|  |  |  |  |
| --- | --- | --- | --- |
| **`Field Size** | **Columns** | **Description of Field and SAS Variable Name** | **Comments and Values** |
| 2 | 1-2 | State FIPS Code (\_STATE) | As supplied by GENESYS on sample record. |
| 6 | 3-8 | Replicate Number (REPNUM) |  |
|  |  |  |  |
| 2 | 9-10 | File Month (FMONTH\_f) | File month of the follow-up |
| 8 | 11-18 | Interview Date (IDATE) **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 of follow-up |
| 10 | **36-45** | Annual Sequence Number (SEQNO) | As supplied by GENESYS on sample record. Value should be unique for a state for 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 25 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 {Most Knowledgeable Person’s first name or initials}?**(MKP\_name)** | 1 = Yes2 = No |
| ***SKIP Q1.2, if Section 01, Q1.1 is coded 1*** |
| 1 | **49** | Q1.2 May I speak with {Most Knowledgeable Person first name or initials}? (**MKP\_pers)** | 1 = Yes2 = Person not available |
| 1 | **992** | Q1.5a Tracking of BRFSS MKP Appendix A. survey respondent:Are you the parent or guardian in the householdwho knows most about {CHILDName’s} asthma?***(MOSTKNOW)*** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused (MKP) identified at the BRFSS Level |
| **1** | **993** | Q1.5b Tracking of BRFSS MKP Appendix A. survey respondent:If parent or guardian request to transfer to another person who is more knowledgeable about the child’s asthma, then mark the transfer. ***(PRESENTALT)*** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused (ALT) identified at the BRFSS Level |
| 1 | **994** | Q1.5a Tracking of CALLBACK MKP Appendix B. survey respondent:Are you the parent or guardian in the householdwho knows most about {CHILDName’s} asthma?***(KNOWMOST)*** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused (MKP) identified at the CALLBACK Level |
| **1** | **995** | Q1.5b Tracking of CALLBACK MKP Appendix B. survey respondent:If parent or guardian request to transfer to another person who is more knowledgeable about the child’s asthma, then mark the transfer.***(ALTPRESENT)*** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused (ALT) identified at the CALLBACK Level |
| **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 code for this**, (REPEAT)****I would like to repeat the questions from the previous survey now to make sure {sample child’s name} qualifies for this study.**  | 1 = Yes2 = No |
| 1 | **51** | Q2.1 Have you ever been told by a doctor or other health professional that {child’s name} had asthma?**(EVER\_ASTH)** | 1 = Yes2 = No 7 = Don’t know 9 = Refused  |
| 1 | **52** | Q2.2 Does {child’s name} still have asthma?**(CUR\_ASTH)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **53** | Q2.3 What is your relationship to {child’s name}?**(RELATION)** | 1 = Mother (Birth/Adoptive/Step) [Go to Read]2 = Father (Birth/Adoptive/Step) [Go to Read]3 = Brother/Sister (Step/Foster/Half/Adoptive)4 = Grandparent (Father/Mother)5 = Other Relative6 = Unrelated7 = Don’t know/Not sure9 = Refused |
| 1 | **54** | Q2.4 Are you the legal guardian for {child’s name}**(GUARDIAN)** | 1 = Yes2 = No 7 = Don’t know 9 = Refused  |
| 1 | **55** | **Q2.5 May we combine your answers to this survey with your answers from the survey you did a few weeks ago? (PERMISS)** | 1 = Yes2 = No 7 = Don’t know 9 = Refused |
| **Section 3. Recent History** |
| 3 | **56-58** | Q3.1 How old was {child’s name} when a doctor or other health professional first said {he/she} had asthma?**(AGEDX)** | \_\_\_\_ Enter age in years [Range check: 001-018, 777, 888,999]777 = Don’t know888 = Under 1 year old999 = Refused |
| 1 | **59** | 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 years ago7 = Don’t know9 = Refused |
| 2 | **60-61** | Q3.3 How long has it been since you last talked to a doctor or other health professional about {child’s name} asthma? This could have been in a doctor’s office, the hospital, an emergency room or urgent care center.**(LAST\_MD)** | 04 = Within the past year05 = 1 year to less than 3 years ago06 = 3 years to 5 years ago07 = More than 5 years ago88 = Never77 = Don’t know99 = Refused |
| 2 | **62-63** | Q3.4 How long has it been since {child’s name} last took asthma medication?**(LAST\_MED)** | 01 = 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 years ago88 = Never77 = Don’t know99 = Refused |
| 2 | **64-65** | Q3.5 How long has it been since {child’s name} last had any symptoms of asthma?**(LASTSYMP)** | 01 = Less than 1day 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 years ago88 = Never77 = Don’t know99 = Refused |

|  |
| --- |
| **SECTION 4. HISTORY OF ASTHMA (SYMPTOMS & EPISODES in Past year)** |
| 2 | **66-67** | Q4.1 During the past 30 days, on how many days did {child’s name} have any symptoms of asthma?**(SYMP\_30D)** | \_\_ Days **[Range check: 01-30, 77, 88, 99]**30 = Every day 88 = No Symptoms in the past 30 days77 = Don’t know99 = Refused |
