO **[SKIP TO SECTION 11]**

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

WORKENV1 (10.4) **Was your asthma CAUSED by chemicals, smoke, fumes or dust in your CURRENT job?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

If <u>No</u> to "still" from BRFSS core or CUR_ASTH (2.2) = 2 [or either are missing] skip to 10.6
If <u>Yes</u> to "still" from BRFSS core or CUR_ASTH (2.2) = 1, continue

WORKENV2 (10.5) **Is your asthma MADE WORSE by chemicals, smoke, fumes or dust in your CURRENT job?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[IF WORKENV1 (10.4) = 1 (yes) skip to WORKSEN1]

WORKENV3 (10.6) **Was your asthma CAUSED by chemicals, smoke, fumes or dust in any PREVIOUS job you ever had?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

WORKENV4 (10.7) **Was your asthma MADE WORSE by chemicals, smoke, fumes or dust in any PREVIOUS job you ever had?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[ASK 10.75 ONLY IF:
WORKENV2 (10.5) = 1 (YES) <u>OR</u> WORKENV3 (10.6) = 1 (YES) <u>OR</u> WORKENV4 (10.7) = 1 (YES);
OTHERWISE SKIP TO WORKSENS1 (10.8)]

WORKQUIT (10.75) **Did you ever change or quit a job because chemicals, smoke, fumes, or dust caused your asthma or made your asthma worse?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

WORKSEN1 (10.8) **Were you ever told by a doctor or other health professional that your asthma was related to any job you ever had?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

WORKSEN2 (10.9) **Did you ever tell a doctor or other health professional that your asthma was related to any job you ever had?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

Section 11. Comorbid Conditions

We have just a few more questions. Besides asthma we are interested in some other medical conditions you may have.

COPD (11.1) **Have you ever been told by a doctor or health professional that you have chronic obstructive pulmonary disease also known as COPD?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

EMPHY (11.2) **Have you ever been told by a doctor or other health professional that you have emphysema?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

BRONCH (11.3) **Have you ever been told by a doctor or other health professional that you have Chronic Bronchitis?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

DEPRESS (11.4) **Have you ever been told by a doctor or other health professional that you were depressed?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

Section 12. Complimentary and Alternative Therapy

If <u>No</u> to "still" from BRFSS core or CUR_ASTH (2.2) = 2 [or either are missing] skip to CWEND
If <u>Yes</u> to "still" from BRFSS core or CUR_ASTH (2.2) = 1 continue

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 you have used it to control your own asthma <u>in the past 12 months</u>. Answer "no" if you have not used it in the past 12 months.**

In the past 12 months, have you used … to control your asthma?
[interviewer: repeat prior phasing as needed]

CAM_HERB (12.1)	**herbs**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_VITA (12.2)	**vitamins**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_PUNC (12.3)	**acupuncture**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_PRES (12.4)	**acupressure**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_AROM (12.5)	**aromatherapy**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_HOME (12.6)	**homeopathy**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_REFL (12.7)	**reflexology**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_YOGA (12.8)	**yoga**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_BR (12.9)	**breathing techniques**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**
CAM_NATR (12.10)	**naturopathy**	**(1) YES**	**(2) NO**	**(7) DK**	**(9) REF**

CAM_OTHR (12.11) **Besides the types I have just asked about, have you used any other type of alternative care for your asthma in the past 12 months?**

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

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

CAM_TEXT (12.13) **What else have you used?**

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

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-XXX-XXX-XXXX}. Thanks again**.

The Adult Asthma Call-back survey was used by the following states in 2006:
Alaska, Arizona, California, Colorado, Connecticut, Washington, D.C., Georgia, Hawaii, Indiana, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Missouri, Montana, Nebraska, New Hampshire, New York, Oregon, Texas, Vermont, Washington, Wisconsin

BRFSS/ASTHMA SURVEY
CHILD QUESTIONNAIRE - 2006

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Section 1. Introduction

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 {state name} 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 {state name} 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}.

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

(1) YES (go to informed consent)
(2) NO

1.4 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

1.5 Hello, my name is _____. I'm calling on behalf of the {state name} 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 {state name} 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

Section 2. Informed Consent

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 ("Have you ever been told by a doctor, nurse, or other health professional that you had asthma?) and "no" to current ("Do you still have asthma?") in core BRFSS survey, 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 TEXT BELOW; 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 current 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 TEXT BELOW; 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 Intro for eligibility]**
(2) FATHER (BIRTH/ADOPTIVE/STEP) **[go to Intro for eligibility]**
(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]

Intro for eligibility: 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 {state name} 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-XXX-XXX-XXXX}. Thanks again. Goodbye.

