

**BRFSS/ASTHMA SURVEY
ADULT QUESTIONNAIRE - 2023
CATI SPECIFICATIONS**

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CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (No. 0920-1204, Exp. Date 11/30/2020).

CATI: IF INTERVIEW BREAKS OFF AT ANY POINT LEAVE REMAINING FIELDS BLANK. DO NOT FILL WITH ANY VALUE.]

MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code “**4471** Respondent was misdiagnosed; never had asthma” as a final code and terminate the interview.

Section 1. Introduction

INTRODUCTION TO THE BRFSS Asthma Call back for Adult Respondents with Asthma:

Hello, my name is { XXXXXXX }. 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 { XXXXXXX }. 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.

CONDUCTING THE SURVEY VIA A CELLPHONE, READ: *Is this a safe time to talk with you now or are you driving?*

Question Number	Question text	Variable Name	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
Q1.1	Are you {sample person’s name} from BRFSS?	SAMP_NAME	1. Yes	[Go to Section 2 informed consent]	
			2. No		
Q1.2	May I speak with {sample person’s name}?	SAMP_PERS	1. Yes	[GO TO 1.4 when person comes to phone]	
			2. No. If not available set time for return call in 1.3		
Q1.3	Enter time/date for return call	CTBTIME	Enter day/time: _____		

Question number	Read Text	Alternative text (no reference to asthma):
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Q1.4	<p>READ: Hello, my name is {XXXXXXX}. 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 <u>on asthma</u> at this time.</p>	<p>Hello, my name is {XXXXXXX}. 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.</p>	<p>GO TO SECTION 2</p>
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Section 2: 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 "Ever told you had asthma?" (ASTHMA3) = 1 (Yes) and "Do you still have asthma?" (ASTHNOW) = 2 (No) in BRFSS]

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:

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 NO, [Go to REPEAT (2.0)]

[If "Ever told you had asthma?" (ASTHMA3) = 1 (Yes) and "Do you still have asthma?" (ASTHNOW) = 1 (Yes) in BRFSS]

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:

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]**

IF NO, [Go to REPEAT (2.0)]

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q2.0	(Respondent did not agree with previously BRFSS recorded asthma status so double 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?	REPEAT	(1) YES (2) NO a. Correct person is available and can come to phone [return to question 1.1] b. Correct person is not available [return to question 1.3 to set call date/time] c. Correct person unknown, interview ends [disposition code 4306 is assigned]	[continue to EVER_ASTH (2.1)]	

Q2.1	I would like to repeat the questions from the previous survey now to make sure you qualify for this study. Have you ever been told by a doctor or other health professional that you had asthma?	EVER_ASTH	(1) YES	
			(2) NO	[Skip Go to TERMINATE]
			(7) DON'T KNOW	[Skip Go to TERMINATE]
			(9) REFUSED	[Skip Go to TERMINATE]
Q2.2	Do you still have asthma?	CUR_ASTH	(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 CUR_ASTH (2.2) = 1 (YES), READ:

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

If CUR_ASTH (2.2) = 2 (YES), READ:

Since you do not have asthma now, your interview will last about 5 minutes. **[Go to section 3]**

If CUR_ASTH (2.2) = 7, 9 (Don't know or Refused), 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 before going to section 3:

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

Q2.3	May we combine your answers to this survey with your answers from the survey you did a few weeks ago?	PERMISS	(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 1-800-xxx-xxxx. Thanks again. Goodbye

Note: Selected Respondent refused combining responses with BRFS" and the survey will end. Disposition code is automatically assigned here by CATI as "2211, Selected Respondent refused combining responses with BRFS". This disposition code will only be needed if the optional question PERMISS (2.3) is asked.

Section3. Recent History

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 3 (Recent History) Q3.1	How old were you when a doctor or other health professional first said you had asthma?	AGEDX	____ (ENTER AGE IN YEARS) (777) DON'T KNOW (888) Under 1 year old (999) REFUSED	[CATI CHECK: AGEDX LESS THAN OR EQUAL TO AGE OF RESPONDENT FROM CORE SURVEY] [RANGE CHECK: IS 001-018, 777, 888, 999] [CATI CHECK: IF RESPONSE = 77, 99, 88 VERIFY THAT 777, 888, 999 WERE NOT THE INTENT]	[INTERVIEWER: ENTER 888 IF LESS THAN ONE YEARS OLD]
Q3.2	How long ago was that? Was it... READ CATEGORIES	INCIDNT	(1) Within the past 12 months (2) 1-5 years ago (3) more than 5 years ago (7) DON'T KNOW (9) REFUSED		
Q3.3	How long has it been since you last talked to a doctor or other health professional about your asthma? This could have been in a doctor's office, the hospital, an emergency room or urgent care center.	LAST_MD	(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		[INTERVIEWER NOTES: OTHER PROFESSIONAL INCLUDES HOME NURSE] [READ RESPONSE IF NECESSARY]

<p>Q3.4</p>	<p>How long has it been since you last took asthma medication?</p>	<p>LAST_MED</p>	<p>(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</p>		<p>[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]</p>
<p>Q3.5</p>	<p>How long has it been since you last had any symptoms of asthma?</p>	<p>LASTSYMP</p>	<p>(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</p>		<p>[READ RESPONSE IF NECESSARY]</p> <p>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.</p>

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

Section 4. History of Asthma (Symptoms & Episodes in the past year		IF LASTSYMP (3.5) = 1, 2, 3 then continue IF LASTSYMP (3.5) = 4 SKIP TO EPIS_INT (between 4.4 and 4.5) IF LASTSYMP (3.5) = 88, 5, 6, 7 SKIP TO INS1 (Section 5) IF LASTSYMP (3.5) = 77, 99 then continue			
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q4.1	During the past 30 days, on how many days did you have any symptoms of asthma?	SYMP_30D	__ __ DAYS		[RANGE CHECK: (01-30, 77, 88, 99)] CLARIFICATION : [1-29, 77, 99]
			(88) NO SYMPTOMS IN THE PAST 30 DAYS	[SKIP TO EPIS_INT]	
			(30) EVERY DAY	[CONTINUE]	
			(77) DON'T KNOW	[SKIP TO ASLEEP30 (4.3)]	
			(99) REFUSED	[SKIP TO ASLEEP30 (4.3)]	
Q4.2	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.	DUR_30D	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Q4.3	During the past 30 days, on how many days did symptoms of asthma make it difficult for you to stay asleep?	ASLEEP30	___ ___ DAYS/NIGHTS (88) NONE (30) Every day (77) DON'T KNOW (99) REFUSED		[RANGE CHECK: (01-30, 77, 88, 99)]
Q4.4	During the <u>past two weeks</u> , on how many days were you completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?	SYMPFREE	___ ___ Number of days (88) NONE (77) DON'T KNOW (99) REFUSED		[RANGE CHECK: (01-14, 77, 88, 99)]
EPIS_INT	IF LASTSYMP (3.5) = 4 (LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO), PICK UP HERE; IF LASTSYMP (3.5) = 1, 2, 3, 77, 99 (SYMPTOMS WITHIN THE PAST 3 MONTHS PLUS DK AND REFUSED, CONTINUE.				
Interview notes	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.				
Q4.5	During the past 12 months, have you had an episode of asthma or an asthma attack?	EPIS_12M	(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)]	

Q4.6	During the <u>past three months</u> , how many asthma episodes or attacks you had?	EPIS_TP	___ ___ Number of episodes/attacks (888) NONE (777) DON'T KNOW (999) REFUSED	[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]	[RANGE CHECK: (001-100, 777, 888, 999)]
Q4.7	How long did your MOST RECENT asthma episode or attack last?	DUR_ASTH	1__ Minutes 2__ Hours 3__ Days 4__ Weeks 5 5 5 Never 7 7 7 Don't know / Not sure 9 9 9 Refused		Interviewer note: If answer is #.5 to #.99 round up If answer is #.01 to #.49 ignore fractional part ex. 1.5 should be recorded as 2 1.25 should be recorded as 1

NEW OPTIONAL QUESTION IN 2023

New question for Section 4:					
NEW Q4.8	During the past 30 days, on how many days did you take quick relief medicine such as albuterol and salbutamol to relief asthma symptoms?	QUICKRELIEF	___ ___ DAYS/NIGHTS (88) NONE (30) Every day (77) DON'T KNOW (99) REFUSED		[RANGE CHECK: (01-30, 77, 88, 99)]

Section 5. Health Care Utilization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 5 (Health Care Utilization) Q5.01	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?	INS1	(1) YES	[continue]	
			(2) NO	[SKIP TO NER_TIME (5.1)]	
			(7) DON'T KNOW	[SKIP TO NER_TIME (5.1)]	
			(9) REFUSED	[SKIP TO NER_TIME (5.1)]	
Q5.02	During the past 12 months was there any time that you did not have any health insurance or coverage?	INS2	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
CATI INFO	<p>How to define value of "Does the child still have asthma?":</p> <p>The best-known value for whether or not of the respondent "still has asthma" is used in the skip below. It can be the previously answered BRFSS "Do you still have asthma" (ASTHNOW), or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey.</p> <p>If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS module value is correct, then the value from the BRFSS (ASTHNOW) is used.</p> <p>If the respondent does not agree with the previous BRFSS (ASTHNOW) in "Informed Consent" of Section 2, and REPEAT (2.0) =1 (Yes), then the value of CUR_ASTH (2.2) is used.</p> <p>SKIP INSTRUCTION:</p> <p>If "Does the child still have asthma?" = 1 (Yes), {using BRFSS (ASTHNOW) or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}, CONTINUE WITH SECTION 5.</p> <p>If "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) {using BRFSS (ASTHNOW) or [CUR_ASTH (2.2) if REPEAT (2.0) =1]}</p>				

	<p style="text-align: center;">AND [(LAST_MD = 4) OR (LAST_MED = 1, 2, 3 or 4) OR (LASTSYMP = 1, 2, 3 or 4)] CONTINUE WITH SECTION 5</p> <p>If “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused), {using BRFS (ASTHNOW) or (CUR_ASTH (2.2) if REPEAT (2.0) =1)} AND (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99) THEN SKIP TO SECTION 6.</p>				
<p>Q5.1</p>	<p>During the past 12 months how many times did you see a doctor or other health professional for a routine checkup for your asthma?</p>	<p>NER_TIME</p>	<p>___ __ _ ENTER NUMBER (888) NONE (777) DON'T KNOW (999) REFUSED</p>	<p>[IF LAST_MD (3.3) = 88, 05, 06, 07 (NEVER, or MORE THAN ONE YEAR AGO), SKIP TO MISS_DAY(5.8)] [RANGE CHECK: (001-365, 777, 888, 999)] [Verify any value >50]</p>	<p>[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any value >50]</p>
<p>Q5.2</p>	<p>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</p>	<p>ER_VISIT</p>	<p>(1) YES</p>		
			<p>(2) NO</p>	<p>[SKIP TO URG_TIME (5.4)]</p>	
			<p>(7) DON'T KNOW</p>	<p>[SKIP TO URG_TIME (5.4)]</p>	
			<p>(9) REFUSED</p>	<p>[SKIP TO URG_TIME (5.4)]</p>	

Q5.3	During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?	ER_TIMES	<p>___ __ _ ENTER NUMBER</p> <p>(888) NONE [LOOPING BACK TO CORRECT ER_VISIT (5.2) TO "NO"]</p> <p>(7) DON'T KNOW (9) REFUSED</p>	<p>[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]</p> <p>[CATI CHECK: IF RESPONSE TO ER_VISIT (5.2)=1 (YES) AND RESPONDENT SAYS "NONE" OR "ZERO" TO ER_TIMES (5.3), ALLOW LOOPING BACK TO CORRECT ER_VISIT (5.2) TO 2, "NO"]</p> <p>[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]</p>	[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]
Q5.4	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?	URG_TIME	<p>___ __ _ ENTER NUMBER</p> <p>[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]</p> <p>(888) NONE</p> <p>(777) DON'T KNOW (999) REFUSED</p>	[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]	[IF ONE OR MORE ER VISITS (ER_TIMES (5.3)>1 (ONE OR MORE ER VISITS)),) INSERT "Besides those emergency room or urgent care center visits,"]
Skip info	[IF LASTSYMP = 5, 6, 7, 88; SKIP TO MISS_DAY (5.8)]				
Q5.5	During the past 12 months, that is since [1 YEAR AGO TODAY], have you had to stay overnight in a	HOSP_VST	(1) YES		
			(2) NO	[SKIP TO MISS_DAY (5.8)]	

	hospital because of your asthma? Do not include an overnight stay in the emergency room.		(7) DON'T KNOW	[SKIP TO MISS_DAY (5.8)]	
			(9) REFUSED	[SKIP TO MISS_DAY (5.8)]	
Q5.6	During the past 12 months, how many different times did you stay in any hospital overnight or longer because of your asthma?	HOSPTIME	__ __ __ TIMES (888) NONE (777) DON'T KNOW (999) REFUSED	[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50] [CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT] [CATI CHECK: IF RESPONSE TO 5.5 IS "YES" AND RESPONDENT SAYS "NONE" OR "ZERO" TO HOSPTIME (5.6), ALLOW LOOPING BACK TO CORRECT HOSP_VST (5.5) TO "2, NO"]	[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]
Q5.7	The last time you left the hospital, did a health professional TALK with you about how to prevent serious attacks in the future?	HOSPPLAN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED	[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes if the respondent only received a pamphlet or instructions to view a website or video since the question clearly states "talk with you".]	[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes if the respondent only received a pamphlet or instructions to view a website or video since the question clearly states "talk with you".]

