

## Attachment 5g – ACBS Data Submission Layout

Form Approved  
OMB No. 0920-XXXX  
Exp. Date xx/xx/20xx

| Field Size | Columns      | Description of Field and SAS Variable Name | Comments and Values  |
|------------|--------------|--|--|
| 2          | 1-2          | State FIPS Code (_STATE)                   | As supplied by GENESYS on sample record.   |
| 6          | 3-8          | Replicate Number (REPNUM)                  |  |
| 2          | 9-10         | File Month (FMONTH_f)                      |  |
| 8          | 11-18        | Interview Date (IDATE) <b>MMDDYYYY</b>     | Date of original BRFSS interview.  |
| 2          | 19-20        | Interview Month (IMONTH_f)                 | Month of follow-up   |
| 2          | 21-22        | Interview Day (IDAY_f)                     | Day of follow-up   |
| 4          | 23-26        | Interview Year (IYEAR_f)                   | Year of follow-up  |
| 5          | 27-31        | Interviewer Id (INTVID_f)                  | Interviewer Id of follow-up  |
| <b>4</b>   | <b>32-35</b> | Final Disposition(DISPCODE_f)              | Disposition code of follow-up  |
| 10         | <b>36-45</b> | Annual Sequence Number (SEQNO)             | As supplied by GENESYS on sample record. Value should be unique for a state within a year. |
| 2          | <b>46-47</b> | Number of Attempts (NATTMPTS_f)            | Number of attempts of follow-up.   |
|            |              |  |  |

CDC estimates the average public reporting burden for this collection of information as 3 hours 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 (0920-xxxx).

### Section 1. Introduction

|  |       |   |  |
|--|-------|---|--|
| 1  | 48    | Q1.1 Are you {sample person's first name or initials}?<br>(Samp_name)   | 1 = Yes<br>2 = No  |
| <i>SKIP Q1.2, if Section 01, Q1.1 is coded 1</i> |       |   |  |
| 1  | 49    | Q1.2 May I speak with {sample person first name or initials}? (Samp_pers)   | 1 = Yes<br>2 = No  |
|  |       | Q1.3 Enter time/date for return call  |  |
| <b>Section 2. Informed Consent</b>               |       |   |  |
| 1  | 50    | <b>Q2.0 Check if correct person from core survey is on phone. Ask “is this {sample person’s name} and are you {sample person’s age} years old. If yes, continue. If not the correct respondent, ask to speak to that person, and start over at section 1. Keep a disposition code for this, (Repeat) I would like to repeat the questions from the previous survey now to make sure you qualify for this study.</b> | 1 = Yes , Correct<br>2 = No, Not the Correct Person  |
| 1  | 51    | Q2.1 Have you ever been told by a doctor or other health professional that you have asthma?<br><b>(EVER_ASTH)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 52    | Q2.2 Do you still have asthma?<br><b>(CUR_ASTH)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 53    | Q2.3 May we combine your answers to this survey with your answers from the survey you did a few weeks ago?<br><b>(PERMISS)</b>  | 1 = Yes (Skip to Question 3)<br>2 = No (Go to Terminate)<br>7 = Don't know/Not sure (Go to Terminate)<br>9 = Refused (Go to Terminate) |
| <b>Section 3. Recent History</b>                 |       |   |  |
| 3  | 54-56 | Q3.1 How old were you when you were first told by a doctor or other health professional that you had asthma?<br><b>(AGEDX)</b>  | ___ Enter Age in Years<br>[Range check: 001-115, 777, 888, 999]<br>888 = Under one year old<br>777 = Don't know<br>999 = Refused       |
| 1  | 57    | Q3.2 How long ago was that? Was it ..” READ CATEGORIES<br><b>(INCIDNT)</b>  | 1 = Within the past 12 months<br>2 = 1-5 years ago<br>3 = more than 5 yrs ago<br>7 = Don't know<br>9 = Refused                         |
| 2  | 58-59 | 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 your doctor's office, the hospital,   | 88 = Never<br>04 = Within the past year<br>05 = 1yr to less than 3 yrs ago   |

|  |              |  |   |
|--|--------------|--|---|
|  |              | an emergency room or urgent care center.<br><b>(LAST_MD)</b>   | 06 = 3 yrs to 5 yrs ago<br>07 = More than 5 yrs ago<br>77 = Don't know<br>99 = Refused  |
| 2  | <b>60-61</b> | Q3.4 How long has it been since you last took asthma medication?<br><b>(LAST_MED)</b>  | 88 = Never<br>01 = Less than 1 day ago<br>02 = 1-6 days ago<br>03 = 1 week to less than 3 months ago<br>04 = 3 months to less than 1 year ago<br>05 = 1 year to less than 3 years ago<br>06 = 3 years to 5 years ago<br>07 = More than 5 yrs ago<br>77 = Don't know<br>99 = Refused |
| 2  | <b>62-63</b> | Q3.5 How long has it been since you last had any symptoms of asthma?<br><b>(LASTSYMP)</b>  | 88 = Never<br>01 = Less than 1 day ago<br>02 = 1-6 days ago<br>03 = 1 week to less than 3 months ago<br>04 = 3 months to less than 1 year ago<br>05 = 1 year to less than 3 years ago<br>06 = 3 years to 5 years ago<br>07 = More than 5 yrs ago<br>77 = Don't know<br>99 = Refused |
| <b>Section 4. History of Asthma (Symptoms &amp; Episodes in past year)</b> |              |  |   |
| 2  | <b>64-65</b> | Q4.1 During the past 30 days, on how many days did you have any symptoms of asthma? <b>(SYMP_30D)</b>  | __ Days [Range Check: (01-30, 77, 88, 99)]<br><br>88 = No symptoms in the past 30 days<br>30 = Everyday<br>77 = Don't know<br>99 = Refused  |
| 1  | <b>66</b>    | 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.<br><b>(DUR_30D)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused   |
| 2  | <b>67-68</b> | Q4.3 During the past 30 days, on how many days did symptoms of asthma make it difficult for you to stay asleep?<br><b>(ASLEEP30)</b>   | __ Days/Nights [Range check: (01-30, 77, 88, 99)]<br>88 = None<br>30 = Everyday<br>77 = Don't know<br>99 = Refused  |
| 2  | <b>69-70</b> | If LASTSYMP = 88 (never) or = 04, 05, 06, or 07 (more than 3 months ago) then have CATI code SYMPFREE = 14<br><br>If SYMP_30D = 88 (no symptoms in the past 30 days) then have CATI code SYMPFREE = 14<br><br>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? <b>(SYMPFREE)</b> | __ Days/Nights [Range check: (01-14, 77, 88, 99)]<br><br>88 = None<br>77 = Don't know<br>99 = Refused   |

|  |       |  |  |
|--|-------|--|--|
| 1  | 71    | <p>IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP = 4) PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS CONTINUE HERE AS WELL</p> <p>READ: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.</p> <p>Q4.5 During the past 12 months, have you had an episode of asthma or an asthma attack?<br/><b>(EPIS_12M)</b></p> | <p>1 = Yes<br/>2 = No<br/>7 = Don't know/Not sure<br/>9 = Refused</p>  |
| 3  | 72-74 | <p>Q4.6 During the past <u>three months</u>, how many asthma episodes or attacks have you had?<br/><b>(EPIS_TP)</b></p> <p>[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]</p>   | <p>___ [Range check : (001-100, 777, 888, 999)]</p> <p>888 = None<br/>777 = Don't know<br/>999 = Refused</p>   |
| 3  | 75-77 | <p>Q4.7 How long did your most recent asthma episode or attack last? <b>(DUR_ASTH)</b></p>   | <p>1__ Minutes<br/>2__ Hours<br/>3__ Days<br/>4__ Weeks<br/>555 Never<br/>777 Don't know / Not sure<br/>999 Refused</p>                                  |
| 1  | 78    | <p>Q4.8 Compared with other episodes or attacks, was this most recent attack shorter, longer, or about the same?<br/><b>(COMPASTH)</b></p>   | <p>1 = Shorter<br/>2 = Longer<br/>3 = About the same<br/>4 = The Most recent attack was actually the first attack<br/>7 = Don't know<br/>9 = Refused</p> |
| <b>Section 5 Health Care Utilization</b> |       |  |  |
| 1  | 79    | <p>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?<br/><b>(INS1)</b></p>   | <p>1 = Yes<br/>2 = No<br/>7 = Don't know/Not sure<br/>9 = Refused</p>  |
| 1  | 80    | <p>Q5.02 During the past 12 months was there any time that you did not have any health insurance or coverage?<br/><b>(INS2)</b></p>  | <p>1 = Yes<br/>2 = No<br/>7 = Don't know/Not sure<br/>9 = Refused</p>  |
| 3  | 81-83 | <p>Q5.1 During the past 12 months how many times did you see a doctor or other health professional for a routine checkup for your asthma? <b>(NER_TIME)</b></p> <p><b>[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 OR 999 WERE NOT THE INTENT]</b></p>   | <p>___ [Range check : (001-365, 777, 888, 999)]</p> <p>888 = None<br/>777 = Don't know<br/>999 = Refused</p>   |
| 1  | 84    | <p>Q5.2 An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, have you had to visit an emergency room or urgent care center because of your asthma? <b>(ER_VISIT)</b></p>  | <p>1 = Yes<br/>2 = No<br/>7 = Don't know/Not sure<br/>9 = Refused</p>  |
| 3  | 85-87 | <p>Q5.3 During the past 12 months, how many times did you visit an emergency room or urgent care center</p>  | <p>___ Enter Number [Range check : (001-365, 777, 888, 999)]</p>   |

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|   |              | because of your asthma? ( <b>ER_TIMES</b> )<br><br><b>[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 OR 999 WERE NOT THE INTENT</b>   | 888 = None<br>777 = Don't know<br>999 = Refused  |
| 3   | <b>88-90</b> | <b>[IF ONE OR MORE ER VISITS (ER_TIMES (5.3)) INSERT "Besides those emergency room or urgent care center visits,"]</b><br>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? ( <b>URG_TIME</b> )<br><b>[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 OR 999 WERE NOT THE INTENT]</b> | ___ Enter Number [Range check : (001-365, 777, 888, 999)]<br><br>888 = None<br>777 = Don't know<br>999 = Refused |
| 1   | <b>91</b>    | Q5.5 During the past 12 months, that is since [1 YEAR AGO TODAY], have you had to stay overnight in a hospital because of your asthma? Do not include an overnight stay in the emergency room. ( <b>HOSP_VST</b> )  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 3   | <b>92-94</b> | Q5.6A During the past 12 months, how many different times did you stay in any hospital overnight or longer because of your asthma?<br>( <b>HOSP_TIME</b> )<br><b>[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 OR 999 WERE NOT THE INTENT</b>   | ___ Times [Range check : (001-365, 777, 999)]<br>777 = Don't know<br>999 = Refused                               |
| 1   | <b>95</b>    | 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?<br>( <b>HOSP_PLAN</b> )   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 3   | <b>96-98</b> | Q5.8A During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? ( <b>MISS_DAY</b> )<br><b>[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 OR 999 WERE NOT THE INTENT</b>   | ___ Enter Days [Range check : (001-365, 777, 888, 999)]<br>888 = Zero<br>777 = Don't know<br>999 = Refused       |
| 1   | <b>99</b>    | 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?<br>( <b>ACT_DAYS30</b> )   | 1 = Not at All<br>2 = A Little<br>3 = A Moderate Amount<br>4 = A Lot<br>7 = Don't know<br>9 = Refused            |
| <b>Section 6. Knowledge of Asthma/Management Plan</b> |              |   |  |
| 1   | <b>100</b>   | Has a doctor or other health professional ever taught you ...<br>Q6.1a How to recognize early signs or symptoms of an asthma episode? ( <b>TCH_SIGN</b> )   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1   | <b>101</b>   | Has a doctor or other health professional ever taught you ...<br><br>Q6.2b What to do during an asthma episode or attack?<br>( <b>TCH_RESP</b> )  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1   | <b>102</b>   | A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs.<br>Has a doctor or other health professional ever taught you ...<br>Q6.3c How to use a peak flow meter to adjust your daily medications? ( <b>TCH_MON</b> )   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |

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| 1  | <b>103</b> | 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.<br>Q6.4 Has a doctor or other health professional EVER given you an asthma action plan? <b>(MGT_PLAN)</b> | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1  | <b>104</b> | Q6.5 Have you ever taken a course or class on how to manage your asthma? <b>(MGT_CLAS)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| <b>Section 7. Modifications to Environment</b> |            |  |   |
| 1  | <b>105</b> | An air cleaner or air purifier can filter out pollutants like dust, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.<br>Q7.1 Is an air cleaner or purifier regularly used inside your home? <b>(AIRCLEANER)</b>                        | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1  | <b>106</b> | Q7.2 Is a dehumidifier regularly used to reduce moisture inside your home? <b>(DEHUMID)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1  | <b>107</b> | Q7.3 Is an exhaust fan that vents to the outside used regularly when cooking in your kitchen?<br><b>(KITC_FAN)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1  | <b>108</b> | Q7.4 Is gas used for cooking?<br><b>(COOK_GAS)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1  | <b>109</b> | 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. <b>(ENV_MOLD)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1  | <b>110</b> | Q7.6 Does your household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors? <b>(ENV_PETS)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1  | <b>111</b> | Q7.7 Are pets allowed in your bedroom?<br><b>(PETBEDRM)</b>  | 1 = Yes<br>2 = No<br>3 = Some are/Some aren't<br>7 = Don't know/Not sure<br>9 = Refused |
| 1  | <b>112</b> | Q7.8 In the past 30 days, has anyone seen a cockroach inside your home?<br><b>(C_ROACH)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1  | <b>113</b> | 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.<br><b>(C_RODENT)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1  | <b>114</b> | Q7.10 Is a wood burning fireplace or wood burning stove used in your home?<br><b>(WOOD_STOVE)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1  | <b>115</b> | Q7.11 Are unvented gas logs, unvented gas fireplace, or  | 1 = Yes   |

|                               |            |  |   |
|-------------------------------|------------|--|---|
|                               |            | unvented gas stove used in your home?<br><b>(GAS_STOVE)</b>  | 2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1                             | <b>116</b> | Q7.12 In the past week, has anyone smoked inside your home? <b>(S_INSIDE)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1                             | <b>117</b> | Q7.13 Has a health professional ever advised you to change things in your home, school, or work to improve your asthma? <b>(MOD_ENV)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1                             | <b>118</b> | Q7.14 Do you use a mattress cover that is made especially for controlling dust mites? <b>(MATTRESS)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1                             | <b>119</b> | Q7.15 Do you use a pillow cover that is made especially for controlling dust mites? <b>(E_PILLOW)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1                             | <b>120</b> | Q7.16 Do you have carpeting or rugs in your bedroom? This does not include throw rugs small enough to be laundered.<br><b>(CARPET)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1                             | <b>121</b> | Q7.17 Are your sheets and pillowcases washed in cold, warm, or hot water?<br><b>(HOTWATER)</b>   | 1 = Cold<br>2 = Warm<br>3 = Hot<br>4 = Varies<br>7 = Don't know/Not sure<br>9 = Refused |
| 1                             | <b>122</b> | Q7.18 In your bathroom, do you regularly use an exhaust fan that vents to the outside?<br><b>(BATH_FAN)</b>  | 1 = Yes<br>2 = No or "No Fan"<br>7 = Don't know/Not sure<br>9 = Refused                 |
| <b>Section 8. Medications</b> |            |  |   |
| 1                             | <b>123</b> | <b>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.</b><br>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? <b>(OTC)</b> | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused                                      |
| 1                             | <b>124</b> | Q8.2 Have you ever used a prescription inhaler?<br><b>(INHALERE)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused                                      |
| 1                             | <b>125</b> | Q8.3 Did a doctor or other health professional show you how to use the inhaler?<br><b>(INHALERH)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused                                      |
| 1                             | <b>126</b> | Q8.4 Did a doctor or other health professional watch you use the inhaler?<br><b>(INHALERW)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused                                      |
| 1                             | <b>127</b> | <b>[IF LAST_MED = 88, 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9]</b>  | 1 = Yes   |

|    |  |   |  |
|----|--|---|--|
|    |  | <p><b>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.</b></p> <p>Q8.5 It will help to get your medicines so you can read the labels.<br/>(SCR_MED1)</p> | <p>2 = No<br/>3 = Respondent knows the Meds<br/>7 = Don't know<br/>9 = Refused</p>   |
| 1  | 128  | <p>Q8.7 Do you have all the medications?<br/>(SCR_MED3)</p>   | <p>1 = Yes, I have all the medications<br/>2 = Yes, I have some of the medications but not all<br/>3 = No<br/>7 = Don't know<br/>9 = Refused</p> |
| 1  | 129  | <p>Q8.8 In the past 3 months have you taken prescription asthma medicine using an inhaler?<br/>(INH_SCR)</p>  | <p>1 = Yes<br/>2 = No<br/>7 = Don't know<br/>9 = Refused</p>   |
| 16 | 130-145                                    | <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?]<br/>(INH_MEDS) (Limit=8 Inhaler Meds.)</p>   |  |
|    |  | <p><b>SPELL THE NAME OF THE MEDICATION.]</b></p> <p><b>Note: the yellow numbered items below are new medications added in 2008. Also, CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.</b></p>  |  |
|    |  | <p><b>Medication</b></p>  | <p><b>Pronunciation</b></p>  |
| 01 | Advair (+ A. Diskus)                       | ăd-vâr (or add-vair)  |  |
| 02 | Aerobid                                    | â-rō'bid (or air-row-bid)   |  |
| 03 | Albuterol (+ A. sulfate or salbutamol)     | ăl'-bu'ter-ol (or al-BYOO-ter-ole) sâl-byū'tə-môl'  |  |
| 04 | Alupent                                    | al-u-pent   |  |
| 43 | <b>Alvesco (+ Ciclesonide)</b>             | <b>al-ves-co</b>  |  |
| 40 | Asmanex (twisthaler)                       | as-muh-neks twist-hey-ler   |  |
| 05 | Atrovent                                   | At-ro-vent  |  |
| 06 | Azmacort                                   | az-ma-cort  |  |
| 07 | Beclomethasone dipropionate                | bek''lo-meth'ah-son dī' pro'pe-o-nāt (or be-kloe-meth-a-son)  |  |
| 08 | Beclovent                                  | be' klo-vent" (or be-klo-vent)  |  |
| 09 | Bitolterol                                 | bi-tōl'ter-ol (or bye-tole-ter-ole)   |  |
| 40 | <del>Brethaire</del> Discontinued - Delete | <del>breth-air-</del>   |  |
| 11 | Budesonide                                 | byoo-des-oh-nide  |  |
| 12 | Combivent                                  | com-bi-vent   |  |
| 13 | Cromolyn                                   | kro'mō-lin (or KROE-moe-lin)  |  |
| 44 | <b>Dulera</b>                              | <b>do-lair-a</b>  |  |
| 14 | Flovent                                    | flow-vent   |  |
| 15 | Flovent Rotadisk                           | flow-vent row-ta-disk   |  |
| 16 | Flunisolide                                | floo-nis'o-līd (or floo-NISS-oh-lide)   |  |