| 1 | **68** | Q4.2 Does {child’s name} have symptoms all the time? "All the time” means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.**(DUR\_30D)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 2 | **69-70** | Q4.3 During the past 30 days, on how many days did symptoms of asthma make it difficult for {child’s name} to stay asleep?**(ASLEEP30)** | \_\_ Days/Nights [Range check: 01-30, 77, 88, 99]88 = None77 = Don’t know99 = Refused |
| 2 | **71-72** | 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) then have CATI code SYMPFREE = 14Q4.4 During the past two weeks, on how many days was {child’s name} completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma? **(SYMPFREE)** | \_\_ Number of days [Range check: 01-14, 77, 88, 99]88 = None77 = Don’t know99 = Refused |
| 1 | **73** | Q4.5 During the past 12 months’ has {child’s name} had an episode of asthma or an asthma attack?**(EPIS\_12M)** | 1 = Yes2 = No 7 = Don’t know 9 = Refused  |
| 3 | **74-76** | Q4.6 During the past three months, how many asthma episodes or attacks has {child’s name} had?**(EPIS\_TP)** | \_\_\_\_[Range check: 001-100, 777, 888, 999]888 = None777 = Don’t know999 = Refused |
| 3 | **77-79** | Q4.7 How long did {child’s name} most recent asthma episode or attack last?**(DUR\_ASTH)** | 1\_ \_ Minutes 2\_ \_ Hours3\_ \_ Days4\_ \_ Weeks5 5 5 Never7 7 7 Don’t know / Not sure9 9 9 Refused |
| 1 | **80** | 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 | **81** | Q5.1 Does {child’s name} have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?**(INS1)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **82** | Q5.2 What kind of health care coverage, does {child’s name} have? Is it a parent’s employer paid insurance plan, Medicaid, Medicare, CHIP {replace with state specific name} or some other type of insurance?**(INS\_TYP)** | 1 = Parent’s employer2 = Medicaid/Medicare3 = CHIP {replace with State specific name}4 = Other7 = Don’t know9 = Refused |
| 1 | **83** | Q5.3 During the past 12 months was there any time that {child’s name} did not have any health insurance or coverage? **(INS2)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **84** | Q5.4 A flu shot is an influenza vaccine injected in your arm. During the past 12 months, did {CHILD’S NAME} have a flu shot?**(FLU\_SHOT)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **85** | Q5.5 A flu vaccine that is sprayed in the nose is called FluMistTM. During the past 12 months, did {CHILD’S NAME} have a flu vaccine that was sprayed in his/her nose? **(FLU\_SPRAY)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **86** | **Q5.6** 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?**(ACT\_DAYS30)** | 1 = Not at all2 = A little 3 = Moderate amounts4 = A lot7 = Don’t know/Not sure9 = Refused |
| 3 | **87-89** | Q5.7 During the past 12 months how many times did {child’s name} see a doctor or other health professional for a routine checkup for {his/her} asthma? **(NER\_TIME)**  | \_\_\_\_[Range check: 001-365, 777, 888,999]777 = Don’t know888 = None999 = Refused |
| 1 | **90** | Q5.8 An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, has {child’s name} had to visit an emergency room or urgent care center because of {his/her} asthma? **(ER\_VISIT)** | 1 = Yes2 = No 7 = Don’t know 9 = Refused   |
| 3 | **91-93** | Q5.9 During the past 12 months, how many times did{child’s name}visit an emergency room or urgent care center because of {his/her} asthma? **(ER\_TIMES)** | \_\_\_\_[Range check: 001-365, 777,888,999]888 = None777 = Don’t know999 = Refused |
| 3 | **94-96** | Q5.10 During the past 12 months, how many times did {child’s name} see a doctor or other health professional for urgent treatment of worsening asthma symptoms or an asthma episode or attack? **(URG\_TIME)** | \_\_\_\_[Range check: 001-365, 777,888, 999]888 = None777 = Don’t know999 = Refused |
| 1 | **97** | Q5.11 During the past 12 months, that is since [1 YEAR AGO TODAY], has {child’s name} had to stay overnight in a hospital because of {his/her} asthma? Do not include an overnight stay in the emergency room. **(HOSP\_VST)** | 1 = Yes2 = No 7 = Don’t know 9 = Refused  |
| 3 | **98-100** | Q5.12 During the past 12 months, how many different times did {child’s name}stay in any hospital overnight or longer because of {his/her} asthma? **(HOSPTIME)** | \_\_\_\_[Range check: 001-365, 777, 999]777 = Don’t know999 = Refused |
| 1 | **101** | Q5.13 The last time {child’s name} left the hospital, did a health professional talk with you or {child’s name} about how to prevent serious attacks in the future? **(HOSPPLAN)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **Section 6. Knowledge of Asthma/Management Plan** |
