|  |  |  |  |
| --- | --- | --- | --- |
| 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) **MMDDYYYY** | 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  |
| **4** | **32-35** | Final Disposition(DISPCODE\_f) | Disposition code of follow-up  |
| 10 | **36-45** | Annual Sequence Number (SEQNO) | As supplied by GENESYS on sample record. Value should be unique for a state within a year.  |
| 2 | **46-47** | Number of Attempts (NATTMPTS\_f) | Number of attempts of follow-up.  |
|  |  |  |  |

CDC estimates the average public reporting burden for this collection of information as 155 minutes 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 (No. 0920-1204, Exp. Date 11/30/2020).

Form Approved

OMB Control No. 0920-1204

Exp. Date 11/30/2020

|  |
| --- |
| **Section 1. Introduction** |
| 1 | **48** | Q1.1 Are you {sample person’s first name or initials}? (Samp\_name)  | 1 = Yes 2 = No |
| ***SKIP Q1.2, if Section 01, Q1.1 is coded 1*** |
| 1 | **49** | Q1.2 May I speak with {sample person first name or initials}? (Samp\_pers) | 1 = Yes 2 = No |
|  |  | Q1.3 Enter time/date for return call |  |
| **Section 2. Informed Consent** |
| 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 codefor this, **(Repeat)** **I would like to repeat the questions from the previous survey now to make sure you qualify for this study.** | 1 = Yes , Correct2 = 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?**(EVER\_ASTH)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **52** | Q2.2 Do you still have asthma?**(CUR\_ASTH)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = 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?**(PERMISS)** | 1 = Yes (Skip to Question 3)2 = No (Go to Terminate)7 = Don’t know/Not sure (Go to Terminate)9 = Refused (Go to Terminate) |
| **Section 3. Recent History** |
| 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?**(AGEDX)** | \_\_\_ Enter Age in Years[Range check: 001-115, 777, 888, 999]888 = Under one year old777 = Don’t know 999 = Refused |
| 1 | **57** | Q3.2 How long ago was that? Was it ..” READ CATEGORIES**(INCIDNT)** | 1 = Within the past 12 months2 = 1-5 years ago3 = more than 5 yrs ago7 = Don’t know9 = Refused**.ac.uk** |
| 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, an emergency room or urgent care center.**(LAST\_MD)** | 88 = Never04 = Within the past year05 = 1yr to less than 3 yrs ago06 = 3 yrs to 5 yrs ago07 = More than 5 yrs ago77 = Don’t know99 = Refused  |
| 2 | **60-61** | Q3.4 How long has it been since you last took asthma medication?**(LAST\_MED)** | 88 = Never01 = Less than 1 day ago02 = 1-6 days ago03 = 1 week to less than 3 months ago04 = 3 months to less than 1 year ago05 = 1 year to less than 3 years ago06 = 3 years to 5 years ago07 = More than 5 yrs ago77 = Don’t know99 = Refused |
| 2 | **62-63** | Q3.5 How long has it been since you last had any symptoms of asthma?**(LASTSYMP)** | 88 = Never01 = Less than 1 day ago02 = 1-6 days ago03 = 1 week to less than 3 months ago04 = 3 months to less than 1 year ago05 = 1 year to less than 3 years ago06 = 3 years to 5 years ago07 = More than 5 yrs ago77 = Don’t know99 = Refused |
| **Section 4. History of Asthma (Symptoms & Episodes in past year)** |
| 2 | **64-65** | Q4.1 During the past 30 days, on how many days did you have any symptoms of asthma? **(SYMP\_30D)** | \_\_ Days [Range Check: (01-30, 77, 88, 99)]88 = No symptoms in the  past 30 days30 = Everyday77 = Don’t know99 = Refused |
| 1 | **66** | 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.**(DUR\_30D)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 2 | **67-68** | Q4.3 During the past 30 days, on how many days did symptoms of asthma make it difficult for you to stay asleep?**(ASLEEP30)** | \_\_ Days/Nights [Range check: (01-30, 77, 88, 99)]88 = None30 = Everyday77 = Don’t know99 = Refused |
| 2 | **69-70** | If LASTSYMP = 88 (never) or = 04, 05, 06, or 07 (more than 3 months ago) then have CATI code SYMPFREE = 14If SYMP\_30D = 88 (no symptoms in the past 30 days) thenhave CATI code SYMPFREE = 14Q4.4 During the past two weeks, on how many days were you completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma? **(SYMPFREE)** | \_\_ Days/Nights [Range check: (01-14, 77, 88, 99)]88 = None77 = Don’t know99 = Refused |
|  1 | **71** | 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 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.Q4.5 During the past 12 months, have you had an episode of asthma or an asthma attack?**(EPIS\_12M)** | 1 = Yes2 = No 7 = Don’t know/Not sure9 = Refused |
| 3 | **72-74** | Q4.6 During the past three months, how many asthma episodes or attacks have you had?**(EPIS\_TP)**[cati cHECK: iF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT] | \_\_\_ [Range check : (001-100, 777, 888, 999)]888 = None777 = Don’t know999 = Refused |
| 3 | **75-77** | Q4.7 How long did your most recent asthma episode or attack last? **(DUR\_ASTH)** | 1\_ \_ Minutes 2\_ \_ Hours3\_ \_ Days4\_ \_ Weeks555 Never777 Don’t know / Not sure999 Refused |
| 1 | **78** | Q4.8 Compared with other episodes or attacks, was this most recent attack shorter, longer, or about the same? **(COMPASTH)** | 1 = Shorter2 = Longer3 = About the same4 = The Most recent attack was actually the first attack7 = Don’t know9 = Refused |
|  |  | **Section 5 Health Care Utilization** |  |
| 1 | **79** | 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?**(INS1)**  | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **80** | Q5.02 During the past 12 months was there any time that you did not have any health insurance or coverage?**(INS2)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 3 | **81-83** | 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? **(NER\_TIME)****[cati cHECK: iF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 or 999 WERE NOT THE INTENT]** | \_\_ [Range check : (001-365, 777, 888, 999)]888 = None777 = Don’t know999 = Refused |
| 1 | **84** | 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? **(ER\_VISIT)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 3 | **85-87** | Q5.3 During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? **(ER\_TIMES)****[cati cHECK: iF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 or 999 WERE NOT THE INTENT** | \_\_\_ Enter Number [Range check : (001-365, 777, 888, 999)]888 = None777 = Don’t know999 = Refused |
| 3 | **88-90** | **[IF ONE OR MORE ER VISITS (ER\_TIMES (5.3)) INSERT “Besides those emergency room or urgent care center visits,”]** 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? **(URG\_TIME)****[cati cHECK: iF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 or 999 WERE NOT THE INTENT]** | \_\_\_ Enter Number [Range check : (001-365, 777, 888, 999)]888 = None777 = Don’t know999 = Refused |
| 1 | **91** | 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. **(HOSP\_VST)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 3 | **92-94** | Q5.6A During the past 12 months, how many different times did you stay in any hospital overnight or longer because of your asthma? **(HOSPTIME)****[cati cHECK: iF RESPONSE = 77, 99 VERIFY THAT 777 or 999 WERE NOT THE INTENT** | \_\_\_ Times [Range check : (001-365, 777, 999)]777 = Don’t know999 = Refused |
| 1 | **95** | 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?**(HOSPPLAN)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 3 | **96-98** | 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? **(MISS\_DAY)****[cati cHECK: iF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 or 999 WERE NOT THE INTENT** | \_\_\_ Enter Days [Range check : (001-365, 777, 888, 999)]888 = Zero777 = Don’t know999 = Refused |
| 1 | **99** | 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? **Change 1/2012** **(ACT\_DAYS30)** | 1 = Not at All2 = A Little3 = A Moderate Amount4 = A Lot7 = Don’t know9 = Refused |
| **Section 6. Knowledge of Asthma/Management Plan** |
| 1 | **100** | Has a doctor or other health professional ever taught you ...Q6.1a How to recognize early signs or symptoms of an asthma episode? **(TCH\_SIGN)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **101** | Has a doctor or other health professional ever taught you ...Q6.2b What to do during an asthma episode or attack?**(TCH\_RESP)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **102** | 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 …Q6.3c How to use a peak flow meter to adjust your daily medications? **(TCH\_MON)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **103** | 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**.** Q6.4 Has a doctor or other health professional EVER given you an asthma action plan? **(MGT\_PLAN)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **104** | Q6.5 Have you ever taken a course or class on how to manage your asthma? **(MGT\_CLAS)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **Section 7. Modifications to Environment** |