|               |   |  |
|---------------|---|--|
| 17            | Fluticasone                             | flue-TICK-uh-zone                                      |
| 34            | Foradil                                 | FOUR-a-dil   |
| 35            | Formoterol                              | for moh' te rol  |
| <del>18</del> | <del>Inhal Discontinued - Delete</del>  | <del>in-tel-</del>                                     |
| 19            | Ipratropium Bromide                     | ip-rah-tro'pe-um bro'mid (or ip-ra-TROE-pee-um)        |
| 37            | Levalbuterol tartrate                   | lev-al-BYOU-ter-ohl                                    |
| 20            | Maxair                                  | măk-sâr  |
| 21            | Metaproteronol                          | met"ah-pro-ter'ě-nol (or met-a-proe-TER-e-nole)        |
| 39            | Mometasone furoate                      | moe-MET-a-sona   |
| 22            | Nedocromil                              | ne-DOK-roe-mil   |
| 23            | Pirbuterol                              | pēr-bu'ter-ol (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)                                     |
| 03            | Salbutamol (or Albuterol)               | săl-byū'ta-môl'  |
| 26            | Salmeterol                              | sal-ME-te-role   |
| 27            | Serevent                                | Sair-a-vent  |
| 42            | Symbicort                               | sim-buh-kohrt  |
| 28            | Terbutaline (+ T. sulfate)              | ter-bu'tah-lēn (or ter-BYOO-ta-leen)                   |
| <del>29</del> | <del>Tilade Discontinued - Delete</del> | <del>tie-laid-</del>                                   |
| 30            | Tornalate                               | tor-na-late  |
| 31            | Triamcinolone acetonide                 | tri"am-sin'o-lōn as"ě-tō-nīd' (or trye-am-SIN-oh-lone) |
| 32            | Vanceril                                | van-sir-il   |
| 33            | Ventolin                                | vent-o-lin   |
| 38            | Xopenex HFA                             | ZOH-pen-ecks   |
| 66            | Other, Please Specify                   | [SKIP TO OTH_I1]                                       |
| 77            | Don't know                              |  |
| 88            | No Inhalers                             |  |
| 99            | Refused                                 |  |

|     |         |   |                                   |
|-----|---------|---|-----------------------------------|
| 100 | 146-245 | <p>Q8.10 ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. [LOOP BACK TO ILP01 AS NECESSARY TO ADMINSTER QUESTIONS ILP01 THRU ILP10 FOR EACH MEDICINE REPORTED IN INH_MEDS OTH_11</p> <p>[FOR FILL [MEDICINE FROM INH_MEDS SERIES] FOR QUESTIONS ILP03 THROUGH ILP10]</p> <p>[IF {MEDICINE FROM INH_MEDS SERIES} IS 03, 04, 21, 24, OR 33 ASK ILP01 ELSE SKIP TO ILP02</p> | Text field – up to 100 characters |
|     |         | <p><b>Section Repeated for Medication entry. (Limit=8)</b><br/> <b>Questions 8.11–8.19 will be repeated for each medication up to 8 times and saved in blocks of 15 columns (Two columns for the Med. Code and 13 columns for the 9 questions.) Columns 246-260 will hold the first series, columns and the eighth series in columns 351-365.</b></p>   |                                   |
| 2   | 246-247 | 1 <sup>st</sup> Inhaler value from “INH_MEDS” field ILP_A (First Inhaler Medication Value)  | Valid Inhaler Meds: 01 – 44, 66   |
| 13  | 248-260 | <b>Questions 8.11 through 8.19 for FIRST medication</b>   |                                   |
| 1   | 248     | Q8.11 Question has been removed, 2012.<br><b>Please leave this column blank. 1<sup>st</sup> Medication</b>  |                                   |
| 1   | 249     | Q8.12 Question has been removed, 2012.<br><b>Please leave this column blank. 1<sup>st</sup> Medication</b>  |                                   |
| 1   | 250     | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Do you use a spacer with [MEDICINE   | 1 = Yes<br>2 = No                 |

|          |                |   |   |
|----------|----------------|---|---|
|          |                | FROM INH_MEDS SERIES]?<br><b>(ILP03_A) 1<sup>st</sup> Medication</b>  | 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br>4 = Medication has a built-in spacer/ does not need a spacer<br>7 = Don't know<br>9 = Refused                      |
| 1        | 251            | Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack?<br><b>(ILP04_A) 1<sup>st</sup> Medication</b>  | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7 = Don't know<br>9 = Refused  |
| 1        | 252            | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_A) 1<sup>st</sup> Medication</b>   | 1 = Yes<br>2 = No<br>3 = Didn't exercise in past 3 months<br>7 = Don't know<br>9 = Refused  |
| 1        | 253            | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_A) 1<sup>st</sup> Medication</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| <b>2</b> | <b>254-255</b> | <b>Q8.17</b> Question has been removed, 2012.<br><b>Please leave these columns blank. 1<sup>st</sup> Medication</b>   |   |
| 3        | 256-258        | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP08_A) 1<sup>st</sup> Medication</b>  | 301-399 = Days<br>401-499 = Weeks<br>555 = Never<br>666 = Less often than once a week<br>777 = Don' know<br>999 = Refused   |
| 2        | 259-260        | Q8.19 How many canisters of this inhaler have you used in the past 3 months? <b>(ILP10_A)</b><br><b>1<sup>st</sup> Medication</b><br><b>[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']</b> | __ = 01-76 Canisters<br>88 = None/Less than 1 full canister<br>77 = Don' know<br>99 = Refused   |
| 2        | 261-262        | <b>2nd Inhaler value from "INH_MEDS" field ILP_B (Second Inhaler Medication Value)</b>  | <b>Valid Inhaler Meds: 01 – 44, 66</b>  |
| 13       | 263-275        | <b>Questions 8.11 through 8.19 for SECOND medication</b>  |   |
| <b>1</b> | <b>263</b>     | <b>Q8.11</b> Question has been removed, 2012.<br><b>Please leave this column blank. 2nd Medication</b>  |   |
| <b>1</b> | <b>264</b>     | <b>Q8.12</b> Question has been removed, 2012.<br><b>Please leave this column blank. (ILP02_B) 2nd Medication</b>  |   |
| <b>1</b> | <b>265</b>     | 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 SERIES]?<br><b>(ILP03_B) 2nd Medication</b>   | 1 = Yes<br>2 = No<br>3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br>4 = Medication has a built-in spacer/ does not need a spacer<br>7 = Don't know<br>9 = Refused |
| 1        | 266            | Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack?<br><b>(ILP04_B) 2nd Medication</b>   | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7 = Don't know<br>9 = Refused  |
| 1        | 267            | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_B) 2nd Medication</b>  | 1 = Yes<br>2 = No   |

|    |         |  |   |
|----|---------|--|---|
|    |         |  | 3 = Didn't exercise in past 3 months<br>7 = Don't know<br>9 = Refused   |
| 1  | 268     | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_B) 2nd Medication</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| 2  | 269-270 | <b>Q8.17</b> Question has been removed, 2012.<br><b>Please leave these columns blank. 2nd Medication</b>   |   |
| 3  | 271-273 | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP08_B) 2nd Medication</b>  | 301-399 = Days<br>401-499 = Weeks<br>555 = Never<br>666 = Less often than once a week<br>777 = Don' know<br>999 = Refused   |
| 2  | 274-275 | Q8.19 How many canisters of this inhaler have you used in the past 3 months?<br><b>(ILP10_B) 2nd Medication</b><br>[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88'] | __ = 01-76 Canisters<br>88 = None/Less than 1 full canister<br>77 = Don' know<br>99 = Refused   |
| 2  | 276-277 | <b>3rd Inhaler value from "INH_MEDS" field<br/>ILP_C (Third Inhaler Medication Value)</b>  | <b>Valid Inhaler Meds: 01 – 44, 66</b>  |
| 13 | 278-290 | <b>Questions 8.11 through 8.19 for THIRD medication</b>  |   |
| 1  | 278     | <b>Q8.11</b> Question has been removed, 2012.<br><b>Please leave this column blank. 3rd Medication</b>   |   |
| 1  | 279     | <b>Q8.12</b> Question has been removed, 2012.<br><b>Please leave this column blank. 3rd Medication</b>   |   |
| 1  | 280     | 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 SERIES]?<br><b>(ILP03_C) 3rd Medication</b>  | 1 = Yes<br>2 = No<br>3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br>4 = Medication has a built-in spacer/ does not need a spacer<br>7 = Don't know<br>9 = Refused |
| 1  | 281     | Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack?<br><b>(ILP04_C) 3rd Medication</b>  | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7 = Don't know<br>9 = Refused  |
| 1  | 282     | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_C) 3rd Medication</b>   | 1 = Yes<br>2 = No<br>3 = Didn't exercise in past 3 months<br>7 = Don't know<br>9 = Refused  |
| 1  | 283     | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_C) 3rd Medication</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| 2  | 284-285 | <b>Q8.17</b> Question has been removed, 2012.<br><b>Please leave these columns blank. 3rd Medication</b>   |   |
| 3  | 286-288 | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP08_C) 3rd Medication</b>  | 301-399 = Days<br>401-499 = Weeks<br>555 = Never<br>666 = Less often than once a week   |

|          |                |   |   |
|----------|----------------|---|---|
|          |                |   | 777 = Don' know<br>999 = Refused  |
| 2        | 289-290        | Q8.19 How many canisters of this inhaler have you used in the past 3 months?<br><b>(ILP10_C) 3rd Medication</b><br><b>[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']</b> | __ = 01-76 Canisters<br>88 = None/Less than 1 full canister<br>77 = Don' know<br>99 = Refused   |
| 2        | 291-292        | <b>4th Inhaler value from "INH_MEDS" field<br/>ILP_D (Fourth Inhaler Medication Value)</b>  | <b>Valid Inhaler Meds: 01 – 44, 66</b>  |
| 13       | 293-305        | <b>Questions 8.11 through 8.19 for FOURTH medication</b>  |   |
| <b>1</b> | <b>293</b>     | <b>Q8.11</b> Question has been removed, 2012.<br><b>Please leave this column blank. 4th Medication</b>  |   |
| <b>1</b> | <b>294</b>     | <b>Q8.12</b> Question has been removed, 2012.<br><b>Please leave this column blank. 4th Medication</b>  |   |
| <b>1</b> | <b>295</b>     | 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 SERIES]?<br><b>(ILP03_D) 4th Medication</b>   | 1 = Yes<br>2 = No<br>3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br>4 = Medication has a built-in spacer/ does not need a spacer<br>7 = Don't know<br>9 = Refused |
| 1        | 296            | Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack?<br><b>(ILP04_D) 4th Medication</b>   | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7 = Don't know<br>9 = Refused  |
| 1        | 297            | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_D) 4th Medication</b>  | 1 = Yes<br>2 = No<br>3 = Didn't exercise in past 3 months<br>7 = Don't know<br>9 = Refused  |
| 1        | 298            | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_D) 4th Medication</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| <b>2</b> | <b>299-300</b> | <b>Q8.17</b> Question has been removed, 2012.<br><b>Please leave this column blank. 4th Medication</b>  |   |
| 3        | 301-303        | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP08_D) 4th Medication</b>   | 301-399 = Days<br>401-499 = Weeks<br>555 = Never<br>666 = Less often than once a week<br>777 = Don' know<br>999 = Refused   |
| 2        | 304-305        | Q8.19 How many canisters of this inhaler have you used in the past 3 months?<br><b>(ILP10_D) 4th Medication</b><br><b>[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']</b> | __ = 01-76 Canisters<br>88 = None/Less than 1 full canister<br>77 = Don' know<br>99 = Refused   |
| 2        | 306-307        | <b>5th Inhaler value from "INH_MEDS" field<br/>ILP_E (Fifth Inhaler Medication Value)</b>   | <b>Valid Inhaler Meds: 01 – 44, 66</b>  |
| 13       | 308-320        | <b>Questions 8.11 through 8.19 for FIFTH medication</b>   |   |
| <b>1</b> | <b>308</b>     | <b>Q8.11</b> Question has been removed, 2012.<br><b>Please leave this column blank. 5th Medication</b>  |   |

|    |         |   |   |
|----|---------|---|---|
| 1  | 309     | <b>Q8.12</b> Question has been removed, 2012.<br><b>Please leave this column blank. 5th Medication</b>  |   |
| 1  | 310     | 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 SERIES]?<br><b>(ILP03_E) 5th Medication</b>   | 1 = Yes<br>2 = No<br>3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br>4 = Medication has a built-in spacer/ does not need a spacer<br>7 = Don't know<br>9 = Refused |
| 1  | 311     | Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack?<br><b>(ILP04_E) 5th Medication</b>   | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7 = Don't know<br>9 = Refused  |
| 1  | 312     | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_E) 5th Medication</b>  | 1 = Yes<br>2 = No<br>3 = Didn't exercise in past 3 months<br>7 = Don't know<br>9 = Refused  |
| 1  | 313     | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_E) 5th Medication</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| 2  | 314-315 | <b>Q8.17</b> Question has been removed, 2012.<br><b>Please leave these columns blank. 5th Medication</b>  |   |
| 3  | 316-318 | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP08_E) 5th Medication</b>   | 301-399 = Days<br>401-499 = Weeks<br>555 = Never<br>666 = Less often than once a week<br>777 = Don' know<br>999 = Refused   |
| 2  | 319-320 | Q8.19 How many canisters of this inhaler have you used in the past 3 months?<br><b>(ILP10_E) 5th Medication</b><br><b>[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']</b> | __ = 01-76 Canisters<br>88 = None/Less than 1 full canister<br>77 = Don' know<br>99 = Refused   |
| 2  | 321-322 | <b>6th Inhaler value from "INH_MEDS" field<br/>ILP_F (Sixth Inhaler Medication Value)</b>   | <b>Valid Inhaler Meds: 01 – 44, 66</b>  |
| 13 | 323-335 | <b>Questions 8.11 through 8.19 for SIXTH medication</b>   |   |
| 1  | 323     | <b>Q8.11</b> Question has been removed, 2012.<br><b>Please leave this column blank. 6th Medication</b>  |   |
| 1  | 324     | <b>Q8.12</b> Question has been removed, 2012.<br><b>Please leave this column blank. 6th Medication</b>  |   |
| 1  | 325     | 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 SERIES]?<br><b>(ILP03_F) 6th Medication</b>   | 1 = Yes<br>2 = No<br>3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br>4 = Medication has a built-in spacer/ does not need a spacer<br>7 = Don't know<br>9 = Refused |
| 1  | 326     | Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack?  | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months   |

|          |                |  |   |
|----------|----------------|--|---|
|          |                | <b>(ILP04_F) 6th Medication</b>  | 7 = Don't know<br>9 = Refused   |
| 1        | 327            | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_F) 6th Medication</b>   | 1 = Yes<br>2 = No<br>3 = Didn't exercise in past 3 months<br>7 = Don't know<br>9 = Refused  |
| 1        | 328            | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_F) 6th Medication</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| <b>2</b> | <b>329-330</b> | <b>Q8.17</b> Question has been removed, 2012.<br><b>Please leave these columns blank. 6th Medication</b>   |   |
| 3        | 331-333        | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP08_F) 6th Medication</b>  | 301-399 = Days<br>401-499 = Weeks<br>555 = Never<br>666 = Less often than once a week<br>777 = Don' know<br>999 = Refused   |
| 2        | 334-335        | Q8.19 How many canisters of this inhaler have you used in the past 3 months?<br><b>(ILP10_F) 6th Medication</b><br>[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88'] | __ = 01-76 Canisters<br>88 = None/Less than 1 full canister<br>77 = Don' know<br>99 = Refused   |
| 2        | 336-337        | <b>7th Inhaler value from "INH_MEDS" field<br/>ILP_G (Seventh Inhaler Medication Value)</b>  | <b>Valid Inhaler Meds: 01 – 44, 66</b>  |
| 13       | 338-350        | <b>Questions 8.11 through 8.19 for SEVENTH medication</b>  |   |
| <b>1</b> | <b>338</b>     | <b>Q8.11</b> Question has been removed, 2012.<br><b>Please leave this column blank. 7th Medication</b>   |   |
| <b>1</b> | <b>339</b>     | <b>Q8.12</b> Question has been removed, 2012.<br><b>Please leave this column blank. 7th Medication</b>   |   |
| <b>1</b> | <b>340</b>     | 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 SERIES]?<br><b>(ILP03_G) 7th Medication</b>  | 1 = Yes<br>2 = No<br>3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br>4 = Medication has a built-in spacer/ does not need a spacer<br>7 = Don't know<br>9 = Refused |
| 1        | 341            | Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack?<br><b>(ILP04_G) 7th Medication</b>  | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7 = Don't know<br>9 = Refused  |
| 1        | 342            | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_G) 7th Medication</b>   | 1 = Yes<br>2 = No<br>3 = Didn't exercise in past 3 months<br>7 = Don't know<br>9 = Refused  |
| 1        | 343            | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_G) 7th Medication</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |

|    |         |   |   |
|----|---------|---|---|
| 2  | 344-345 | <b>Q8.17</b> Question has been removed, 2012.<br><b>Please leave these columns blank. 7th Medication</b>  |   |
| 3  | 346-348 | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP08_G) 7th Medication</b>   | 301-399 = Days<br>401-499 = Weeks<br>555 = Never<br>666 = Less often than once a week<br>777 = Don' know<br>999 = Refused   |
| 2  | 349-350 | Q8.19 How many canisters of this inhaler have you used in the past 3 months?<br><b>(ILP10_G) 7th Medication</b><br><b>[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']</b> | __ = 01-76 Canisters<br>88 = None/Less than 1 full canister<br>77 = Don' know<br>99 = Refused   |
| 2  | 351-352 | <b>8th Inhaler value from "INH_MEDS" field<br/>ILP_H (Eighth Inhaler Medication Value)</b>  | <b>Valid Inhaler Meds: 01 – 44, 66</b>  |
| 13 | 353-365 | <b>Questions 8.11 through 8.19 for EIGHTH medication</b>  |   |
| 1  | 353     | <b>Q8.11</b> Question has been removed, 2012.<br><b>Please leave this column blank. 8th Medication</b>  |   |
| 1  | 354     | <b>Q8.12</b> Question has been removed, 2012.<br><b>Please leave this column blank. 8th Medication</b>  |   |
| 1  | 355     | 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 SERIES]?<br><b>(ILP03_H) 8th Medication</b>   | 1 = Yes<br>2 = No<br>3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br>4 = Medication has a built-in spacer/ does not need a spacer<br>7 = Don't know<br>9 = Refused |
| 1  | 356     | Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack?<br><b>(ILP04_H) 8th Medication</b>   | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7 = Don't know<br>9 = Refused  |
| 1  | 357     | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_H) 8th Medication</b>  | 1 = Yes<br>2 = No<br>3 = Didn't exercise in past 3 months<br>7 = Don't know<br>9 = Refused  |
| 1  | 358     | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_H) 8th Medication</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| 2  | 359-360 | <b>Q8.17</b> Question has been removed, 2012.<br><b>Please leave these columns blank. 8th Medication</b>  |   |
| 3  | 361-363 | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP08_H) 8th Medication</b>   | 301-399 = Days<br>401-499 = Weeks<br>555 = Never<br>666 = Less often than once a week<br>777 = Don' know<br>999 = Refused   |
| 2  | 364-365 | Q8.19 How many canisters of this inhaler have you used in the past 3 months?<br><b>(ILP10_H) 8th Medication</b><br><b>[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE</b>                          | __ = 01-76 Canisters<br>88 = None/Less than 1 full canister<br>77 = Don' know<br>99 = Refused   |

|    |         |   |  |
|----|---------|---|--|
|    |         | <b>MONTHS, CODE IT AS '88']</b>   |  |
| 2  | 366-367 | <b>Intentionally left blank2</b>  |  |
| 1  | 368     | Q8.20 In the past 3 months, have you taken any prescription medicine in pill form for your asthma?<br><b>(PILLS)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused                         |
| 10 | 369-378 | Q8.21 What prescription medications do you take in pill form?<br><b>[MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?] (PILLS_MD)</b><br><br><b>These values will also be re-entered in columns below:</b><br><b>479-480</b> PILL_MD_A (First Pills Medication value)<br><b>482-483</b> PILL_MD_B (Second Pills Medication value)<br><b>485-486</b> PILL_MD_C (Third Pills Medication value)<br><b>488-489</b> PILL_MD_D (Fourth Pills Medication value)<br><b>491-492</b> PILL_MD_E (Fifth Pills Medication value) | 88 = No Pills<br>77 = Don't know<br>99 = Refused                           |
|    |         | <b>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</b><br><br><b>Note: the yellow numbered items below are new medications added in 2008. Also, CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.</b>   |  |
|    |         | <b>Medication</b>   | <b>Pronunciation</b>   |
| 01 |         | <b>Accolate</b>   | <b>ac</b> -o-late  |
| 02 |         | Aerolate  | <b>air</b> -o-late   |
| 03 |         | <b>Albuterol</b>  | äl'- <b>bu</b> 'ter-öl (or al- <b>BYOO</b> -ter-all)                       |
| 04 |         | Alupent   | <b>al</b> -u-pent  |
| 05 |         | Choledyl (oxtriphylline)  | <b>ko</b> -led-il  |
| 07 |         | Deltasone   | <b>del</b> -ta-sone  |
| 08 |         | Elixophyllin  | e-licks- <b>o</b> -fil-in  |
| 11 |         | Medrol  | <b>Med</b> -rol  |
| 12 |         | Metaprel  | <b>Met</b> -a-prell  |
| 13 |         | <u>Metaproteronol</u>   | met"ah-pro- <b>ter</b> 'ě-nōl (or met-a-proe- <b>TER</b> -e-nole)          |
| 14 |         | <u>Methylprednisolone</u>   | meth-ill-pred- <b>niss</b> -oh-lone (or meth-il-pred- <b>NIS</b> -oh-lone) |
| 15 |         | <b>Montelukast</b>  | mont-e- <b>lu</b> -cast  |
| 17 |         | Pediapred   | Pee- <b>dee</b> -a-pred  |
| 18 |         | <b>Prednisolone</b>   | pred- <b>NISS</b> -oh-lone   |
| 19 |         | <b>Prednisone</b>   | PRED-ni-sone   |
| 21 |         | Proventil   | pro- <b>ven</b> -til   |
| 23 |         | Respilid  | <b>res</b> -pid  |
| 24 |         | <b>Singulair</b>  | <b>sing</b> -u-lair  |
| 25 |         | Slo-phyllin   | <b>slow</b> - fil-in   |
| 26 |         | Slo-bid   | <b>slow</b> -bid   |
| 48 |         | <u>Terbutaline (+ T. sulfate)</u>   | ter byoo' ta leen  |
| 28 |         | Theo-24   | <b>thee</b> -o-24  |
| 30 |         | Theochron   | <b>thee</b> -o-kron  |
| 31 |         | Theoclear   | <b>thee</b> -o-clear   |
| 32 |         | <b>Theodur</b>  | <b>thee</b> -o-dur   |
| 33 |         | <b>Theo-Dur</b>   | <b>thee</b> -o-dur   |
| 35 |         | <b>Theophylline</b>   | thee- <b>OFF</b> -i-lin  |
| 37 |         | Theospan  | <b>thee</b> -o-span  |
| 40 |         | T-Phyl  | <b>t</b> -fil  |
| 42 |         | <b>Uniphyl</b>  | <b>u</b> -ni-fil   |
| 43 |         | Ventolin  | <b>vent</b> -o-lin   |



|     |                       |   |  |
|-----|-----------------------|---|--|
| 44  | Volmax                | vole-max  |  |
| 45  | Zafirlukast           | za-FIR-loo-kast   |  |
| 46  | Zileuton              | zye-loo-ton   |  |
| 47  | Zyflo Filmtab         | zye-flow film tab   |  |
|     |                       |   |  |
| 66  | Other, please specify | [SKIP TO OTH_P1]  |  |
| 77  | Don't know            |   |  |
| 88  | No Pills              |   |  |
| 99  | Refused               |   |  |
| 100 | 379-478               | (OTH_P1) IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.   | Text field – up to 100 characters                  |
|     |                       | <p><b>Question 8.22 Repeated for Medication entry. (Limit=5)</b></p> <p>Question 8.22 will be repeated for each medication up to 5 times. Column 577 will hold the first response, columns 578 the response to the second cycle, and the sixth cycle will be in column 582.</p> | Valid Meds in Pill form: 01 – 48, 66               |
| 2   | 479-480               | 1 <sup>st</sup> Pill value from “PILLS_MD_A” field<br>PILL01_A (First Pill Medication value)  | Valid Meds in Pill form: 01 – 48, 66               |
| 1   | 481                   | Q8.22 In the past 3 months, did you take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?<br>(PILL01) 1 <sup>st</sup> Pill  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| 2   | 482-483               | 2 <sup>nd</sup> Pill value from “PILLS_MD_B” field<br>PILL01_B (Second Pill Medication value)   | Valid Meds in Pill form: 01 – 48, 66               |
| 1   | 484                   | Q8.22 In the past 3 months, did you take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?<br>(PILL02) 2 <sup>nd</sup> Pill  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| 2   | 485-486               | 3 <sup>rd</sup> Pill value from “PILLS_MD_C” field<br>PILL01_C (Third Pill Medication value)  | Valid Meds in Pill form: 01 – 48, 66               |
| 1   | 487                   | Q8.22 In the past 3 months, did you take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?<br>(PILL03) 3 <sup>rd</sup> Pill  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| 2   | 488-489               | 4 <sup>th</sup> Pill value from “PILLS_MD_D” field<br>PILL01_D (Fourth Pill Medication value)   | Valid Meds in Pill form: 01 – 48, 66               |
| 1   | 490                   | Q8.22 In the past 3 months, did you take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?<br>(PILL04) 4 <sup>th</sup> Pill  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| 2   | 491-492               | 5 <sup>th</sup> Pill value from “PILLS_MD_E” field<br>PILL01_E (Fifth Pill Medication value)  | Valid Meds in Pill form: 01 – 48, 66               |
| 1   | 493                   | Q8.22 In the past 3 months, did you take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?<br>(PILL05) 5 <sup>th</sup> Pill  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| 1   | 494                   | Q8.23 In the past 3 months, have you taken any prescription asthma medication in syrup form?<br>(SYRUP)   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| 8   | 495-502               | Q8.24 What prescriptions asthma medications have you  | <b>Medication</b>                                  |

|     |                               |   |   |
|-----|-------------------------------|---|---|
|     |                               | taken as a syrup? <b>[MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?]</b><br>(SYRUP_ID) (Limit = 4 Syrup Meds.)   | 01 = Aerolate (09)<br>02 = <u>Albuterol</u><br>03 = Alupent (04)<br>04 = <u>Metaproteronol</u><br>05 = <u>Prednisolone</u><br>06 = Prelone (05)<br>07 = Proventil (02)<br>08 = Slo-Phyllin (09)<br>09 = <u>Theophyllin</u><br>10 = Ventolin (02)<br>66 = Other, Please Specify:<br>88 = None<br>77 = Don't know<br>99 = Refused |
|     |                               | <b>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</b>   |   |
|     | <b>Medication</b>             | <b>Pronunciation</b>  |   |
| 01  | Aerolate                      | <b>air</b> -o-late  |   |
| 02  | <u>Albuterol</u>              | ăl'- <b>bu</b> 'ter-ōl (or al-BYOO-ter-ole)   |   |
| 03  | Alupent                       | <b>al</b> -u-pent   |   |
| 04  | <u>Metaproteronol</u>         | met"ah-pro- <b>ter</b> 'ě-nōl (or met-a-proe-TER-e-nole)  |   |
| 05  | <u>Prednisolone</u>           | pred-NISS-oh-lone   |   |
| 06  | Prelone                       | <b>pre</b> -loan  |   |
| 07  | Proventil                     | Pro- <b>ven</b> -til  |   |
| 08  | Slo-Phyllin                   | <b>slow</b> -fil-in   |   |
| 09  | <u>Theophyllin</u>            | thee-OFF-i-lin  |   |
| 10  | Ventolin                      | <b>vent</b> -o-lin  |   |
| 66  | <b>Other, Please Specify:</b> |   |   |
| 77  | Don't know                    |   |   |
| 88  | No Syrups                     |   |   |
| 99  | Refused                       |   |   |
| 2   | 495-496                       | 1 <sup>st</sup> Syrup value from "SYRUP_ID" field<br>SYRUP_A (First Syrup Medication value)   | Valid Meds in Syrup form: 01 – 10, <b>66</b>  |
| 2   | 497-498                       | 2 <sup>nd</sup> Syrup value from "SYRUP_ID" field<br>SYRUP_B (Second Syrup Medication value)  | Valid Meds in Syrup form: 01 – 10, <b>66</b>  |
| 2   | 499-500                       | 3 <sup>rd</sup> Syrup value from "SYRUP_ID" field<br>SYRUP_C (Third Syrup Medication value)   | Valid Meds in Syrup form: 01 – 10, <b>66</b>  |
| 2   | 501-502                       | 4 <sup>th</sup> Syrup value from "SYRUP_ID" field<br>SYRUP_D (Fourth Syrup Medication value)  | Valid Meds in Syrup form: 01 – 10, <b>66</b>  |
| 1   | 503                           | <b>Intentionally left blank3</b>  |   |
| 100 | 504-603                       | <b>(OTH_S1)</b> IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.  | Text field – up to 100 characters   |
| 1   | 604                           | Q8.25 Read: 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 asthma medicines used with a nebulizer?<br><b>(NEB_SCR)</b>                                   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| 1   | 605                           | Q8.26a I am going to read a list of places where you might have used a nebulizer. Please answer yes if you have used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did you use a nebulizer ... At Home ?<br><b>(NEB_PLCa)</b> | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |

|           |                                      |   |  |
|-----------|--------------------------------------|---|--|
| 1         | 606                                  | Q8.26b In the past 3 months did you use a nebulizer ... At a Doctor's Office ? <b>(NEB_PLCb)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 1         | 607                                  | Q8.26c In the past 3 months did you use a nebulizer ... In an Emergency room? <b>(NEB_PLCc)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 1         | 608                                  | Q8.26d .In the past 3 months did you use a nebulizer ... At work (or a school)? <b>(NEB_PLCd)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 1         | 609                                  | Q8.26e In the past 3 months did you use a nebulizer ... At any other place? <b>(NEB_PLCe)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 10        | 610-619                              | Q8.27 In the past 3 months, what prescriptions medications have you taken using a nebulizer?<br><b>(NEB_ID) (Limit = 5 Nebulizers Meds.)</b><br><br><b>These values will also be re-entered in columns below:</b><br><b>620-621</b> NEB_ID_A (First Nebulizer Medication value)<br><b>627-628</b> NEB_ID_B (Second Nebulizer Medication value)<br><b>634-635</b> NEB_ID_C (Third Nebulizer Medication value)<br><b>641-642</b> NEB_ID_D (Fourth Nebulizer Medication value)<br><b>648-649</b> NEB_ID_E (Fifth Nebulizer Medication value) | <b>Medication</b><br>01 = <u>Albuterol</u><br>02 = Alupent (11)<br>03 = Atrovent (09)<br>04 = <u>Bitolterol</u><br>05 = <u>Budesonide</u><br>06 = <u>Cromolyn</u><br>07 = Duoneb (01 + 09)<br>08 = Intal (06)<br>09 = <u>Ipratropium bromide</u><br>10 = <u>Levalbuterol</u><br>11 = <u>Metaproteronol</u><br>12 = Proventil (01)<br>13 = Pulmicort (05)<br>14 = Tornalate (04)<br>15 = Ventolin (01)<br>16 = Xopenex (10)<br><b>17= Combivent Inhalation solution</b><br><b>18= Perforomist (Formoterol)</b><br>66 = Other, Please Specify:<br>88 = None<br>77 = Don't know<br>99 = Refused |
|           |                                      | <b>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</b>   |  |
|           |                                      | <b>Medication</b>   | <b>Pronunciation</b>   |
| 01        | <u>Albuterol</u>                     | äl'- <b>bu</b> 'ter-öl (or al-BYOO-ter-ole)   |  |
| 02        | Alupent                              | <b>al</b> -u-pent   |  |
| 03        | Atrovent                             | At-ro-vent  |  |
| 04        | <u>Bitolterol</u>                    | bi-töl'ter-öl (or bye- <b>tole</b> -ter-ole)  |  |
| 05        | <u>Budesonide</u>                    | byoo- <b>des</b> -oh-nide   |  |
| <b>17</b> | <b>Combivent Inhalation solution</b> | <b>com</b> -bi-vent   |  |
| 06        | <u>Cromolyn</u>                      | <b>kro</b> 'mō-lin (or KROE-moe-lin)  |  |
| 07        | DuoNeb                               | DUE-ow-neb  |  |
| 08        | Intal                                | <b>in</b> -tel  |  |
| 09        | <u>Ipratropium bromide</u>           | īp-rah- <b>tro</b> 'pe-um bro'mīd (or ip-ra- <b>TROE</b> -pee-um)   |  |
| 10        | <u>Levalbuterol</u>                  | lev al byoo' ter ol   |  |
| 11        | <u>Metaproteronol</u>                | met''ah-pro- <b>ter</b> 'ě-nōl (or met-a-proe- <b>TER</b> -e-nole)  |  |
| <b>18</b> | <b>Perforomist (Formoterol)</b>      | <b>per-form</b> -ist  |  |

