





## Section 2. Informed Consent

*For states identifying the Most Knowledgeable Person/Parent (MKP) at the BRFSS interview use language in Appendix A.*

*For states identifying the Most Knowledgeable Person/Parent (MKP) at the Asthma Call-Back use language in Appendix B.*

**Section 3. Recent History**

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

\_\_\_\_\_ (ENTER AGE IN YEARS)

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

**INCIDENT (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 {he/she} 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 {he/she} 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

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

[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 { he/she } 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 { him/her } 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

(9) REFUSED

[SKIP TO INS1 in Section 5]

[SKIP TO INS1 in Section 5]

**EPIS\_TP (4.6) During the past three months, how many asthma episodes or attacks has { he/she } had?**

\_\_ \_\_

(888) NONE

(777) DON'T KNOW

(999) REFUSED

**DUR\_ASTH (4.7) How long did {his/her} 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



**Section 5. Health Care Utilization**

[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 {he/she} 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 { he/she } 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













**ENV\_MOLD (7.5)**      **In the past 30 days, has anyone seen or smelled mold or a musty odor inside in {his/her} 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 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)**      **Is the pet allowed in {his/her} 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 {his/her} 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 {his/her} 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 {his/her} 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 (cannabis, 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 {his/her} 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 {he/she} 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 {he/she} 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 {his/her} 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 {he/she} 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.]**

## Section 8. Medications

**[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 {he/she} 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 {him/her} 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 { him/her } 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 in the past 3 months. I will be asking for the names, amount, and how often {he/she} 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 {he/she} 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. Number 37, 38, 39, 40, 41, and 42 are new medications for 2008.]

	<b>Medication</b>	<b>Pronunciation</b>
01	Advair (+ A. Diskus)	<b>ăd-vâr</b> (or <b>add-vair</b> )
02	Aerobid	<b>â-rō'bīd</b> (or <b>air-row-bid</b> )
03	<u>Albuterol</u> (+ A. sulfate or salbutamol)	<b>ăl-'bu'ter-ōl</b> (or al- <b>BYOO</b> -ter-ole) <b>săl-byū'tă-môl'</b>
04	Alupent	<b>al-u-pent</b>
40	Asmanex (twisthaler)	<b>as-muh-neks twist-hey-ler</b>
05	Atrovent	At-ro-vent
06	Azmacort	<b>az-ma-cort</b>
07	<u>Beclomethasone dipropionate</u>	bek"lo-meth'ah-son dī' <b>pro'pe-o-nāt</b> (or be-kloe- <b>meth</b> -a-sone)
08	Beclovent	be' klo-vent" (or <b>be-klo-vent</b> )
09	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- <b>tole</b> -ter-ole)
10	Brethaire	<b>breth-air</b>
11	<u>Budesonide</u>	byoo- <b>des</b> -oh-nide
12	Combivent	<b>com</b> -bi-vent
13	<u>Cromolyn</u>	<b>kro'mō</b> -lin (or <b>KROE</b> -moe-lin)
14	Flovent	<b>flow</b> -vent
15	Flovent Rotadisk	<b>flow</b> -vent <b>row</b> -ta-disk
16	<u>Flunisolide</u>	floo- <b>nis</b> 'o-līd (or floo- <b>NISS</b> -oh-lide)
17	<u>Fluticasone</u>	flue- <b>TICK</b> -uh-zone
34	Foradil	<i>FOUR-a-dil</i>
35	<u>Formoterol</u>	for moh' te rol
18	Intal	<b>in</b> -tel
19	<u>Ipratropium Bromide</u>	īp-rah- <b>tro'pe</b> -um bro'mīd (or ip-ra- <b>TROE</b> -pee-um)
37	<u>Levalbuterol tartrate</u>	<b>lev-al-BYOU</b> -ter-ohl
20	Maxair	<b>măk-sâr</b>
21	<u>Metaproteronol</u>	met"ah-pro- <b>ter'ē</b> -nōl (or met-a-proe- <b>TER</b> -e-nole)
39	<u>Mometasone furoate</u>	<b>moe-MET</b> -a-sone
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr- <b>bu'ter-ōl</b> (or peer- <b>BYOO</b> -ter-ole)
41	Pro-Air HFA	<b>proh-air HFA</b>
24	Proventil	pro"ven-til' (or pro-vent-il)
25	Pulmicort Turbuhaler	<b>pul</b> -ma-cort <b>tur</b> -bo-hail-er
36	QVAR	<b>q</b> -vâr (or q-vair)
03	<u>Salbutamol</u> (or Albuterol)	<b>săl-byū'tă-môl'</b>
26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	<b>Sair</b> -a-vent
42	Symbicort	<b>sim-buh</b> -kohrt
28	<u>Terbutaline</u> (+ T. sulfate)	ter- <b>bu'tah</b> -lēn (or ter- <b>BYOO</b> -ta-leen)
29	Tilade	<b>tie</b> -laid
30	Tornalate	<b>tor</b> -na-late
31	<u>Triamcinolone acetonide</u>	tri"am- <b>sin</b> 'o-lōn as"ē-tō-nīd' (or trye-am- <b>SIN</b> -oh-lone)
32	Vanceril	<b>van</b> -sir-il
33	Ventolin	<b>vent</b> -o-lin
38	Xopenex HFA	<i>ZOH-pen-ecks</i>
66	Other, Please Specify	<b>[SKIP TO OTH_I1]</b>