| 1 | **105** | 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.Q7.1 Is an air cleaner or purifier regularly used inside your home? **(AIRCLEANER)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **106** | Q7.2 Is a dehumidifier regularly used to reduce moisture inside your home? **(DEHUMID)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **107** | Q7.3 Is an exhaust fan that vents to the outside used regularly when cooking in your kitchen?**(KITC\_FAN)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **108** | Q7.4 Is gas used for cooking?**(COOK\_GAS)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused  |
| 1 | **109** | 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. **(ENV\_MOLD)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **110** | Q7.6 Does your household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors? **(ENV\_PETS)** | 1 = Yes 2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **111** | Q7.7 Are pets allowed in your bedroom?**(PETBEDRM)** | 1 = Yes2 = No3 = Some are/Some aren’t7 = Don’t know/Not sure9 = Refused |
| 1 | **112** | Q7.8 In the past 30 days, has anyone seen a cockroach inside your home?**(C\_ROACH)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **113** | 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.**(C\_RODENT)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **114** | Q7.10 Is a wood burning fireplace or wood burning stove used in your home?**(WOOD\_STOVE)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **115** | Q7.11 Are unvented gas logs, unvented gas fireplace, or unvented gas stove used in your home?**(GAS\_STOVE)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **116** | Q7.12 In the past week, has anyone smoked inside your home? **(S\_INSIDE)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **117** | Q7.13 Has a health professional ever advised you to change things in your home, school, or work to improve your asthma? **(MOD\_ENV)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **118** | Q7.14 Do you use a mattress cover that is made especially for controlling dust mites? **(MATTRESS)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **119** | Q7.15 Do you use a pillow cover that is made especially for controlling dust mites? **(E\_PILLOW)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **120** | Q7.16 Do you have carpeting or rugs in your bedroom? This does not include throw rugs small enough to be laundered.**(CARPET)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **121** | Q7.17 Are your sheets and pillowcases washed in cold, warm, or hot water?**(HOTWATER)** | 1 = Cold2 = Warm3 = Hot4 = Varies7 = Don’t know/Not sure9 = Refused |
| 1 | **122** | Q7.18 In your bathroom, do you regularly use an exhaust fan that vents to the outside?**(BATH\_FAN)** | 1 = Yes2 = No or “No Fan”7 = Don’t know/Not sure9 = Refused |
| **Section 8. Medications** |
| 1 | **123** | **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.**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? **(OTC)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **124** | Q8.2 Have you ever used a prescription inhaler?**(INHALERE)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **125** | Q8.3 Did a doctor or other health professional show you how to use the inhaler?**(INHALERH)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **126** | Q8.4 Did a doctor or other health professional watch you use the inhaler?**(INHALERW)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **127** | **[IF LAST\_MED = 88, 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9]****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.**Q8.5 It will help to get your medicines so you can read the labels. **(SCR\_MED1)** | 1 = Yes2 = No3 = Respondent knows the Meds 7 = Don’t know9 = Refused |
| 1 | 128 | Q8.7 Do you have all the medications?**(SCR\_MED3)** | 1 = Yes, I have all the medications2 = Yes, I have some of the medications but not all 3 = No7 = Don’t know9 = Refused  |
| 1 | 129 | Q8.8 In the past 3 months have you taken prescription asthma medicine using an inhaler?**(INH\_SCR)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 16 | 130-145 | 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?]** **(INH\_MEDS) (Limit=8 Inhaler Meds.)** |  |
|  |  | **SPELL THE NAME OF THE MEDICATION.]** **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.** |  |
|  | **Medication** | **Pronunciation** |
| 01 | Advair (+ A. Diskus) | ăd-vâr (or add-vair) |
| 02 | Aerobid  | â-rō'bĭd (or air-row-bid) |
| 03 | Albuterol ( + A. sulfate or salbutamol) | ăl'-bu'ter-ōl (or al-BYOO-ter-ole) săl-byū'tə-môl' |
| 04 | Alupent  | al-u-pent  |
| 43 | Alvesco (+ Ciclesonide) | **al**-ves-co |
| 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-sone) |
| 08 | Beclovent  | be' klo-vent" (or be-klo-vent) |
| 09 | Bitolterol  | bi-tōl'ter-ōl (or bye-tole-ter-ole) |
| 10 | Brethaire Discontinued - Delete | **breth**-air  |
| 11 | Budesonide | byoo-des-oh-nide |
| 12 | Combivent  | com-bi-vent  |
| 13 | Cromolyn | kro'mŏ-lin (or KROE-moe-lin) |
| 44 | Dulera | **do-**lair-a |
| 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 |
| 18 | Intal Discontinued - Delete | **in**-tel  |
| 19 | Ipratropium Bromide | ĭp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um) |
| 37 | Levalbuterol tartrate | lev-al-BYOU-ter-ohl |
| 20 | Maxair  | măk-sâr  |
| 21 | Metaproteronol | met"ah-pro-ter'ĕ-nōl (or met-a-proe-TER-e-nole) |
| 39 | Mometasone furoate | moe-MET-a-sone |
| 22 | Nedocromil | ne-DOK-roe-mil |
| 23 | Pirbuterol | pēr-bu'ter-ōl (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'tə-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) |
| 29 | Tilade Discontinued - Delete | **tie**-laid  |
| 30 | Tornalate  | tor-na-late  |
| 31 | Triamcinolone acetonide | tri"am-sin'o-lōn as"ĕ-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 | 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[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 | Text field – up to 100 characters |
|  |  | **Section Repeated for Medication entry. (Limit=8)****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.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | 246-247 | **1st Inhaler value from “INH\_MEDS” field****ILP\_A (First Inhaler Medication Value)**  | **Valid Inhaler Meds: 01 – 44, 66** |
| 13 | 248-260 | **Questions 8.11 through 8.19 for FIRST medication** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **248** | **Q8.11** Question has been removed, 2012.**Please leave this column blank. 1st Medication** |  |
| **1** | **249** | **Q8.12** Question has been removed, 2012.**Please leave this column blank. 1st Medication** |  |
| **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 FROM INH\_MEDS SERIES]?**(ILP03\_A) 1st Medication** | 1 = Yes2 = No3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler4 = Medication has a built-in spacer/ does not need a spacer7 = Don’t know9 = 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?**(ILP04\_A) 1st Medication** | 1 = Yes2 = No3 = No attack in past 3 months7 = Don’t know9 = Refused |
| 1 | 252 | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_A) 1st Medication** | 1 = Yes2 = No3 = Didn’t exercise in past 3 months7 = Don’t know9 = Refused |
| 1 | 253 | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday? **(ILP06\_A) 1st Medication** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| **2** | **254-255** | **Q8.17** Question has been removed, 2012.**Please leave these columns blank. 1st Medication** |  |
| 3 | 256-258 | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH\_MEDS SERIES]?**(ILP08\_A) 1st Medication** | 301-399 = Days401-499 = Weeks555 = Never666 = Less often than once a week 777 = Don’ know999 = Refused |
| 2 | 259-260 | Q8.19 How many canisters of this inhaler have you used in the past 3 months? **(ILP10\_A)****1st Medication****[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS ‘88’]** | \_\_ = 01-76 Canisters88 = None/Less than 1 full canister77 = Don’ know99 = Refused |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | 261-262 | **2nd Inhaler value from “INH\_MEDS” field****ILP\_B (Second Inhaler Medication Value)**  | **Valid Inhaler Meds: 01 – 44, 66**  |