|    |                        |   |  |
|----|------------------------|---|--|
| 12 | Proventil              | Pro-ven-til   |  |
| 13 | Pulmicort              | pul-ma-cort   |  |
| 14 | Tornalate              | tor-na-late   |  |
| 15 | Ventolin               | vent-o-lin  |  |
| 16 | Xopenex                | ZOH-pen-ecks  |  |
| 66 | Other, Please Specify: | [SKIP TO OTH_N1]  |  |
| 77 | Don't know             |   |  |
| 88 | No Nebulizer           |   |  |
| 99 | Refused                |   |  |
| 2  | 620-621                | 1 <sup>st</sup> Nebulizer value from "NEB_ID" field<br>NEB_ID_A (First Nebulizer Medication value)  | Valid Meds in Nebulizer form: 01 – 18, 66  |
| 1  | 622                    | Q8.28 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] when you had an asthma episode or attack?<br>(NEB01_A) 1st Nebulizer | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7= Don't know<br>9 = Refused                            |
| 1  | 623                    | Q8.29 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?<br>(NEB02_A) 1st Nebulizer           | 1 = Yes<br>2 = No<br>7= Don't know<br>9 = Refused  |
| 3  | 624-626                | Q8.30 How many times per day or per week do you use [MEDICINE FROM NEB_ID SERIES]?<br>(NEB03_A) 1st Nebulizer                               | 3_ _DAYS<br>4_ _WEEKS<br>555 = NEVER<br>666 = LESS OFTEN THAN ONCE A WEEK<br>777 = Don't know<br>999 = Refused |
| 2  | 627-628                | 2nd Nebulizer value from "NEB_ID" field<br>NEB_ID_B (Second Nebulizer Medication value)   | Valid Meds in Nebulizer form: 01 – 18, 66  |
| 1  | 629                    | Q8.28 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] when you had an asthma episode or attack?<br>(NEB01_B) 2nd Nebulizer | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7= Don't know<br>9 = Refused                            |
| 1  | 630                    | Q8.29 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?<br>(NEB02_B) 2nd Nebulizer           | 1 = Yes<br>2 = No<br>7= Don't know<br>9 = Refused  |
| 3  | 631-633                | Q8.30 How many times per day or per week do you use [MEDICINE FROM NEB_ID SERIES]?<br>(NEB03_B) 2nd Nebulizer                               | 3_ _DAYS<br>4_ _WEEKS<br>555 = NEVER<br>666 = LESS OFTEN THAN ONCE A WEEK<br>777 = Don't know<br>999 = Refused |
| 2  | 634-635                | 3rd Nebulizer value from "NEB_ID" field<br>NEB_ID_C (Third Nebulizer Medication value)  | Valid Meds in Nebulizer form: 01 – 18, 66  |
| 1  | 636                    | Q8.28 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] when you had an asthma episode or attack?<br>(NEB01_C) 3rd Nebulizer | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7= Don't know<br>9 = Refused                            |
| 1  | 637                    | Q8.29 In the past 3 months, did you take [MEDICINE FROM NEB_IDS SERIES] on a regular schedule everyday?<br>(NEB02_C) 3rd Nebulizer          | 1 = Yes<br>2 = No<br>7= Don't know<br>9 = Refused  |

|                                |         |   |  |
|--------------------------------|---------|---|--|
| 3                              | 638-640 | Q8.30 How many times per day or per week do you use [MEDICINE FROM NEB_ID SERIES]?<br>(NEB03_C) 3rd Nebulizer   | 3__DAYS<br>4__WEEKS<br>555 = NEVER<br>666 = LESS OFTEN THAN ONCE A WEEK<br>777 = Don't know<br>999 = Refused |
| 2                              | 641-642 | 4th Nebulizer value from "NEB_ID" field<br>NEB_ID_D (Fourth Nebulizer Medication value)   | Valid Meds in Nebulizer form: 01 – 18, 66  |
| 1                              | 643     | Q8.28 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] when you had an asthma episode or attack?<br>(NEB01_D) 4th Nebulizer                         | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7= Don't know<br>9 = Refused                          |
| 1                              | 644     | Q8.29 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?<br>(NEB02_D) 4th Nebulizer                                   | 1 = Yes<br>2 = No<br>7= Don't know<br>9 = Refused  |
| 3                              | 645-647 | Q8.30 How many times per day or per week do you use [MEDICINE FROM NEB_ID SERIES]?<br>(NEB03_D) 4th Nebulizer   | 3__DAYS<br>4__WEEKS<br>555 = NEVER<br>666 = LESS OFTEN THAN ONCE A WEEK<br>777 = Don't know<br>999 = Refused |
| 2                              | 648-649 | 5th Nebulizer value from "NEB_ID" field<br>NEB_ID_E (First Nebulizer Medication value)  | Valid Meds in Nebulizer form: 01 – 18, 66  |
| 1                              | 650     | Q8.28 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] when you had an asthma episode or attack?<br>(NEB01_E) 5th Nebulizer                         | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7= Don't know<br>9 = Refused                          |
| 1                              | 651     | Q8.29 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?<br>(NEB02_E) 5th Nebulizer                                   | 1 = Yes<br>2 = No<br>7= Don't know<br>9 = Refused  |
| 3                              | 652-654 | Q8.30 How many times per day or per week do you use [MEDICINE FROM NEB_ID SERIES]?<br>(NEB03_E) 5th Nebulizer   | 3__DAYS<br>4__WEEKS<br>555 = NEVER<br>666 = LESS OFTEN THAN ONCE A WEEK<br>777 = Don't know<br>999 = Refused |
| 100                            | 655-754 | OTH_N1 IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.   | Text field – up to 100 characters  |
| <b>Section 9. Cost of Care</b> |         |   |  |
| 1                              | 755     | Q9.1 Was there a time in the past 12 months when you needed to see your primary care doctor <u>for your asthma</u> but could not because of the cost?<br>(ASMDCOST) | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 1                              | 756     | Q9.2 Was there a time in the past 12 months when you were referred to a specialist <u>for asthma care</u> but could not go because of the cost? (ASSPCOST)          | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |

|  |         |   |  |
|--|---------|---|--|
| 1                                      | 757     | Q9.3 Was there a time in the past 12 months when you need to buy medication <u>for your asthma</u> , but could not because of the cost? (ASRXCOST)  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| <b>Section 10. Work related Asthma</b> |         |   |  |
| 1                                      | 758     | Q10.1 Next, we are interested in things that affect asthma in the workplace. However, first I'd like to ask how you would describe your current employment status? Would you say ... (EMP_STAT) | 1 = Employed full-time<br>2 = Employed part-time<br>3 = Not Employed<br>7 = Don't know<br>9 = Refused  |
| 2                                      | 759-760 | Q10.2 What is the main reason you are not now employed? (UNEMP_R)   | 01 = Keeping house<br>02 = Going to school<br>03 = Retired<br>04 = Disabled<br>05 = Unable to work for other health reasons<br>06 = Looking for work<br>07 = Laid off<br>08 = Other<br>77 = Don't know<br>99 = Refused |
| 1                                      | 761     | Q10.3 Have you ever been employed? (EMP_EVER1)  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 1                                      | 762     | Q10.4 Are your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in your CURRENT job? (WORKENV5)   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 1                                      | 763     | Q10.5 Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in your CURRENT job? (WORKENV6)  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 1                                      | 764     | Q10.6 Were your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in any previous job you ever had? (WORKENV7)   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 1                                      | 765     | 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<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 1                                      | 766     | Q10.8 Did you ever lose or quit a job because things in the workplace, like chemicals, smoke, dust or mold, caused your asthma or made your asthma symptoms worse? (WORKQUIT1)                  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 1                                      | 767     | 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<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 1                                      | 768     | 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<br>2 = No<br>7 = Don't know<br>9 = Refused   |

|  |     |  |  |
|--|-----|--|--|
| 1  | 769 | 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?<br><b>(WORKSEN4)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| <b>Section 11. Comorbid Conditions</b>                   |     |  |  |
| 1  | 770 | Q11.1 Have you ever been told by a doctor or health professional that you have chronic obstructive pulmonary disease also known as COPD?<br><b>(COPD)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| 1  | 771 | Q11.2 Have you ever been told by a doctor or other health professional that you have emphysema?<br><b>(EMPHY)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| 1  | 772 | Q11.3 Have you ever been told by a doctor or other health Professional that you have Chronic Bronchitis?<br><b>(BRONCH)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| 1  | 773 | Q11.4 Have you ever been told by a doctor or other health professional that you were depressed?<br><b>(DEPRESS)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| <b>SECTION 12. Complimentary and Alternative Therapy</b> |     |  |  |
| 1  | 774 | Sometimes people use methods other than prescription medications to help treat or control their asthma. These methods are called non-traditional, complementary, or alternative health care. I am going to read a list of these alternative methods. For each one I mention, please answer "yes" if you have used it to control your own asthma <u>in the past 12 months</u> . Answer "no" if you have not used it in the past 12 months.<br>Q12.1 In the past 12 months, have you used <b>(herbs)</b> to control your asthma? <b>(CAM_HERB)</b> | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| 1  | 775 | Q12.2 In the past 12 months, have you used <b>(vitamins)</b> to control your asthma?<br><b>(CAM_VITA)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| 1  | 776 | Q12.3 In the past 12 months, have you used <b>(acupuncture)</b> to control your asthma?<br><b>(CAM_PUNC)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| 1  | 777 | Q12.4 In the past 12 months, have you used <b>(acupressure)</b> to control your asthma?<br><b>(CAM_PRES)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| 1  | 778 | Q12.5 In the past 12 months, have you used <b>(aromatherapy)</b> to control your asthma?<br><b>(CAM_AROM)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| 1  | 779 | Q12.6 In the past 12 months, have you used <b>(homeopathy)</b> to control your asthma?<br><b>(CAM_HOME)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused |
| 1  | 780 | Q12.7 In the past 12 months, have you used <b>(reflexology)</b> to control your asthma?<br><b>(CAM_REFL)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know                |

|     |         |   |  |
|-----|---------|---|--|
|     |         |   | 9 = Refused  |
| 1   | 781     | Q12.8 In the past 12 months, have you used <b>(yoga)</b> to control your asthma?<br><b>(CAM_YOGA)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 1   | 782     | Q12.9 In the past 12 months, have you used <b>(breathing techniques)</b> to control your asthma?<br><b>(CAM_BR)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 1   | 783     | Q12.10 In the past 12 months, have you used <b>(naturopathy)</b> to control your asthma?<br><b>(CAM_NATR)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 1   | 784     | Q12.11 Besides the types I have just asked about, have you used any other type of alternative care for your asthma in the past 12 months?<br><b>(CAM_OTHR)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 100 | 785-884 | Q12.12 What else have you used? <b>(CAM_TEXT)</b><br>[100 ALPHANUMERIC CHARACTER LIMIT]<br><br>ENTER OTHER ALTERNATIVE MEDICINE IN TEXT FIELD IF MORE THAN ONE IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. |  |
| 80  | 885-964 | Disposition codes for call attempts 1 through 20 with the first disposition code in columns 885-887, etc...<br><b>(CATMPTS_F)</b>   | <b>4-digit disposition code</b> for each of the first 20 call attempts   |
| 10  | 965-974 | <b>Intentionally left blank...</b>  |  |
| 2   | 975-976 | Questionnaire Versions Identifier.<br><b>Import value from BRFSS Columns 592-593</b><br><b>(QSTVER_F)</b>   | 10 = Landline (No additional version)<br>11 = Landline (One additional version)<br>12 = Landline (Two additional versions)<br>13 = Landline (Three additional versions)<br>20 = Cell Phone (No additional version)<br>21 = Cell Phone (One additional version)<br>22 = Cell Phone (Two additional versions)<br>23 = Cell Phone (Three additional versions) |
| 2   | 977-978 | Language identifier: Language in which the interview was conducted.<br><b>Import value from BRFSS Columns 594 - 595</b><br><b>(QSTLANG_F)</b>   | 1 = English<br>2 = Spanish<br>3-99 = Other   |
| 1   | 979     | Asthma Callback Script<br><b>Import value from BRFSS Column 534</b><br><b>(CALLBACK)</b>  | 1 = Yes<br>2 = No  |
| 1   | 980     | <b>Which person in the household was selected as the focus of the call-back?</b><br><b>Import value from BRFSS Column 535</b><br><b>(ADLTCHLD)</b>  | 1 = Adult<br>2 = Child   |
| 1   | 981     | Have you ever been told by a doctor, nurse or other health professional that you had asthma?<br><b>Import value from BRFSS Core Section 7 Question 4, Column 101</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |



|    |          |  |   |
|----|----------|--|---|
|    |          | (ASTHMA3)  |   |
| 1  | 982      | Do you still have asthma?<br>Import value from BRFSS Core Section 7 Question 5, Column 102<br>(ASTHNOW)    | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused                            |
| 1  | 983      | Asthma Callback Script Test<br>(CALLBACK_Ver)  | 1 = Callback using Protocol (2 weeks)<br>2 = Callback conducted "Immediately" |
| 1  | 984      | Are you a resident of [STATE]?<br>Import value from BRFSS Column 585<br>(CSTATE)                           | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused                            |
| 2  | 985-986  | State of Origin of the Call<br>Import value from BRFSS Columns 1375-1376<br>(O_STATE)                      | 2 digit state FIPSCODE  |
| 2  | 987-988  | In what state do you live?<br>Import value from BRFSS Columns 586-587<br>(RSPSTATE)<br>Only for cellphones | 2 digit state FIPSCODE  |
| 31 | 989-1019 | Intentionally left blank...  |   |
| 1  | 1020     | End of File Marker...  | 1   |

## Attachment 5g – ACBS Data Submission Layout

### Child Questionnaire “2013”

| Field Size                     | Columns      | Description of Field and SAS Variable Name                         | Comments and Values   |
|--------------------------------|--------------|--|---|
| 2                              | 1-2          | State FIPS Code (_STATE)   | As supplied by GENESYS on sample record.  |
| 6                              | 3-8          | Replicate Number (REPNUM)  |   |
|                                |              |  |   |
| 2                              | 9-10         | File Month (FMONTH_f)  | File month of the follow-up   |
| 8                              | 11-18        | Interview Date (IDATE) <b>MMDDYYYY</b>                             | Date of original BRFS interview   |
| 2                              | 19-20        | Interview Month (IMONTH_f)   | Month of follow-up  |
| 2                              | 21-22        | Interview Day (IDAY_f)   | Day of follow-up  |
| 4                              | 23-26        | Interview Year (IYEAR_f)   | Year of follow-up   |
| 5                              | 27-31        | Interviewer Id (INTVID_f)  | Interviewer id of follow-up   |
| <b>4</b>                       | <b>32-35</b> | Final Disposition(DISPCODE_f)                                      | Disposition of follow-up  |
| 10                             | <b>36-45</b> | Annual Sequence Number (SEQNO)                                     | As supplied by GENESYS on sample record. Value should be unique for a state for a year. |
| 2                              | <b>46-47</b> | Number of Attempts (NATMPTS_f)                                     | Number of attempts of follow-up   |
|                                |              |  |   |
| <b>Section 1. Introduction</b> |              |  |   |
| 1                              | <b>48</b>    | Q1.1 Are you {Most Knowledgeable Person’s first name or initials}? | 1 = Yes<br>2 = No   |

|  |     | (MKP_name)   |   |
|--|-----|--|---|
| <i>SKIP Q1.2, if Section 01, Q1.1 is coded 1</i> |     |  |   |
| 1  | 49  | Q1.2 May I speak with {Most Knowledgeable Person first name or initials}?<br>(MKP_pers)  | 1 = Yes<br>2 = Person not available   |
| 1  | 992 | Q1.5a Tracking of BRFSS MKP Appendix A. survey respondent:<br>Are you the parent or guardian in the household who knows most about {CHILDName's} asthma?<br>(MOSTKNOW)   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused<br>(MKP) identified at the BRFSS Level    |
| 1  | 993 | Q1.5b Tracking of BRFSS MKP Appendix A. survey respondent:<br>If parent or guardian request to transfer to another person who is more knowledgeable about the child's asthma, then mark the transfer.<br>(PRESENTALT)  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused<br>(ALT) identified at the BRFSS Level    |
| 1  | 994 | Q1.5a Tracking of CALLBACK MKP Appendix B. survey respondent:<br>Are you the parent or guardian in the household who knows most about {CHILDName's} asthma?<br>(KNOWMOST)  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused<br>(MKP) identified at the CALLBACK Level |
| 1  | 995 | Q1.5b Tracking of CALLBACK MKP Appendix B. survey respondent:<br>If parent or guardian request to transfer to another person who is more knowledgeable about the child's asthma, then mark the transfer.<br>(ALTPRESENT)   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused<br>(ALT) identified at the CALLBACK Level |
| <b>Section 2. Informed Consent</b>               |     |  |   |
| 1  | 50  | Q2.0 Check if correct person from core survey is on phone. Ask "is this {sample person's name} and are you {sample person's age} years old. If yes, continue. If not the correct respondent, ask to speak to that person, and start over at section 1. Keep a disposition code for this, (REPEAT) I would like to repeat the questions from the previous survey now to make sure {sample child's name} qualifies for this study. | 1 = Yes<br>2 = No   |
| 1  | 51  | Q2.1 Have you ever been told by a doctor or other health professional that {child's name} had asthma?<br>(EVER_ASTH)   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| 1  | 52  | Q2.2 Does {child's name} still have asthma?<br>(CUR_ASTH)  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused   |

|   |    |  |  |
|---|----|--|--|
| 1 | 53 | Q2.3 What is your relationship to {child's name}?<br><b>(RELATION)</b>   | 1 = Mother (Birth/Adoptive/Step) [Go to Read]<br>2 = Father (Birth/Adoptive/Step) [Go to Read]<br>3 = Brother/Sister (Step/Foster/Half/Adoptive)<br>4 = Grandparent (Father/Mother)<br>5 = Other Relative<br>6 = Unrelated<br>7 = Don't know/Not sure<br>9 = Refused |
| 1 | 54 | Q2.4 Are you the legal guardian for {child's name}?<br><b>(GUARDIAN)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 1 | 55 | Q2.5 May we combine your answers to this survey with your answers from the survey you did a few weeks ago?<br><b>(PERMISS)</b> | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |

### Section 3. Recent History

|   |       |   |   |
|---|-------|---|---|
| 3 | 56-58 | Q3.1 How old was {child's name} when a doctor or other health professional first said {he/she} had asthma?<br><b>(AGEDX)</b>  | ____ Enter age in years<br>[Range check: 001-018, 777, 888,999]<br>777 = Don't know<br>888 = Under 1 year old<br>999 = Refused  |
| 1 | 59    | Q3.2 How long ago was that? Was it .."<br>READ CATEGORIES<br><b>(INCIDNT)</b>   | 1 = Within the past 12 months<br>2 = 1-5 years ago<br>3 = more than 5 years ago<br>7 = Don't know<br>9 = Refused  |
| 2 | 60-61 | 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.<br><b>(LAST_MD)</b> | 04 = Within the past year<br>05 = 1 year to less than 3 years ago<br>06 = 3 years to 5 years ago<br>07 = More than 5 years ago<br>88 = Never<br>77 = Don't know<br>99 = Refused   |
| 2 | 62-63 | Q3.4 How long has it been since {child's name} last took asthma medication?<br><b>(LAST_MED)</b>  | 01 = Less than 1 day ago<br>02 = 1-6 days ago<br>03 = 1 week to less than 3 months ago<br>04 = 3 months to less than 1 year ago<br>05 = 1 year to less than 3 years ago<br>06 = 3 years to 5 years ago<br>07 = More than 5 years ago<br>88 = Never<br>77 = Don't know<br>99 = Refused |
| 2 | 64-65 | Q3.5 How long has it been since {child's name} last had any symptoms of asthma?<br><b>(LASTSYMP)</b>  | 01 = Less than 1day ago<br>02 = 1-6 days ago<br>03 = 1 week to less than 3 months ago<br>04 = 3 months to less than 1 year ago<br>05 = 1 year to less than 3 years ago<br>06 = 3 years to 5 years ago<br>07 = More than 5 years ago<br>88 = Never<br>77 = Don't know<br>99 = Refused  |

