

## Attachment 4 - ACBS Data Collection Guidelines

1. For Asthma Call-back Survey (ACBS), all standard Behavior Risk Factor Surveillance System (BRFSS) data collection protocols (such as call attempts, assigning dispositions to cases, etc.) should be followed. Data collection for the follow-up must meet guidelines and data quality criteria established for the annual state-wide survey.
2. The BRFSS core and (where applicable) child selection modules will be required to select a respondent for the follow-up. The respondent will be either an adult (BRFSS respondent) or child (chosen using the Random Child Selection and Childhood Asthma Prevalence module) who has ever had asthma. ACBS sample includes all cases meeting the qualification criteria in BRFSS. ACBS will only conduct one call-back interview per household. If a household contains both an eligible adult and child, then only one will be selected for the call-back using a random selection process built into the BRFSS interview. For household contains both an eligible adult and child, the program should select the child 75% vs adult 25% , or child 100% vs adult 0%.If a child is the selected sample member for the ACBS, the interview will be conducted with the most knowledgeable parent or legal guardian in the household; persons under age 18 years will not be interviewed directly.
3. **The BRFSS respondent at the core must be the parent/guardian of the child selected. If the BRFSS respondent is not the parent/guardian of the selected child, a call-back survey for the child with asthma is not to be conducted (e.g. a core BRFSS respondent who is a sibling of the selected child, who is over 18, but is not the guardian of the selected child could not transfer the child call-back over to the parent/guardian of the child). The reason for this is that the core BRFSS data must also be for the parent/guardian of the selected child. However, the parent/guardian of the child can transfer the interview to the Most Knowledgeable Person (MKP) and grant this person permission to conduct the interview.**
4. All states should make the BRFSS respondent aware that a callback will take place if an adult and/or child has ever had asthma and eligible for the ACBS. A template with

recommended wording for the question requesting permission to call the respondent back sometime in the next two weeks is provided in Attachments 5e -5f. Because IRBs in different states may require slight changes in the wording of this question, states have the latitude to modify this template as necessary. We request only that they forward a copy of the final wording to the ACBS contact Wil Murphy (PHSB) for documentation purposes.

5. The ACBS is an extension of the regular surveillance efforts conducted as a part of BRFSS. A copy of the new BRFSS exemption of IRB email for the 2019 BRFSS is provided in Attachment 8b. ACBS research determination (Attachment 8a), IRB exemption determination was included.
6. **State-added Questions:** If a Random Child Selection and Childhood Asthma Prevalence modules identify a child as eligible for ACBS, then the most knowledge person about the child's asthma must be identified. States to add their own extra questions to their BRFSS state-added questionnaire and identify the most knowledge person at BRFSS interview, not at the ACBS interview. Each state must decide whether or not to cognitively test its state-added questions before use.
7. Since both the adult and child questionnaires have been running consecutively for 14 years and have been pre-tested and administered in three states in 2005, 25 states in 2006, 35 states in 2007, and 33 states in 2016. We will not require pretest of the 2021 questionnaire. However, pretests conducted by individual states are optional. CA and PR provide a Spanish translation of each instrument and in cases such as this, may want pretesting of new instruments. Additionally, it is recommended that new grantee states test their CATI, if not using one of the contractors currently conducting ACBS.
8. Due to the complexity of the data-swapping process, the survey will not be supporting this record swapping technique. Therefore, interviewers will only call cellular respondents identified as being in- state and follow BRFSS cellular calling rules. Data collection for the ACBS should begin by February 1st. Guidelines recommend conducting call-back interviews within two days of the BRFSS interview completion date. Conducting the interview earlier than the 2-day limit is preferred, and if the

respondent is willing, an immediate callback survey can be conducted. *An immediate callback is tracked this by entering a “2” in pre-defined column position of Data Submission Layout provided by BRFSS with annual questionnaire*

9. Standard BRFSS case disposition codes and code assignment rules are required. A set of additional codes have been added for the call-back survey only: A case should be considered as a partial complete (disposition code 1200) if either:
  - i. the respondent completed through section 8 (medications) before terminating the interview; OR the respondent completed section 7 (modifications to environment) but didn’t complete section 8 (medications) before terminating the interview but would have skipped section 8 due to a legitimate skip because he or she had responded “Never” to LAST\_MED (3.4) “How long has it been since you last took asthma medication?”.
  - ii. A case would be considered as a termination within questionnaire (disposition code 2100) if the respondent should have answered the questions about medications in section 8 but did not and ended questionnaire earlier, or if they would have skipped section 8 but terminated the questionnaire before reaching the end of section 7 (modifications to environment).
  