|  |  |  |  |
| --- | --- | --- | --- |
| 13 | 263-275 | **Questions 8.11 through 8.19 for SECOND medication** |  |
| **1** | **263** | **Q8.11** Question has been removed, 2012.**Please leave this column blank. 2nd Medication** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **264** | **Q8.12** Question has been removed, 2012.**Please leave this column blank. (ILP02\_B) 2nd Medication** |  |
| **1** | **265** | 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]?**(ILP03\_B) 2nd Medication** | 1 = Yes2 = No3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler4 = Medication has a built-in spacer/ does not need a spacer7 = Don’t know9 = Refused |

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| 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?**(ILP04\_B) 2nd Medication** | 1 = Yes2 = No3 = No attack in past 3 months7 = Don’t know9 = Refused |
| 1 | 267 | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_B) 2nd Medication** | 1 = Yes2 = No3 = Didn’t exercise in past 3 months7 = Don’t know9 = Refused |
| 1 | 268 | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday? **(ILP06\_B) 2nd Medication** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| **2** | **269-270** | **Q8.17** Question has been removed, 2012.**Please leave these columns blank. 2nd Medication** |  |
| 3 | 271-273 | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH\_MEDS SERIES]?**(ILP08\_B) 2nd Medication** | 301-399 = Days401-499 = Weeks555 = Never666 = Less often than once a week 777 = Don’ know999 = Refused |
| 2 | 274-275 | Q8.19 How many canisters of this inhaler have you used in the past 3 months? **(ILP10\_B) 2nd Medication****[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS ‘88’]** | \_\_ = 01-76 Canisters88 = None/Less than 1 full canister77 = Don’ know99 = Refused |
| 2 | 276-277 | **3rd Inhaler value from “INH\_MEDS” field****ILP\_C (Third Inhaler Medication Value)**  | **Valid Inhaler Meds: 01 – 44, 66** |

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| 13 | 278-290 | **Questions 8.11 through 8.19 for THIRD medication** |  |

