

Attachment 17b – Sources for the ACBS Child Questions

2013 ACBS Child Consent and Survey – Background Information

ACBS questions are repeated verbatim from the original National Asthma Survey (NAS) questionnaire (O), modified (M), or deleted (D) for the NAS. New questions (N) are indicated along with their source, as follows:

SEC-TION	TOPIC	STATUS
1	Introduction	<p>N- OMB and DHHS-required primary language standard. See http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.pdf. 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 – For states identifying the Most Knowledgeable Person/Parent (MKP) at the BRFSS interview use language in Appendix A.</p> <p>N – For states identifying the Most Knowledgeable Person/Parent (MKP) at the Asthma Call-Back use language in Appendix</p>
2	Informed Consent	<p>N – For states identifying the Most Knowledgeable Person/Parent (MKP) at the BRFSS interview use language in Appendix A.</p> <p>N – For states identifying the Most Knowledgeable Person/Parent (MKP) at the Asthma Call-Back use language in Appendix</p>
3	Recent History	<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>All the questions from NAS section 3: Detailed Asthma Screening: https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf</p>
SEC-TION	TOPIC	STATUS

4	History of Asthma (Symptoms & Episodes in past year)	<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 the questions from NAS: https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf</p>
SECTION	TOPIC	STATUS
5	Health Care Utilization	<p>O – Have any kind of health care coverage, any time that have no any health insurance or coverage.</p> <p>N – What kind of health care coverage does {he/she} have? Is it paid for through the parent’s employer, or is it Medicaid, Medicare, Children’s Health Insurance Program (CHIP), or some other type of insurance?</p> <p>N – A flu vaccine that is sprayed in the nose is called FluMist™. During the past 12 months, did {he/she} have a flu vaccine that was sprayed in his/her nose?</p> <p>M – During just the past 30 days, would you say {child’s name} limited {his/her} usual activities due to asthma not at all, a little, a moderate amount, or a lot?</p> <p>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 the questions from NAS: https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf</p>
6	Knowledge of Asthma/Management Plan	<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 the questions from NAS: https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf</p>

<p>7</p>	<p>Modifications to Environment</p>	<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 pets, pet allowed in bedroom, seen cockroaches, seen mice or rats.</p> <p>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.</p> <p>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 the questions from NAS Section 7: https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf</p>
<p>8</p>	<p>Medications</p>	<p>O - Use of over the counter medication, specific prescription medications.</p> <p>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.</p> <p>O - Taken any prescription medicine in pill, name list of the pills, pills on a regular schedule every day.</p> <p>O - Taken prescription medicine in syrup form, name list of the syrup.</p> <p>O - Any of prescription medicine used with a nebulizer, name list of nebulizer.</p> <p>N - In the past 3 months, use nebulizer at: at home, at a doctor's office, at school, at any other place?</p> <p>N - In the past 3 months, did he/she take he/she when had an asthma episode or attack?</p> <p>N - In the past 3 months, did he/she take nebulizer on a regular schedule every day?</p> <p>N - How many times per day or per week does he/she use nebulizer?</p> <p>All the questions from NAS Section 8: https://www.cdc.gov/nchs/data/series/sr_01/sr01_046.pdf</p>

SEC-TION	TOPIC	STATUS
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>
10	School Related Asthma	<p>N – Currently go to school or preschool outside the home/daycare?</p> <p>N – What is the main reason he/she is not now in school/daycare?</p> <p>N – Has he/she gone to school/daycare in the past 12 months?</p> <p>N – What grade was he/she in the last time he/she was in school/daycare?</p> <p>N – During the past 12 months, about how many days of school/daycare did he/she miss because of asthma?</p> <p>N – Does he/she have a written asthma action plan or asthma management plan on file at school/daycare?</p> <p>N – Does the school he/she goes to allow children with asthma to carry their medication with them while at school/daycare?</p> <p>N – Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in his/her classroom?</p> <p>N – Are you aware of any mold problems in school/daycare?</p> <p>N – Does he/she go to day care outside his/her home/daycare?</p> <p>N – Is smoking allowed at {his/her} daycare?</p>
11	Complimentary and Alternative Therapy	<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>
12	Additional Child Demographics	<p>O – How tall is his/her? (NAS Section 10)</p> <p>O – How much does he/she weigh? (NAS Section 10)</p> <p>O – How much did he/she weigh at birth (in pounds)? (NAS Section 10)</p> <p>O – At birth, did he/she weigh less than 5 ½ pounds? (NAS Section 10)</p>