Section 3. Recent History

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…**

[Please read categories]
(1) WITHIN THE PAST 12 MONTHS
(2) 1-5 YEARS AGO
(3) MORE THAN 5 YEARS AGO

[Do not read]
(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.**

[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

[Do not read]
(77) DON'T KNOW
(99) REFUSED

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

[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

[Do not read]
(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?

[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

[Do not read]
(77) DON'T KNOW
(99) REFUSED

IF CHILD DOES NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED "NEVER " OR "MORE THAN ONE YEAR AGO" TO EACH OF 1) SEEING A DOCTOR ABOUT ASTHMA, 2) TAKING ASTHMA MEDICATION, AND 3) SHOWING SYMPTOMS OF ASTHMA THEN SKIP SECTION 4.

IF question #2 from BRFSS module 11 is no (2) or CUR_ASTH (2.2) = 2 AND LAST_MD (3.3) = 88, 05, 06, 07 AND LAST_MED (3.4) = 88, 05, 06, 07, AND LASTSYMP (3.5) = 88, 05, 06, 07, THEN SKIP TO INS1 (Section 5).

Yes to "still," do section 4

No to "still" and nothing within a year, skip all of section 4 because all questions reference 2 weeks to 1 year

No to "still," and something within a year, do parts of Section 4

DON'T KNOW/REFUSED to "still," do Section 4

Section 4. History of Asthma (Symptoms & Episodes in past year)

IF LAST SYMPTOMS (3.5) WERE WITHIN THE PAST 3 MONTHS CONTINUE. IF LAST SYMPTOMS WERE 3 MONTHS TO 1 YEAR AGO, SKIP TO EPISODE INTRODUCTION (EPIS_INT - BETWEEN 4.4 AN 4.5); IF SYMPTOMS WERE 1-5+ YEARS AGO, SKIP TO SECTION 5; IF NEVER HAD SYMPTOMS, SKIP TO SECTION 5; IF DON'T KNOW/REFUSED, CONTINUE.

IF LASTSYMP = 1, 2, 3 then continue
IF LASTSYMP = 4 SKIP TO EPIS_INT (between 4.4 and 4.5)
IF LASTSYMP = 88, 5, 6, 7 SKIP TO INS1 (Section 5)
IF LASTSYMP = 77, 99 then continue

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

__ __DAYS	**[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) **If LASTSYMP = 88 (never) or = 04, 05, 06, or 07 (more than 3 months ago) then SYMPFREE = 14**

If SYMP_30D = 88 (no symptoms in the past 30 days) then SYMPFREE = 14

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

EPIS_INT **IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP = 4) PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS CONTINUE HERE AS WELL**

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
(555) NEVER

(777) DON'T KNOW / NOT SURE
(999) 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

Section 5. Health Care Utilization

All respondents continue 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 {Child's 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™. 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

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

[IF LAST_MD= 88, 05, 06, 07 (have not seen a doctor in the past 12 months); SKIP 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

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

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

Section 6. Knowledge of Asthma/Management Plan

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?

(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

Section 7. Modifications to Environment

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} h**ome?**

(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) **[SKIP THIS QUESTION IF ENV_PETS = 2, 7, 9]**
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

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

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

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

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

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

MOD_ENV (7.13) **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

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

[Read 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?**

[Read 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?**

[Please read]
(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

Section 8. Medications

[IF LAST_MED = 88 (NEVER), SKIP TO SECTION 9. ELSE, CONTINUE.]

Read: 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.

OTC (8.1) **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

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

[IF LAST_MED = 88, 4, 5, 6, 7, 77, or 99, SKIP 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]**

[Leave field in data file layout for 8.6 blank]

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

[Read if necessary]
(1) YES I HAVE ALL THE MEDICATIONS
(2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL
(3) NO

[Do not read]
(7) DON'T KNOW
(9) REFUSED

[IF INHALERE (8.2) = 2 (NO) SKIP 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? [MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

	Brand Name
01	Advair (17 + 26)
02	Aerobid (16)
03	Albuterol
04	Alupent (21)
05	Atrovent (19)
06	Azmacort (31)
07	Beclomethasone dipropionate
08	Beclovent (07)
09	Bitolterol
10	Brethaire (28)
11	Budesonide
12	Combivent (19 + 03)
13	Cromolyn

14	Flovent (17)
15	Flovent Rotadisk (17)
16	Flunisolide
17	Fluticasone
34	Foradil (35)
35	Formoterol
18	Intal (13)
19	Ipratropium Bromide
20	Maxair (23)
21	Metaproteronol
22	Nedocromil
23	Pirbuterol
24	Proventil (03)
25	Pulmicort Turbuhaler (11)

36	QVAR (07)
26	Salmeterol
27	Serevent (26)
28	Terbutaline
29	Tilade (22)
30	Tornalate (09)

31	Triamcinolone acetonide
32	Vanceril (08)
33	Ventolin (03)
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.

[LOOP BACK TO ILP01 AS NECESSARY TO ADMINSTER QUESTIONS ILP01 THRU ILP10 FOR EACH MEDICINE REPORTED IN INH_MEDS

[FOR FILL [MEDICINE FROM INH_MEDS SERIES] FOR QUESTIONS ILP01 THROUGH ILP10]

[IF {MEDICINE FROM INH_MEDS SERIES} IS 03, 04, 21, 24, OR 33 ASK ILP01 ELSE 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?