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| **1** | **278** | **Q8.11** Question has been removed, 2012.**Please leave this column blank. 3rd Medication** |  |
| **1** | **279** | **Q8.12** Question has been removed, 2012.**Please leave this column blank. 3rd Medication** |  |
| **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]?**(ILP03\_C) 3rd Medication** | 1 = Yes2 = No3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler4 = Medication has a built-in spacer/ does not need a spacer7 = Don’t know9 = 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?**(ILP04\_C) 3rd Medication** | 1 = Yes2 = No3 = No attack in past 3 months7 = Don’t know9 = Refused |
| 1 | 282 | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_C) 3rd Medication** | 1 = Yes2 = No3 = Didn’t exercise in past 3 months7 = Don’t know9 = Refused |
| 1 | 283 | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday? **(ILP06\_C) 3rd Medication** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| **2** | **284-285** | **Q8.17** Question has been removed, 2012.**Please leave these columns blank. 3rd Medication** |  |
| 3 | 286-288 | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH\_MEDS SERIES]?**(ILP08\_C) 3rd Medication** | 301-399 = Days401-499 = Weeks555 = Never666 = Less often than once a week 777 = Don’ know999 = Refused |
| 2 | 289-290 | Q8.19 How many canisters of this inhaler have you used in the past 3 months? **(ILP10\_C) 3rd Medication****[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS ‘88’]** | \_\_ = 01-76 Canisters88 = None/Less than 1 full canister77 = Don’ know99 = Refused |
| 2 | 291-292 | **4th Inhaler value from “INH\_MEDS” field****ILP\_D (Fourth Inhaler Medication Value)**  | **Valid Inhaler Meds: 01 – 44, 66** |

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| 13 | 293-305 | **Questions 8.11 through 8.19 for FOURTH medication** |  |

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| **1** | **293** | **Q8.11** Question has been removed, 2012.**Please leave this column blank. 4th Medication** |  |
| **1** | **294** | **Q8.12** Question has been removed, 2012.**Please leave this column blank. 4th Medication** |  |
| **1** | **295** | 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]?**(ILP03\_D) 4th Medication** | 1 = Yes2 = No3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler4 = Medication has a built-in spacer/ does not need a spacer7 = Don’t know9 = 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?**(ILP04\_D) 4th Medication** | 1 = Yes2 = No3 = No attack in past 3 months7 = Don’t know9 = Refused |
| 1 | 297 | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_D) 4th Medication** | 1 = Yes2 = No3 = Didn’t exercise in past 3 months7 = Don’t know9 = Refused |
| 1 | 298 | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday? **(ILP06\_D) 4th Medication** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| **2** | **299-300** | **Q8.17** Question has been removed, 2012.**Please leave this column blank. 4th Medication** |  |
| 3 | 301-303 | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH\_MEDS SERIES]?**(ILP08\_D) 4th Medication** | 301-399 = Days401-499 = Weeks555 = Never666 = Less often than once a week 777 = Don’ know999 = Refused |
| 2 | 304-305 | Q8.19 How many canisters of this inhaler have you used in the past 3 months? **(ILP10\_D) 4th Medication****[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS ‘88’]** | \_\_ = 01-76 Canisters88 = None/Less than 1 full canister77 = Don’ know99 = Refused |
| 2 | 306-307 | **5th Inhaler value from “INH\_MEDS” field****ILP\_E (Fifth Inhaler Medication Value)**  | **Valid Inhaler Meds: 01 – 44, 66** |

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| 13 | 308-320 | **Questions 8.11 through 8.19 for FIFTH medication** |  |

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| **1** | **308** | **Q8.11** Question has been removed, 2012.**Please leave this column blank. 5th Medication** |  |
| **1** | **309** | **Q8.12** Question has been removed, 2012.**Please leave this column blank. 5th Medication** |  |
| **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]?**(ILP03\_E) 5th Medication** | 1 = Yes2 = No3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler4 = Medication has a built-in spacer/ does not need a spacer7 = Don’t know9 = 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?**(ILP04\_E) 5th Medication** | 1 = Yes2 = No3 = No attack in past 3 months7 = Don’t know9 = Refused |
| 1 | 312 | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_E) 5th Medication** | 1 = Yes2 = No3 = Didn’t exercise in past 3 months7 = Don’t know9 = Refused |
| 1 | 313 | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday? **(ILP06\_E) 5th Medication** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| **2** | **314-315** | **Q8.17** Question has been removed, 2012.**Please leave these columns blank. 5th Medication** |  |
| 3 | 316-318 | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH\_MEDS SERIES]?**(ILP08\_E) 5th Medication** | 301-399 = Days401-499 = Weeks555 = Never666 = Less often than once a week 777 = Don’ know999 = Refused |
| 2 | 319-320 | Q8.19 How many canisters of this inhaler have you used in the past 3 months? **(ILP10\_E) 5th Medication****[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS ‘88’]** | \_\_ = 01-76 Canisters88 = None/Less than 1 full canister77 = Don’ know99 = Refused |
| 2 | 321-322 | **6th Inhaler value from “INH\_MEDS” field****ILP\_F (Sixth Inhaler Medication Value)**  | **Valid Inhaler Meds: 01 – 44, 66** |

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| 13 | 323-335 | **Questions 8.11 through 8.19 for SIXTH medication** |  |