10. ACBS will weight the data and produce a final data set that includes the state-wide BRFSS data and the call-back survey data. Midyear files will be made available to the states for quality control checks.
  
11. OneEdits programs for the adults and children datasets will be provided by PHSB. This is expected to be available at end of the February, of the 2020 processing year.
  
12. Data will be submitted to the BRFSS Upload/Download Website under heading “Special Surveys”. The schedule shown in Table 1 includes an example of typical timeline to follow for data submission, although earlier submissions are acceptable.

<b>Table 1. Typical Annual Data Submission Schedule</b>	
<b>Activity</b>	<b>Approximate Time Schedule</b>

Monthly data submission by states	March (Year 1) –April (Year 2)
Quarterly data submission by states	<p>April (Year 1) - (for months January, February, March)</p> <p>July (Year 1) - (for months April, May, June)</p> <p>October (Year 1) - (for months July, August, September)</p> <p>December (Year 1) - (for months October, November, December)</p> <p>April (Year 2) (for months anuary, February, March Year 2)</p>

The following file naming conventions are outlined and described in the BRFSS data collections guidelines document, State grantees are asked to submit data in .dat format with file names according to the following naming conventions:

***Filename convention:***

**AFA\_SSMYYYYX\_CEL.DAT** for the asthma follow-up of adults using cell phone (AFA)

**AFA\_SSMYYYY.DAT** for the asthma follow-up of adults using landline (AFA)

**AFC\_SSMYYYYX\_CEL.DAT** for the asthma follow-up of children using cell phone (AFC)

**AFC\_SSMYYYY.DAT** for the asthma follow-up of children using landline (AFA)

These files should be uploaded to the BRFSS website, under the **Special Surveys** link, and the **Submit Files** portal. **SS:** represents the two character state abbreviation

**MMM:** the three character month abbreviation (the last month interviews were conducted).

For example, if you send the data quarterly; ex: File with 2015 January, February, March should be named AFA\_MIMAR15.DAT

**YY:** as the last two digits of the year. **Example 15or 2015 DATA**

**X: ONE LETTER(A-M) OR NUMER(1-9) FOR DIFFERENT VERSIONs (use with updated versions of a previous data file).**

Examples:

- AFA\_ [Asthma Landline Adults] e.g. AFA\_ORAPR14x.DAT
- AFC\_ [Asthma Landline Children] e.g. AFC\_ORAPR14x.DAT
- AFA\_ [Asthma Cellphone Adults] e.g. AFA\_ORAPR14x\_CEL.DAT
- AFC\_ [Asthma Cellphone Children] e.g. AFC\_ORAPR14x\_CEL.DAT



## Appendix A

### 2020 BRFSS Asthma Call-back Recommended Permission Script BRFSS Survey Column (609)

“We would like to call to you again within the next 2 weeks to talk in more detail about (your/your child’s) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?”

- 1 Yes
- 2 No

Can I please have either (your/your child’s) first name or initials so we will know who to ask for when we call back?

\_\_\_\_\_ Enter first name or initials

## Appendix B

# NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 11/06/2017

Department of Health and Human Services  
Centers for Disease Control and Prevention

FOR CERTIFYING OFFICIAL: Beth Killoran

FOR CLEARANCE OFFICER: Darius Taylor

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received

12/12/2016

ACTION REQUESTED: Existing collection in use without an OMB Control Number

TYPE OF REVIEW REQUESTED: Regular

TITLE: Behavioral Risk Factor Surveillance System (BRFSS) Asthma Call-back Survey (ACBS)

OMB ACTION: Approved with change

OMB CONTROL NUMBER: 0920-1204

EXPIRATION DATE: 11/30/2020

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

TERMS OF CLEARANCE: Approved consistent with ACBS staff commitment to collaborate with BRFSS staff to more

transparently present a) joint response rates from BRFSS and ACBS and b) potential nonresponse

bias. Tables of prevalence estimates and risk factors disseminated by CDC (either through its web page or publications) should more clearly communicate the caveats of state-to-

state comparisons. Over the next three years, ACBS staff should work to streamline the instrument to reduce unnecessary burden and ensure that the question wording is synchronized with more recent studies.

OMB Authorizing Official: Dominic J. Mancini

Deputy and Acting Administrator,

Office Of Information And Regulatory Affairs