Q5.8	During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?	MISS_DAY	___ __ _ENTER NUMBER DAYS (888) ZERO (777) DON'T KNOW (999) REFUSED	[3 NUMERIC- CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50] [CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]	[INTERVIEWER NOTES: If response is "I don't work," emphasize USUAL ACTIVITIES"] [3 NUMERIC- CHARACTER- FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]
Q5.9	During just the past 30 days, would you say you limited your usual activities due to asthma not at all, a little, a moderate amount, or a lot?	ACT_DAYS30	(1) NOT AT ALL (2) A LITTLE (3) A MODERATE AMOUNT (4) A LOT (7) DON'T KNOW (9) REFUSED		
Q5.10	Does anyone help you arrange or coordinate your asthma care among the different doctors or services that you use?	COORDIN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		READ IF NECESSARY: By "arrange or coordinate," I mean: Is there anyone who helps you make sure that you get all the health care and services you need, that health care providers share information, and that these services fit together and are paid for in a way that works for you?

Section 6. Knowledge of Asthma/Management Plan

Section 6. Knowledge of Asthma/Management Plan		[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]			
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 6 Knowledge of Asthma/M anagement plan Q6.1	Has a doctor or other health professional ever taught you how to recognize early signs or symptoms of an asthma episode?	TCH_SIGN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q6.2	Has a doctor or other health professional ever taught you what to do during an asthma episode or attack?	TCH_RESP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q6.3	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 how to use a peak flow meter to adjust your daily medication?	TCH_MON	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q6.4	An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type	MGT_PLAN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

	<p>of medicine, when to call the doctor for advice, and when to go to the emergency room.</p> <p>Has a doctor or other health professional EVER given you an asthma action plan?</p>				
Q6.5	<p>Have you ever taken a course or class on how to manage your asthma?</p>	MGT_CLAS	<p>(1) YES (2) NO (7) DON'T KNOW (9) REFUSED</p>		

Section 7. Modifications to Environment

Section 7. Modifications to Environment	HELP SCREEN: 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.				
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 7 Modifications to Environment Q7.1	<p>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.</p> <p>Is an air cleaner or purifier regularly used inside your home?</p>	AIRCLEANER	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q7.2	<p>A dehumidifier is a small, portable appliance which removes moisture from the air.</p> <p>Is a dehumidifier regularly used to reduce moisture inside your home?</p>	DEHUMID	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Q7.3	Is an exhaust fan that vents to the outside used regularly when cooking in your kitchen?	KITC_FAN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q7.4	Is gas used for cooking?	COOK_GAS	(1) Yes (2) NO (7) DON'T KNOW (9) REFUSED		
Q7.5	In the past 30 days, has anyone seen or smelled mold or a musty odor inside your home? Do not include mold on food.	ENV_MOLD	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q7.6	Does your household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?	ENV_PETS	(1) YES		
			(2) NO	[SKIP TO C_ROACH (7.8)]	
			(7) DON'T KNOW	[SKIP TO C_ROACH (7.8)]	
			(9) REFUSED	[SKIP TO C_ROACH (7.8)]	
Q7.7	Is the pet allowed in your bedroom?	PETBEDRM	(1) YES (2) NO (3) SOME ARE/SOME AREN'T (7) DON'T KNOW (9) REFUSED	[SKIP THIS QUESTION IF ENV_PETS = 2, 7, 9]	
Q7.8	In the past 30 days, has anyone seen a cockroach inside your home?	C_ROACH	(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.]
Q7.9	In the past 30 days, has anyone seen mice or rats inside your home? Do not include mice or rats kept as pets.	C_RODENT	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[HELP SCREEN: Studies have shown that rodents may be a cause of asthma.]
Q7.10	Is a wood burning fireplace or wood burning stove used in your home?	WOOD_STOVE	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[HELP SCREEN: OCCASIONAL USE SHOULD BE CODED AS "YES".]
Q7.11	Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in your home?	GAS_STOVE	(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.]
Q7.12	In the past week, has anyone smoked inside your home?	S_INSIDE	(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."

Q7.13	Has a health professional ever advised you to change things in your home, school, or work to improve your asthma?	MOD_ENV	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		INTERVIEWER READ: Now, back to questions specifically about you. [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]
Q7.14	Do you use a use a mattress cover that is made especially for controlling dust mites?	MATTRESS	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[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.]
Q7.15	Do you use a pillow cover that is made especially for controlling dust mites?	E_PILLOW	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[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.]
Q7.16	Do you have carpeting or rugs in your bedroom? This does not include throw rugs small enough to be laundered.	CARPET	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q7.17	Are your sheets and pillowcases washed in cold, warm, or hot water?	HOTWATER	(1) COLD (2) WARM (3) HOT (4) VARIES (7) DON'T KNOW (9) REFUSED		
Q7.18	In your bathroom, do you regularly use an exhaust fan that vents to the outside?	BATH_FAN	(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 THEY USE MOST FREQUENTLY FOR SHOWERING AND BATHING.]

Section 8. Medications

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 your medication use.				
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q8.1	Over-the-counter medication can be bought without a doctor's order. Have you ever used over-the-counter medication for your asthma?	OTC	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q8.2	Have you ever used a prescription inhaler?	INHALERE	(1) YES		
			(2) NO	[SKIP TO SCR_MED1 (8.5)]	
			(7) DON'T KNOW	[SKIP TO SCR_MED1 (8.5)]	
			(9) REFUSED	[SKIP TO SCR_MED1 (8.5)]	
Q8.3	Did a health professional show you how to use the inhaler?	INHALERH	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]
Q8.4	Did a doctor or other health professional watch you use the inhaler?	INHALERW	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

[IF LAST_MED = 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9]

Q8.5	<p>Now I am going to ask questions about specific prescription medications you may have taken for asthma in the past 3 months. 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.</p> <p>It will help to get your medicines so you can read the labels.</p> <p>Can you please go get the asthma medicines while I wait on the phone?</p>	SCR_MED1	(1) YES		
			(2) NO	[SKIP TO INH_SCR (8.8)]	
			(3) RESPONDENT KNOWS THE MEDS	[SKIP TO INH_SCR (8.8)]	
			(7) DON'T KNOW	[SKIP TO INH_SCR (8.8)]	
			(9) REFUSED	[SKIP TO INH_SCR (8.8)]	
Q8.7	<p>[when Respondent returns to phone:]</p> <p>Do you have all the medications?</p>	SCR_MED3	<p>(1) YES I HAVE ALL THE MEDICATIONS</p> <p>(2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL</p> <p>(3) NO</p> <p>(7) DON'T KNOW</p> <p>(9) REFUSED</p>		[INTERVIEWER: Read if necessary]
[IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]					
Q8.8	In the past 3 months have	INH_SCR	(1) YES		
			(2) NO	[SKIP TO PILLS (8.20)]	

	you taken prescription asthma medicine using an inhaler?		(7) DON'T KNOW	[SKIP TO PILLS (8.20)]	
			(9) REFUSED	[SKIP TO PILLS (8.20)]	
Inhalers	<p>For the following inhalers the respondent can choose up to eight medications; however, each medication can only be used once (in the past, errors such as 030303 were submitted in the data file).</p> <p>When 66 (Other) is selected as a response, questions ILP03 (8.13) to ILP10 (8.19) are not asked for that response.</p> <p>[Loop back to ILP03 (8.13) as necessary to administer questions ILP03 (8.13) thru ILP10 (8.19) for each medicine 01-51 reported in INH_MEDS, but not for 66 (other)].</p> <p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p> <p>CATI Note: The top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily</p>				
Q8.9	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?]	INH_MEDS	----- -----		[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP03]
			(66) Other [Please Specify, 100 character limit]	[SKIP TO OTH_11]	
				[SKIP TO PILLS (8.20)]	
			(77) DON'T KNOW	[SKIP TO PILLS (8.20)]	
			(99) REFUSED	[SKIP TO PILLS (8.20)]	
CATI NOTES	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.				
Q8.10	ENTER OTHER MEDICATION FROM INH_MEDS(8.9) IN TEXT FIELD. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. 100	OTH_11	_____		

	alphanumeric character limit				
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Inhaler table

	Medication	Pronunciation
1	Advair (+ A. Diskus)	ăd -vâr (or add -vair)
2	Aerobid	â- rō 'bīd (or air -row-bid)
3	Albuterol (+ A. sulfate or salbutamol)	ăl'- bu 'ter-ōl (or al- BYOO -ter-ole) sāl-byū'tə-môl'
4	Alupent	al -u-pent
43	Alvesco (+ Ciclesonide)	al -ves-co
49	Anoro Ellipta (Umeclidinium and vilanterol)	a-nor' oh e-LIP-ta
40	Asmanex (twisthaler)	as - <i>muh</i> -neks twist -hey-ler
5	Atrovent	At-ro-vent
6	Azmacort	az -ma-cort
7	<u>Beclomethasone dipropionate</u>	bek"lo- meth 'ah-son dī' pro 'pe-o-nāt (or be-kloe- meth -a-son)
8	Beclovent	be' klo-vent" (or be -klo-vent)
9	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye -tole-ter-ole)
45	Breo Ellipta (Fluticasone and vilanterol)	BRE-oh e-LIP-ta
11	<u>Budesonide</u>	byoo- des -oh-nide
12	Combivent	com -bi-vent
13	<u>Cromolyn</u>	kro 'mō-lin (or KROE -moe-lin)
44	Dulera	do -lair-a
14	Flovent	flow -vent
15	Flovent Rotadisk	flow -vent row -ta-disk
16	<u>Flunisolide</u>	floo- nis 'o-līd (or floo- NISS -oh-lide)
17	<u>Fluticasone</u>	flue- TICK -uh-zone
34	Foradil	<i>FOUR</i> -a-dil
35	<u>Formoterol</u>	for moh' te rol
48	Incruse Ellipta (Umeclidium inhaler powder)	IN-cruise e-LIP-ta
19	<u>Ipratropium Bromide</u>	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
37	<u>Levalbuterol tartrate</u>	lev-al- BYOU -ter-ohl
20	Maxair	măk -sâr
21	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proe- TER -e-nole)
39	<u>Mometasone furoate</u>	moe - MET -a-son
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr- bu 'ter-ōl (or peer- BYOO -ter-ole)
41	Pro-Air HFA	proh -air HFA

24	Proventil	pro"ven-til' (or pro-vent-il)
25	Pulmicort Flexhaler	pul-ma-cort flex-hail-er
36	QVAR	q -vâr (or q-vair)
3	<u>Salbutamol (or Albuterol)</u>	sāl-byū'tə-môl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	Sair-a-vent
46	<u>Spiriva HandiHaler or Respimat (Tiotropium bromide)</u>	speh REE vah - RES peh mat
51	<u>Stiolto Respimat (tiotropium bromide & olodaterol)</u>	sti-OL-to- RES peh mat
42	Symbicort	sim-buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter-bu'tah-lēn (or ter-BYOO-ta-leen)
30	Tornalate	tor-na-late
50	Trelegy Ellipta ((fluticasone furoate, umeclidinium & vilanterol)	TREL-e-gee e-LIP-ta
31	<u>Triamcinolone acetonide</u>	tri'am-sin'o-lōn as"ě-tō-nīd' (or trye-am-SIN-oh-lone)
47	Tudorza Pressair	TU-door-za PRESS-air
32	Vanceril	van-sir-il
33	Ventolin	vent-o-lin
38	Xopenex HFA	ZOH-pen-ecks
66	Other, Please Specify	[SKIP TO OTH_I1], 100 alphanumeric character limit

