

Quality (Priority Cond) Supp. (PC) Section

Beta

BOX 01

NOTE: CURRENTLY THE QUALITY SUPPLEMENT CONTAINS QUESTIONS FOR PERSONS FOR WHOM DIABETES OR ASTHMA WAS REPORTED IN THE PRIORITY CONDITION ENUMERATION (PE) SECTION. OTHER QUALITY QUESTIONS ARE LOCATED IN THE PREVENTIVE CARE (AP) SECTION. HOWEVER, THE QUALITY SECTION COULD INCLUDE QUESTIONS FOR THE OTHER PRIORITY CONDITIONS AS THEY ARE NEEDED IN FUTURE PANELS.

BOX 01A

IF PERSON IS \geq 18 YEARS OF AGE OR IN AGE CATEGORIES 4-9 AND IF 'DIABETES' ON PERSON'S-MEDICAL-CONDITIONS-ROSTER AND FLAGGED AS CREATED IN THE PE SECTION (IN ANY ROUND), CONTINUE WITH PC02A.

OTHERWISE, GO TO BOX_01B.

PC02A

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Variable Name	Label	Size
PRND.REFDIAB	REFERENCE TO DIABETES	

{PERSON'S FIRST MIDDLE AND LAST NAME}

The care of **adults** with diabetes is an interest of the Public Health Service. {During an earlier interview, it/It} was mentioned that (PERSON) (have/has) diabetes. We have a short questionnaire on the care **adults** may get for their diabetes.

SELECT 'CONTINUE' UNLESS RESPONDENT VOLUNTEERS DIABETES REPORTED IN ERROR.

CONTINUE	1	{PC03}
(PERSON) DOES NOT HAVE DIABETES	2	{BOX_01B}

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DISPLAY INSTRUCTIONS:
DISPLAY 'During an earlier interview, it' IF DIABETES WAS NOT
CREATED DURING THE CURRENT ROUND. DISPLAY 'It' IF DIABETES
CREATED DURING THE CURRENT ROUND.

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PROGRAMMER NOTES:
Display 'PERSON' in purple in the answer text.

If 'PERSON DOES NOT HAVE DIABETES' is selected, this does not
re-set the data from the PE section (PRND.PCOIABET).
The response to PC02A will determine whether PC03 is asked and
whether there is DCS follow-up for this person in the CL
Section.
    
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PC03

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Variable Name	Label	Size
PRND.DIABRESP	TYPE OF SAQ DISTRIBUTED	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

PID: {PID}
DOB: {MM/DD/YYYY}
STATUS: {CURRENT/INSTITUTIONALIZED/DECEASED}

DETERMINE IF SELF OR PROXY DIABETES CARE SUPPLEMENT (DCS) SHOULD BE DISTRIBUTED:

SELF DCS: FOR ANY CURRENT RU MEMBER (18 YEARS OR OLDER) WHO HAS DIABETES.

PROXY DCS: FOR ANY RU MEMBER (18 OR OLDER) WHO IS INSTITUTIONALIZED, DECEASED, OR OTHERWISE INCAPACITATED.

CODE TYPE OF DCS DISTRIBUTED FOR (PERSON).

SELF	1	{PC03A}
PROXY	2	{PC03OV1}

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| DISPLAY INSTRUCTIONS: |
| DISPLAY PID OF PERSON BEING ASKED ABOUT FOR 'PID'. |
| |
| DISPLAY DATE OF BIRTH FOR PERSON BEING ASKED ABOUT FOR |
| 'MM/DD/YYYY.' |
| |
| DISPLAY 'CURRENT' IF PERSON BEING ASKED ABOUT IS A CURRENT RU |
| MEMBER AND IS NOT DECEASED OR INSTITUTIONALIZED. DISPLAY |
| 'INSTITUTIONALIZED' IF PERSON BEING ASKED ABOUT IS FLAGGED AS |
| 'INSTITUTIONALIZED' FOR THE CURRENT ROUND. DISPLAY 'DECEASED' |
| IF PERSON BEING ASKED ABOUT IS FLAGGED AS 'DECEASED' FOR THE |
| CURRENT ROUND. |
|-----|
| PROGRAMMER NOTES: |
| FLAG ALL PERSONS WHO ARE ASKED PC03 FOR DCS FOLLOW-UP IN THE |
| CLOSING (CL) SECTION. |
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PC03OV1

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Variable Name	Label	Size
PRND.PROXYDCS	REASON FOR PROXY DIABETES-DCS	

CODE REASON FOR PROXY DCS.

DECEASED	1	{PC03A}
INSTITUTIONALIZED	2	{PC03A}
OTHER	3	{PC03OV2}

PC03OV2

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Variable Name	Label	Size
PRND.OTHRSPRX	OV2 OTHER REASON FOR PROXY DIABETES SAQ	20

SPECIFY OTHER _____ {PC03A}
REASON FOR
PROXY DCS:

PC03A

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{PERSON'S FIRST MIDDLE AND LAST NAME}

PID: {PID} DOB: {MM/DD/YYYY}

**PREPARE {SELF/PROXY} DIABETES CARE SUPPLEMENT (DCS): WRITE
IN PERSON NAME, PID, DATE OF BIRTH, AND RUID.**

HAND PREPARED {SELF/PROXY} DCS TO RESPONDENT AND SAY:

We hope that {(PERSON)/you or someone else in the family} would be able to fill out this short questionnaire on the care (PERSON) get(s) for (PERSON)'s diabetes. {(PERSON)/You} can give it to me before I leave today, or I can pick it up later.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

| DISPLAY INSTRUCTIONS:
| DISPLAY 'SELF' AND '(PERSON)' IF PC03 IS CODED '1' (SELF).
| DISPLAY 'PROXY', 'you or someone else in the family' AND 'You'
| IF PC03 IS CODED '2' (PROXY).
|
| DISPLAY PID OF PERSON BEING ASKED ABOUT FOR 'PID'.
|
| DISPLAY DATE OF BIRTH FOR PERSON BEING ASKED ABOUT FOR
| 'MM/DD/YYYY.'
|

BOX 01B

IF 'ASTHMA' ON PERSON'S-MEDICAL-CONDITIONS-ROSTER, AND FLAGGED AS CREATED IN THE PE SECTION (IN ANY ROUND), CONTINUE WITH PC04B.

OTHERWISE, GO TO BOX_03.

PC04B

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Variable Name	Label	Size
PRND.REFASTHM	CHECK REFERENCE TO ASTHMA	

{PERSON'S FIRST MIDDLE AND LAST NAME}

{During an earlier interview, it was mentioned that (PERSON) (have/has) asthma.}

Now I would like to ask you a few questions about (PERSON)'s asthma and the course of treatment (PERSON) received.

SELECT 'CONTINUE' UNLESS RESPONDENT VOLUNTEERS ASTHMA REPORTED IN ERROR.

CONTINUE	1	{PC05A}
(PERSON) DOES NOT HAVE ASTHMA	2	{BOX_03}

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DISPLAY INSTRUCTIONS:
DISPLAY 'During an earlier interview....' IF ASTHMA WAS NOT
CREATED DURING THE CURRENT ROUND. IF ASTHMA WAS CREATED DURING
THE CURRENT ROUND, USE A NULL DISPLAY.
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PROGRAMMER NOTES:
DISPLAY 'PERSON' IN PURPLE IN THE ANSWER TEXT.

IF 'PERSON DOES NOT HAVE ASHTMA' IS SELECTED, THIS DOES NOT RE-
SET THE DATA AS RECORDED IN THE PE SECTION (PRND.PCASHMA).
THE RESPONSE TO PC04B WILL DETERMINE WHETHER SUBSEQUENT
DETAILED ASTHMA QUESTIONS ARE ASKED IN THIS PC SECTION.
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PC05A

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Variable Name	Label	Size
PRND.INHALER	USED THE KIND OF PRESCRIPTION INHALER	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

I am going to ask you about two different kinds of **asthma** medicine. One is for quick relief. The other does not give quick relief but protects your lungs **and prevents symptoms over the long term.**

During the past 3 months, (have/has) (PERSON) used the kind of **prescription** inhaler **that you breathe in through your mouth** that gives **quick** relief from asthma symptoms?

YES	1	{PC05B}
NO	2	{PC06A}

Refused	RF	{PC06A}
Don't Know	DK	{PC06A}

PC05B

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Variable Name	Label	Size
PRND.USEMORE	USE MORE THAN THREE CANISTERS	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

During the past 3 months, did (PERSON) use more than three canisters of this type of inhaler?

YES	1	{PC06A}
NO	2	{PC06A}

Refused	RF	{PC06A}
Don't Know	DK	{PC06A}

PC06A

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Variable Name	Label	Size
PRND.LUNGMED	MEDICINE USED TO PROTECT LUNG	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) ever taken the preventive kind of **asthma** medicine used every day to protect your lungs and keep you from having attacks? Include both oral medicine and inhalers. This is different from inhalers used for quick relief.

YES	1	{PC06B}
NO	2	{PC08}

Refused	RF	{PC08}
Don't Know	DK	{PC08}

PC06B

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Variable Name	Label	Size
PRND.DAILYMED	TAKING MEDICATION DAILY	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Are/Is) (PERSON) **now** taking this medication (that protects the lungs) daily or almost daily?

YES	1	{PC08}
NO	2	{PC08}
<hr/>		
Refused	RF	{PC08}
Don't Know	DK	{PC08}

PC08

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Variable Name	Label	Size
PRND.PEAKFLOW	HAVE PEAK FLOW METER AT HOME	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

A peak flow meter measures how hard you can blow air out of your lungs.
(Do/Does) (PERSON) currently have a peak flow meter at home?

YES	1	{PC08A}
NO	2	{BOX_03}

Refused	RF	{BOX_03}
Don't Know	DK	{BOX_03}

PC08A

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Variable Name	Label	Size
PRND.FLWMETER	USED FLOW METER	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did (PERSON) ever use the peak flow meter?

YES	1	{PC08B}
NO	2	{BOX_03}

Refused	RF	{BOX_03}
Don't Know	DK	{BOX_03}

PC08B

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Variable Name	Label	Size
PRND.FLOWPEAK	PERSON LAST USE THE PEAK FLOW METER	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD PC-2

When did (PERSON) last use the peak flow meter? Was it within the last seven days, more than seven days ago but within the last thirty days, or more than thirty days ago?

WITHIN LAST 7 DAYS	1	{BOX_03}
MORE THAN 7, BUT WITHIN LAST 30 DAYS	2	{BOX_03}
MORE THAN 30 DAYS AGO	3	{BOX_03}
Refused	RF	{BOX_03}
Don't Know	DK	{BOX_03}

BOX 03

GO TO NEXT QUESTIONNAIRE SECTION.