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| **1** | **323** | **Q8.11** Question has been removed, 2012.**Please leave this column blank. 6th Medication** |  |
| **1** | **324** | **Q8.12** Question has been removed, 2012.**Please leave this column blank. 6th Medication** |  |
| **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]?**(ILP03\_F) 6th Medication** | 1 = Yes2 = No3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler4 = Medication has a built-in spacer/ does not need a spacer7 = Don’t know9 = 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?**(ILP04\_F) 6th Medication** | 1 = Yes2 = No3 = No attack in past 3 months7 = Don’t know9 = Refused |
| 1 | 327 | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_F) 6th Medication** | 1 = Yes2 = No3 = Didn’t exercise in past 3 months7 = Don’t know9 = Refused |
| 1 | 328 | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday? **(ILP06\_F) 6th Medication** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| **2** | **329-330** | **Q8.17** Question has been removed, 2012.**Please leave these columns blank. 6th Medication** |  |
| 3 | 331-333 | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH\_MEDS SERIES]?**(ILP08\_F) 6th Medication** | 301-399 = Days401-499 = Weeks555 = Never666 = Less often than once a week 777 = Don’ know999 = Refused |
| 2 | 334-335 | Q8.19 How many canisters of this inhaler have you used in the past 3 months? **(ILP10\_F) 6th Medication****[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS ‘88’]** | \_\_ = 01-76 Canisters88 = None/Less than 1 full canister77 = Don’ know99 = Refused |
| 2 | 336-337 | **7th Inhaler value from “INH\_MEDS” field****ILP\_G (Seventh Inhaler Medication Value)**  | **Valid Inhaler Meds: 01 – 44, 66** |
| 13 | 338-350 | **Questions 8.11 through 8.19 for SEVENTH medication** |  |
| **1** | **338** | **Q8.11** Question has been removed, 2012.**Please leave this column blank. 7th Medication** |  |
| **1** | **339** | **Q8.12** Question has been removed, 2012.**Please leave this column blank. 7th Medication** |  |
| **1** | **340** | 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]?**(ILP03\_G) 7th Medication** | 1 = Yes2 = No3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler4 = Medication has a built-in spacer/ does not need a spacer7 = Don’t know9 = 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?**(ILP04\_G) 7th Medication** | 1 = Yes2 = No3 = No attack in past 3 months7 = Don’t know9 = Refused |
| 1 | 342 | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_G) 7th Medication** | 1 = Yes2 = No3 = Didn’t exercise in past 3 months7 = Don’t know9 = Refused |
| 1 | 343 | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday? **(ILP06\_G) 7th Medication** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| **2** | **344-345** | **Q8.17** Question has been removed, 2012.**Please leave these columns blank. 7th Medication** |  |
| 3 | 346-348 | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH\_MEDS SERIES]?**(ILP08\_G) 7th Medication** | 301-399 = Days401-499 = Weeks555 = Never666 = Less often than once a week 777 = Don’ know999 = Refused |
| 2 | 349-350 | Q8.19 How many canisters of this inhaler have you used in the past 3 months? **(ILP10\_G) 7th Medication****[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS ‘88’]** | \_\_ = 01-76 Canisters88 = None/Less than 1 full canister77 = Don’ know99 = Refused |
| 2 | 351-352 | **8th Inhaler value from “INH\_MEDS” field****ILP\_H (Eighth Inhaler Medication Value)**  | **Valid Inhaler Meds: 01 – 44, 66** |
| 13 | 353-365 | **Questions 8.11 through 8.19 for EIGHTH medication** |  |
| **1** | **353** | **Q8.11** Question has been removed, 2012.**Please leave this column blank. 8th Medication** |  |

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| **1** | **354** | **Q8.12** Question has been removed, 2012.**Please leave this column blank. 8th Medication** |  |

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| **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]?**(ILP03\_H) 8th Medication** | 1 = Yes2 = No3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler4 = Medication has a built-in spacer/ does not need a spacer7 = Don’t know9 = Refused |

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| 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?**(ILP04\_H) 8th Medication** | 1 = Yes2 = No3 = No attack in past 3 months7 = Don’t know9 = Refused |

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| 1 | 357 | Q8.15 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_H) 8th Medication** | 1 = Yes2 = No3 = Didn’t exercise in past 3 months7 = Don’t know9 = Refused |

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| 1 | 358 | Q8.16 In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday? **(ILP06\_H) 8th Medication** | 1 = Yes2 = No7 = Don’t know9 = Refused |

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| **2** | **359-360** | **Q8.17** Question has been removed, 2012.**Please leave these columns blank. 8th Medication** |  |

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| 3 | 361-363 | Q8.18 How many times per day or per week do you use [MEDICINE FROM INH\_MEDS SERIES]?**(ILP08\_H) 8th Medication** | 301-399 = Days401-499 = Weeks555 = Never666 = Less often than once a week 777 = Don’ know999 = Refused |

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| 2 | 364-365 | Q8.19 How many canisters of this inhaler have you used in the past 3 months? **(ILP10\_H) 8th Medication****[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS ‘88’]** | \_\_ = 01-76 Canisters88 = None/Less than 1 full canister77 = Don’ know99 = Refused |

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| 2 | 366-367 | **Intentionally left blank2** |  |
| 1 | 368 | Q8.20 In the past 3 months, have you taken any prescription medicine in pill form for your asthma?  **(PILLS)** | 1 = Yes2 = No 7 = Don’t know9 = Refused |
| 10 | 369-378 | Q8.21 What prescription medications do you take in pill form?**[MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?] (PILLS\_MD)****These values will also be re-entered in columns below:****479-480** PILL\_MD\_A (First Pills Medication value)**482-483** PILL\_MD\_B (Second Pills Medication value)**485-486** PILL\_MD\_C (Third Pills Medication value)**488-489** PILL\_MD\_D (Fourth Pills Medication value)**491-492** PILL\_MD\_E (Fifth Pills Medication value) | 88 = No Pills 77 = Don’t know99 = Refused  |

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|  |  | **[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]** **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.**  |  |
|  | **Medication** | **Pronunciation**  |
| 01 | **Accolate**  | **ac**-o-late   |
| 02 | Aerolate  | **air**-o-late  |
| 03 | **Albuterol** | ăl'-**bu**'ter-ōl (or al-**BYOO-**ter-all) |
| 04 | Alupent  | **al-**u-pent  |
| 05 | Choledyl (oxtriphylline) | **ko-**led-il  |
| 07 | Deltasone | **del**-ta-sone  |
| 08 | Elixophyllin | e-licks**-o-**fil-in  |
| 11 | Medrol  | **Med**-rol  |
| 12 | Metaprel  | **Met**-a-prell  |
| 13 | Metaproteronol | met"ah-pro-**ter**'ĕ-nōl (or met-a-proe-**TER**-e-nole) |
| 14 | Methylpredinisolone | meth-ill-pred-**niss**-oh-lone (or meth-il-pred-**NIS**-oh-lone) |
| 15 | **Montelukast** | mont-e**-lu**-cast   |
| 17 | Pediapred | Pee-**dee-**a-pred  |
| 18 | **Prednisolone** | pred-NISS-oh-lone |
| 19 | **Prednisone** | PRED-ni-sone |
| 21 | Proventil  | pro**-ven**-til  |
| 23 | Respid  | **res-**pid  |
| 24 | **Singulair**  | **sing-**u-lair   |
| 25 | Slo-phyllin  | **slow**- fil-in  |
| 26 | Slo-bid  | **slow**-bid  |
| 48 | Terbutaline (+ T. sulfate) | ter byoo' ta leen |
| 28 | Theo-24  | **thee**-o-24  |
| 30 | Theochron  | **thee** -o-kron  |
| 31 | Theoclear  | **thee**-o-clear  |
| 32 | **Theodur**  | **thee**-o-dur  |
| 33 | **Theo-Dur**  | **thee**-o-dur  |
| 35 | **Theophylline** | thee-**OFF**-i-lin |
| 37 | Theospan  | **thee**-o-span  |
| 40 | T-Phyl  | **t**-fil  |
| 42 | **Uniphyl**  | **u**-ni-fil  |
| 43 | Ventolin  | **vent**-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 |
|  |  | **Question 8.22 Repeated for Medication entry. (Limit=5)****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.** | **Valid Meds in Pill form: 01 – 48, 66** |
| **2** | **479-480** | **1st Pill value from “PILLS\_MD\_A” field****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?** **(PILL01) 1st Pill** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| **2** | **482-483** | **2nd Pill value from “PILLS\_MD\_B” field****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?** **(PILL02) 2nd Pill** | 1 = Yes2 = No7 = Don’t know9 = Refused |