CATI NOTE:	<p>[For medicines from [MEDICINE FROM INH_MEDS (8.9) SERIES], ask questions ILP03 (8.13) through ILP10 (8.19)]</p> <p>SKIP to ILP04 (8.14) if [MEDICINE FROM INH_MEDS SERIES] is (1, 15, 20, 25, 27, 34, 39, 40, 42) ADVAIR (01) or FLOVENT ROTADISK (15) or MAXAIR (20) or PULMICORT (25) or SEREVENT (27) or FORADIL (34) or MOMETASONE FUROATE (39) or ASMANEX (40) or SYMBICORT (42) SKIP TO ILP04 (8.14)</p> <p>[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 Theodor le it in one or two slow, deep breaths. The spacer makes it easy to take the medicines the right way.]</p> <p>[HELP SCREEN: The response category 3 (disk or dry powder) and 4 (built-in spacer) are primarily intended for medications Beclomethosone (7), Beclovent (08) or QVAR (36), which are known to come in disk or breath-activated inhalers (which do not use a spacer). However, new medications may come on the market that might fit with either category. So 3 or 4 can be used for other medications as well.]</p>
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Q8.13	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 (8.9) SERIES]?	ILP03	(1) YES (2) NO (3) Medication is a dry powder inhaler or disk inhaler, not a canister inhaler (4) Medication has a built-in spacer/does not need a spacer (7) DON'T KNOW (9) REFUSED		
Q8.14	In the past 3 months, did you take [MEDICINE FROM INH_MEDS (8.9) SERIES] when you had an asthma episode or attack?	ILP04	(1) YES (2) NO (3) NO ATTACK IN PAST 3 MONTHS (7) DON'T KNOW (9) REFUSED		
Q8.15	In the past 3 months, did you take [MEDICINE FROM INH_MEDS (8.9) SERIES] before exercising?	ILP05	(1) YES (2) NO (3) DIDN'T EXERCISE IN PAST 3 MONTHS (7) DON'T KNOW (9) REFUSED		
Q8.16	In the past 3 months, did you take [MEDICINE FROM INH_MEDS (8.9) SERIES] on a regular schedule everyday?	ILP06	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q8.18	How many times per day or per week do you use [MEDICINE FROM INH_MEDS (8.9) SERIES]?	ILP08	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	[RANGE CHECK: (>10)] [RANGE CHECK: (>75)] [RANGE CHECK: 301-310, 401-475, 555, 666, 777, 999]	
CATI NOTES	[ASK ILP10 ONLY IF INH_MEDS (8.9)= 3, 4, 9, 10, 20, 21, 23, 24, 28, 30, 33, 37, 38, 41; OTHERWISE SKIP TO PILLS (8.20)]				

Q8.19	How many canisters of [MEDICINE FROM INH_MEDS (8.9) SERIES] have you used in the past 3 months?	ILP10	___ CANISTERS (77) DON'T KNOW (88) NONE (99) REFUSED	[RANGE CHECK: (01-76, 77, 88, 99)] [HELP SCREEN: IF RESPONDENT INDICATES THAT HE/SHE HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE AT SCHOOL, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY FULL CANISTERS HE/SHE USED. THE INTENT IS TO ESTIMATE HOW MUCH MEDICATION IS USED, NOT HOW MANY DIFFERNT INHALERS WAS USED.]	[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']
Q8.20	In the past 3 months, have you taken any PRESCRIPTION medicine in pill form for your asthma?	PILLS	(1) YES		
			(2) NO	[SKIP TO SYRUP (8.23)]	
			(7) DON'T KNOW	[SKIP TO SYRUP (8.23)]	
			(9) REFUSED	[SKIP TO SYRUP (8.23)]	
Pill	<p>For the following pills the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 232723 were submitted in the data file).</p> <p>[REPEAT QUESTION PILL01 AS NECESSARY FOR EACH PILL 01-49 REPORTED IN PILLS_MD, BUT NOT FOR 66 (OTHER).]</p> <p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p> <p>[IF RESPONDENT SELECTS ANY ANSWER FROM 01-49, SKIP TO PILL01]</p>				

	Note: The top 10 items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.				
Q8.21	What PRESCRIPTION asthma medications do you take in pill form? [MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION asthma pills?]	PILLS_MD	-----		
			-		
			(66) Other [Please Specify, 100 character limit]	[SKIP TO OTH_P1]	
			(88) NO PILLS	[SKIP TO SYRUP (8.23)]	
			(77) DON'T KNOW	[SKIP TO SYRUP (8.23)]	
			(99) REFUSED	[SKIP TO SYRUP (8.23)]	

CATI NOTES	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.				
Q8.21a	ENTER OTHER MEDICATION IN TEXT FIELD. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. 100 ALPHANUMERIC CHARACTER LIMIT FOR 66	OTH_P1	_____		

PILL table

	Medication	Pronunciation
1	Accolate	ac-o-late
2	Aerolate	air-o-late
3	<u>Albuterol</u>	ăl'-bu'ter-ōl (or al-BYOO-ter-all)
4	Alupent	al-u-pent
49	Brethine	breth-een
5	Choledyl (oxtriphylline)	ko-led-il
7	Deltasone	del-ta-sone
8	Elixophyllin	e-licks- o -fil-in
11	Medrol	Med-rol

12	Metaprel	Met -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- ter 'ĕ-nōl (or met-a-proe- TER -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- niss -oh-lone (or meth-il-pred- NIS -oh-lone)
15	Montelukast	mont-e- lu -cast
17	Pediapred	Pee- dee -a-pred
18	Prednisolone	pred-NISS-oh-lone
19	Prednisone	PRED-ni-sone
21	Proventil	pro- ven -til
23	Respid	res -pid
24	Singulair	sing -u-la ir
26	Slo-bid	slow -bid
25	Slo-phyllin	slow - fil-in
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	thee -o-24
30	Theochron	thee -o-kron
31	Theoclear	thee -o-clear
32	Theodur or Theo-Dur	thee -o-dur
33	<i>Intentionally left blank</i>	
35	Theophylline	thee- OFF -i-lin
37	Theospan	thee -o-span
40	T-Phyl	t -fil
42	Uniphyll	u -ni-fil
43	Ventolin	vent -o-lin
44	Volmax	vole -max
45	<u>Zafirlukast</u>	za- FIR -loo-kast
46	Zileuton	zye- loo -ton
47	Zyflo Filmtab	zye -flow film tab

CATI notes	For medicines from [MEDICATION LISTED IN PILLS_MD], ask QUESTION PILL01			
Q8.22	In the past 3 months, did you take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?	PILL01	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED	
Q8.23	In the past 3 months, have you taken prescription medicine in syrup form?	SYRUP	(1) YES (2) NO (7) DON'T KNOW	[SKIP TO NEB_SCR (8.25)] [SKIP TO NEB_SCR (8.25)]

			(9) REFUSED	[SKIP TO NEB_SCR (8.25)]	
Syrup	<p>For the following syrups the respondent can choose up to four medications; however, each medication can only be used once (in the past, errors such as 020202 were submitted in the data file).</p> <p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p> <p>[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB_SCR]</p>				
Q8.24	<p>What PRESCRIPTION asthma medications have you taken as a syrup?</p> <p>[MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION syrup medications for asthma?]</p>	SYRUP_ID	<p>--- -- -- --</p>		
			(66) Other [Please Specify, 100 character limit]	[SKIP TO OTH_S1]	
			(88) NO SYRUPS	[SKIP TO NEB_SCR (8.25)]	
			(77) DON'T KNOW	[SKIP TO NEB_SCR (8.25)]	
			(99) REFUSED	[SKIP TO NEB_SCR (8.25)]	
CATI Notes	<p>CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.</p>				
Q8.24a	<p>ENTER OTHER MEDICATION. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. [100 ALPHANUMERIC CHARACTER LIMIT FOR 66]</p>	OTH_S1	_____		

Syrup table

	Medication	Pronunciation
1	Aerolate	air -o-late
2	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
3	Alupent	al -u-pent
4	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proe-TER-e-nole)
5	<u>Prednisolone</u>	pred-NISS-oh-lone
6	Prelone	pre -loan
7	Proventil	Pro- ven -til
8	Slo-Phyllin	slow -fil-in
9	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	vent -o-lin
66	Other, Please Specify:	[SKIP TO OTH_S1]

Q8.25	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 your PRESCRIPTION asthma medicines used with a nebulizer?	NEB_SCR	(1) YES	
			(2) NO	[SKIP TO Section 9]
			(7) DON'T KNOW	[SKIP TO Section 9]
			(9) REFUSED	[SKIP TO Section 9]
Q8.26	I am going to read a list of places where your child might have used a nebulizer. Please answer yes if you have used a nebulizer in the place I mention, otherwise answer no.	NEB_PLC	RESPONSES	
			(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	

	In the past 3 months did you use a nebulizer ...		(8.26e) AT ANY OTHER PLACE (1) YES (2) NO (7) DK (9) REF	
Nebulizer	<p>For the following nebulizers, the respondent can choose up to five medications; however, each medication can only be used once (in the past, errors such as 0101 were submitted in the data file).</p> <p>[LOOP BACK TO NEB01 AS NECESSARY TO ADMINISTER QUESTIONS NEB01 THROUGH NEB03 FOR EACH MEDICINE 01 THROUGH 19 (NEB_01 to NEB_19) REPORTED IN NEB_ID, BUT NOT FOR 66 (OTHER)].</p> <p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p>			
Q8.27	<p>In the past 3 months, what prescription ASTHMA medications have you taken using a nebulizer? [MARK ALL THAT APPLY. PROBE: Have you taken any other prescription ASTHMA medications with a nebulizer in the past 3 months?]</p>	NEB_ID	<p>--- -- -- -- --</p>	
			(66) Other [Please Specify, 100 character limit]	[SKIP TO OTH_N1]
			(88) NONE	[SKIP TO Section 9]
			(77) DON'T KNOW	[SKIP TO Section 9]
			(99) REFUSED	[SKIP TO Section 9]
CATI Notes	<p>CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.</p>			
Q8.27a	<p>ENTER OTHER MEDICATION. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. [100 ALPHANUMERIC CHARACTER LIMIT FOR 66]</p>	OTH_N1	_____	

Nebulizer table

	Medication	Pronunciation
1	<u>Albuterol</u>	ăl'-bu'ter-ōl (or al-BYOO-ter-ole)
2	Alupent	al-u-pent
3	Atrovent	At-ro-vent
4	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
19	<u>Brovana</u>	brō vā nah
5	<u>Budesonide</u>	byoo- des -oh-nide
17	<u>Combivent Inhalation solution</u>	com-bi-vent
6	<u>Cromolyn</u>	kro 'mō-lin (or KROE-moe-lin)
7	DuoNeb	DUE-ow-neb
8	Intal	in -tel
9	<u>Ipratropium bromide</u>	ĭp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proe- TER -e-nole)
18	<u>Perforomist (Formoterol)</u>	per-form -ist
12	Proventil	Pro- ven -til
13	Pulmicort	pul -ma-cort
14	Tornalate	tor -na-late
15	Ventolin	vent -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>
66	Other, Please Specify:	[SKIP TO OTH_N1]

CATI notes	[For medicines from [MEDICATION LISTED IN NEB_ID], ask questions NEB01 to NEB03]				
Q8.28	In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] when you had an asthma episode or attack?	NEB01	(1) YES (2) NO (3) NO ATTACK IN PAST 3 MONTHS (7) DON'T KNOW (9) REFUSED		
Q8.29	In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] on a regular schedule every day?	NEB02	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Q8.30	How many times per day or per week do you use [MEDICINE FROM NEB_ID SERIES]?	NEB03	3 ___ DAYS 4 ___ WEEKS (555) NEVER (666) LESS OFTEN THAN ONCE A WEEK (777) DON'T KNOW / NOT SURE (999) REFUSED		
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Section 9. Cost of Care

CATI notes	<p>How to define value of “Do you still have asthma?”:</p> <p>The best-known value for whether or not of the respondent “still has asthma” is used in the skip below. It can be the previously answered BRFSS “Do you still have asthma” (ASTHNOW), or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey.</p> <p>If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct, then the value from the BRFSS (ASTHNOW) is used. If the respondent does not agree with the previous BRFSS (ASTHNOW) in “Informed Consent” of Section 2, and REPEAT (2.0) =1 (Yes), then the value of CUR_ASTH (2.2) is used.</p> <p>SKIP INSTRUCTION:</p> <p>If “Do you still have asthma?” = 1 (Yes), {using BRFSS (ASTHNOW) or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}, CONTINUE WITH SECTION 9.</p> <p>If “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) {using BRFSS (ASTHNOW) or [CUR_ASTH (2.2) if REPEAT (2.0) =1]} AND (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)</p> <p>THEN SKIP TO SECTION 10; OTHERWISE CONTINUE WITH SECTION 9</p>
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Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 9 Cost of Care Q9.1	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?	ASMDCOST	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q9.2	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?	ASSPCOST	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Q9.3	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?	ASRXCOST	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
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Section 10. Work Related Asthma