### SECTION 4. HISTORY OF ASTHMA (SYMPTOMS & EPISODES in Past year)

|   |       |   |  |
|---|-------|---|--|
| 2 | 66-67 | Q4.1 During the past 30 days, on how many days did {child's name} have any symptoms of asthma?<br><b>(SYMP_30D)</b> | __ Days [Range check: 01-30, 77, 88, 99]<br><br>30 = Every day<br>88 = No Symptoms in the past 30 days |
|---|-------|---|--|

|   |              |  |  |
|---|--------------|--|--|
|   |              |  | 77 = Don't know<br>99 = Refused  |
| 1   | <b>68</b>    | Q4.2 Does {child's name} have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.<br><b>(DUR_30D)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 2   | <b>69-70</b> | Q4.3 During the past 30 days, on how many days did symptoms of asthma make it difficult for {child's name} to stay asleep?<br><b>(ASLEEP30)</b>  | __ Days/Nights [Range check: 01-30, 77, 88, 99]<br><br>88 = None<br>77 = Don't know<br>99 = Refused  |
| 2   | <b>71-72</b> | If LASTSYMP = 88 (never) or = 04, 05, 06, or 07 (more than 3 months ago) then have CATI code SYMPFREE = 14<br><br>If SYMP_30D = 88 (no symptoms in the past 30 days) then have CATI code SYMPFREE = 14<br><br>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? <b>(SYMPFREE)</b> | __ Number of days [Range check: 01-14, 77, 88, 99]<br><br>88 = None<br>77 = Don't know<br>99 = Refused                                       |
| 1   | <b>73</b>    | Q4.5 During the past 12 months' has {child's name} had an episode of asthma or an asthma attack?<br><b>(EPIS_12M)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused   |
| 3   | <b>74-76</b> | Q4.6 During the past three months, how many asthma episodes or attacks has {child's name} had?<br><b>(EPIS_TP)</b>   | ____ [Range check: 001-100, 777, 888, 999]<br><br>888 = None<br>777 = Don't know<br>999 = Refused  |
| 3   | <b>77-79</b> | Q4.7 How long did {child's name} most recent asthma episode or attack last?<br><b>(DUR_ASTH)</b>   | 1__ Minutes<br>2__ Hours<br>3__ Days<br>4__ Weeks<br>5 5 5 Never<br>7 7 7 Don't know / Not sure<br>9 9 9 Refused                             |
| 1   | <b>80</b>    | Q4.8 Compared with other episodes or attacks, was this most recent attack shorter, longer, or about the same?<br><b>(COMPASTH)</b>   | 1 = Shorter<br>2 = Longer<br>3 = About the same<br>4 = The most recent attack was actually the first attack<br>7 = Don't know<br>9 = Refused |
| <b>Section 5. Health Care Utilization</b> |              |  |  |
| 1   | <b>81</b>    | 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?<br><b>(INS1)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1   | <b>82</b>    | Q5.2 What kind of health care coverage, does {child's name} have? Is it a parent's employer paid insurance plan, Medicaid, Medicare, CHIP {replace with state specific name} or some other type of insurance?  | 1 = Parent's employer<br>2 = Medicaid/Medicare<br>3 = CHIP {replace with State specific name}<br>4 = Other<br>7 = Don't know                 |

|   |               |   |   |
|---|---------------|---|---|
|   |               | <b>(INS_TYP)</b>  | 9 = Refused   |
| 1 | <b>83</b>     | Q5.3 During the past 12 months was there any time that {child's name} did not have any health insurance or coverage? <b>(INS2)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused   |
| 1 | <b>84</b>     | 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?<br><b>(FLU_SHOT)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused   |
| 1 | <b>85</b>     | Q5.5 A flu vaccine that is sprayed in the nose is called FluMist™. During the past 12 months, did {CHILD'S NAME} have a flu vaccine that was sprayed in his/her nose?<br><b>(FLU_SPRAY)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused   |
| 1 | <b>86</b>     | <b>Q5.6</b> 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?<br><b>(ACT_DAYS30)</b>   | 1 = Not at all<br>2 = A little<br>3 = Moderate amounts<br>4 = A lot<br>7 = Don't know/Not sure<br>9 = Refused |
| 3 | <b>87-89</b>  | Q5.7 During the past 12 months how many times did {child's name} see a doctor or other health professional for a routine checkup for {his/her} asthma?<br><b>(NER_TIME)</b>   | ____ [Range check: 001-365, 777, 888,999]<br><br>777 = Don't know<br>888 = None<br>999 = Refused              |
| 1 | <b>90</b>     | Q5.8 An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, has {child's name} had to visit an emergency room or urgent care center because of {his/her} asthma? <b>(ER_VISIT)</b> | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| 3 | <b>91-93</b>  | Q5.9 During the past 12 months, how many times did {child's name} visit an emergency room or urgent care center because of {his/her} asthma? <b>(ER_TIMES)</b>  | ____ [Range check: 001-365, 777,888,999]<br><br>888 = None<br>777 = Don't know<br>999 = Refused               |
| 3 | <b>94-96</b>  | Q5.10 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? <b>(URG_TIME)</b>  | ____ [Range check: 001-365, 777,888, 999]<br><br>888 = None<br>777 = Don't know<br>999 = Refused              |
| 1 | <b>97</b>     | 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.<br><b>(HOSP_VST)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| 3 | <b>98-100</b> | Q5.12 During the past 12 months, how many different times did {child's name} stay in any hospital overnight or longer because of {his/her} asthma? <b>(HOSP TIME)</b>   | ____ [Range check: 001-365, 777, 999]<br><br>777 = Don't know<br>999 = Refused                                |
| 1 | <b>101</b>    | Q5.13 The last time {child's name} left the hospital, did a health professional talk with you or {child's name} about how to prevent serious attacks in the future? <b>(HOSPPLAN)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused   |

**Section 6. Knowledge of Asthma/Management Plan**

|  |     |   |   |
|--|-----|---|---|
| 1  | 102 | Q6.1 Has a doctor or other health professional ever taught you or {child's name}....<br>a. How to recognize early signs or symptoms of an asthma episode?<br><b>(TCH_SIGN)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused |
| 1  | 103 | Q6.2 Has a doctor or other health professional ever taught you or {child's name}....<br>b. What to do during an asthma episode or attack?(TCH_RESP)   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused |
| 1  | 104 | Q6.3 <b>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}....</b><br>c. How to use a peak flow meter to adjust your daily medications?<br><b>(TCH_MON)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused |
| 1  | 105 | <b>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.</b><br>Q6.4 Has a doctor or other health professional EVER given you or {child's name}....an asthma action plan?<br><b>(MGT_PLAN)</b> | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused |
| 1  | 106 | Q6.5 Have you or {child's name} ever taken a course or class on how to manage {his/her} asthma?<br><b>(MGT_CLAS)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused |
| <b>Section 7. Modifications to Environment</b> |     |   |   |
| 1  | 107 | <b>An air cleaner or purifier filters pollutants like dust, pollen, mold and chemicals out of the indoor air. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.</b><br>Q7.1 Is an air cleaner or purifier regularly used inside {child's name} home?<br><b>(AIRCLEANER)</b>                | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused |
| 1  | 108 | Q7.2 Is a dehumidifier regularly used to reduce moisture inside {child's name} home?<br><b>(DEHUMID)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused |
| 1  | 109 | Q7.3 Is an exhaust fan that vents to the outside used regularly when cooking in the kitchen in {child's name} home?<br><b>(KITC_FAN)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused |
| 1  | 110 | Q7.4 Is gas used for cooking in {child's name} home?<br><b>(COOK_GAS)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused |
| 1  | 111 | Q7.5 In the past 30 days, has anyone seen or smelled mold or a musty odor inside in {child's name} home? Do not include mold  | 1 = Yes<br>2 = No   |

|   |     |  |   |
|---|-----|--|---|
|   |     | on food.<br><b>(ENV_MOLD)</b>  | 7 = Don't know/Not sure<br>9 = Refused  |
| 1 | 112 | Q7.6 Does {child's name} home have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time <u>indoors</u> ?<br><b>(ENV_PETS)</b> | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1 | 113 | Q7.7 Is the pet allowed in {child's name} bedroom?<br><b>(PETBEDRM)</b>  | 1 = Yes<br>2 = No<br>3 = Some are/Some aren't<br>7 = Don't know/Not sure<br>9 = Refused |
| 1 | 114 | Q7.8 In the past 30 days, has anyone seen cockroaches inside {child's name} home?<br><b>(C_ROACH)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1 | 115 | Q7.9 In the past 30 days, has anyone seen mice or rats inside {child's name} home? Do not include mice or rats kept as pets.<br><b>(C_RODENT)</b>                  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1 | 116 | Q7.10 Is a wood burning fireplace or wood burning stove used in {child's name} home?<br><b>(WOOD_STOVE)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1 | 117 | Q7.11 Are unvented gas logs, an unvented gas fireplace, or an unvented gas stove used in {child's name} home?<br><b>(GAS_STOVE)</b>                                | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1 | 118 | Q7.12 In the past week, has anyone smoked inside {child's name} home?<br><b>(S_INSIDE)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1 | 119 | Q7.13 Has a health professional ever advised you to change things in {child's name} home, school, or work to improve his/her asthma?<br><b>(MOD_ENV)</b>           | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1 | 120 | Q7.14 Does {child's name} use a mattress cover that is made especially for controlling dust mites?<br><b>(MATTRESS)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1 | 121 | Q7.15 Does {child's name} use a pillow cover that is made especially for controlling dust mites?<br><b>(E_PILLOW)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1 | 122 | Q7.16 Does {child's name} have carpeting or rugs in {his/her} bedroom? <i>This does not include throw rugs small enough to be laundered.</i><br><b>(CARPET)</b>    | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused                             |
| 1 | 123 | Q7.17 Are {child's name} sheets and pillowcases washed in cold, warm, or hot water?<br><b>(HOTWATER)</b>   | 1 = Cold<br>2 = Warm<br>3 = Hot<br>4 = Varies<br>7 = Don't know/Not sure<br>9 = Refused |



|                               |         |  |   |
|-------------------------------|---------|--|---|
| 1                             | 124     | Q7.18 In {child's name} bathroom, does {child's name} regularly use an exhaust fan that vents to the outside?<br><b>(BATH_FAN)</b>   | 1 = Yes<br>2 = No OR "No Fan"<br>7 = Don't know/Not sure<br>9 = Refused   |
| <b>Section 8. Medications</b> |         |  |   |
| 1                             | 125     | 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? <b>(OTC)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused   |
| 1                             | 126     | Q8.2 Has {child's name} ever used a prescription inhaler?<br><b>(INHALERE)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused   |
| 1                             | 127     | Q8.3 Did a health professional show {child's name} how to use the inhaler?<br><b>(INHALERH)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused   |
| 1                             | 128     | Q8.4 Did a doctor or other health professional watch {child's name} use the inhaler?<br><b>(INHALERW)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused   |
| 1                             | 129     | <b>[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 {child's name} takes each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.</b><br>Q8.5 It will help to get {child's name} medicines so you can read the labels.<br><b>(SCR_MED1)</b> | 1 = Yes<br>2 = No<br>3 = Respondent know the meds<br>7 = Don't know/Not sure<br>9 = Refused   |
| 1                             | 130     | Q8.7 Do you have all the medications?<br><b>(SCR_MED3)</b>   | 1 = Yes I have all of the medications<br>2 = Yes I have some of the medications but not all<br>3 = No<br>7 = Don't know/Not sure<br>9 = Refused |
| 1                             | 131     | Q8.8 In the past 3 months has {child's name} taken prescription asthma medicine using an inhaler?<br><b>(INH_SCR)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused   |
| 16                            | 132-147 | Q8.9 In the past 3 months, what medications did {child's name} take by inhaler? [MARK ALL THAT APPLY. PROBE: Any other medications?]<br><b>(INH_MEDS) (Limit=8 Inhalers)</b>   | 88 = No Prescription Inhalers<br>77 = Don' know<br>99 = Refused   |
|                               |         | <b>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</b><br><br><b>Note: the yellow numbered items below are new medications added in 2008. Also, CATI programmers, note that the top ten</b>   |   |

|               |  | items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily. |   |
|---------------|--|--|---|
|               | Medication   |  | Pronunciation   |
| 01            | <b>Advair</b> (+ A. Diskus)                        |  | ăd-vâr (or <b>add</b> -vair)  |
| 02            | Aerobid  |  | â-rō'bīd (or <b>air</b> -row-bid)   |
| 03            | <b>Albuterol</b> (+ A. sulfate or salbutamol)      |  | ăl'- <b>bu</b> 'ter-ōl (or al- <b>BYOO</b> -ter-ole) sāl-byū'tə-môl'                    |
| 04            | Alupent  |  | <b>al</b> -u-pent   |
| 43            | <b>Alvesco</b> (+ <b>Ciclesonide</b> )             |  | <b>al-ves-co</b>  |
| 40            | Asmanex (twisthaler)                               |  | <b>as-muh</b> -neks <b>twist</b> -hey-ler   |
| 05            | <b>Atrovent</b>                                    |  | At-ro-vent  |
| 06            | <b>Azmacort</b>                                    |  | <b>az</b> -ma-cort  |
| 07            | <u>Beclomethasone dipropionate</u>                 |  | bek''lo- <b>meth</b> 'ah-son dī' <b>pro</b> 'pe-o-nāt (or be-kloe- <b>meth</b> -a-sone) |
| 08            | Beclovent  |  | be' klo-vent'' (or <b>be</b> -klo-vent)   |
| 09            | <u>Bitolterol</u>                                  |  | bi-tōl'ter-ōl (or bye- <b>tole</b> -ter-ole)  |
| <del>10</del> | <del><b>Brethaire</b></del> -Discontinued - Delete |  | <del><b>breth-air</b></del>   |
| 11            | <u>Budesonide</u>                                  |  | byoo- <b>des</b> -oh-nide   |
| 12            | <b>Combivent</b>                                   |  | <b>com</b> -bi-vent   |
| 13            | <u>Cromolyn</u>                                    |  | <b>kro</b> 'mō-lin (or <b>KROE</b> -moe-lin)  |
| 44            | <b>Dulera</b>                                      |  | <b>do</b> -lair-a   |
| 14            | <b>Flovent</b>                                     |  | <b>flow</b> -vent   |
| 15            | Flovent Rotadisk                                   |  | <b>flow</b> -vent <b>row</b> -ta-disk   |
| 16            | <u>Flunisolide</u>                                 |  | floo- <b>nis</b> 'o-līd (or floo- <b>NISS</b> -oh-lide)                                 |
| 17            | <u>Fluticasone</u>                                 |  | flue- <b>TICK</b> -uh-zone  |
| 34            | Foradil  |  | <i>FOUR</i> -a-dil  |
| 35            | <u>Formoterol</u>                                  |  | for moh' te rol   |
| <del>18</del> | <del><b>Intal</b></del> - Discontinued - Delete    |  | <del><b>in-tel</b></del>  |
| 19            | <u>Ipratropium Bromide</u>                         |  | īp-rah- <b>tro</b> 'pe-um bro'mīd (or ip-ra- <b>TROE</b> -pee-um)                       |
| 37            | <u>Levalbuterol tartrate</u>                       |  | lev-al- <b>BYOU</b> -ter-ohl  |
| 20            | Maxair   |  | <b>māk</b> -sâr   |
| 21            | <u>Metaproteronol</u>                              |  | met''ah-pro- <b>ter</b> 'ĕ-nōl (or met-a-proe- <b>TER</b> -e-nole)                      |
| 39            | <u>Mometasone furoate</u>                          |  | <b>moe</b> - <b>MET</b> -a-sone   |
| 22            | <u>Nedocromil</u>                                  |  | ne-DOK-roe-mil  |
| 23            | <u>Pirbuterol</u>                                  |  | pēr- <b>bu</b> 'ter-ōl (or peer- <b>BYOO</b> -ter-ole)                                  |
| 41            | Pro-Air HFA  |  | <b>proh</b> -air HFA  |
| 24            | <b>Proventil</b>                                   |  | pro''ven-til' (or pro-vent-il)  |
| 25            | <b>Pulmicort Flexhaler</b>                         |  | <b>pul</b> -ma-cort <b>flex-hail-er</b>   |
| 36            | <b>QVAR</b>  |  | <b>q</b> -vâr (or q-vair)   |
| 03            | <u>Salbutamol (or Albuterol)</u>                   |  | sāl-byū'tə-môl'   |
| 26            | <u>Salmeterol</u>                                  |  | sal-ME-te-role  |
| 27            | <b>Serevent</b>                                    |  | <b>Sair</b> -a-vent   |
| 42            | Symbicort  |  | <b>sim</b> -buh-kohrt   |
| 28            | <u>Terbutaline (+ T. sulfate)</u>                  |  | ter- <b>bu</b> 'tah-lĕn (or ter- <b>BYOO</b> -ta-leen)                                  |
| <del>29</del> | <del><b>Tilade</b></del> -Discontinued - delete    |  | <del><b>tie-laid</b></del>  |
| 30            | Tornalate  |  | <b>tor</b> -na-late   |
| 31            | <u>Triamcinolone acetonide</u>                     |  | tri''am- <b>sin</b> 'o-lōn as''ĕ-tō-nīd' (or trye-am- <b>SIN</b> -oh-lone)              |
| 32            | Vanceril   |  | <b>van</b> -sir-il  |
| 33            | Ventolin   |  | <b>vent</b> -o-lin  |
| 38            | Xopenex HFA  |  | <i>ZOH</i> -pen-ecks  |
| 66            | Other, Please Specify                              |  | [SKIP TO OTH_I1]  |
| 77            | Don't know   |  | [SKIP TO PILLS]   |
| 88            | No Prescription Inhalers                           |  | [SKIP TO PILLS]   |
| 99            | Refused  |  | [SKIP TO PILLS]   |
| 10            | 148-247  | Q8.10 ENTER OTHER MEDICATION   | Text field – up to 100 characters   |