(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

IF [MEDICINE FROM INH_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15) SKIP TO 8.14

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

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

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
(555) NEVER
(666) LESS OFTEN THAN ONCE A WEEK

(777) DON'T KNOW / NOT SURE
(999) REFUSED

[ASK ILP10 ONLY IF INH_MEDS = 3, 4, 9, 10, 20, 21, 23, 24, 28, 30, 33; OTHERWISE SKIP TO PILLS (8.20)]

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

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? [MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

	Medication
01	Accolate
02	Aerolate
03	Albuterol
04	Alupent
05	choledyl
06	
07	Deltasone
08	Elixophyllin
09	
10	Marax
11	Medrol

12	Metaprel
13	Metaproteronol
14	Methylpredinisolone
15	Montelukast
16	
17	Pediapred
18	Prednisolone
19	Prednisone
20	Prelone
21	Proventil
22	Quibron
23	Respid

24	Singulair
25	Slo-phyllin
26	Slo-bid
27	Sustaire
28	Theo-24
29	Theobid
30	Theochron
31	Theoclear
32	Theodur
33	Theo-Dur
34	Theolair
35	Theophylline
36	Theo-Sav

37	Theospan
38	Theox
39	
40	T-Phyl
41	Unidur
42	Uniphyl
43	Ventolin
44	Volmax
45	Zafirlukast
46	Zileuton
47	Zyflo Filmtab
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.

[REPEAT QUESTION PILLX AS NECESSARY FOR EACH PILL REPORTED IN PILLS_MD

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? [MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?]**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

	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]**

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

(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? [MARK ALL THAT APPLY. PROBE: Has your child taken any other prescription asthma medications with a nebulizer in the past 3 months?]**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

	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.

Section 9. Cost of Care

If No to "still" from BRFSS core or CUR_ASTH (2.2) = 2 [or either are missing] skip to section 10
If Yes to "still" from BRFSS core or CUR_ASTH (2.2) = 1, continue

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

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

Section 10. School Related Asthma

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?

[Please read 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

[Do not read]
(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

If <u>No</u> to "still" from BRFSS core or CUR_ASTH (2.2) = 2 [or either are missing] skip to 10.8
If <u>Yes</u> to "still" from BRFSS core or CUR_ASTH (2.2) = 1, continue

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

[IF NO_SCHL = 2 (HOME SCHOOLED) 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

DAYCARE (10.10) **[IF CHLDAGE2 > 10 SKIP TO SECTION 11]**
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]**

If <u>No</u> to "still" from BRFSS core or CUR_ASTH (2.2) = 2 [or either are missing] skip to 10.14
If <u>Yes</u> to "still" from BRFSS core or CUR_ASTH (2.2) = 1, continue

MISS_DCAR (10.12) **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

Section 11. Complimentary and Alternative Therapy

If <u>No</u> to "still" from BRFSS core or CUR_ASTH (2.2) = 2 [or either are missing] skip to section 12
If <u>Yes</u> to "still" from BRFSS core or CUR_ASTH (2.2) = 1 continue

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**

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.

Section 12. Additional Child Demographics

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

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

__ __ __ __ HEIGHT (FT/INCHES)

(7777) DON'T KNOW/NOT SURE
(9999) REFUSED

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

__ __ __ __ WEIGHT (POUNDS/KILOGRAMS)

(7777) DON'T KNOW / NOT SURE
(9999) REFUSED

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

__ __ __ __ __ __ WEIGHT (POUNDS/KILOGRAMS)

(777777) DON'T KNOW / NOT SURE
(999999) REFUSED

[IF BIRTH WEIGHT (12.3) IS DON'T KNOW OR REFUSED ASK BIRTHRF, ELSE SKIP TO CWEND.]

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

(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-XXX-XXX-XXXX}. Thanks again**.

The Child Asthma Call-back survey was used by the following states in 2006:
Alaska, Arizona, California, Connecticut, Washington, D.C., Georgia, Hawaii, Indiana, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Missouri, Montana, Nebraska, New Hampshire, New York, Oregon, Texas, Vermont, Wisconsin