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 10 Work Related Asthma Q10.1	Next, we are interested in things in the workplace that affect asthma. However, first I'd like to ask how you would describe your current employment status. Would you say ...	EMP_STAT	(1) EMPLOYED FULL-TIME	[SKIP TO WORKENV5 (10.4)]	[INTERVIEWER: Include self-employed as employed. Full time is 35+ hours per week.]
			(2) EMPLOYED PART-TIME	[SKIP TO WORKENV5 (10.4)]	
			(3) NOT EMPLOYED		
			(7) DON'T KNOW	[SKIP TO EMPL_EVER1 (10.3)]	
			(9) REFUSED	[SKIP TO EMPL_EVER1 (10.3)]	
Q10.2	What is the main reason you are not now employed?	UNEMP_R	(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		[READ IF NECESSARY]
Q10.3	Have you ever been employed?	EMP_EVER1	(1) YES	[SKIP TO WORKENV7 (10.6)]	[INTERVIEWER: Code self-employed as "YES".]
			(2) NO	[SKIP TO SECTION 11]	
			(7) DON'T KNOW	[SKIP TO SECTION 11]	

			(9) REFUSED	[SKIP TO SECTION 11]	
CATI info	<p>How to define value of “Do you still have asthma?”: The best-known value for whether or not of the respondent “still has asthma” is used in the skip below. It can be the previously answered BRFSS “Do you still have asthma” (ASTHNOW), or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey.</p> <p>If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct, then the value from the BRFSS (ASTHNOW) is used. If the respondent does not agree with the previous BRFSS (ASTHNOW) in “Informed Consent” of Section 2, and REPEAT (2.0) =1 (Yes), then the value of CUR_ASTH (2.2) is used.</p> <p>SKIP INSTRUCTION:</p> <p>If “Do you still have asthma?” = 1 (Yes), {using BRFSS (ASTHNOW) or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}, CONTINUE WITH WORKENV5 (10.4).</p> <p>If “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) {using BRFSS (ASTHNOW) or [CUR_ASTH (2.2) if REPEAT (2.0) =1]} AND (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)</p> <p>THEN SKIP TO SKIP TO WORKENV6 (10.5); OTHERWISE CONTINUE WITH WORKENV5 (10.4).</p> <p>[HELPSCREEN: “Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker’s cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker’s perfume, or mice in a research laboratory.”]</p>				
Q10.4	<p>Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already have asthma or can actually cause asthma in people who have never had asthma before.</p> <p>Are your asthma symptoms made worse by things like chemicals,</p>	WORKENV5	(1) YES (2) NO (7) DON’T KNOW (9) REFUSED		

	smoke, dust or mold in your current job?				
Q10.5	Was your asthma first caused by things like chemicals, smoke, dust or mold in your current job?	WORKENV6	(1) YES	[SKIP TO WORKTALK (10.9)]	
			(2) NO		
			(7) DON'T KNOW		
			(9) REFUSED		
Q10.6	<p>INTRO: Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before.</p> <p>Were your asthma symptoms made worse by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?</p>	WORKENV7	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[READ THIS INTRO TO 10.6 ONLY IF EMP_EVER1 (10.3) = 1 (yes); OTHERWISE SKIP INTRO AND JUST READ THE QUESTION]
Q10.7	Was your asthma first caused by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?	WORKENV8	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
SKIP INSTRUCTION	[IF WORKENV7 (10.6) = 1 (YES) <u>OR</u> WORKENV8 (10.7) = 1 (YES), THEN ASK WORKQUIT1 (10.8); OTHERWISE SKIP TO WORKTALK (10.9)]				
Q10.8	Did you ever lose or quit a job because things in	WORKQUIT1	(1) YES (2) NO		[INTERVIEWER NOTES: respondents who

	the workplace, like chemicals, smoke, dust or mold, caused your asthma or made your asthma symptoms worse?		(7) DON'T KNOW (9) REFUSED		were fired because things in the workplace affected their asthma should be coded as "YES".]
Q10.9	Did you and a doctor or other health professional ever discuss whether your asthma could have been caused by, or your symptoms made worse by, any job you ever had?	WORKTALK	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q10.10	Have you ever been told by a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?	WORKSEN3	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q10.11	Have you ever told a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?	WORKSEN4	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

NEW "PILOT" OPTIONAL SECTION IN 2023

ADULT:

New Section 11 Family History of Asthma and Allergy

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q11.1	Including living and deceased, were any of your close biological that is, blood relatives including father, mother, sisters, brothers, or children ever told by a health professional that they had asthma?	RELATE_ASTH	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
The next set of questions are about different types of allergies.					
Q11.2	Do you get symptoms such as sneezing, runny nose, or itchy or watery eyes due to hay fever, seasonal or year-round allergies? ?	CURRESP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		Read if necessary: Hay fever, seasonal or year-round allergies may also be known as environmental allergies, allergic rhinitis or allergic conjunctivitis.
Q11.3	Have you ever been told by a doctor or other health professional that you had hay fever, seasonal or year-round allergies?	DXRESP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q11.4	Question Text: The next question is about food allergies. People with food allergies have reactions such as hives, vomiting, trouble breathing, or throat tightening that occur within two	CURFOOD	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		Read if necessary: Food allergies are different from food intolerances, such as lactose and gluten intolerance, and other digestive disorders,

	<p>hours of eating a specific food.</p> <p>Do you have an allergy to one or more foods?</p>				including irritable bowel syndrome.
Q11.5	<p>Have you ever been told by a doctor or other health professional that you had an allergy to one or more foods?</p>	DXFOOD	<p>(1) YES (2) NO (7) DON'T KNOW (9) REFUSED</p>		
Q11.6	<p>The next question is about an allergic skin condition.</p> <p>Do you get an itchy rash due to eczema or atopic dermatitis?</p>	CURSKIN	<p>(1) YES (2) NO (7) DON'T KNOW (9) REFUSED</p>		<p>Read if necessary: The rash can be dry, scaly, bumpy, or crusty and lasts for several days or longer without treatment. Eczema is different from hives which come and go in a few hours.</p>
Q11.7	<p>Have you ever been told by a doctor or other health professional that you had eczema or atopic dermatitis?</p>	DXSKIN	<p>(1) YES (2) NO (7) DON'T KNOW (9) REFUSED</p>		

To keep the consistency with Wil's data layout, both adult and child using Section 13

Section 13 – COVID-19 State add questions (Optional)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 13 Q13.1 COVID-19 State add questions	Has a healthcare provider ever told you that you have, or likely have, COVID-19 (Coronavirus)?	COVID_19	(1) YES		
			(2) NO	[SKIP TO Next Section or end of Survey]	
			(7) DON'T KNOW		
			(9) REFUSED		
Q13.2	Have you had to visit an emergency room or urgent care center because of your COVID-19 (Coronavirus) infection?	COVID_ER	1 = Yes 2 = No 7 = Don't know 9 = Refused		
Q13.3	Not including spending the night in an emergency room, have you had to stay overnight in a hospital because of your COVID-19 (Coronavirus) infection?	COVIDHSP	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.
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Appendix A:

Coding Notes:

1) MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code "4471 Resp. was misdiagnosed; never had asthma" as a final code and terminate the interview.

2) BACKCODE SYMPFREE (4.4) TO 14 IF LASTSYMP (3.5) = 88 (never) or = 04, 05, 06, or 07 OR IF SYMP_30D = 88. THIS WILL BE DONE BY BSB.

3) CATI Programmer's note: For the Other in the medications (in INH_MEDS, PILLS_MD, SYRUP_ID or NEB_ID. If "Other" has one of the following misspellings then a menu choice should have been made. Code for this and correct:

Medication Common misspelling in "Other"

Zyrtec Zertec, Zertek or Zerteck

Allegra Alegra, Allegra or Allegra D

Claritin Cleraton, Cleritin or Claritin D

Singulair Singular, Cingulair or Cingular

Xopenex Zopanox or Zopenex

Advair
Diskus Advair or Diskus

Albuterol Aluterol Sulfate

Maxair Maxair Autohaler

**BRFSS/ASTHMA CALL BACK SURVEY
CHILD QUESTIONNAIRE - 2023
CATI SPECIFICATIONS**

Form Approved OMB Control No. 0920-1204 Exp. Date 11/30/2023
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<p>CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (No. 0920-1204, Exp. Date 11/30/2020).</p>
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**Appendix A: Language for Identifying Most Knowledgeable Person...
during the BRFSS interview.....42**

Appendix B: Coding Notes and Pronunciation Guide. 57

Section 1: Introduction

Introduction to the Asthma Call Back Survey 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.				
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.				
Question Number	Question text	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
Q1.1	Are you {MKPNAME}?	1. Yes	[GO TO 1.5]	
		2. No		
Q1.2	May I speak with {MKPNAME}?	1. Yes	[GO TO 1.4 when person comes to phone]	
		2. Person not available		
Q1.3	When would be a good time to call back and speak with {MKPNAME}. For example, evenings, days, weekends?	CBTIME: Enter day/time: _____	[CATI: Start over at introduction at next call.]	READ: Thank you we will call again later to speak with {MKPNAME}.

Question number	Read Text	Alternative text (no reference to asthma):	
Q1.4	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	Hello, my name is _____. I'm calling on behalf of the [STATE NAME] state health department and the Centers for Disease Control and Prevention	GO TO SECTION 2

	are doing in your state. During a recent phone interview ["you" if MKPNAME=ADULTNAME; OR "adultname" if MKPNAME=ALTNAME, MKP is pointed by BRFSS respondents] gave us permission to call again to ask some questions about {child's name}'s asthma and said that you knew the most about that child's asthma.	about a health study we are doing in your state. During a recent phone ["you" if MKPNAME=ADULTNAME; OR "adultname" if MKPNAME=ALTNAME, MKP is pointed by BRFSS respondents] gave us permission to call again to ask some questions about {child's name}'s health and said that you knew the most about that child's health.	
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Q1.5	During a recent phone interview ["you" if MKPNAME=ADULTNAME; OR "adultname" if MKPNAME=ALTNAME, MKP is pointed by BRFSS respondents] gave us permission to call again to ask some questions about {child's name}'s asthma and said that you knew the most about that child's asthma.	During a recent phone interview ["you" if MKPNAME=ADULTNAME; OR "adultname" if MKPNAME=ALTNAME, MKP is pointed by BRFSS respondents] gave us permission to call again to ask some questions about {child's name}'s health and said that you knew the most about that child's health.	GO TO SECTION 2
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Section 2: 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 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.

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

If responses for sample child in BRFS survey answers are: CASTHDX2= 1 (Yes) and CASTHNO2 = 2 (No),

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: Since {child's name} no longer has asthma, your interview will be very brief (about 5 minutes). [Go to RELATION (2.3)].

IF NO, [Go to REPEAT (2.0)]

If responses for sample child in BRFS survey answers are: CASTHDX2= 1 (Yes) and CASTHNO2 = 1 (Yes)

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

IF YES, [Go to RELATION (2.3)]

IF NO, [Go to REPEAT (2.0)]

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q2.0	I would like to repeat the questions from the previous survey now to make sure {child's name} qualifies for this study.	REPEAT	(1) YES	[Go to EVER_ASTH (2.1)]	
			(2) NO	[Skip to TERMINATE]	
Q2.1	Have you ever been told by a doctor or	EVER_ASTH	(1) YES		
			(2) NO	[Skip Go to TERMINATE]	

	other health professional that sure {child's name} had asthma?		(7) DON'T KNOW	[Skip Go to TERMINATE]	
			(9) REFUSED	[Skip Go to TERMINATE]	
Q2.2	Does {he/she} still have asthma?	CUR_ASTH	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q2.3	What is your relationship to {child's name}?	RELATION	READ: (1) MOTHER (BIRTH/ADOPTIVE/STEP) (2) FATHER (BIRTH/ADOPTIVE/STEP) (3) BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE) (4) GRANDPARENT (FATHER/MOTHER) (5) OTHER RELATIVE (6) UNRELATED (7) DON'T KNOW (9) REFUSED		
Q2.4	Are you the legal guardian for {child's name}?	GUARDIAN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

READ: {child's name} does qualify for this study, I'd like to continue unless you have any questions.

[If CUR_ASTH (2.2) = 1 (Yes)]

READ: Since {child's name} does have asthma now, your interview will last about 15 minutes.

[Go to section 3]

[If CUR_ASTH (2.2) = 2 (No)]

READ: Since {child's name} does not have asthma now, your interview will last about 5 minutes.

[Go to section 3]

[If CUR_ASTH (2.2) = 7, 9 (Don't know or refused)]

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]

TERMINATE:

Upon survey termination, READ:

I'm sorry {child's name} does not qualify for this study. I'd like to thank you on behalf of the {STATE} 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 [1-800-xxx-xxxx]. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at [1 800 xxx-xxxx]. Thanks again. Goodbye.

