

## Attachment 17a – Sources for the ACBS Adult Questions

### 2013 ACBS Adult Consent and Survey – Background Information

ACBS questions are repeated verbatim from the original National Asthma Survey (NAS) questionnaire (O) or modified (M) from the NAS. New questions (N) are indicated with their source.

| SEC-TION | TOPIC                   | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| 1        | <b>Introduction</b>     | <p>N- OMB and DHHS-required primary language standard. See <a href="http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.pdf">http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.pdf</a>. U.S Department Of Health and Human Services Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status (effective date Oct 2011).</p> <p>N – Are you {sample person’s name}?</p> <p>N – May I speak with {sample person’s name}?</p> |
| 2        | <b>Informed Consent</b> | N – INFORMED CONSENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 3        | <b>Recent History</b>   | <p>O – How old was {child’s name} when a doctor or other health professional first said {he/she} had asthma.</p> <p>N –How long ago was that?</p> <p>O – How long: talked to a doctor or other health professional about asthma, last took asthma medication, had any symptoms</p> <p>NAS Section 3: Detailed Asthma Screening:<br/><a href="https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf">https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf</a></p>                          |

| SECTION | TOPIC                                                           | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 4       | <b>History of Asthma (Symptoms &amp; Episodes in past year)</b> | <p>O – Days of any asthma symptoms, symptoms throughout the day.</p> <p>O – Symptoms of asthma make it difficult to stay asleep, days of symptom-free.</p> <p>O – Had an episode of asthma or an asthma attack, time of asthma episodes or attacks, length of asthma episodes or attacks, the most recent attack shorter, longer, or about the same compared with other episodes or attacks.</p> <p>All questions from NAS Section 4:<br/> <a href="https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf">https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf</a></p>                                                                                                                                                                                                                                                                                                                                                                                                            |
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| 5       | <b>Health Care Utilization</b>                                  | <p>O – Have any kind of health care coverage, any time that have no any health insurance or coverage.</p> <p>M – During just the past 30 days, would you say he/she limited {his/her} usual activities due to asthma not at all, a little, a moderate amount, or a lot?</p> <p>O – A routine checkup for asthma, visit an emergency room or urgent care center because of asthma, times visit an emergency room or urgent care center because of asthma</p> <p>O – Time of see a doctor or other health professional for urgent treatment of worsening asthma symptoms or an asthma episode or attack.</p> <p>O – Stay overnight in a hospital because of asthma, times stay in any hospital overnight or longer, health professional talk with you about how to prevent serious attacks in the future.</p> <p>All questions from NAS Section 5:<br/> <a href="https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf">https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf</a></p> |
| 6       | <b>Knowledge of Asthma/Management Plan</b>                      | <p>O – Health professional ever taught you: recognize early signs or symptoms of an asthma episode, what to do during an asthma episode or attack, use a peak flow meter to adjust daily medications, taken a course or class on how to manage asthma</p> <p>All questions from NAS Section 6:<br/> <a href="https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf">https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 7       | <b>Modifications to Environment</b>                             | <p>O – Regularly used inside home: an air cleaner or purifier, a dehumidifier, exhaust fan, gas.</p> <p>O – Seen or smelled mold or a musty odor inside home, home have pets such as dogs, cats, hamsters, birds or other feathered or furry</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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|                 |                           | <p>pets, pet allowed in bedroom, seen cockroaches, seen mice or rats.<br/> O – A wood burning fireplace or wood burning stove, unvented gas logs, unvented gas fireplaces, or unvented gas stoves used inside home, has anyone smoked inside home.<br/> O – Has a health professional ever advised you to change things in } home, school, or work to improve asthma, controlling dust mites ( mattress cover, pillow cover ), carpeting or rugs in bedroom, sheets and pillowcases washed in (cold, warm, or hot) water, bathroom use an exhaust fan that vents to the outside.</p> <p>All questions from NAS Section 7:<br/> <a href="https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf">https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf</a></p>                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>8</b></p> | <p><b>Medications</b></p> | <p>O – Use of over the counter medication, specific prescription medications.<br/> O – Used a prescription inhaler, health professional show and watch how to use the inhaler, taken prescription asthma medicine using an inhaler, name list of inhaler, detail information related to inhaler use behaviors.<br/> O – Taken any prescription medicine in pill, name list of the pills, pills on a regular schedule every day.<br/> O – Taken prescription medicine in syrup form, name list of the syrup.<br/> O – Any of prescription medicine used with a nebulizer, name list of nebulizer.<br/> N – In the past 3 months, use nebulizer at: at home, at a doctor’s office, at school, at any other place?<br/> N – In the past 3 months, did he/she take he/she when had an asthma episode or attack?<br/> N – In the past 3 months, did he/she take nebulizer on a regular schedule every day?<br/> N – How many times per day or per week does he/she use nebulizer?</p> <p>All questions from NAS Section 8:<br/> <a href="https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf">https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf</a></p> |

| SECTION | TOPIC               | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| 9       | Cost of Care        | <p>N – Was there a time in the past 12 months when He/she needed to see his/her primary care doctor for asthma but could not because of the cost?</p> <p>N – Was there a time in the past 12 months when you were referred to a specialist for {his/her} asthma care but could not go because of the cost?</p> <p>N – Was there a time in the past 12 months when {he/she} needed medication for his/her asthma but you could not buy it because of the cost?</p> <p>Questions are from the National Health Interview Survey (NHIS)<br/> <a href="ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2011/English/qadult.pdf">ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2011/English/qadult.pdf</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10      | Work Related Asthma | <p>O – Current employment status, main reason you are not now employed, asthma symptoms made worse any job you ever had.</p> <p>N – Have you ever been employed?</p> <p>N – Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in your CURRENT job?</p> <p>N – Were your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?</p> <p>N – Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?</p> <p>N – 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?</p> <p>N – 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?</p> <p>N – 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?</p> <p>Questions are from the National Health Interview Survey (NHIS)<br/> <a href="ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2010/English/qadult.pdf">ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2010/English/qadult.pdf</a></p> |
| 11      | Comorbid Conditions | <p>N – Have you ever been told by a doctor or health professional that you have chronic obstructive pulmonary disease also known as COPD?</p> <p>N – Have you ever been told by a doctor or other health professional that you have emphysema?</p> <p>N – Have you ever been told by a doctor or other health</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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|    |                                              | <p>professional that you have Chronic Bronchitis?<br/> N – Have you ever been told by a doctor or other health professional that you were depressed?</p> <p>Questions are from the National Health Interview Survey (NHIS)<br/> <a href="ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2010/English/qadult.pdf">ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2010/English/qadult.pdf</a></p> |
| 12 | <b>Complimentary and Alternative Therapy</b> | <p>N – 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. Use a list of these alternative methods to control their asthma.</p>                                                                                                                                                                          |