|    |         |   |   |
|----|---------|---|---|
| 0  |         | <p>FROM (8.9) IN TEXT FIELD. IF MORE THAT ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.</p> <p>[LOOP BACK TO ILP01 AS NECESSARY (UP TO 6 TIMES FOR SIX SEPARATE MEDICATIONS) TO ADMINSTER QUESTIONS ILP01 THRU ILP10 FOR EACH MEDICINE REPORTED IN INH_MEDS</p> <p>[FOR FILL [MEDICINE FROM INH_MEDS SERIES] FOR QUESTIONS ILP01 THROUGH ILP10] [IF {MEDICINE FROM INH_MEDS SERIES} IS 03, 04, 21, 24, OR 33 ASK ILP01 ELSE SKIP TO ILP02 (OTH_I1)]</p> |   |
|    |         | <p><b>Section Repeated for Medication entry. (Limit=8 Inhalers)</b></p> <p><b>Questions 8.11–8.19 will be repeated for each medication up to 8 times and saved in blocks of 15 columns, two for the Med. Code, and 13 columns for the 9 questions. Columns 248-262 will hold the first series and the eighth series in 353-367.</b></p>   |   |
| 2  | 248-249 | 1 <sup>st</sup> Inhaler value from “INH_MEDS” field ILP_A (First Inhaler Medication Value)  | <b>Valid Inhaler Meds: 01 - 43, 66</b>  |
| 13 | 250-262 | <b>Questions 8.11 through 8.19 for FIRST medication</b>   |   |
| 1  | 250     | <b>Q8.11</b> Question has been removed, 2012. <b>Please leave this column blank.</b><br>1 <sup>st</sup> Medication  |   |
| 1  | 251     | <b>Q8.12</b> Question has been removed, 2012. <b>Please leave this column blank.</b><br>1 <sup>st</sup> Medication  |   |
| 1  | 252     | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child’s name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP03_A) 1st Medication</b>  | <p>1 = Yes<br/> 2 = No<br/> 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br/> 4 = Medication has a built-in spacer/ does not need a spacer<br/> 7 = Don’t know/Not sure<br/> 9 = Refused</p> |
| 1  | 253     | Q8.14 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack?<br><b>(ILP04_A) 1st Medication</b>   | <p>1 = Yes<br/> 2 = No<br/> 3 = No attack in the past 3 mths<br/> 7 = Don’t know/Not sure<br/> 9 = Refused</p>  |
| 1  | 254     | Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_A) 1st Medication</b>   | <p>1 = Yes<br/> 2 = No<br/> 3 = Didn’t exercise in the past 3 mths<br/> 7 = Don’t know/Not sure<br/> 9 = Refused</p>  |

|    |         |  |  |
|----|---------|--|--|
| 1  | 255     | Q8.16 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_A) 1st Medication</b>                                     | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 2  | 256-257 | <b>Q8.17</b> Question has been removed, 2012.<br><b>Please leave these columns blank.</b><br><b>1<sup>st</sup> Medication</b>  |  |
| 3  | 258-260 | Q8.18 How many times per day or per week did {child's name} use [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP08_A) 1st Medication</b>  | 301-399 = Days<br>401-499 = Weeks<br>555 = Never<br>666 = Less often than once a week<br>777 = Don' know<br>999 = Refused  |
| 2  | 261-262 | Q8.19 How many canisters of this inhaler has {child's name} used in the past 3 months?<br><b>(ILP10_A) 1st Medication</b>  | ___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]<br>77 = Don't know/Not sure<br>88 = None<br>99 = Refused  |
| 2  | 263-264 | <b>2<sup>nd</sup> Inhaler value from "INH_MEDS" field ILP_B (Second Inhaler Medication Value)</b>  | <b>Valid Inhaler Meds: 01 - 43, 66</b>   |
| 13 | 265-277 | <b>Questions 8.11 through 8.19 for SECOND medication</b>   |  |
| 1  | 265     | <b>Q8.11</b> Question has been removed, 2012.<br><b>Please leave this column blank.</b><br><b>2<sup>nd</sup> Medication</b>  |  |
| 1  | 266     | <b>Q8.12</b> Question has been removed, 2012.<br><b>Please leave this column blank.</b><br><b>2<sup>nd</sup> Medication</b>  |  |
| 1  | 267     | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child's name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP03_B) 2nd Medication</b> | 1 = Yes<br>2 = No<br>3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br>4 = Medication has a built-in spacer/ does not need a spacer<br>7 = Don't know/Not sure<br>9 = Refused |
| 1  | 268     | Q8.14 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack?<br><b>(ILP04_B) 2nd Medication</b>                        | 1 = Yes<br>2 = No<br>3 = No attack in the past 3 mths<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 269     | Q8.15 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_B) 2nd Medication</b>  | 1 = Yes<br>2 = No<br>3 = Didn't exercise in the past 3 mths<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 270     | Q8.16 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_B) 2nd Medication</b>                                     | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 2  | 271-272 | <b>Q8.17</b> Question has been removed, 2012.<br><b>Please leave these columns blank.</b><br><b>(ILP07_B) 2nd Medication</b>   |  |
| 3  | 273-275 | Q8.18 How many times per day or per week did {child's name} use [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP08_B) 2nd Medication</b>  | 301-399 = Days<br>401-499 = Weeks<br>555 = Never   |

|    |         |  |  |
|----|---------|--|--|
|    |         | <b>(ILP08_B) 2nd Medication</b>  | 666 = Less often than once a week<br>777 = Don' know<br>999 = Refused  |
| 2  | 276-277 | Q8.19 How many canisters of this inhaler has {child's name} used in the past 3 months?<br><b>(ILP10_B) 2nd Medication</b>  | ___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]<br>77 = Don't know/Not sure<br>88 = None<br>99 = Refused  |
| 2  | 278-279 | <b>3rd Inhaler value from "INH_MEDS" field ILP_C (Third Inhaler Medication Value)</b>  | <b>Valid Inhaler Meds: 01 - 43, 66</b>   |
| 13 | 280-292 | <b>Questions 8.11 through 8.19 for THIRD medication</b>  |  |
| 1  | 280     | <b>Q8.11</b> Question has been removed, 2012.<br><b>Please leave this column blank.</b><br><b>3rd Medication</b>   |  |
| 1  | 281     | <b>Q8.12</b> Question has been removed, 2012.<br><b>Please leave this column blank.</b><br><b>3rd Medication</b>   |  |
| 1  | 282     | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child's name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP03_C) 3rd Medication</b> | 1 = Yes<br>2 = No<br>3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br>4 = Medication has a built-in spacer/ does not need a spacer<br>7 = Don't know/Not sure<br>9 = Refused |
| 1  | 283     | Q8.14 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack?<br><b>(ILP04_C) 3rd Medication</b>                        | 1 = Yes<br>2 = No<br>3 = No attack in the past 3 mths<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 284     | Q8.15 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_C) 3rd Medication</b>  | 1 = Yes<br>2 = No<br>3 = Didn't exercise in the past 3 mths<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 285     | Q8.16 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_C) 3rd Medication</b>                                     | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 2  | 286-287 | <b>Q8.17</b> Question has been removed, 2012.<br><b>Please leave these columns blank.</b><br><b>(ILP07_C) 3rd Medication</b>   |  |
| 3  | 288-290 | Q8.18 How many times per day or per week did {child's name} use [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP08_C) 3rd Medication</b>  | 301-399 = Days<br>401-499 = Weeks<br>555 = Never<br>666 = Less often than once a week<br>777 = Don' know<br>999 = Refused  |
| 2  | 291-292 | Q8.19 How many canisters of this inhaler has {child's name} used in the past 3 months?<br><b>(ILP10_C) 3rd Medication</b>  | ___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]<br>77 = Don't know/Not sure<br>88 = None<br>99 = Refused  |
| 2  | 293-294 | <b>4th Inhaler value from "INH_MEDS" field ILP_D (Fourth Inhaler Medication Value)</b>   | <b>Valid Inhaler Meds: 01 - 43, 66</b>   |
| 13 | 295-307 | <b>Questions 8.11 through 8.19 for FOURTH medication</b>   |  |

|    |         |  |  |
|----|---------|--|--|
| 1  | 295     | <b>Q8.11</b> Question has been removed, 2012.<br><b>Please leave this column blank.</b><br><b>4<sup>th</sup> Medication</b>  |  |
| 1  | 296     | <b>Q8.12</b> Question has been removed, 2012.<br><b>Please leave this column blank.</b><br><b>4<sup>th</sup> Medication</b>  |  |
| 1  | 297     | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child's name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP03_D) 4th Medication</b> | 1 = Yes<br>2 = No<br>3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br>4 = Medication has a built-in spacer/ does not need a spacer<br>7 = Don't know/Not sure<br>9 = Refused |
| 1  | 298     | Q8.14 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack?<br><b>(ILP04_D) 4th Medication</b>                        | 1 = Yes<br>2 = No<br>3 = No attack in the past 3 mths<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 299     | Q8.15 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_D) 4th Medication</b>  | 1 = Yes<br>2 = No<br>3 = Didn't exercise in the past 3 mths<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 300     | Q8.16 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_D) 4th Medication</b>                                     | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 2  | 301-302 | <b>Q8.17</b> Question has been removed, 2012.<br><b>Please leave these columns blank.</b><br><b>(ILP07_D) 4th Medication</b>   |  |
| 3  | 303-305 | Q8.18 How many times per day or per week did {child's name} use [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP08_D) 4th Medication</b>  | 301-399 = Days<br>401-499 = Weeks<br>555 = Never<br>666 = Less often than once a week<br>777 = Don' know<br>999 = Refused  |
| 2  | 306-307 | Q8.19 How many canisters of this inhaler has {child's name} used in the past 3 months?<br><b>(ILP10_D) 4th Medication</b>  | ___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]<br>77 = Don't know/Not sure<br>88 = None<br>99 = Refused  |
| 2  | 308-309 | <b>5<sup>th</sup> Inhaler value from "INH_MEDS" field ILP_E (Fifth Inhaler Medication Value)</b>   | <b>Valid Inhaler Meds: 01 - 43, 66</b>   |
| 13 | 310-322 | <b>Questions 8.11 through 8.19 for FIFTH medication</b>  |  |
| 1  | 310     | <b>Q8.11</b> Question has been removed, 2012.<br><b>Please leave this column blank.</b><br><b>5<sup>th</sup> Medication</b>  |  |
| 1  | 311     | <b>Q8.12</b> Question has been removed, 2012.<br><b>Please leave this column blank.</b><br><b>5<sup>th</sup> Medication</b>  |  |
| 1  | 312     | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child's name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP03_E) 5th Medication</b> | 1 = Yes<br>2 = No<br>3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br>4 = Medication has a built-in spacer/ does not need a spacer   |

|          |                |  |  |
|----------|----------------|--|--|
|          |                |  | 7 = Don't know/Not sure<br>9 = Refused   |
| 1        | 313            | Q8.14 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack?<br><b>(ILP04_E) 5th Medication</b>                        | 1 = Yes<br>2 = No<br>3 = No attack in the past 3 mths<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1        | 314            | Q8.15 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_E) 5th Medication</b>  | 1 = Yes<br>2 = No<br>3 = Didn't exercise in the past 3 mths<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1        | 315            | Q8.16 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_E) 5th Medication</b>                                     | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| <b>2</b> | <b>316-317</b> | <b>Q8.17</b> Question has been removed, 2012.<br><b>Please leave these columns blank.</b><br><b>(ILP07_E) 5th Medication</b>   |  |
| 3        | 318-320        | Q8.18 How many times per day or per week did {child's name} use [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP08_E) 5th Medication</b>  | 301-399 = Days<br>401-499 = Weeks<br>555 = Never<br>666 = Less often than once a week<br>777 = Don' know<br>999 = Refused  |
| 2        | 321-322        | Q8.19 How many canisters of this inhaler has {child's name} used in the past 3 months?<br><b>(ILP10_E) 5th Medication</b>  | ___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]<br>77 = Don't know/Not sure<br>88 = None<br>99 = Refused  |
| 2        | 323-324        | <b>6th Inhaler value from "INH_MEDS" field ILP_F (Sixth Inhaler Medication Value)</b>  | <b>Valid Inhaler Meds: 01 - 43, 66</b>   |
| 13       | 325-337        | <b>Questions 8.11 through 8.19 for SIXTH medication</b>  |  |
| <b>1</b> | <b>325</b>     | <b>Q8.11</b> Question has been removed, 2012.<br><b>Please leave this column blank.</b><br><b>6th Medication</b>   |  |
| <b>1</b> | <b>326</b>     | <b>Q8.12</b> Question has been removed, 2012.<br><b>Please leave this column blank.</b><br><b>6th Medication</b>   |  |
| <b>1</b> | <b>327</b>     | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child's name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP03_F) 6th Medication</b> | 1 = Yes<br>2 = No<br>3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br>4 = Medication has a built-in spacer/ does not need a spacer<br>7 = Don't know/Not sure<br>9 = Refused |
| 1        | 328            | Q8.14 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack?<br><b>(ILP04_F) 6th Medication</b>                        | 1 = Yes<br>2 = No<br>3 = No attack in the past 3 mths<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1        | 329            | Q8.15 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_F) 6th Medication</b>  | 1 = Yes<br>2 = No<br>3 = Didn't exercise in the past 3 mths<br>7 = Don't know/Not sure   |

|    |         |  |  |
|----|---------|--|--|
|    |         |  | 9 = Refused  |
| 1  | 330     | Q8.16 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_F) 6th Medication</b>                                     | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 2  | 331-332 | Q8.17 Question has been removed, 2012.<br><b>Please leave these columns blank.</b><br><b>(ILP07_F) 6th Medication</b>  |  |
| 3  | 333-335 | Q8.18 How many times per day or per week did {child's name} use [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP08_F) 6th Medication</b>  | 301-399 = Days<br>401-499 = Weeks<br>555 = Never<br>666 = Less often than once a week<br>777 = Don' know<br>999 = Refused  |
| 2  | 336-337 | Q8.19 How many canisters of this inhaler has {child's name} used in the past 3 months?<br><b>(ILP10_F) 6th Medication</b>  | ___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]<br>77 = Don't know/Not sure<br>88 = None<br>99 = Refused  |
| 2  | 338-339 | <b>7th Inhaler value from "INH_MEDS" field ILP_G (Seventh Inhaler Medication Value)</b>  | <b>Valid Inhaler Meds: 01 - 43, 66</b>   |
| 13 | 340-352 | <b>Questions 8.11 through 8.19 for SEVENTH medication</b>  |  |
| 1  | 340     | <b>Q8.11</b> Question has been removed, 2012.<br><b>Please leave this column blank.</b><br><b>7th Medication</b>   |  |
| 1  | 341     | <b>Q8.12</b> Question has been removed, 2012.<br><b>Please leave this column blank.</b><br><b>7th Medication</b>   |  |
| 1  | 342     | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child's name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP03_G) 7th Medication</b> | 1 = Yes<br>2 = No<br>3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br>4 = Medication has a built-in spacer/ does not need a spacer<br>7 = Don't know/Not sure<br>9 = Refused |
| 1  | 343     | Q8.14 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack?<br><b>(ILP04_G) 7th Medication</b>                        | 1 = Yes<br>2 = No<br>3 = No attack in the past 3 mths<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 344     | Q8.15 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_G) 7th Medication</b>  | 1 = Yes<br>2 = No<br>3 = Didn't exercise in the past 3 mths<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 345     | Q8.16 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_G) 7th Medication</b>                                     | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 2  | 346-347 | <b>Q8.17</b> Question has been removed, 2012.<br><b>Please leave these columns blank.</b><br><b>(ILP07_G) 7th Medication</b>   |  |
| 3  | 348-350 | Q8.18 How many times per day or per week did {child's name} use [MEDICINE FROM   | 301-399 = Days<br>401-499 = Weeks  |



|    |         |  |  |
|----|---------|--|--|
|    |         | INH_MEDS SERIES]?<br><b>(ILP08_G) 7th Medication</b>   | 555 = Never<br>666 = Less often than once a week<br>777 = Don' know<br>999 = Refused   |
| 2  | 351-352 | Q8.19 How many canisters of this inhaler has {child's name} used in the past 3 months?<br><b>(ILP10_G) 7th Medication</b>  | ___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]<br>77 = Don't know/Not sure<br>88 = None<br>99 = Refused  |
| 2  | 353-354 | <b>8th Inhaler value from "INH_MEDS" field ILP_H (Eighth Inhaler Medication Value)</b>   | <b>Valid Inhaler Meds: 01 - 43, 66</b>   |
| 13 | 355-367 | <b>Questions 8.11 through 8.19 for EIGHTH medication</b>   |  |
| 1  | 355     | <b>Q8.11</b> Question has been removed, 2012.<br><b>Please leave this column blank.</b><br><b>8<sup>th</sup> Medication</b>  |  |
| 1  | 356     | <b>Q8.12</b> Question has been removed, 2012.<br><b>Please leave this column blank.</b><br><b>8<sup>th</sup> Medication</b>  |  |
| 1  | 357     | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child's name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP03_H) 8th Medication</b> | 1 = Yes<br>2 = No<br>3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler<br>4 = Medication has a built-in spacer/ does not need a spacer<br>7 = Don't know/Not sure<br>9 = Refused |
| 1  | 358     | Q8.14 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack?<br><b>(ILP04_H) 8th Medication</b>                        | 1 = Yes<br>2 = No<br>3 = No attack in the past 3 mths<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 359     | Q8.15 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] before exercising?<br><b>(ILP05_H) 8th Medication</b>  | 1 = Yes<br>2 = No<br>3 = Didn't exercise in the past 3 mths<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 360     | Q8.16 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?<br><b>(ILP06_H) 8th Medication</b>                                     | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 2  | 361-362 | <b>Q8.17</b> Question has been removed, 2012.<br><b>Please leave these columns blank.</b><br><b>8<sup>th</sup> Medication</b>  |  |
| 3  | 363-365 | Q8.18 How many times per day or per week did {child's name} use [MEDICINE FROM INH_MEDS SERIES]?<br><b>(ILP08_H) 8th Medication</b>  | 301-399 = Days<br>401-499 = Weeks<br>555 = Never<br>666 = Less often than once a week<br>777 = Don' know<br>999 = Refused  |
| 2  | 366-367 | Q8.19 How many canisters of this inhaler has {child's name} used in the past 3 months?<br><b>(ILP10_H) 8th Medication</b>  | ___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]<br>77 = Don't know/Not sure<br>88 = None<br>99 = Refused  |
| 1  | 368     | <b>Intentionally left blank2</b>   |  |