Section 3: Recent History

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 3 (Recent History) Q3.1	How old was {child's name} when a doctor or other health professional first said {he/she} had asthma	AGEDX	____ (ENTER AGE IN YEARS) (777) DON'T KNOW (888) Under 1 year old (999) REFUSED	[RANGE CHECK: IS 001-018, 777, 888, 999] [CATI CHECK: IF RESPONSE = 77, 99, 88 VERIFY THAT 777, 888, 999 WERE NOT THE INTENT]	[INTERVIEWER: ENTER 888 IF LESS THAN ONE YEARS OLD]
Q3.2	How long ago was that? Was it...	INCIDNT	(1) Within the past 12 months (2) 1-5 years ago (3) more than 5 years ago (7) DON'T KNOW (9) REFUSED		
Q3.3	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.	LAST_MD	(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		[INTERVIEWER: READRESPONSE OPTIONS IF NECESSARY]

<p>Q3.4</p>	<p>How long has it been since {he/she} last took asthma medication?</p>	<p>LAST_MED</p>	<p>(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</p>		<p>[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]</p>
<p>Q3.5</p>	<p>How long has it been since {he/she} last had any symptoms of asthma?</p>	<p>LASTSYMP</p>	<p>(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</p>		<p>[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]</p> <p>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.</p>

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

Section 4. History of Asthma (Symptoms & Episodes in the past year)		IF LASTSYMP (3.5) = 1, 2, 3 then continue IF LASTSYMP (3.5) = 4 SKIP TO EPIS_INT (between 4.4 and 4.5) IF LASTSYMP (3.5) = 88, 5, 6, 7 SKIP TO INS1 (Section 5) IF LASTSYMP (3.5) = 77, 99 then continue			
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q4.1	During the past 30 days, on how many days did {child's name} have any symptoms of asthma?	SYMP_30D	___ DAYS		[RANGE CHECK: (01-30, 77, 88, 99)] CLARIFICATION : [1-29, 77, 99]
			(88) NO SYMPTOMS IN THE PAST 30 DAYS	[SKIP TO EPIS_INT]	
			(30) EVERY DAY	[CONTINUE]	
			(77) DON'T KNOW	[SKIP TO ASLEEP30 (4.3)]	
			(99) REFUSED	[SKIP TO ASLEEP30 (4.3)]	
Q4.2	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.	DUR_30D	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Q4.3	During the past 30 days, on how many days did symptoms of asthma make it difficult for { him/her } to stay asleep?	ASLEEP30	___ __ DAYS/NIGHTS (88) NONE (30) Every day (77) DON'T KNOW (99) REFUSED		[RANGE CHECK: (01-30, 77, 88, 99)]
Q4.4	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?	SYMPFREE	___ __ Number of days (88) NONE (77) DON'T KNOW (99) REFUSED		[RANGE CHECK: (01-14, 77, 88, 99)]
EPIS_INT	IF LASTSYMP (3.5) = 4 (LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO), PICK UP HERE; IF LASTSYMP (3.5) = 1, 2, 3, 77, 99 (SYMPTOMS WITHIN THE PAST 3 MONTHS, DON'T KNOW / REFUSED), CONTINUE				
Interview notes	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.				
Q4.5	During the past 12 months, has {child's name} had an episode of asthma or an asthma attack?	EPIS_12M	(1) YES		
			(2) NO		[SKIP TO Section 5]
			(7) DON'T KNOW		[SKIP TO Section 5]
			(9) REFUSED		[SKIP TO Section 5]

Q4.6	During the past three months, how many asthma episodes or attacks has {he/she} had?	EPIS_TP	___ ___ Number of episodes/attacks (888) NONE (777) DON'T KNOW (999) REFUSED	[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]	[RANGE CHECK: (001-100, 777, 888, 999)]
Q4.7	How long did {his/her} MOST RECENT asthma episode or attack last?	DUR_ASTH	1__ Minutes 2__ Hours 3__ Days 4__ Weeks 5 5 5 Never 7 7 7 Don't know / Not sure 9 9 9 Refused		Interviewer note: If answer is #.5 to #.99 round up If answer is #.01 to #.49 ignore fractional part ex. 1.5 should be recorded as 2 1.25 should be recorded as 1

NEW OPTIONAL QUESTION IN 2023

New question for Section 4:					
NEW Q4.8	During the past 30 days, on how many days did {child's name}/you take quick relief medicine such as albuterol and salbutamol to relief asthma symptoms?	QUICKRELIEF	___ ___ DAYS/NIGHTS (88) NONE (30) Every day (77) DON'T KNOW (99) REFUSED		[RANGE CHECK: (01-30, 77, 88, 99)]

Section 5. Health Care Utilization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 5 (Health Care Utilization) Q5.1	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?	INS1	(1) YES		
			(2) NO	[SKIP TO FLU_SHOT (5.4)]	
			(7) DON'T KNOW	[SKIP TO FLU_SHOT (5.4)]	
			(9) REFUSED	[SKIP TO FLU_SHOT (5.4)]	
Q5.2	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?	INS_TYP	(1) parent's employer (2) medicaid/medicare (3) CHIP {replace with state specific name} (4) Other (7) DON'T KNOW (9) REFUSED		[READ RESPONSE OPTIONS IF NECESSARY]

Q5.3	During the past 12 months was there any time that {he/she} did not have any health insurance or coverage?	INS2	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q5.4	A flu shot is an influenza vaccine injected in your arm. During the past 12 months, did {CHILD'S NAME} have a flu shot?	FLU_SHOT	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q5.5	A flu vaccine that is sprayed in the nose is called FluMist™. During the past 12 months, did {he/she} have a flu vaccine that was sprayed in {his/her} nose?	FLU_SPRAY	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

<p>CATI notes:</p>	<p>How to define the value “of “Does the child still have asthma?”:</p> <p>The best-known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS childhood prevalence module value (CASTHNO2) or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey.</p> <p>If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct, then the value from the BRFSS (CASTHNO2) is used.</p> <p>If the respondent does not agree with the previous BRFSS (CASTNO2) in “Informed Consent” of Section 2 and REPEAT (2.0) = 1 (Yes), then the value of CUR_ASTH (2.2) is used.</p> <p>SKIP INSTRUCTION:</p> <p>If “Does the child still have asthma?” = 1 (Yes), {using BRFSS CASTHNO2 or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}, continue to Section 5.</p> <p>If “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) {using BRFSS CASTHNO2 or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}</p> <p style="padding-left: 40px;">AND</p> <p style="padding-left: 80px;">[(LAST_MD = 4) OR (LAST_MED = 1, 2, 3 or 4) OR (LASTSYMP = 1, 2, 3 or 4)]</p> <p style="padding-left: 40px;">THEN CONTINUE WITH SECTION 5</p> <p>If “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused), {using BRFSS CASTHNO2 or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}</p> <p style="padding-left: 40px;">AND (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99)</p> <p style="padding-left: 40px;">AND (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99)</p> <p style="padding-left: 40px;">AND (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)</p> <p style="padding-left: 40px;">THEN SKIP TO Section 6.</p>				
<p>Q5.6</p>	<p>During just the past 30 days, 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?</p>	<p>ACT_DAYS30</p>	<p>(1) NOT AT ALL (2) A LITTLE (3) A MODERATE AMOUNT (4) A LOT (7) DON’T KNOW (9) REFUSED</p>		

<p>Q5.7</p>	<p>During the past 12 months how many times did {he/she} see a doctor or other health professional for a routine checkup for {his/her} asthma?</p>	<p>NER_TIME</p>	<p>___ __ _ ENTER NUMBER (888) NONE (777) DON'T KNOW (999) REFUSED</p>	<p>{IF LAST_MD= 88, 05, 06, 07 (have not seen a doctor in the past 12 months); SKIP to COORDIN (5.14)} {RANGE CHECK: (001-365, 777, 888, 999)} {Verify any value >50} {CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888, AND 999 WERE NOT THE INTENT}</p>	<p>{RANGE CHECK: (001-365, 777, 888, 999)} {Verify any value >50}</p>
<p>Q5.8</p>	<p>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?</p>	<p>ER_VISIT</p>	<p>(1) YES</p>		
<p>(2) NO</p>	<p>[SKIP TO URG_TIME (5.10)]</p>				
<p>(7) DON'T KNOW</p>	<p>[SKIP TO URG_TIME (5.10)]</p>				
<p>(9) REFUSED</p>	<p>[SKIP TO URG_TIME (5.10)]</p>				

<p>Q5.9</p>	<p>During the past 12 months, how many times did {he/she} visit an emergency room or urgent care center because of [his/her] asthma?</p>	<p>ER_TIMES</p>	<p>___ __ _ ENTER NUMBER (888) ZERO [LOOPING BACK TO CORRECT ER_VISIT (5.8) TO "NO"] (777) DON'T KNOW (999) REFUSED</p>	<p>[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50] [CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT] [CATI CHECK: IF ER_VISIT (5.8) =1 (YES) AND RESPONDENT SAYS "NONE" OR "ZERO" TO ER_TIMES (5.9) ALLOW LOOPING BACK TO CORRECT ER_VISIT (5.8) TO "2, NO"]</p>	<p>[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50] [HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]</p>
<p>Q5.10</p>	<p>(If ER_VISIT (5.8) = 1 (Yes), 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?</p>	<p>URG_TIME</p>	<p>___ __ _ ENTER (888) NONE (777) DON'T KNOW (999) REFUSED</p>	<p>[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50] [CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT] [HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]</p>	<p>[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50] [HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]</p>

SKIP INSTRUCTION	[IF LASTSYMP \geq 5 AND \leq 7, (one year ago and longer), SKIP TO COORDIN (5.14) IF LASTSYMP=88 (NEVER), SKIP TO COORDIN (5.14)]				
Q5.11	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.	HOSP_VST	(1) YES		
			(2) NO	[SKIP TO COORDIN (5.14)]	
			(7) DON'T KNOW	[SKIP TO COORDIN (5.14)]	
			(9) REFUSED	[SKIP TO COORDIN (5.14)]	
Q5.12	During the past 12 months, how many different times did {he/she} stay in any hospital overnight or longer because of {his/her} asthma?	HOSPTIME	___ __ _ TIMES (777) DON'T KNOW (999) REFUSED	[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50] [CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT] [CATI CHECK: IF RESPONSE TO 5.11 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.12, ALLOW LOOPING BACK TO CORRECT 5.11 TO "NO"]	[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]
Q5.13	The last time {he/she} left the hospital, did a health professional	HOSPPLAN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED	[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse	[HELP SCREEN: Health professional includes doctors,

	TALK with you or {child's name} about how to prevent serious attacks in the future?			practitioners, and health educators. This should not be coded yes if the respondent only received a pamphlet or instructions to view a website or video since the question clearly states "talk with you"].	nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes if the respondent only received a pamphlet or instructions to view a website or video since the question clearly states "talk with you"].
Q5.14	Does anyone help you arrange or coordinate {child's name}'s asthma care among the different doctors or services that [he/she] uses?	COORDIN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		READ IF NECESSARY: By "arrange or coordinate," I mean: Is there anyone who helps you make sure that {child's name} gets all the health care and services [he/she] needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?

Section 6. Knowledge of Asthma/Management Plan

Section 6. Knowledge of Asthma/Management Plan		CATI: [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators] Interview notes: [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]			
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q6.1	Has a doctor or other health professional ever taught you or {child's name}: How to recognize early signs or symptoms of an asthma episode?	TCH_SIGN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q6.2	Has a doctor or other health professional ever taught you or {child's name}: What to do during an asthma episode or attack?	TCH_RESP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Q6.3	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}: How to use a peak flow meter to adjust his/her daily medication?	TCH_MON	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q6.4	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?	MGT_PLAN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q6.5	Have you or {child's name} ever taken a course or class on how to manage [his/her] asthma?	MGT_CLAS	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Section 7. Modifications to Environment