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| **2** | **485-486** | **3rd Pill value from “PILLS\_MD\_C” field****PILL01\_C (Third Pill Medication value)** | **Valid Meds in Pill form: 01 – 48, 66** |

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| **1** | **487** | **Q8.22 In the past 3 months, did you take**  **[MEDICATION LISTED IN PILLS\_MD] on a regular** **schedule every day?** **(PILL03) 3rd Pill** | 1 = Yes2 = No7 = Don’t know9 = Refused |

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| **2** | **488-489** | **4th Pill value from “PILLS\_MD\_D” field****PILL01\_D (Fourth Pill Medication value)** | **Valid Meds in Pill form: 01 – 48, 66** |

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| **1** | **490** | **Q8.22 In the past 3 months, did you take**  **[MEDICATION LISTED IN PILLS\_MD] on a regular** **schedule every day?** **(PILL04) 4th Pill** | 1 = Yes2 = No7 = Don’t know9 = Refused |

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| **2** | **491-492** | **5th Pill value from “PILLS\_MD\_E” field****PILL01\_E (Fifth Pill Medication value)** | **Valid Meds in Pill form: 01 – 48, 66** |

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| **1** | **493** | **Q8.22 In the past 3 months, did you take**  **[MEDICATION LISTED IN PILLS\_MD] on a regular** **schedule every day?****(PILL05) 5th Pill** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | 494 | Q8.23 In the past 3 months, have you taken any prescription asthma medication in syrup form?**(SYRUP)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 8 | 495-502 | Q8.24 What prescriptions asthma medications have you taken as a syrup? **[MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?]]****(SYRUP\_ID) (Limit = 4 Syrup Meds.)** | **Medication**01 = Aerolate (09) 02 = Albuterol 03 = Alupent (04) 04 = Metaproteronol 05 = Prednisolone 06 = Prelone (05) 07 = Proventil (02) 08 = Slo-Phyllin (09) 09 = Theophyllin 10 = Ventolin (02) 66 = Other, Please Specify: 88 = None77 = Don’t know 99 = Refused |
|  |  | **[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]**  |  |
|  | **Medication** | **Pronunciation** |
| 01 | Aerolate  | **air**-o-late  |
| 02 | Albuterol | ăl'-**bu**'ter-ōl (or al-BYOO-ter-ole) |
| 03 | Alupent  | **al**-u-pent  |
| 04 | Metaproteronol | met"ah-pro-**ter**'ĕ-nōl (or met-a-proe-TER-e-nole) |
| 05 | Prednisolone | pred-NISS-oh-lone |
| 06 | Prelone  | **pre**-loan  |
| 07 | Proventil  | Pro-**ven-**til  |
| 08 | Slo-Phyllin  | **slow**-fil-in  |
| 09 | Theophyllin | thee-OFF-i-lin |
| 10 | Ventolin  | **vent**-o-lin  |
| 66 | Other, Please Specify: |  |
| 77 | Don’t know  |  |
| 88 | No Syrups |  |
| 99 | Refused |  |
| **2** | **495-496** | **1st Syrup value from “SYRUP\_ID” field****SYRUP\_A (First Syrup Medication value)** | **Valid Meds in Syrup form: 01 – 10, 66**  |
| **2** | **497-498** | **2nd Syrup value from “SYRUP\_ID” field****SYRUP\_B (Second Syrup Medication value)** | **Valid Meds in Syrup form: 01 – 10, 66** |
| **2** | **499-500** | **3rd Syrup value from “SYRUP\_ID” field****SYRUP\_C (Third Syrup Medication value)** | **Valid Meds in Syrup form: 01 – 10, 66** |
| **2** | **501-502** | **4th Syrup value from “SYRUP\_ID” field****SYRUP\_D (Fourth Syrup Medication value)** | **Valid Meds in Syrup form: 01 – 10, 66** |
| 1 | 503 |  **Intentionally left blank3** |  |
| 100 | 504-603 | **(OTH\_S1)** 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?**(NEB\_SCR)** | 1 = Yes2 = No 7 = Don’t know9 = 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 ?**(NEB\_PLCa)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | 606 | Q8.26b In the past 3 months did you use a nebulizer … At a Doctor’s Office ? **(NEB\_PLCb)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | 607 | Q8.26c In the past 3 months did you use a nebulizer … In an Emergency room? **(NEB\_PLCc)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | 608 | Q8.26d .In the past 3 months did you use a nebulizer … At work (or a school)? **(NEB\_PLCd)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | 609 | Q8.26e In the past 3 months did you use a nebulizer … At any other place? **(NEB\_PLCe)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 10 | 610-619 | Q8.27 In the past 3 months, what prescriptions medications have you taken using a nebulizer?**(NEB\_ID) (Limit = 5 Nebulizers Meds.)****These values will also be re-entered in columns below:****620-621** NEB\_ID\_A (First Nebulizer Medication value)**627-628** NEB\_ID\_B (Second Nebulizer Medication value)**634-635** NEB\_ID\_C (Third Nebulizer Medication value)**641-642** NEB\_ID\_D (Fourth Nebulizer Medication value)**648-649** NEB\_ID\_E (Fifth Nebulizer Medication value) | **Medication**01 = Albuterol 02 = Alupent (11)03 = Atrovent (09)04 = Bitolterol05 = Budesonide06 = Cromolyn07 = Duoneb (01 + 09)08 = Intal (06)09 = Ipratroprium bromide10 = Levalbuterol 11 = Metaproteronol12 = Proventil (01)13 = Pulmicort (05)14 = Tornalate (04)15 = Ventolin (01)16 = Xopenex (10) 17= Combivent Inhalation solution18= Perforomist (Formoterol)66 = Other, Please Specify:88 = None77 = Don’t know99 = Refused |
|  |  | **[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]**  |  |
|  | **Medication** | **Pronunciation** |
| 01 | Albuterol | ăl'-**bu'**ter-ōl (or al-BYOO-ter-ole) |
| 02 | Alupent  | **al**-u-pent  |
| 03 | Atrovent  | At-ro-vent  |
| 04 | Bitolterol | bi-tōl'ter-ōl (or bye-**tole-**ter-ole) |
| 05 | Budesonide | byoo-**des**-oh-nide |
| 17 | Combivent Inhalation solution | **com**-bi-vent  |