**[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 ADMINISTERED FOR UP TO EIGHT INHALED  
MEDICATIONS REPORTED IN INH\_MEDS, BUT NOT FOR 66 (OTHER). THE SPECIFIC MEDICATION  
NAME IS REFERRED 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 {he/she} 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 9 g and the  
200 puff canister may say 17 g. or 18 g. depending on the brand being used. If it  
says 90 mcg (micrograms) it is referring to the individual puff, not the size of the  
canister.]**

- (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) OR  
MOMETASONE FUROATE (39) OR ASMANEX (40) 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 {he/she} 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 {he/she} 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 {he/she} 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 {he/she} 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 {he/she} use [MEDICINE FROM INH\_MEDS SERIES]?**

3 \_\_ Times per DAY

4 \_\_ Times per WEEK

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, 37, 38, 41 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 DIFFERENT INHALERS.]**

**PILLS (8.20)**

**In the past 3 months, has {he/she} taken any PRESCRIPTION medicine in pill form for his/her asthma?**

(1) YES

(2) NO

**[SKIP TO SYRUP]**

(7) DON'T KNOW

(9) REFUSED

**[SKIP TO SYRUP]**

**[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. Number 48 and 49 were added in 2008.]

	<b>Medication</b>	<b>Pronunciation</b>
01	Accolate	<b>ac</b> -o-late
02	Aerolate	<b>air</b> -o-late
03	<u>Albuterol</u>	āl'- <b>bu</b> 'ter-ōl (or al- <b>BYOO</b> -ter-all)
04	Alupent	<b>al</b> -u-pent
49	Brethine	<b>breth-eeen</b>
05	Cholearyl (oxtriphylline)	<b>ko</b> -led-il
07	Deltasone	<b>del</b> -ta-sone
08	Elixophyllin	e-licks- <b>o</b> -fil-in
11	Medrol	<b>Med</b> -rol
12	Metaprel	<b>Met</b> -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ě-nōl (or met-a-proe- <b>TER</b> -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- <b>niss</b> -oh-lone (or meth-il-pred- <b>NIS</b> -oh-lone)
15	<u>Montelukast</u>	mont-e- <b>lu</b> -cast
17	Pediapred	Pee- <b>dee</b> -a-pred
18	<u>Prednisolone</u>	pred- <b>NISS</b> -oh-lone
19	<u>Prednisone</u>	PRED-ni-sone
21	Proventil	pro- <b>ven</b> -til
23	Respid	<b>res</b> -pid
24	Singulair	<b>sing</b> -u-lair
25	Slo-phyllin	<b>slow</b> - fil-in
26	Slo-bid	<b>slow</b> -bid
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	<b>thee</b> -o-24
30	Theochron	<b>thee</b> -o-kron
31	Theoclear	<b>thee</b> -o-clear
32	Theodur	<b>thee</b> -o-dur
33	Theo-Dur	<b>thee</b> -o-dur
35	<u>Theophylline</u>	thee- <b>OFF</b> -i-lin
37	Theospan	<b>thee</b> -o-span
40	T-Phyl	<b>t</b> -fil
42	Uniphyll	<b>u</b> -ni-fil
43	Ventolin	<b>vent</b> -o-lin
44	Volmax	<b>vole</b> -max
45	<u>Zafirlukast</u>	za- <b>FIR</b> -loo-kast
46	Zileuton	zye- <b>loo</b> -ton
47	Zyflo Filmtab	zye-flow <b>film</b> tab
66	Other, please specify	<b>[SKIP TO OTH_P1]</b>

**[IF RESPONDENT SELECTS ANY ANSWER FROM 01-49, 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 01-49 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 {he/she} 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 PRESCRIPTION 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.]

	<b>Medication</b>	<b>Pronunciation</b>
01	Aerolate	<b>air</b> -o-late
02	<u>Albuterol</u>	ăl'- <b>bu</b> 'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	<b>al</b> -u-pent
04	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ě-nōl (or met-a-proe-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	<b>pre</b> -loan
07	Proventil	Pro- <b>ven</b> -til
08	Slo-Phyllin	<b>slow</b> -fil-in
09	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	<b>vent</b> -o-lin
66	Other, Please Specify:	<b>[SKIP TO OTH_S1]</b>

(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 {child's name} use a nebulizer ...