Section 7. Modifications to Environment	<p>CATI: 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.</p> <p>Interview Notes: 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.</p>				
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q7.1	<p>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.</p> <p>Is an air cleaner or purifier regularly used inside {child's name}'s home?</p>	AIRCLEANER	<p>(1) YES (2) NO</p> <p>(7) DON'T KNOW (9) REFUSED</p>		
Q7.2	<p>A dehumidifier is a small, portable appliance which removes moisture from the air.</p> <p>Is a dehumidifier regularly used to reduce</p>	DEHUMID	<p>(1) YES (2) NO</p> <p>(7) DON'T KNOW (9) REFUSED</p>		

	moisture inside [his/her} home?				
Q7.3	Is an exhaust fan that vents to the outside used regularly when cooking in the kitchen in {his/her} home?	KITC_FAN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q7.4	Is gas used for cooking in [his/her} home?	COOK_GAS	(1) Yes (2) NO (7) DON'T KNOW (9) REFUSED		
Q7.5	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.	ENV_MOLD	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q7.6	Does {child's name} home have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?	ENV_PETS	(1) YES		
			(2) NO	[SKIP TO C_ROACH (7.8)]	
			(7) DON'T KNOW	[SKIP TO C_ROACH (7.8)]	
			(9) REFUSED	[SKIP TO C_ROACH (7.8)]	
Q7.7	Is the pet allowed in [his/her} bedroom?	PETBEDRM	(1) YES (2) NO (3) SOME ARE/SOME AREN'T (7) DON'T KNOW (9) REFUSED	[SKIP THIS QUESTION IF ENV_PETS = 2, 7, 9]	
Q7.8	In the past 30 days, has anyone seen	C_ROACH	(1) YES (2) NO		[HELP SCREEN: Studies have shown that

	cockroaches inside {child's name}? home?		(7) DON'T KNOW (9) REFUSED		cockroaches may be a cause of asthma. Cockroach droppings and carcasses can also cause symptoms of asthma.]
Q7.9	In the past 30 days, has anyone seen mice or rats inside [his/her} home? Do not include mice or rats kept as pets.	C_RODENT	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[HELP SCREEN: Studies have shown that rodents may be a cause of asthma.]
Q7.10	Is a wood burning fireplace or wood burning stove used in {child's name}? home?	WOOD_STOVE	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[HELP SCREEN: OCCASIONAL USE SHOULD BE CODED AS "YES".]
Q7.11	Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in [his/her} home?	GAS_STOVE	(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.]
Q7.12	In the past week, has anyone smoked inside [his/her} home?	S_INSIDE	(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.”
Q7.13	Has a health professional ever advised you to change things in [his/her] home, school, or work to improve his/her asthma?	MOD_ENV	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		INTERVIEWER READ: Now, back to questions specifically about {child's name} [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]
Q7.14	Does {he/she} use a mattress cover that is made especially for controlling dust mites?	MATTRESS	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[INTERVIEWER read if necessary: 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.]
Q7.15	Does {he/she} use a pillow cover that is made especially	E_PILLOW	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[INTERVIEWER read if necessary: This does not include normal pillow covers

	for controlling dust mites?				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.]
Q7.16	Does {child's name} have carpeting or rugs in [his/her] bedroom? This does not include throw rugs small enough to be laundered.	CARPET	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q7.17	Are [his/her] sheets and pillowcases washed in cold, warm, or hot water?	HOTWATER	(1) COLD (2) WARM (3) HOT (4) VARIES (7) DON'T KNOW (9) REFUSED		
Q7.18	In {child's name} bathroom, does {he/she} regularly use an exhaust fan that vents to the outside?	BATH_FAN	(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

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}'s medication use.				
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q8.1	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?	OTC	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q8.2	Has [he/she] ever used a prescription inhaler?	INHALERE	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED	[SKIP TO SCR_MED1 (8.5)] [SKIP TO SCR_MED1 (8.5)] [SKIP TO SCR_MED1 (8.5)]	
Q8.3	Did a health professional show {him/her} how to use the inhaler?	INHALERH	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]
Q8.4	Did a doctor or other health professional watch	INHALERW	(1) YES (2) NO		

	{him/her} use the inhaler?		(7) DON'T KNOW (9) REFUSED		
[IF LAST_MED = 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9]					
Q8.5	<p>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.</p> <p>It will help to get {child's name} medicines so you can read the labels.</p> <p>Can you please go get the asthma medicines while I wait on the phone?</p>	SCR_MED1	(1) YES		
			(2) NO	[SKIP TO INH_SCR (8.8)]	
			(3) RESPONDENT KNOWS THE MEDS	[SKIP TO INH_SCR (8.8)]	
			(7) DON'T KNOW	[SKIP TO INH_SCR (8.8)]	
			(9) REFUSED	[SKIP TO INH_SCR (8.8)]	
Q8.7	<p>[when Respondent returns to phone:]</p> <p>Do you have all the medications?</p>	SCR_MED3	<p>(1) YES I HAVE ALL THE MEDICATIONS</p> <p>(2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL</p> <p>(3) NO</p>		[INTERVIEWER: Read if necessary]

			(7) DON'T KNOW (9) REFUSED		
Q8.8	In the past 3 months has {child's name}? taken prescription asthma medicine using an inhaler?	INH_SCR	(1) YES		
			(2) NO	[SKIP TO PILLS (8.20)]	
			(7) DON'T KNOW	[SKIP TO PILLS (8.20)]	
			(9) REFUSED	[SKIP TO PILLS (8.20)]	
Inhalers	<p>For the following inhalers the respondent can choose up to eight medications; however, each medication can only be used once.</p> <p>When 66 (Other) is selected as a response, questions ILP03 (8.13) to ILP10 (8.19) are not asked for that response.</p> <p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p> <p>CATI Note: Please use the table of INHALER series name. The top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily</p>				
Q8.9	In the past 3 months, what prescription asthma medications did {he/she} take by inhaler? [MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]	INH_MEDS	--- -- -- -- -- --- -- -- -- --		[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP03]
			(66) Other [Please Specify, 100 character limit]	[SKIP TO OTH_I1]	
			(88) NO PRESCRIPTION INHALERS	[SKIP TO PILLS (8.20)]	
			(77) DON'T KNOW	[SKIP TO PILLS (8.20)]	
			(99) REFUSED	[SKIP TO PILLS (8.20)]	
CATI NOTES	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.				
Interview Notes	[Loop back to ILP03 as necessary to administer questions ILP03 (8.13) thru ILP10 (8.19) for each medicine 01-51 reported in INH_MEDS, but not for 66 (other)].				

Q8.10	ENTER OTHER MEDICATION FROM INH_MEDS(8.9) IN TEXT FIELD. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. 100 alphanumeric character limit	OTH_I1			
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Inhaler table

	Medication	Pronunciation
1	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
2	Aerobid	â- rō 'bīd (or air -row-bid)
3	Albuterol (+ A. sulfate or salbutamol)	ăl'- bu 'ter-ōl (or al- BYOO -ter-ole) sāl-byū'tə-mōl'
4	Alupent	al -u-pent
43	Alvesco (+ Ciclesonide)	al-ves-co
49	Anoro Ellipta (Umeclidinium and vilanterol)	a-nor' oh e-LIP-ta
40	Asmanex (twisthaler)	as-muh -neks twist -hey-ler
5	Atrovent	At-ro-vent
6	Azmacort	az -ma-cort
7	<u>Beclomethasone dipropionate</u>	bek''lo- meth 'ah-son dī' pro 'pe-o-nāt (or be-kloe- meth -a-son)
8	Beclovent	be' klo-vent'' (or be -klo-vent)
9	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
45	Breo Ellipta (Fluticasone and vilanterol)	BRE-oh e-LIP-ta
11	<u>Budesonide</u>	byoo- des -oh-nide
12	Combivent	com -bi-vent
13	<u>Cromolyn</u>	kro 'mō-lin (or KROE -moe-lin)
44	Dulera	do-lair-a
14	Flovent	flow -vent
15	Flovent Rotadisk	flow -vent row -ta-disk
16	<u>Flunisolide</u>	floo- nis 'o- līd (or floo- NISS -oh-lide)
17	<u>Fluticasone</u>	flue- TICK -uh-zone
34	Foradil	<i>FOUR-a-dil</i>
35	<u>Formoterol</u>	for moh' te rol
48	Incruse Ellipta (Umeclidium inhaler powder)	IN-cruise e-LIP-ta
19	<u>Ipratropium Bromide</u>	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
37	<u>Levalbuterol tartrate</u>	lev-al- BYOU -ter-ohl

20	Maxair	măk-sâr
21	<u>Metaproteronol</u>	met"ah-pro- ter 'ĕ-nōl (or met-a-proe- TER -e-nole)
39	<u>Mometasone furoate</u>	moe-MET-a-sonē
22	<u>Nedocromil</u>	ne-DOK-roē-mil
23	<u>Pirbuterol</u>	pĕr-bu'ter-ōl (or peer- BYOO -ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro"ven-til' (or pro-vent-il)
25	Pulmicort Flexhaler	pul -ma-cort flex -hail-er
36	QVAR	q -vâr (or q-vair)
3	<u>Salbutamol (or Albuterol)</u>	săl-byū'tă-môl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	Sair -a-vent
46	<u>Spiriva HandiHaler or Respimat (Tiotropium bromide)</u>	speh REE vah - RES peh mat
51	<u>Stiolto Respimat (tiotropium bromide & olodaterol)</u>	sti-OL-to- RES peh mat
42	Symbicort	sim -buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter-bu'tah-lĕn (or ter- BYOO -ta-leen)
30	Tornalate	tor -na-late
50	<u>Trelegy Ellipta ((fluticasone furoate, umeclidinium & vilanterol)</u>	TREL-e-gee e-LIP-ta
31	<u>Triamcinolone acetoneide</u>	tri"am- sin 'o-lōn as"ĕ-tō-nĭd' (or trye-a m- SIN -oh-lone)
47	<u>Tudorza Pressair</u>	TU-door-za PRESS-air
32	Vanceril	van -sir-il
33	Ventolin	vent -o-lin
38	Xopenex HFA	<i>ZOH-pen-ecks</i>
66	Other, Please Specify	[SKIP TO OTH_I1], 100 alphanumeric character limit

CATI NOTE:	<p>[For medicines from [MEDICINE FROM INH_MEDSSERIES], ask questions ILP03 (8.13) through ILP10 (8.19)]</p> <p>SKIP to ILP04 (8.14) if [MEDICINE FROM INH_MEDSSERIES] is (1, 15, 20, 25, 27, 34, 39, 40, 42)</p> <p>ADVAIR (01)</p> <p>or FLOVENT ROTADISK (15)</p> <p>or MAXAIR (20)</p> <p>or PULMICORT (25)</p> <p>or SEREVENT (27)</p> <p>or FORADIL (34)</p> <p>or MOMETASONE FUROATE (39)</p> <p>or ASMANEX (40)</p> <p>or SYMBICORT (42)</p> <p>SKIP TO ILP04 (8.14)</p>
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	<p>[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.]</p> <p>[HELP SCREEN: The response category 3 (disk or dry powder) and 4 (built-in spacer) are primarily intended for medications Beclomethosone (7), Beclovent (08) or QVAR (36), which are known to come in disk or breath-activated inhalers (which do not use a spacer). However, new medications may come on the market that might fit with either category. So 3 or 4 can be used for other medications as well.]</p>				
Q8.13	<p>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]?</p>	ILP03	<p>(1) YES (2) NO (3) Medication is a dry powder inhaler or disk inhaler, not a canister inhaler (4) Medication has a built-in spacer/does not need a spacer (7) DON'T KNOW (9) REFUSED</p>		
Q8.14	<p>In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS (8.9) SERIES] when {he/she} had an asthma episode or attack?</p>	ILP04	<p>(1) YES (2) NO (3) NO ATTACK IN PAST 3 MONTHS (7) DON'T KNOW (9) REFUSED</p>		
Q8.15	<p>In the past 3 months, did {he/she} take [MEDICINE FROM INH_MEDSSERIES] before exercising?</p>	ILP05	<p>(1) YES (2) NO (3) DIDN'T EXERCISE IN PAST 3 MONTHS (7) DON'T KNOW (9) REFUSED</p>		
Q8.16	<p>In the past 3 months, did [he/she] take [MEDICINE FROM INH_MEDS (8.9) SERIES] on a</p>	ILP06	<p>(1) YES (2) NO (7) DON'T KNOW (9) REFUSED</p>		

	regular schedule everyday?				
Q8.18	How many times per day or per week did [he/she] use [MEDICINE FROM INH_MEDS SERIES]?	ILP08	3 __ Times per DAY	[RANGE CHECK: (>10)]	
			4 __ Times per WEEK	[RANGE CHECK: (>75)]	
			5 5 5 Never	[RANGE CHECK: 301-310, 401-475, 555, 666, 777, 999]	
			6 6 6 LESS OFTEN THAN ONCE A WEEK		
			7 7 7 Don't know / Not sure		
			9 9 9 Refused		
CATI NOTES	[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)]				
Q8.19	How many canisters of [MEDICINE FROM INH_MEDS (8.9) SERIES] has {child's name} used in the past 3 months?	ILP10	<p>___ CANISTERS</p> <p>(77) DON'T KNOW</p> <p>(88) NONE</p> <p>(99) REFUSED</p>	<p>[RANGE CHECK: (01-76, 77, 88, 99)]</p> <p>[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 WAS CONSUMED IS USED, NOT HOW MANY DIFFERENT INHALERS WAS USED.]</p>	[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']