| 06 | Cromolyn | **kro'**mŏ-lin (or KROE-moe-lin) |
| 07 | DuoNeb  | DUE-ow-neb |
| 08 | Intal  | **in**-tel  |
| 09 | Ipratroprium bromide | ĭp-rah-**tro**'pe-um bro'mīd (or ip-ra-**TROE**-pee-um) |
| 10 | Levalbuterol  | lev al byoo' ter ol |
| 11 | Metaproteronol | met"ah-pro-**ter'**ĕ-nōl (or met-a-proe-TER-e-nole) |
| 18 | Perforomist (Formoterol) | per-**form**-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** | **1st Nebulizer value from “NEB\_ID” field****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?** **(NEB01\_A) 1st Nebulizer** | 1 = Yes2 = No3 = No attack in past 3 months7= Don’t know9 = Refused |
| **1** | **623** | **Q8.29 In the past 3 months, did you take [MEDICINE FROM NEB\_ID SERIES] on a regular schedule everyday?****(NEB02\_A) 1st Nebulizer** | 1 = Yes2 = No7= Don’t know9 = Refused |
| **3** | **624-626** | **Q8.30 How many times per day or per week do you** **use [MEDICINE FROM NEB\_ID SERIES]**? **(NEB03\_A) 1st Nebulizer** | 3\_ \_DAYS4\_ \_WEEKS 555 = NEVER666 = LESS OFTEN THAN ONCE A WEEK777 = Don’t know999 = Refused |
| **2** | **627-628** | **2nd Nebulizer value from “NEB\_ID” field****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?** **(NEB01\_B) 2nd Nebulizer** | 1 = Yes2 = No3 = No attack in past 3 months7= Don’t know9 = Refused |
| **1** | **630** | **Q8.29 In the past 3 months, did you take [MEDICINE FROM NEB\_ID SERIES] on a regular schedule everyday?****(NEB02\_B) 2nd Nebulizer** | 1 = Yes2 = No7= Don’t know9 = Refused |
| **3** | **631-633** | **Q8.30 How many times per day or per week do you** **use [MEDICINE FROM NEB\_ID SERIES]**? **(NEB03\_B) 2nd Nebulizer** | 3\_ \_DAYS4\_ \_WEEKS 555 = NEVER666 = LESS OFTEN THAN ONCE A WEEK777 = Don’t know999 = Refused |
| **2** | **634-635** | **3rd Nebulizer value from “NEB\_ID” field****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?** **(NEB01\_C) 3rd Nebulizer** | 1 = Yes2 = No3 = No attack in past 3 months7= Don’t know9 = Refused |
| **1** | **637** | **Q8.29 In the past 3 months, did you take [MEDICINE FROM NEB\_IDS SERIES] on a regular schedule everyday?****(NEB02\_C) 3rd Nebulizer** | 1 = Yes2 = No7= Don’t know9 = Refused |
| **3** | **638-640** | **Q8.30 How many times per day or per week do you** **use [MEDICINE FROM NEB\_ID SERIES]**? **(NEB03\_C) 3rd Nebulizer** | 3\_ \_DAYS4\_ \_WEEKS 555 = NEVER666 = LESS OFTEN THAN ONCE A WEEK777 = Don’t know999 = Refused |
| **2** | **641-642** | **4th Nebulizer value from “NEB\_ID” field****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?** **(NEB01\_D) 4th Nebulizer** | 1 = Yes2 = No3 = No attack in past 3 months7= Don’t know9 = Refused |
| **1** | **644** | **Q8.29 In the past 3 months, did you take [MEDICINE FROM NEB\_ID SERIES] on a regular schedule everyday?****(NEB02\_D) 4th Nebulizer** | 1 = Yes2 = No7= Don’t know9 = Refused |
| **3** | **645-647** | **Q8.30 How many times per day or per week do you** **use [MEDICINE FROM NEB\_ID SERIES]**? **(NEB03\_D) 4th Nebulizer** | 3\_ \_DAYS4\_ \_WEEKS 555 = NEVER666 = LESS OFTEN THAN ONCE A WEEK777 = Don’t know999 = Refused |
| **2** | **648-649** | **5th Nebulizer value from “NEB\_ID” field****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?** **(NEB01\_E) 5th Nebulizer** | 1 = Yes2 = No3 = No attack in past 3 months7= Don’t know9 = Refused |
| **1** | **651** | **Q8.29 In the past 3 months, did you take [MEDICINE FROM NEB\_ID SERIES] on a regular schedule everyday?****(NEB02\_E) 5th Nebulizer** | 1 = Yes2 = No7= Don’t know9 = Refused |
| **3** | **652-654** | **Q8.30 How many times per day or per week do you** **use [MEDICINE FROM NEB\_ID SERIES]**? **(NEB03\_E) 5th Nebulizer** | 3\_ \_DAYS4\_ \_WEEKS 555 = NEVER666 = LESS OFTEN THAN ONCE A WEEK777 = Don’t know999 = 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 |
|  |  | **Section 9. Cost of Care** |  |
| 1 | **755** | Q9.1 Was there a time in the past 12 months when you needed to see your primary care doctor for your asthma but could not because of the cost?**(ASMDCOST)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **756** | Q9.2 Was there a time in the past 12 months when youwere referred to a specialist for asthma care but could not go because of the cost? **(ASSPCOST)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **757** | Q9.3 Was there a time in the past 12 months when you need to buy medication for your asthma, but could not because of the cost? **(ASRXCOST)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
|  |  | **Section 10. Work related Asthma** |  |
| 1 | **758** | Q10.1 Next, we are interested in things that affect asthmain the workplace. However, first I’d like to ask how youwould describe your current employment status? Would you say … **(EMP\_STAT)** | 1 = Employed full-time2 = Employed part-time3 = Not Employed7 = Don’t know9 = Refused |
| 2 | **759-760** | Q10.2 What is the main reason you are not now employed? **(UNEMP\_R)** | 01 = Keeping house02 = Going to school03 = Retired04 = Disabled05 = Unable to work for  other health reasons06 = Looking for work07 = Laid off08 = Other77 = Don’t know99 = Refused |
| **1** | **761** | Q10.3 Have you ever been employed?**(EMP\_EVER1)** | 1 = Yes2 = No 7 = Don’t know9 = 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 = Yes2 = No7 = Don’t know9 = Refused |