**(8.26a)** AT HOME  
(1) YES (2) NO (7) DK (9) REF

- (8.26b) **AT A DOCTOR'S OFFICE**  
(1) YES (2) NO (7) DK (9) REF
- (8.26c) **IN AN EMERGENCY ROOM**  
(1) YES (2) NO (7) DK (9) REF
- (8.26d) **AT WORK OR AT SCHOOL**  
(1) YES (2) NO (7) DK (9) REF
- (8.26e) **AT ANY OTHER PLACE**  
(1) YES (2) NO (7) DK (9) REF

NEB\_ID (8.27) **In the past 3 months, what prescription ASTHMA medications has {he/she} 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.]

	<b>Medication</b>	<b>Pronunciation</b>
01	<u>Albuterol</u>	āl'- <b>bu</b> 'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	<b>al</b> -u-pent
03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- <b>tole</b> -ter-ole)
05	<u>Budesonide</u>	byoo- <b>des</b> -oh-nide
06	<u>Cromolyn</u>	<b>kro</b> 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	<b>in</b> -tel
09	<u>Ipratropium bromide</u>	īp-rah- <b>tro</b> 'pe-um bro'mīd (or ip-ra- <b>TROE</b> -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ē-nōl (or met-a-proe-TER-e-nole)
12	Proventil	Pro- <b>ven</b> -til
13	Pulmicort	<b>pul</b> -ma-cort
14	Tornalate	<b>tor</b> -na-late
15	Ventolin	<b>vent</b> -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>
66	Other, Please Specify:	[ <b>SKIP TO OTH_N1</b> ]

(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

[NOTE: The skip pattern for this section changed in 2010. Previously only those who responded “yes” to the question “Does the child still have asthma?” were asked questions in this section. Beginning in 2010, respondents who reported the child had symptoms, medication use, or a physician visit in the past year, are asked questions in this section even if they did not respond “yes” to the question “Does the child still have asthma?”]

[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 “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 10.]

[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 “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 section 9.]

[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 “Does the child still have asthma?”), the respondent continues with section 9.]

**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 {his/her} 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 {he/she} 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**

[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 {he/she} 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 {he/she} in the last time he/she was in school?**

**[IF SCH\_STAT = 1 OR NO\_SCHL = 2] What grade is {he/she} in?**

- (88)      PRE SCHOOL
- (66)      KINDERGARDEN
- \_\_ \_\_      ENTER GRADE 1 TO 12
  
- (77) DON'T KNOW
- (99) REFUSED

**[NOTE: The skip pattern for this section changed in 2010. Previously only those who responded “yes” to the question “Does the child still have asthma?” were asked question 10.5 to 10.7. Beginning in 2010, respondents who reported the child had symptoms, medication use, or a physician visit in the past year, are asked question 10.5 to 10.7 even if they did not respond “yes” to the question “Does the child still have asthma?”]**

**[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 “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 question 10.8.]

**[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 “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 10.5.]

**[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 “Does the child still have asthma?”), the respondent continues with question 10.5.]

**MISS\_SCHL (10.5)      During the past 12 months, about how many days of school did {he/she} 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 {he/she} 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 {his/her} 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 {he/she} 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]

[NOTE: The skip pattern for this section changed in 2010. Previously only those who responded “yes” to the question “Does the child still have asthma?” were asked question 10.12 and 10.13. Beginning in 2010, respondents who reported the child had symptoms, medication use, or a physician visit in the past year, are asked question 10.2 and 10.13 even if they did not respond “yes” to the question “Does the child still have asthma?”]

**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 “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 question 10.14.]

[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 “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 10.12.]

[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 “Does the child still have asthma?”), the respondent continues with question 10.12.]

**During the past 12 months, about how many days of daycare did {he/she} 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 {his/her} room at daycare?**

(1) YES

(2) NO

(7) DON’T KNOW

(9) REFUSED



**Section 11. Complimentary and Alternative Therapy**

[NOTE: The skip pattern for this section changed in 2010. Previously only those who responded “yes” to the question “Does the child still have asthma?” were asked section 11. Beginning in 2010, respondents who reported the child had symptoms, medication use, or a physician visit in the past year, are asked section 11 even if they did not respond “yes” to the question “Does the child still have asthma?”]

[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 “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 12.]

[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 “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 section 11.]

[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 “Does the child still have asthma?”), the respondent continues with section 11.]

**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 in the past 12 months. Answer “no” if {he/she} has not used it in the past 12 months.

In the past 12 months, has {he/she} used ... to control asthma?  
[interviewer: repeat prior phrasing 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 {child’s name} 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 {he/she} 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}?**

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

\_\_\_\_ = Height (ft/inches)

7777 = Don’t know/Not sure

9999 = Refused

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

**WEIGHT1 (12.2)            How much does {he/she} weigh?**

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

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

7777            Don’t know / Not sure

9999            Refused

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

**BIRTHW1 (12.3)            How much did {he/she} weigh at birth (in pounds)?**

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

777777            Don’t know / Not sure

999999            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.**