Q8.20	In the past 3 months, have you taken any PRESCRIPTION medicine in pill form for your asthma?	PILLS	(1) YES		
			(2) NO	[SKIP TO SYRUP (8.23)]	
			(7) DON'T KNOW	[SKIP TO SYRUP (8.23)]	
			(9) REFUSED	[SKIP TO SYRUP (8.23)]	
Pill	<p>For the following pills the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 232723 were submitted in the data file).</p> <p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p> <p>[IF RESPONDENT SELECTS ANY ANSWER FROM 01-49, SKIP TO PILL01]</p> <p>Note: The top 10 items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.</p>				
Q8.21	What PRESCRIPTION asthma medications does {child's name} take in pill form? [MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION asthma pills?]	PILLS_MD	----- ---		
			(66) Other [Please Specify, 100 character limit]	[SKIP TO OTH_P1]	
			(88) NO PILLS	[SKIP TO SYRUP (8.24)]	
			(77) DON'T KNOW	[SKIP TO SYRUP (8.24)]	
			(99) REFUSED	[SKIP TO SYRUP (8.24)]	
CATI NOTES	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.				
Interview notes	[REPEAT QUESTION PILL01 AS NECESSARY FOR EACH PILL 01-49 REPORTED IN PILLS_MD, BUT NOT FOR 66 (OTHER).]				
Q8.21a	ENTER OTHER MEDICATION IN TEXT FIELD. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON	OTH_P1			

	ONE LINE. 100 ALPHANUMERIC CHARACTER LIMIT FOR 66				
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PILL table

	Medication	Pronunciation
1	Accolate	ac -o-late
2	Aerolate	air -o-late
3	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al- BYOO -ter-all)
4	Alupent	al -u-pent
49	Brethine	breth-eeen
5	Choledyl (oxtriphylline)	ko -led-il
7	Deltasone	del -ta-sone
8	Elixophyllin	e-licks- o -fil-in
11	Medrol	Med -rol
12	Metaprel	Met -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- ter "ē-nōl (or met-a-proe- TER -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- niss -oh-lone (or meth-il-pred- NIS -oh-lone)
15	<u>Montelukast</u>	mont-e- lu -cast
17	Pediapred	Pee- dee -a-pred
18	<u>Prednisolone</u>	pred- NISS -oh-lone
19	<u>Prednisone</u>	PRED-ni-sone
21	Proventil	pro- ven -til
23	Respid	res -pid
24	<u>Singulair</u>	sing -u-lair
26	Slo-bid	slow -bid
25	Slo-phyllin	slow - fil-in
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	thee -o-24
30	Theochron	thee -o-kron
31	Theoclear	thee -o-clear
32	Theodur or Theo-Dur	thee -o-dur
33	<i>Intentionally left blank</i>	
35	<u>Theophylline</u>	thee- OFF -i-lin
37	Theospan	thee -o-span
40	T-Phyl	t -fil
42	Uniphyl	u -ni-fil

43	Ventolin	vent-o-lin
44	Volmax	vole-max
45	<u>Zafirlukast</u>	za-FIR-loo-kast
46	Zileuton	zye-loo-ton
47	Zyflo Filmstab	zye-flow film tab

CATI notes	For medicines from [MEDICATION LISTED IN PILLS_MD], ask QUESTION PILL01]				
Q8.22	In the past 3 months, did {child's name} take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?	PILL01	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q8.23	In the past 3 months, has [he/she] taken prescription medicine in syrup form?	SYRUP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED	[SKIP TO NEB_SCR (8.25)] [SKIP TO NEB_SCR (8.25)] [SKIP TO NEB_SCR (8.25)]	
Syrup	<p>For the following syrups the respondent can choose up to four medications; however, each medication can only be used once (in the past, errors such as 020202 were submitted in the data file).</p> <p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p> <p>[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB_SCR]</p>				
Q8.24	What PRESCRIPTION asthma medications has {child's name} taken as a syrup?	SYRUP_ID	----- (66) Other [Please Specify, 100 character limit]	[SKIP TO OTH_S1]	

	[MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION syrup medications for asthma?]		(88) NO SYRUPS	[SKIP TO NEB_SCR (8.25)]	
			(77) DON'T KNOW	[SKIP TO NEB_SCR (8.25)]	
			(99) REFUSED	[SKIP TO NEB_SCR (8.25)]	
CATI Notes	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.				
Q8.24a	ENTER OTHER MEDICATION. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. [100 ALPHANUMERIC CHARACTER LIMIT FOR 66]	OTH_S1	_____		

Syrup table

	Medication	Pronunciation
1	Aerolate	air -o-late
2	<u>Albuterol</u>	ă'l'- bu 'ter-ōl (or al-BYOO-ter-ole)
3	Alupent	al -u-pent
4	<u>Metaproteronol</u>	met"ah-pro- ter 'ě-nōl (or met-a-proc-TER-e-nole)
5	<u>Prednisolone</u>	pred-NISS-oh-lone
6	Prelone	pre -loan
7	Proventil	Pro- ven -til
8	Slo-Phyllin	slow -fil-in
9	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	vent -o-lin
66	Other, Please Specify:	[SKIP TO OTH_S1]

Q8.25	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}'s PRESCRIPTION asthma medicines used with a nebulizer?	NEB_SCR	(1) YES			
			(2) NO	[SKIP TO Section 9]		
			(7) DON'T KNOW	[SKIP TO Section 9]		
			(9) REFUSED	[SKIP TO Section 9]		
Q8.26	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 ...	NEB_PLC	RESPONSES			
			(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			
Nebulizer	For the following nebulizers, the respondent can choose up to five medications; however, each medication can only be used once (in the past, errors such as 0101 were submitted in the data file). [INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]					
Q8.27	In the past 3 months, what prescription ASTHMA medications has {he/she} taken using a nebulizer?	NEB_ID	--- -- -- -- --			
			(66) Other [Please Specify, 100 character limit]	[SKIP TO OTH_N1]		

	[MARK ALL THAT APPLY. PROBE: Has your child taken any other prescription ASTHMA medications with a nebulizer in the past 3 months?]		(88) NONE	[SKIP TO Section 9]	
			(77) DON'T KNOW	[SKIP TO Section 9]	
			(99) REFUSED	[SKIP TO Section 9]	
CATI Notes	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.				
Interview Notes	[LOOP BACK TO NEB01 AS NECESSARY TO ADMINISTER QUESTIONS NEB01 THROUGH NEB03 FOR EACH MEDICINE 01 THROUGH 19 (NEB_01 to NEB_19) REPORTED IN NEB_ID, BUT NOT FOR 66 (OTHER)].				
Q8.27a	ENTER OTHER MEDICATION. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. [100 ALPHANUMERIC CHARACTER LIMIT FOR 66]	OTH_N1			

Nebulizer table

	Medication	Pronunciation
1	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
2	Alupent	al -u-pent
3	Atrovent	At-ro-vent
4	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
19	<u>Brovana</u>	brō vā nah
5	<u>Budesonide</u>	byoo- des -oh-nide
17	<u>Combivent Inhalation solution</u>	com -bi-vent
6	<u>Cromolyn</u>	kro 'mō-lin (or KROE-moe-lin)
7	DuoNeb	DUE-ow-neb
8	Intal	in -tel
9	<u>Ipratropium bromide</u>	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol

11	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proc-TER-e-nole)
18	<u>Perforomist (Formoterol)</u>	per-form-ist
12	Proventil	Pro- ven -til
13	Pulmicort	pul -ma-cort
14	Tornalate	tor -na-late
15	Ventolin	vent -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>
66	Other, Please Specify:	[SKIP TO OTH_N1]

CATI notes	[For medicines from [MEDICATION LISTED IN NEB_ID], ask questions NEB01 to NEB03]				
Q8.28	In the past 3 months, did {child's name} take [MEDICINE FROM NEB_ID SERIES] when {he/she} had an asthma episode or attack?	NEB01	(1) YES (2) NO (3) NO ATTACK IN PAST 3 MONTHS (7) DON'T KNOW (9) REFUSED		
Q8.29	In the past 3 months, did he/she take [MEDICINE FROM NEB_ID SERIES] on a regular schedule every day?	NEB02	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q8.30	How many times per day or per week does he/she use [MEDICINE FROM NEB_ID SERIES]?	NEB03	3___ DAYS 4___ WEEKS (555) NEVER (666) LESS OFTEN THAN ONCE A WEEK (777) DON'T KNOW / NOT SURE (999) REFUSED		

Section 9. Cost of Care

<p>Section 9. Cost of Care</p>	<p>CATI: The best-known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS childhood prevalence module value (CASTHNO2) or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey.</p> <p>1. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct, then the value from the BRFSS (CASTHNO2) is used. 2. If the respondent does not agree with the previous BRFSS (CASTHNO2) in “Informed Consent”, then the question REPEAT (2.0) was asked (REPEAT = 1), then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.</p> <p>CATI: SKIP INSTRUCTION</p> <p>If “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused). {using BRFSS CASTHNO2 or (CUR_ASTH if repeat-=1)} AND {(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)}, then skip to section 10;</p> <p>If “Does the child still have asthma?” = 1 (Yes). {using BRFSS CASTHNO2 or (CUR_ASTH if repeat-=1)} continue to Section 9.</p> <p>Other, continue with section 9</p>				
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q9.1	Was there a time in the past 12 months when {child’s name} needed to see his/her primary	ASMDCOST	(1) YES (2) NO (7) DON’T KNOW (9) REFUSED		

	care doctor for asthma but could not because of the cost?				
Q9.2	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?	ASSPCOST	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q9.3	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?	ASRXCOST	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Section 10. School Related Asthma

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 10. School Related Asthma Q10.1	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?	SCH_STAT	(1) YES	[SKIP TO SCHGRADE (10.4)]	
			(2) NO		
			(7) DON'T KNOW		
			(9) REFUSED		
Q10.2	What is the main reason {he/she} is not now in school? READ RESPONSE CATEGORIES	NO_SCHL	(1) NOT OLD ENOUGH	[SKIP TO DAYCARE (10.10)]	
			(2) HOME SCHOOLED	[SKIP TO SCHGRADE (10.4)]	
			(3) UNABLE TO ATTEND FOR HEALTH REASONS		
			(4) ON VACATION OR BREAK		
			(5) OTHER		
			(7) DON'T KNOW		
			(9) REFUSED		
Q10.3	Has {child's name} gone to	SCHL_12	(1) YES		
			(2) NO	[SKIP TO DAYCARE (10.10)]	

	school in the past 12 months?		(7) DON'T KNOW	[SKIP TO DAYCARE (10.10)]	
			(9) REFUSED	[SKIP TO DAYCARE (10.10)]	
Q10.4	What grade was {he/she} in the last time {he/she} was in school?	SCHGRADE	(88) PRE SCHOOL (66) KINDERGARDEN __ __ ENTER GRADE 1 TO 12	Ask if [IF SCHL_12 = 1]	
	What grade is {he/she} in?		(77) DON'T KNOW (99) REFUSED	Ask if [IF SCH_STAT = 1 or NO_SCHL = 2]	
CATI Info:	<p>“Does the child still have asthma?”: the best-known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS childhood prevalence module value (CASTHNO2) or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey.</p> <p>1. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct, then the value from the BRFSS (CASTHNO2) is used.</p> <p>2. If the respondent does not agree with the previous BRFSS (CASTHNO2) in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.</p> <p>SKIP INSTRUCTION:</p> <p>If “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused). {using BRFSS CASTHNO2 or (CUR_ASTH if repeat=1)} AND {(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99);} THEN SKIP TO SCH_ANML (10.8);</p> <p>If “Does the child still have asthma?” = 1 (Yes). {using BRFSS CASTHNO2 or (CUR_ASTH if repeat=1)}, then continue with MISS_SCHL (10.5);</p> <p>Other continue with 10.5</p>				
Q10.5	During the past 12 months, about how many days of school did {he/she} miss because of {his/her} asthma?	MISS_SCHL	__ __ __ ENTER NUMBER DAYS (888) ZERO (777) DON'T KNOW (999) REFUSED	[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50] [DISPLAY THE THREE POSSIBILITIES TO THE LEFT ON THE CATI SCREEN FOR	