|    |         |   |  |
|----|---------|---|--|
| 1  | 369     | Q8.20 In the past 3 months, has {child's name} taken any prescription medicine in pill form for his/her asthma?<br><b>(PILLS)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 10 | 370-379 | Q8.21 What prescription asthma medications does {child's name} take in pill form?<br><b>[MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]</b><br><b>(PILLS_MD) (Limit=5)</b><br><br><b>These values will also be re-entered in columns below:</b><br><b>480-481</b> PILL_MD_A (First Pills Medication value)<br><b>483-484</b> PILL_MD_B (Second Pills Medication value)<br><b>486-487</b> PILL_MD_C (Third Pills Medication value)<br><b>489-490</b> PILL_MD_D (Fourth Pills Medication value)<br><b>492-493</b> PILL_MD_E (Fifth Pills Medication value) | <b>___ Enter Response</b><br><b>[IF RESPONDENT SELECTS ANY ANSWER FROM 01-47, SKIP TO PILL01]</b><br>88 = No Pills<br>77 = Don't know/Not sure<br>99 = Refused |
|    |         | What PRESCRIPTION asthma medications does {child's name} take in pill form?<br><b>[MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION asthma pills?]</b><br><br><b>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</b><br><br><b>Note: the yellow numbered items below are new medications added in 2008. Also, CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.</b>   |  |

|    | Medication                | Pronunciation  |
|----|---------------------------|--|
| 01 | <b>Accolate</b>           | <b>ac</b> -o-late  |
| 02 | Aerolate                  | <b>air</b> -o-late   |
| 03 | <b>Albuterol</b>          | äl'- <b>bu</b> 'ter-öl (or al- <b>BYOO</b> -ter-all)                       |
| 04 | Alupent                   | <b>al</b> -u-pent  |
| 49 | Brethine                  | <b>breth-eeen</b>  |
| 05 | Choledyl (oxtriphylline)  | <b>ko</b> -led-il  |
| 07 | Deltasone                 | <b>del</b> -ta-sone  |
| 08 | Elixophyllin              | e-licks- <b>o</b> -fil-in  |
| 11 | Medrol                    | <b>Med</b> -rol  |
| 12 | Metaprel                  | <b>Met</b> -a-prell  |
| 13 | <u>Metaproteronol</u>     | met''ah-pro- <b>ter</b> 'ë-nöl (or met-a-proe- <b>TER</b> -e-nole)         |
| 14 | <u>Methylprednisolone</u> | meth-ill-pred- <b>niss</b> -oh-lone (or meth-il-pred- <b>NIS</b> -oh-lone) |
| 15 | <b>Montelukast</b>        | mont-e- <b>lu</b> -cast  |
| 17 | Pediapred                 | Pee- <b>dee</b> -a-pred  |
| 18 | <b>Prednisolone</b>       | pred- <b>NISS</b> -oh-lone   |
| 19 | <b>Prednisone</b>         | PRED-ni-sone   |
| 21 | Proventil                 | pro- <b>ven</b> -til   |
| 23 | Respid                    | <b>res</b> -pid  |
| 24 | <b>Singulair</b>          | <b>sing</b> -u-lair  |

|     |                                   |  |   |
|-----|-----------------------------------|--|---|
| 25  | Slo-phyllin                       | slow- fil-in   |   |
| 26  | Slo-bid                           | slow-bid   |   |
| 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  | <b>Theodur</b>                    | thee-o-dur   |   |
| 33  | <b>Theo-Dur</b>                   | thee-o-dur   |   |
| 35  | <b>Theophylline</b>               | thee-OFF-i-lin   |   |
| 37  | Theospan                          | thee-o-span  |   |
| 40  | T-Phyl                            | t-fil  |   |
| 42  | <b>Uniphyl</b>                    | 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 <b>film</b> tab   |   |
|     |                                   |  |   |
| 66  | Other, please specify             | [SKIP TO OTH_P1]   |   |
| 77  | Don't know                        | [SKIP TO SYRUP]  |   |
| 88  | No Pills                          | [SKIP TO SYRUP]  |   |
| 99  | Refused                           | [SKIP TO SYRUP]  |   |
| 100 | 380-479                           | [OTH_P1] IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.  | Text field – up to 100 characters                           |
|     |                                   | <b>Question 8.22 Repeated for Medication entry. (Limit=5)</b>  |   |
| 2   | 480-481                           | 1st Pill value from “PILLS_MD” field <b>PILL01_A</b> (First Pill Medication Value)   | <b>Valid Meds in Pill form: 01 - 49, 66</b>                 |
| 1   | 482                               | <b>Q8.22 In the past 3 months, did {child's name} take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?<br/>(PILL01) 1<sup>st</sup> Pill</b> | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused |
| 2   | 483-484                           | 2nd Pill value from “PILLS_MD” field <b>PILL01_B</b> (Second Pill Medication Value)  | <b>Valid Meds in Pill form: 01 - 49, 66</b>                 |
| 1   | 485                               | <b>Q8.22 In the past 3 months, did {child's name} take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?<br/>(PILL02) 2<sup>nd</sup> Pill</b> | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused |
| 2   | 486-487                           | 3rd Pill value from “PILLS_MD” field <b>PILL01_C</b> (Third Pill Medication Value)   | <b>Valid Meds in Pill form: 01 - 49, 66</b>                 |
| 1   | 488                               | <b>Q8.22 In the past 3 months, did {child's name} take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?<br/>(PILL03) 3<sup>rd</sup> Pill</b> | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused |
| 2   | 489-490                           | 4th Pill value from “PILLS_MD” field <b>PILL01_D</b> (Fourth Pill Medication Value)  | <b>Valid Meds in Pill form: 01 - 49, 66</b>                 |
| 1   | 491                               | <b>Q8.22 In the past 3 months, did {child's name} take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?<br/>(PILL04) 4<sup>th</sup> Pill</b> | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused |

|   |         |  |   |
|---|---------|--|---|
| 2 | 492-493 | 5th Pill value from “PILLS_MD” field<br><b>PILL01_E (Fifth Pill Medication Value)</b>  | Valid Meds in Pill form: 01 - 49, <b>66</b>   |
| 1 | 494     | Q8.22 In the past 3 months, did {child’s name} take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?<br><b>(PILL05) 5<sup>th</sup> Pill</b>  | 1 = Yes<br>2 = No<br>7 = Don’t know/Not sure<br>9 = Refused   |
| 1 | 495     | Q8.23 In the past 3 months, has {child’s name} taken prescription medicine in syrup form?<br><b>(SYRUP)</b>  | 1 = Yes<br>2 = No<br>7 = Don’t know/Not sure<br>9 = Refused   |
| 8 | 496-503 | Q8.24 What prescriptions asthma medications has {child’s name} taken as a syrup? [MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?] (SYRUP_ID)<br><b>(Limit=4)</b> | <b>Medication</b><br>01 = Aerolate (09)<br>02 = Albuterol<br>03 = Alupent (04)<br>04 = Metaproteronol<br>05 = Prednisolone<br>06 = Prelone (05)<br>07 = Proventil (02)<br>08 = Slo-Phyllin (09)<br>09 = Theophylline<br>10 = Ventolin (02)<br>66 = Other, Please specify:<br>77 = Don’t know<br>88 = No Syrup<br>99 = Refused |

|    | Medication             | Pronunciation  |
|----|------------------------|--|
| 01 | Aerolate               | <b>air</b> -o-late                                       |
| 02 | <u>Albuterol</u>       | ăl'- <b>bu</b> 'ter-ōl (or al-BYOO-ter-ole)              |
| 03 | Alupent                | <b>al</b> -u-pent  |
| 04 | <u>Metaproteronol</u>  | met"ah-pro- <b>ter</b> 'ě-nōl (or met-a-proe-TER-e-nole) |
| 05 | <u>Prednisolone</u>    | pred-NISS-oh-lone  |
| 06 | Prelone                | <b>pre</b> -loan   |
| 07 | Proventil              | Pro- <b>ven</b> -til                                     |
| 08 | Slo-Phyllin            | <b>slow</b> -fil-in                                      |
| 09 | <u>Theophyllin</u>     | thee-OFF-i-lin   |
| 10 | Ventolin               | <b>vent</b> -o-lin                                       |
| 66 | Other, Please Specify: | [SKIP TO OTH_S1]   |
| 77 | Don't know             | [SKIP TO NEB_SCR]  |
| 88 | No Syrup               | [SKIP TO NEB_SCR]  |
| 99 | Refused                | [SKIP TO NEB_SCR]  |

|         |         |   |  |
|---------|---------|---|--|
| 2       | 496-497 | 1st Syrup value from “SYRUP_ID” field<br><b>SYRUP_A (1st Syrup Medication Value)</b>                                    | Valid Meds in Syrup form: 01 - 10, <b>66</b> |
| 2       | 498-499 | 1st Syrup value from “SYRUP_ID” field<br><b>SYRUP_B (2<sup>nd</sup> Syrup Medication Value)</b>                         | Valid Meds in Syrup form: 01 - 10, <b>66</b> |
| 2       | 500-501 | 1st Syrup value from “SYRUP_ID” field<br><b>SYRUP_C (3rd Syrup Medication Value)</b>                                    | Valid Meds in Syrup form: 01 - 10, <b>66</b> |
| 2       | 502-503 | 1st Syrup value from “SYRUP_ID” field<br><b>SYRUP_D (4th Syrup Medication Value)</b>                                    | Valid Meds in Syrup form: 01 - 10, <b>66</b> |
| 10<br>0 | 504-603 | <b>(OTH_S1) ENTER OTHER MEDICATION.</b><br><br>IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. | Text field – up to 100 characters            |
| 1       | 604     | Q8.25 A nebulizer is a small machine with a   | 1 = Yes                                      |

|    |         |  |   |
|----|---------|--|---|
|    |         | tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of {child's name} prescription asthma medicines used with a nebulizer? <b>(NEB_SCR)</b>  | 2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 605     | Q8.26a I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer <b>At Home?</b> <b>(NEB_PLCa)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| 1  | 606     | Q8.26b I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer <b>At a Doctor's Office?</b> <b>(NEB_PLCb)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| 1  | 607     | Q8.26c I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer <b>In an Emergency room?</b> <b>(NEB_PLCc)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| 1  | 608     | Q8.26d I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer <b>At work or at school?</b> <b>(NEB_PLCd)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| 1  | 609     | Q8.26e I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer <b>At any other place?</b> <b>(NEB_PLCe)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know<br>9 = Refused  |
| 10 | 610-619 | Q8.27 In the past 3 months, what prescriptions asthma medications has {child's name} taken using a nebulizer?<br><b>(NEB_ID) (Limit = 5 Nebulizers Meds.)</b><br><br><b>These values will also be re-entered in columns below:</b><br><b>620-621</b> NEB_ID_A (First Nebulizer Medication value)<br><b>627-628</b> NEB_ID_B (Second Nebulizer Medication value)<br><b>634-635</b> NEB_ID_C (Third Nebulizer Medication value)<br><b>641-642</b> NEB_ID_D (Fourth Nebulizer Medication value)<br><b>648-649</b> NEB_ID_E (Fifth Nebulizer Medication value) | <b>Medication</b><br>01 = Albuterol<br>02 = Alupent (11)<br>03 = Atrovent (09)<br>04 = Bitolterol<br>05 = Budesonide<br>06 = Cromolyn<br>07 = Duoneb (01 + 09)<br>08 = Intal (06)<br>09 = Ipratropium bromide<br>10 = Levalbuterol<br>11 = Metaproteronol<br>12 = Proventil (01)<br>13 = Pulmicort (05)<br>14 = Tormalate (04)<br>15 = Ventolin (01)<br>16 = Xopenex (10)<br><b>17 = Combivent Inhalation solution</b><br><b>18 = Perforomist (Formoterol)</b><br>66 = Other, Please Specify: |

|  |  |   |  |
|--|--|---|--|
|  |  |   | 77 = Don't know<br>88 = None<br>99 = Refused |
|  |  | [INTERVIEWER: IF NECESSARY,<br>ASK THE RESPONDENT TO SPELL<br>THE NAME OF THE MEDICATION.]<br><br>[MARK ALL THAT APPLY. PROBE:<br>Has your child taken any other<br>prescription<br><br><b>ASTHMA medications with a nebulizer in<br/>the past 3 months</b> |  |

|    | Medication                           | Pronunciation   |
|----|--------------------------------------|---|
| 01 | <u>Albuterol</u>                     | ăl'-bu'ter-ōl (or al-BYOO-ter-ole)                                |
| 02 | Alupent                              | al-u-pent   |
| 03 | Atrovent                             | At-ro-vent  |
| 04 | <u>Bitolterol</u>                    | bi-tōl'ter-ōl (or bye- <b>tole</b> -ter-ole)                      |
| 05 | <u>Budesonide</u>                    | byoo- <b>des</b> -oh-nide   |
| 17 | <u>Combivent Inhalation solution</u> | <b>com</b> -bi-vent   |
| 06 | <u>Cromolyn</u>                      | <b>kro</b> 'mō-lin (or KROE-moe-lin)                              |
| 07 | DuoNeb                               | DUE-ow-neb  |
| 08 | Intal                                | <b>in</b> -tel  |
| 09 | <u>Ipratropium bromide</u>           | īp-rah- <b>tro</b> 'pe-um bro'mīd (or ip-ra- <b>TROE</b> -pee-um) |
| 10 | <u>Levalbuterol</u>                  | lev al byoo' ter ol   |
| 11 | <u>Metaproteronol</u>                | met"ah-pro- <b>ter</b> 'ĕ-nōl (or met-a-proe-TER-e-nole)          |
| 18 | <u>Perforomist (Formoterol)</u>      | <b>per-form</b> -ist  |
| 12 | Proventil                            | Pro- <b>ven</b> -til  |
| 13 | Pulmicort                            | <b>pul</b> -ma-cort   |
| 14 | Tornalate                            | <b>tor</b> -na-late   |
| 15 | Ventolin                             | <b>vent</b> -o-lin  |
| 16 | Xopenex                              | ZOH- <i>pen-ecks</i>  |
| 66 | Other, Please Specify:               | [SKIP TO OTH_N1]  |
| 77 | Don't know                           | [SKIP TO Section 9]   |
| 88 | No Syrups                            | [SKIP TO Section 9]   |
| 99 | Refused:                             | [SKIP TO Section 9]   |

|   |         |   |   |
|---|---------|---|---|
| 2 | 620-621 | 1st Nebulizer value from "NEB_ID" field<br><b>NEB_ID_A</b><br>(1st Nebulizer Medication Value)  | Valid Meds in Nebulizer form: 01 - 18, 66   |
| 1 | 622     | <b>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_A) 1st Nebulizer</b> | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7 = Don't know/Not Sure<br>9 = Refused                         |
| 1 | 623     | <b>Q8.29 In the past 3 months, did he/she take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday? (NEB02_A) 1st Nebulizer</b>                      | 1 = Yes<br>2 = No<br>7 = Don't know/Not Sure<br>9 = Refused   |
| 3 | 624-626 | <b>Q8.30 How many times per day or per week does he/she use [MEDICINE FROM NEB_ID SERIES]? (NEB03_A) 1st Nebulizer</b>  | 3__DAYS<br>4__WEEKS<br>555 = NEVER<br>666 = LESS OFTEN THAN ONCE A WEEK<br>777 = Don't know/Not Sure<br>999 = Refused |
| 2 | 627-628 | 2nd Nebulizer value from "NEB_ID" field<br><b>NEB_ID_B</b> (2nd Nebulizer Medication Value)   | Valid Meds in Nebulizer form: 01 - 18, 66   |
| 1 | 629     | <b>Q8.28 In the past 3 months, did {child's name} take [MEDICINE FROM NEB_ID</b>  | 1 = Yes<br>2 = No   |