| **1** | **763** | **Q10.5** Was your asthma first **CAUSED** by things like chemicals, **s**moke, dust or mold in your **CURRENT** job? **(WORKENV6)** | 1 = Yes2 = No7 = Don’t know9 = 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 = Yes2 = No7 = Don’t know9 = 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 = Yes2 = No7 = Don’t know9 = 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 = Yes2 = No7 = Don’t know9 = 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 = Yes2 = No7 = Don’t know9 = 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 = Yes2 = No7 = Don’t know9 = 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? **(WORKSEN4)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
|  |  | **Section 11. Comorbid Conditions** |  |
| 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?**(COPD)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **771** | Q11.2 Have you ever been told by a doctor or other health professional that you have emphysema?**(EMPHY)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **772** | Q11.3 Have you ever been told by a doctor or other health Professional that you have Chronic Bronchitis?**(BRONCH)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **773** | Q11.4 Have you ever been told by a doctor or other health professional that you were depressed?**(DEPRESS)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| **SECTION 12. Complimentary and Alternative Therapy** |
| 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 in the past 12 months. Answer “no” if you have not used it in the past 12 months.Q12.1 In the past 12 months, have you used **(herbs)** tocontrol your asthma? **(CAM\_HERB)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **775** | Q12.2 In the past 12 months, have you used **(vitamins)** to control your asthma?**(CAM\_VITA)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **776** | Q12.3 In the past 12 months, have you used**(acupuncture)** to control your asthma?**(CAM\_PUNC)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **777** | Q12.4 In the past 12 months, have you used**(acupressure)** to control your asthma?**(CAM\_PRES)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **778** | Q12.5 In the past 12 months, have you used **(aromatherapy)** to control your asthma?**(CAM\_AROM)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **779** | Q12.6 In the past 12 months, have you used**(homeopathy)** to control your asthma?**(CAM\_HOME)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **780** | Q12.7 In the past 12 months, have you used **(reflexology)** to control your asthma?**(CAM\_REFL)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **781** | Q12.8 In the past 12 months, have you used **(yoga)** to control your asthma?**(CAM\_YOGA)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **782** | Q12.9 In the past 12 months, have you used **(breathing** **techniques)** to control your asthma?**(CAM\_BR)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **783** | Q12.10 In the past 12 months, have you used**(naturopathy)** to control your asthma?**(CAM\_NATR)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **784** | Q12.11 Besides the types I have just asked about, have you used any other type of alternative care for your asthmain the past 12 months?**(CAM\_OTHR)** | 1 = Yes2 = No 7 = Don’t know9 = Refused |
| 100 | **785-884** | Q12.12 What else have you used? **(CAM\_TEXT)**[100 ALPHANUMERIC CHARACTER LIMIT]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... **(CATTMPTS\_F)** | **4-digit disposition code** for each of the first **20** call attempts |
| **10** | **965-974** | **Intentionally left blank…** |  |
| **2** | **975-976** | Questionnaire Versions Identifier.**Import value from BRFSS Columns 613-614****(QSTVER\_F)** | 10 = Landline (No additional version)11 = Landline (One additional version)12 = Landline (Two additional versions)13 = Landline (Three additional versions)20 = Cell Phone (No additional version)21 = Cell Phone (One additional version)22 = Cell Phone (Two additional versions)23 = Cell Phone (Three additional versions) |
| **2** | **977-978** | Language identifier: Language in which the interview was conducted. **Import value from BRFSS Columns 615-616****(QSTLANG\_F)** | 1 = English2 = Spanish3-99 = Other |
| **1** | **979** | **Asthma Callback Script** Import value from BRFSS **Column 609**  **(CALLBACK\_F)** | **1 = Yes****2 = No** |
| **1** | **980** | Which person in the household was selected as the focus of the call-back? Import value from BRFSS **Column 610** **(ADLTCHLD\_F)** | **1 = Adult****2 = Child** |
| 1 | **981** | Have you ever been told by a doctor, nurse or other health professional that you had asthma?**Import value from BRFSS Core Section 6 Question 4, Column 118****(ASTHMA3\_F)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **982** | Do you still have asthma?**Import value from BRFSS Core Section 6 Question 5, Column 119** **(ASTHNOW\_F)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | **983** | **Asthma Callback Script Test** **(CALLBACK\_Ver)** | 1 = Callback using Protocol (2 weeks) 2 = Callback conducted “Immediately” |
| 1 | **984** | **Are you a resident of [STATE]?** Import value from BRFSS **Column 085** **(CSTATE\_F)****Only for cellphones** | 1 = Yes 2 = No 7 = Don’t know9 = Refused |
| 2 | **985-986** | **State of Origin of the Call**Import value from BRFSS **Column 000-000****(O\_STATE\_F)** | 2 digit state FIPSCODE |
| 2 | **987-988** | **In what state do you live?** Import value from BRFSS **Columns 86-87** **(RSPSTATE\_F)** **Only for cellphones** | 2 digit state FIPSCODE |
| **6** | **989-994** | **RESPDNUM** | **RESPONDENT NUMBER** |
| **25** | **995-1019** | **Intentionally left blank…** |  |
| **1** | **1020** | **End of File Marker…** | **PLEASE PLACE A “1” IN THIS FIELD** |