				<p>THIS QUESTION TO ASSIST THE INTERVIEWER]</p> <p>[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]</p>	
SKIP INSTRUCTIONS	<p>[IF NO_SCHL (10.2) = 2 (HOME SCHOOLED), SKIP TO SECTION 11]</p> <p>[IF SCHL_12 (10.3) = 1, READ 'PLEASE ANSWER THESE NEXT FEW QUESTIONS ABOUT THE SCHOOL {CHILD'S NAME} WENT TO LAST]</p>				
Q10.6	<p>Earlier I explained that an asthma action plan contains instructions about how to care for the child's asthma.</p> <p>Does {child's name} have a written asthma action plan or asthma management plan on file at school?</p>	SCH_APL	<p>(1) YES (2) NO</p> <p>(7) DON'T KNOW (9) REFUSED</p>		
Q10.7	<p>Does the school {he/she} goes to allow children with asthma to carry their medication with them while at school?</p>	SCH_MED	<p>(1) YES (2) NO</p> <p>(7) DON'T KNOW (9) REFUSED</p>		
Q10.8	<p>Are there any pets such as dogs, cats, hamsters, birds or other feathered or</p>	SCH_ANML	<p>(1) YES (2) NO</p> <p>(7) DON'T KNOW (9) REFUSED</p>		

	furry pets in {his/her} CLASSROOM?				
Q10.9	Are you aware of any mold problems in {child's name} school?	SCH_MOLD	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
	[IF CHILD AGE > 10 YEARS OR 131 MONTHS, SKIP TO SECTION 11]				
Q10.10	Does {child's name} go to day care outside his/her home?	DAYCARE	(1) YES	[SKIP TO MISS_DCAR (10.12)]	
			(2) NO		
			(7) DON'T KNOW	[SKIP TO SECTION 11]	
			(9) REFUSED	[SKIP TO SECTION 11]	
Q10.11	Has {he/she} gone to daycare in the past 12 months?	DAYCARE1	(1) YES		
			(2) NO	[SKIP TO SECTION 11]	
			(7) DON'T KNOW	[SKIP TO SECTION 11]	
			(9) REFUSED	[SKIP TO SECTION 11]	
SKIP INSTRUCTION	<p>If "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused). {using BRFFS CASTHNO2 or (CUR_ASTH (2.2) if REPEAT = 1)}</p> <p>AND (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)</p> <p>THEN SKIP TO DCARE_ANML(10.14); otherwise continue with MISS_DCAR (10.12)</p> <p>If "Does the child still have asthma?" = 1 (Yes). {using BRFFS CASTHNO2 or (CUR_ASTH if REPEAT=1)}, then continue with MISS_DCAR (10.12)</p>				
Q10.12	During the past 12 months, about how many days of daycare did {he/she} miss because of	MISS_DCAR	___ _ _ ENTER NUMBER DAYS	[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]	

	{his/her} asthma?		(888) ZERO (777) DON'T KNOW (999) REFUSED	[DISPLAY THE THREE POSSIBILITIES TO THE LEFT ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER] [CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]	
Q10.13	Does {child's name} have a written asthma action plan or asthma management plan on file at daycare?	DCARE_APL	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q10.14	Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} room at daycare?	DCARE_ANML	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q10.15	Are you aware of any mold problems in {his/her} daycare?	DCARE_MLD	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q10.16	Is smoking allowed at {his/her} daycare?	DCARE_SMK	(1) YES (2) NO (7) DON'T KNOW		

			(9) REFUSED		
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NEW "PILOT" OPTIONAL SECTION 11

CHILD:

New Section 11. Family History of Asthma and Allergy

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q11.1	Including living and deceased, were any of {child's name} close biological that is, blood relatives including father, mother, sisters, brothers, or children ever told by a health professional that they had asthma?	RELATE_ASTH	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
The next set of questions are about different types of allergies.					
Q11.2	Does {child's name} get symptoms such as sneezing, runny nose, or itchy or watery eyes due to hay fever, seasonal or year-round allergies? ?	CURRESP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		Read if necessary: Hay fever, seasonal or year-round allergies may also be known as environmental allergies, allergic rhinitis or allergic conjunctivitis.
Q11.3	Has {child's name} ever been told by a doctor or other health professional that {child's name} had hay fever,	DXRESP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

	seasonal or year-round allergies?				
Q11.4	<p>Question Text: The next question is about food allergies. People with food allergies have reactions such as hives, vomiting, trouble breathing, or throat tightening that occur within two hours of eating a specific food.</p> <p>Do {child's name} have an allergy to one or more foods?</p>	CURFOOD	<p>(1) YES (2) NO (7) DON'T KNOW (9) REFUSED</p>		<p>Read if necessary: Food allergies are different from food intolerances, such as lactose and gluten intolerance, and other digestive disorders, including irritable bowel syndrome.</p>
Q11.5	<p>Has {child's name} ever been told by a doctor or other health professional that {child's name} had an allergy to one or more foods?</p>	DXFOOD	<p>(1) YES (2) NO (7) DON'T KNOW (9) REFUSED</p>		
Q11.6	<p>The next question is about an allergic skin condition.</p> <p>Does {child's name} get an itchy rash due to eczema or atopic dermatitis?</p>	CURSKIN	<p>(1) YES (2) NO (7) DON'T KNOW (9) REFUSED</p>		<p>Read if necessary: The rash can be dry, scaly, bumpy, or crusty and lasts for several days or longer without treatment. Eczema is different from hives which come and go in a few hours.</p>
Q11.7	<p>Has {child's name} ever been told by a doctor or other health professional that {child's name} had eczema or atopic dermatitis?</p>	DXSKIN	<p>(1) YES (2) NO (7) DON'T KNOW (9) REFUSED</p>		

Section 12. Additional Child Demographics

Section 12. Additional Child Demographics	READ "I have just a few more questions about {child's name}." HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.				
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
HELP SCREEN for Q12.1:	Examples: 24 inches = 200 (2 feet) 30 inches = 206 (2 feet 6 inches), 36 inches = 300 (3 feet) 40 inches = 304 (3 feet 4 inches), 48 inches = 400 (4 feet) 50 inches = 402 (4 feet 2 inches), 60 inches = 500 (5 feet) 65 inches = 505 (5 feet 5 inches), 6 feet = 600 (6 feet, zero inches) 5'3" = 503 (5 feet, 3 inches)				
Q12.1	How tall is {child's name}?	HEIGHT1	_ _ _ _ = Height (ft/inches) 7 7 7 7 = Don't know/Not sure 9 9 9 9 = Refused	CATI Note: In the first space for the height (highlighted in yellow), if the respondent answers in feet/inches enter "0." If respondent answers in metric, put "9" in the first space. VALUES OF GREATER THAN 8 FEET 11 INCHES OR 250 CENTIMETERS SHOULD NOT BE ALLOWED, VALUE RANGE FOR INCHES 00-11.	[INTERVIEWER: if needed: Ask the respondent to give their best guess.]

Q12.2	How much does [he/she] weigh?	WEIGHT1	<p>____ Weight (pounds/kilograms) 7 7 7 7 Don't know / Not sure</p> <p>9 9 9 9 Refused</p>	<p>CATI Note: In the first space for the weight (highlighted in yellow), if the respondent answers in pounds, enter "0." If respondent answers in kilograms, put "9" in the first space.</p> <p>[VALUES OF GREATER THAN 500 POUNDS OR 230 KILOGRAMS SHOULD NOT BE ALLOWED]</p>	[INTERVIEWER: if needed: Ask the respondent to give their best guess.]
CATI NOTE for Q12.3:		<p>If the respondent gives pounds and ounces: from left to right, positions one and two will hold "0 0"; positions three and four will hold the value of pounds from 0 to 30; and the last two positions will hold 00 to 15 ounces.</p> <p>If the respondent gives kilograms and grams: from left to right, position one will hold "9"; positions two and three will hold the value of kilograms 1-30; and the last three positions will hold the number of grams.</p> <p>[VALUES OF GREATER THAN 30 POUNDS OR 13.6 KILOGRAMS SHOULD NOT BE ALLOWED]</p>			
Q12.3	How much did {he/she} weigh at birth (in pounds)?	BIRTHW1	<p>_____ Weight (pounds/kilograms)</p> <p>7 7 7 7 7 7 Don't know / Not sure</p> <p>9 9 9 9 9 9 Refused</p>		
[IF BIRTH WEIGHT (11.3) IS DON'T KNOW OR REFUSED, ASK BIRTHRF; ELSE SKIP TO CWEND.]					
Q12.4	At birth, did {child's name} weigh less than 5 ½ pounds?	BIRTHRF	<p>(1) YES (2) NO</p> <p>(7) DON'T KNOW (9) REFUSED</p>		[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS]

To keep the consistency with Wil's data layout, both adult and child version using Section 13

Section 13 – COVID-19 State add questions (Optional)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 13 Q13.1 COVID-19 State add questions	Has a healthcare provider ever told {child's name} that {he/she} have, or likely have, COVID-19 (Coronavirus)?	COVID_19	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED	[SKIP TO Next Section or end of Survey]	
Q13.2	Have {child's name} had to visit an emergency room or urgent care center because of {his/her} COVID-19 (Coronavirus) infection?	COVID_ER	1 = Yes 2 = No 7 = Don't know 9 = Refused		
Q13.3	Not including spending the night in an emergency room, have {child's name} had to stay overnight in a hospital because of {his/her} COVID-19 (Coronavirus) infection?	COVIDHSP	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.
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**Appendix A:
Language for Identifying Most Knowledgeable Person during the BRFSS**

interview

Consent scripts for use during BRFSS Childhood asthma prevalence module when the most knowledgeable adult is identified during the BRFSS interview.

BRFSS Childhood asthma module:

If BRFSS respondent indicates that the randomly selected child has ever had asthma (CASTHDX2 = 1 “yes”) and the BRFSS adult never had asthma then arrange for a call-back interview. If both the BRFSS adult and the randomly selected child both have asthma the child is randomly selected for the call-back at least 75% of the time.

Only respondents who are the parent/guardian of the selected child with asthma are eligible for the child asthma call-back interview. This is required because the parent/guardian must give permission to collect information about the child even if the information is being given by someone else. [BRFSS Random Child Selection Question: How are you related to the child? (RCSRELN2) = 1, 3]

READ: We would like to call again within the next 2 weeks to talk in more detail about your child’s experiences with asthma. The information will be used to help develop and improve the asthma programs in {state name}. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q01	Would it be all right if we call back at a later time to ask additional questions about your child’s asthma?	ADULTPERM	(1) Yes		
			(2) No	(GO TO BRFSS closing or next module)	
			(7) Don’t know/Not Sure	(GO TO BRFSS closing or next module)	
			(9) Refused	(GO TO BRFSS closing or next module)	
Q02	Can I please have your child’s first name, initials or nickname so we can ask about the right child when we call back? This is the {#} year	CHILDNNAME	Enter child’s first name, initials or nickname: _____	[CATI: If more than one child, show child age {#} and which child was selected (FIRST, SECOND, etc.) from child selection module]	

	old child which is the {FIRST CHILD, SECOND, etc.} CHILD.				
Q03	Can I please have your first name, initials or nickname so we know who to refer to when we call back?	ADULTNAME	Enter respondent's first name, initials or nickname: _____		
Q04	Are you the parent or guardian in the household who knows the most about {child's name}'s asthma?	MOSTKNOW	(1) Yes	[CATI SET MKPNAME = ADULTNAME 03]	
			(2) No	[GO TO ALTNAME 06]	
			(7) Don't know/Not Sure	[GO TO ALTNAME 06]	
			(9) Refused	[GO TO ALTNAME 06]	
Q05	What is a good time to call you back? For example, evenings, days, weekends? Phone number: What is the best number to call you back?	CBTIME	Enter day/time: _____		
			Enter phone number: _____		
Interviewer Notes:	READ: The information you gave us today and will give us when we call back will be kept confidential. We will keep identifying information like your child's name and your name and phone number on file, separate from the answers collected today. Even though you agreed today, you may refuse to participate in the future.				
[If state requires active linking consent continue, if not, go to BRFS closing or next module]					

<p>Linking consent</p>	<p>READ: Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.</p> <p>PERMISS: May we combine your answers from today with your answers from the interview about your child's asthma that will be done in the next two weeks?</p> <p>(1) Yes [GO TO BRFSS closing or next module] (2) No [GO TO BRFSS closing or next module]</p> <p>(7) Don't Know [GO TO BRFSS closing or next module] (9) Refused [GO TO BRFSS closing or next module]</p> <p>If MOSTKNOW (04) = 2 (NO), 7 (Don't know/Not Sure), 9 Refused, ask ALTNAME 06.</p>				
<p>Q06</p>	<p>READ: If you are not the person in the household who knows the most about {child's name}'s asthma, could you identify the person who knows the most about {child's name}'s asthma and provide permission to speak with that person and for that person to speak on behalf of the child?</p> <p>May I please have the first name, initials or nickname of the person who knows the most about {child's name}'s asthma so we will know who to ask for when we call back?</p>	<p>ALTNAME</p>	<p>Alternate's _____;</p>	<p>[CATI SET MKPNAME = ALTNAME]</p>	

Q07	Is there a different phone number we should use to contact {ALTNAME}?	ALTPHONE	Alternate's Phone number: _____;		
Q08	When would be a good time to call back and speak with {ALTNAME}? For example, evenings, days, weekends?	ALTCBTIME	Enter day/time: _____		
Interview Notes	<p>READ: The information you gave us today and that {ALTNAME} will give us when we call back will be kept confidential. We will keep their name and phone number, and your child's name on file, separate from the answers collected today. Even though you agreed today, {ALTNAME} may refuse to participate in the future.</p> <p>[If state requires linking consent, continue; if not, go to BRFSS closing or next module]</p>				
Linking Consent	<p>READ: Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.</p> <p>PERMISS: May we combine your answers from today with the answers {ALTNAME} gives us during the interview about your child's asthma?</p> <p>(1) Yes [GO TO BRFSS closing or next module] (2) No [GO TO BRFSS closing or next module] (7) Don't Know [GO TO BRFSS closing or next module] (9) Refused [GO TO BRFSS closing or next module]</p>				