|   |         |   |   |
|---|---------|---|---|
|   |         | <b>SERIES] when he/she had an asthma episode or attack?<br/>(NEB01_B) 2nd Nebulizer</b>   | 3 = No attack in past 3 months<br>7= Don't know/Not Sure<br>9 = Refused   |
| 1 | 630     | <b>Q8.29 In the past 3 months, did he/she take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?<br/>(NEB02_B) 2nd Nebulizer</b>                      | 1 = Yes<br>2 = No<br>7= Don't know/Not Sure<br>9 = Refused  |
| 3 | 631-633 | <b>Q8.30 How many times per day or per week does he/she use [MEDICINE FROM NEB_ID SERIES]?<br/>(NEB03_B) 2nd Nebulizer</b>  | 3__DAYS<br>4__WEEKS<br>555 = NEVER<br>666 = LESS OFTEN THAN ONCE A WEEK<br>777 = Don't know/Not Sure<br>999 = Refused |
| 2 | 634-635 | <b>3rd Nebulizer value from "NEB_ID" field<br/>NEB_ID_C (3rd Nebulizer Medication Value)</b>  | <b>Valid Meds in Nebulizer form: 01 - 18, 66</b>  |
| 1 | 636     | <b>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?<br/>(NEB01_C) 3rd Nebulizer</b> | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7= Don't know/Not Sure<br>9 = Refused                          |
| 1 | 637     | <b>Q8.29 In the past 3 months, did he/she take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?<br/>(NEB02_C) 3rd Nebulizer</b>                      | 1 = Yes<br>2 = No<br>7= Don't know/Not Sure<br>9 = Refused  |
| 3 | 638-640 | <b>Q8.30 How many times per day or per week does he/she use [MEDICINE FROM NEB_ID SERIES]?<br/>(NEB03_C) 3rd Nebulizer</b>  | 3__DAYS<br>4__WEEKS<br>555 = NEVER<br>666 = LESS OFTEN THAN ONCE A WEEK<br>777 = Don't know/Not Sure<br>999 = Refused |
| 2 | 641-642 | <b>4th Nebulizer value from "NEB_ID" field<br/>NEB_ID_D (4th Nebulizer Medication Value)</b>  | <b>Valid Meds in Nebulizer form: 01 - 18, 66</b>  |
| 1 | 643     | <b>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?<br/>(NEB01_D) 4th Nebulizer</b> | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7= Don't know/Not Sure<br>9 = Refused                          |
| 1 | 644     | <b>Q8.29 In the past 3 months, did he/she take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?<br/>(NEB02_D) 4th Nebulizer</b>                      | 1 = Yes<br>2 = No<br>7= Don't know/Not Sure<br>9 = Refused  |
| 3 | 645-647 | <b>Q8.30 How many times per day or per week does he/she use [MEDICINE FROM NEB_ID SERIES]?<br/>(NEB03_D) 4th Nebulizer</b>  | 3__DAYS<br>4__WEEKS<br>555 = NEVER<br>666 = LESS OFTEN THAN ONCE A WEEK<br>777 = Don't know/Not Sure<br>999 = Refused |
| 2 | 648-649 | <b>5th Nebulizer value from "NEB_ID" field<br/>NEB_ID_E (5th Nebulizer Medication Value)</b>  | <b>Valid Meds in Nebulizer form: 01 - 18, 66</b>  |
| 1 | 650     | <b>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?<br/>(NEB01_E) 5th Nebulizer</b> | 1 = Yes<br>2 = No<br>3 = No attack in past 3 months<br>7= Don't know/Not Sure<br>9 = Refused                          |
| 1 | 651     | <b>Q8.29 In the past 3 months, did he/she take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?</b>  | 1 = Yes<br>2 = No<br>7= Don't know/Not Sure   |

|  |         |  |  |
|--|---------|--|--|
|  |         | <b>(NEB02_E) 5th Nebulizer</b>   | 9 = Refused  |
| 3  | 652-654 | <b>Q8.30 How many times per day or per week does he/she use [MEDICINE FROM NEB_ID SERIES]? (NEB03_E) 5th Nebulizer</b>   | 3 __ _DAYS<br>4 __ _WEEKS<br>555 = NEVER<br>666 = LESS OFTEN THAN ONCE A WEEK<br>777 = Don't know/Not Sure<br>999 = Refused  |
| 100                                      | 655-754 | <b>(OTH_N1)</b><br>IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE   | Text field – up to 100 characters  |
| <b>Section 9. Cost of Care</b>           |         |  |  |
| 1  | 755     | Q9.1 Was there a time in the past 12 months when {child's name} needed to see his/her primary care doctor for <u>asthma</u> but could not because of the cost? <b>(ASMDCOST)</b>                                   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 756     | Q9.2 Was there a time in the past 12 months when you were referred to a specialist for {child's name} <u>asthma care</u> but could not go because of the cost? <b>(ASSPCOST)</b>                                   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 757     | Q9.3 Was there a time in the past 12 months when {child's name} needed medication for <u>his/her asthma</u> but you could not buy it because of the cost? <b>(ASRXCOST)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| <b>Section 10. School Related Asthma</b> |         |  |  |
| 1  | 758     | 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?<br><b>(SCH_STAT)</b>        | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 759     | Q10.2 What is the main reason {child's name} is not now in school? READ RESPONSE CATEGORIES<br><b>(NO_SCHL)</b>  | 1 = Not old enough<br>2 = Home schooled<br>3 = Unable to attend for health reason<br>4 = On vacation or break<br>5 = Other<br>7 = Don't know/Not sure<br>9 = Refused |
| 1  | 760     | Q10.3 Has {child's name} gone to school in the past 12 months?<br><b>(SCHL_12)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 2  | 761-762 | Q10.4 <b>[IF SCHL_12 = 1]</b><br>What grade was {child's name} in the last time he/she was in school?<br><b>[IF SCH_STAT = 1 OR NO_SCHL = 2]</b><br>What grade is {child's name} in?<br><b>(SCHGRADE)</b>          | 88 = Pre-School<br>66 = Kindergarten<br>__ = Enter Grade 01-12<br>77 = Don't know/Not sure<br>99 = Refused   |
| 3  | 763-765 | Q10.5 During the past 12 months, about how many days of school did {child's name} miss because of {his/her} asthma?<br><b>(MISS_SCHL)</b>  | __ Enter Number of Days<br>[RANGE CHECK: (001-365, 777, 888, 999)]<br>888 = Zero/None<br>777 = Don't know/Not sure<br>999 = Refused                                  |
| 1  | 766     | Q10.6 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. | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |



|  |         |  |  |
|--|---------|--|--|
|  |         | Does {child's name} have a written asthma action plan or asthma management plan on file at school? <b>(SCH_APL)</b>  |  |
| 1  | 767     | Q10.7 Is {child's name} allowed to carry his/her asthma medicine with him/her at school?<br><b>(SCH_MED)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 768     | Q10.8 Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {child's name} classroom?<br><b>(SCH_ANML)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 769     | Q10.9 Are you aware of any mold problems in {child's name} school?<br><b>(SCH_MOLD)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 770     | Q10.10 <b>[IF CHLDAGE2 &gt; 10 SKIP TO SECTION 11]</b><br>Does {child's name} go to day care outside his/her home?<br><b>(DAYCARE)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 771     | Q10.11 Has {child's name} gone to daycare in the past 12 months?<br><b>(DAYCARE1)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 3  | 772-774 | Q10.12 During the past 12 months, about how many days of daycare did {child's name} miss because of {his/her} asthma?<br><b>(MISS_DCAR)</b>  | ___ Enter Number of Days<br>[Range Check: (001-365, 777, 888, 999)]<br>888 = Zero/None<br>777 = Don't know/Not sure<br>999 = Refused |
| 1  | 775     | Q10.13 Does {child's name} have a written asthma action plan or asthma management plan on file at daycare?<br><b>(DCARE_APL)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 776     | Q10.14 Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {child's name} room at daycare?<br><b>(DCARE_ANML)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 777     | Q10.15 Are you aware of any mold problems in {child's name} daycare?<br><b>(DCARE_MLD)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| 1  | 778     | Q10.16 Is smoking allowed at {child's name} daycare?<br><b>(DCARE_SMK)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |
| <b>SECTION 11. Complimentary and Alternative Therapy</b> |         |  |  |
| 1  | 779     | Sometimes people use methods other than prescription medications to help treat or control their asthma. These methods are called non-traditional, complementary, or alternative health care. I am going to read a list of these alternative methods. For each one I mention, please answer | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused  |

|         |                |   |   |
|---------|----------------|---|---|
|         |                | <p>“yes” if {child’s name} has used it to control asthma <u>in the past 12 months</u>. Answer “no” if {child’s name} has not used it in the past 12 months.</p> <p>Q11.1 In the past 12 months, has {child’s name} used (<b>herbs</b>) to control asthma?<br/><b>(CAM_HERB)</b></p> |   |
| 1       | <b>780</b>     | <p>Q11.2 In the past 12 months has {child’s name} used (<b>vitamins</b>) to control asthma?<br/><b>(CAM_VITA)</b></p>   | <p>1 = Yes<br/>2 = No<br/>7 = Don’t know/Not sure<br/>9 = Refused</p> |
| 1       | <b>781</b>     | <p>Q11.3 In the past 12 months, has {child’s name} used (<b>acupuncture</b>) to control asthma?<br/><b>(CAM_PUNC)</b></p>   | <p>1 = Yes<br/>2 = No<br/>7 = Don’t know/Not sure<br/>9 = Refused</p> |
| 1       | <b>782</b>     | <p>Q11.4 In the past 12 months, has {child’s name} used (<b>acupressure</b>) to control asthma?<br/><b>(CAM_PRES)</b></p>   | <p>1 = Yes<br/>2 = No<br/>7 = Don’t know/Not sure<br/>9 = Refused</p> |
| 1       | <b>783</b>     | <p>Q11.5 In the past 12 months, has {child’s name} used (<b>aromatherapy</b>) to control asthma?<br/><b>(CAM_AROM)</b></p>  | <p>1 = Yes<br/>2 = No<br/>7 = Don’t know/Not sure<br/>9 = Refused</p> |
| 1       | <b>784</b>     | <p>Q11.6 In the past 12 months, has {child’s name} used (<b>homeopathy</b>) to control asthma?<br/><b>(CAM_HOME)</b></p>  | <p>1 = Yes<br/>2 = No<br/>7 = Don’t know/Not sure<br/>9 = Refused</p> |
| 1       | <b>785</b>     | <p>Q11.7 In the past 12 months, has {child’s name} used (<b>reflexology</b>) to control asthma?<br/><b>(CAM_REFL)</b></p>   | <p>1 = Yes<br/>2 = No<br/>7 = Don’t know/Not sure<br/>9 = Refused</p> |
| 1       | <b>786</b>     | <p>Q11.8 In the past 12 months, has {child’s name} used (<b>yoga</b>) to control asthma?<br/><b>(CAM_YOGA)</b></p>  | <p>1 = Yes<br/>2 = No<br/>7 = Don’t know/Not sure<br/>9 = Refused</p> |
| 1       | <b>787</b>     | <p>Q11.9 In the past 12 months, has {child’s name} used (<b>breathing techniques</b>) to control asthma?<br/><b>(CAM_BR)</b></p>  | <p>1 = Yes<br/>2 = No<br/>7 = Don’t know/Not sure<br/>9 = Refused</p> |
| 1       | <b>788</b>     | <p>Q11.10 In the past 12 months, has {child’s name} used (<b>naturopathy</b>) to control asthma?<br/><b>(CAM_NATR)</b></p>  | <p>1 = Yes<br/>2 = No<br/>7 = Don’t know/Not sure<br/>9 = Refused</p> |
| 1       | <b>789</b>     | <p>Q11.11 Besides the types I have just asked about, has your child used any other type of alternative care for asthma in the past 12 months?<br/><b>(CAM_OTHR)</b></p>   | <p>1 = Yes<br/>2 = No<br/>7 = Don’t know/Not sure<br/>9 = Refused</p> |
| 10<br>0 | <b>790-889</b> | <p>Q11.12 What else has your child used?<br/><b>(CAM_TEXT)</b><br/>[100 ALPHANUMERIC CHARACTER LIMIT]<br/>ENTER OTHER ALTERNATIVE</p>   |   |

|  |         |  |   |
|--|---------|--|---|
|  |         | MEDICINE IN TEXT FIELD IF MORE THAN ONE IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.   |   |
| <b>Section 12. Additional Child Demographics</b> |         |  |   |
| 4  | 890-893 | <p>Q12.1 How tall is {child's name}?<br/><b>(HEIGHT1)</b></p> <p><b>Note:</b> If respondent answers in metrics, put "9" in column 890.</p> <p><b>CATI Note:</b> In the first space for the height (highlighted in yellow), if the respondent answers in feet/inches enter "0", in column 890.</p> <p>If respondent answers in metric, put "9" in the first space, column 890.</p> <p><b>Note:</b> Column 891, please put feet in this column. Columns 892-893, please put inches in these two columns, inches can be no more than a value of 11.</p>                       | <p>    _ _ _ _ = Height (feet/inches or centimeters)</p> <p>7777 = Don't know/Not sure<br/>9999 = Refused</p>   |
| 4  | 894-897 | <p>Q12.2 How much does {child's name} weigh?<br/><b>(WEIGHT1)</b></p> <p><b>Note:</b> If respondent answers in metrics, put "9" in column 894.</p> <p><b>CATI Note:</b> In the first space for the weight (highlighted in yellow), if the respondent answers in pounds, enter "0", in column 894.</p> <p>If respondent answers in kilograms, put "9" in the first space, column 894.</p>   | <p>    _ _ _ _ = Weight (pounds/kilograms)</p> <p>7777 = Don't know/Not sure<br/>9999 = Refused</p>   |
| 6  | 898-903 | <p>Q12.3 How much did {child's name}] weigh at birth? <b>(BIRTHW1)</b></p> <p><b>CATI note: 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.</b></p> <p><b>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.</b></p> | <p>    _ _ _ _ _ = Weight (pounds/ounces or kilograms/grams)</p> <p>Two leading zeroes for pounds/ounces (i.e. 5 pounds 12 ounces = 000512)</p> <p>A leading 9 for kilograms/grams (i.e. 2 kilograms 500 grams = 902500)</p> <p>777777 = Don't know/Not sure<br/>999999 = Refused</p> |
| 1  | 904     | <p>Q12.4 At birth, did {child's name} weigh less than 5 ½ pounds?<br/><b>(BIRTHRF)</b></p> <p>[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS</p>   | <p>1 = Yes<br/>2 = No<br/>7 = Don't know/Not sure<br/>9 = Refused</p>   |

|           |                |   |  |
|-----------|----------------|---|--|
| <b>80</b> | <b>905-984</b> | Disposition codes for call attempts 1 through <b>20</b> with the first disposition code in columns 905-907, etc... <b>(CATTMPTS)</b>  | <b>4-digit disposition code</b> for each of the <b>first 20</b> call attempts.   |
| <b>7</b>  | <b>985-991</b> | <b>Intentionally left blank...</b>  |  |
| <b>1</b>  | <b>992</b>     | Q1.5a Tracking of BRFSS MKP Appendix A. survey respondent:<br>Are you the parent or guardian in the household<br>who knows most about {CHILDName's} asthma?<br><b>(MOSTKNOW)</b>  | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused<br><br>(MKP) identified at the BRFSS Level   |
| <b>1</b>  | <b>993</b>     | Q1.5b Tracking of BRFSS MKP Appendix A. survey respondent:<br>If parent or guardian request to transfer to another person who is more knowledgeable about the child's asthma, then mark the transfer.<br><b>(PRESENTALT)</b>    | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused<br><br>(ALT) identified at the BRFSS Level   |
| <b>1</b>  | <b>994</b>     | Q1.5a Tracking of CALLBACK MKP Appendix B. survey respondent:<br>Are you the parent or guardian in the household<br>who knows most about {CHILDName's} asthma?<br><b>(KNOWMOST)</b>   | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused<br><br>(MKP) identified at the CALLBACK Level  |
| <b>1</b>  | <b>995</b>     | Q1.5b Tracking of CALLBACK MKP Appendix B. survey respondent:<br>If parent or guardian request to transfer to another person who is more knowledgeable about the child's asthma, then mark the transfer.<br><b>(ALTPRESENT)</b> | 1 = Yes<br>2 = No<br>7 = Don't know/Not sure<br>9 = Refused<br><br>(ALT) identified at the CALLBACK Level  |
| <b>2</b>  | <b>996-997</b> | Questionnaire Versions Identifier.<br><b>Import value from BRFSS Columns 592-593</b><br><b>(QSTVER_F)</b>   | 10 = Landline (No additional version)<br>11 = Landline (One additional version)<br>12 = Landline (Two additional versions)<br>13 = Landline (Three additional versions)<br>20 = Cell Phone (No additional version)<br>21 = Cell Phone (One additional version)<br>22 = Cell Phone (Two additional versions)<br>23 = Cell Phone (Three additional versions) |
| <b>2</b>  | <b>998-999</b> | Language identifier: Language in which the interview was conducted.<br><b>Import value from BRFSS Columns 594 - 595</b><br><b>(QSTLANG_F)</b>   | 1 = English<br>2 = Spanish<br>3-99 = Other   |
| <b>1</b>  | <b>1000</b>    | <b>Asthma Callback Script</b><br><b>Import value from BRFSS Column 534</b><br><b>(CALLBACK_F)</b>   |  |
| <b>1</b>  | <b>1001</b>    | <b>Which person in the household was selected as the</b>  | <b>1 = Adult</b>   |

|    |           |   |  |
|----|-----------|---|--|
|    |           | <p>focus of the call-back?</p> <p>Import value from BRFSS Column 535</p> <p>(ADLTCHLD_F)</p>  | <p>2 = Child</p>   |
| 1  | 1002      | <p>Has a doctor or other medical professional EVER said that the child has asthma?</p> <p>Import value from BRFSS</p> <p>Module 21 Question 1, Column 530</p> <p>(CASTHDX2_F)</p> | <p>1 = Yes</p> <p>2 = No</p> <p>7 = Don't know/Not sure</p> <p>9 = Refused</p>           |
| 1  | 1003      | <p>Does the child still have asthma?</p> <p>Import value from BRFSS</p> <p>Module 21 Question 2, Column 531</p> <p>(CASTHNO2_F)</p>   | <p>1 = Yes</p> <p>2 = No</p> <p>7 = Don't know/Not sure</p> <p>9 = Refused</p>           |
| 1  | 1004      | <p>Asthma Callback Script Test</p> <p>(CallBack_Ver)</p>  | <p>1 = Callback using Protocol (2 weeks)</p> <p>2 = Callback conducted "Immediately"</p> |
| 1  | 1005      | <p>Are you a resident of [STATE]?</p> <p>Import value from BRFSS Column 585</p> <p>(CSTATE)</p>   | <p>1 = Yes</p> <p>2 = No</p> <p>7 = Don't know/Not sure</p> <p>9 = Refused</p>           |
| 2  | 1006-1007 | <p>State of Origin of the Call</p> <p>Import value from BRFSS Columns 1375-1376</p> <p>(O_STATE)</p>  | <p>2 digit state FIPSCODE</p>  |
| 2  | 1008-1009 | <p>In what state do you live?</p> <p>Import value from BRFSS Columns 586-587</p> <p>(RSPSTATE)</p>  | <p>2 digit state FIPSCODE</p>  |
| 10 | 1010-1019 | <p>Intentionally left blank...</p>  |  |
| 1  | 1020      | <p>End of file marker...</p>  | <p>1</p>   |