| 1 | **102** | Q6.1 Has a doctor or other health professional ever taught you or {child’s name}....a. How to recognize early signs or symptoms of an asthma episode?**(TCH\_SIGN)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **103** | Q6.2 Has a doctor or other health professional ever taught you or {child’s name}....b. What to do during an asthma episode or attack?**(TCH\_RESP)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **104** | Q6.3 **A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you or {child’s name}....**c. How to use a peak flow meter to adjust your daily medications? **(TCH\_MON)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **105** | **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 or {child’s name}....an asthma action plan?**(MGT\_PLAN)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **106** | Q6.5 Have you or {child’s name} ever taken a course or class on how to manage {his/her} asthma?**(MGT\_CLAS)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **Section 7. Modifications to Environment** |
| 1 | **107** | **An air cleaner or purifier filters pollutants like dust, pollen, mold and chemicals out of the indoor air. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.**Q7.1 Is an air cleaner or purifier regularly used inside {child’s name} home? **(AIRCLEANER)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **108** | Q7.2 Is a dehumidifier regularly used to reduce moisture inside {child’s name} home?**(DEHUMID)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **109** | Q7.3 Is an exhaust fan that vents to the outside used regularly when cooking in the kitchen in {child’s name} home? **(KITC\_FAN)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **110** | Q7.4 Is gas used for cooking in {child’s name} home?**(COOK\_GAS)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **111** | Q7.5 In the past 30 days, has anyone seen or smelled mold or a musty odor inside in {child’s name} home? Do not include mold on food.**(ENV\_MOLD)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **112** | Q7.6 Does {child’s name} home have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?**(ENV\_PETS)** | 1 = Yes 2 = No 7 = Don’t know/Not sure9 = Refused  |
| 1 | **113** | Q7.7 Is the pet allowed in {child’s name} bedroom?**(PETBEDRM)** | 1 = Yes2 = No3 = Some are/Some aren’t7 = Don’t know/Not sure9 = Refused |
| 1 | **114** | Q7.8 In the past 30 days, has anyone seen cockroaches inside {child’s name} home?**(C\_ROACH)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **115** | Q7.9 In the past 30 days, has anyone seen mice or rats inside {child’s name} home? Do not include mice or rats kept as pets.**(C\_RODENT)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **116** | Q7.10 Is a wood burning fireplace or wood burning stove used in {child’s name} home?**(WOOD\_STOVE)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **117** | Q7.11 Are unvented gas logs, an unvented gas fireplace, or an unvented gas stove used in {child’s name} home?**(GAS\_STOVE)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **118** | Q7.12 In the past week, has anyone smoked inside {child’s name} home?**(S\_INSIDE)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **119** | Q7.13 Has a health professional ever advised you to change things in {child’s name} home, school, or work to improve his/her asthma?**(MOD\_ENV)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **120** | Q7.14 Does {child’s name} use a mattress cover that is made especially for controlling dust mites?**(MATTRESS)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **121** | Q7.15 Does {child’s name} use a pillow cover that is made especially for controlling dust mites?**(E\_PILLOW)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **122** | Q7.16 Does {child’s name} have carpeting or rugs in {his/her} bedroom? *This does not include throw rugs small enough to be laundered.***(CARPET)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **123** | Q7.17 Are {child’s name} sheets and pillowcases washed in cold, warm, or hot water?**(HOTWATER)** | 1 = Cold2 = Warm3 = Hot4 = Varies7 = Don’t know/Not sure9 = Refused |
| 1 | **124** | Q7.18 In {child’s name} bathroom, does {child’s name} 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 | **125** | Q8.1 Over-the-counter medication can be bought without a doctor’s order. Has {child’s name} ever used over-the-counter medication for {his/her} asthma? **(OTC)**  | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **126** | Q8.2 Has {child’s name} ever used a prescription inhaler?**(INHALERE)** | 1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused  |
| 1 | **127** | Q8.3 Did a health professional show {child’s name} how to use the inhaler?**(INHALERH)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **128** | Q8.4 Did a doctor or other health professional watch {child’s name} use the inhaler?**(INHALERW)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **129** | **[Now I am going to ask questions about specific prescription medications {child’s name} may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often {child’s name} takes each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.**Q8.5 It will help to get {child’s name} medicines so you can read the labels. **(SCR\_MED1)** | 1 = Yes 2 = No 3 = Respondent know the meds 7 = Don’t know/Not sure 9 = Refused  |
| 1 | 130 | Q8.7 Do you have all the medications?**(SCR\_MED3)** | 1 = Yes I have all of the medications 2 = Yes I have some of the medications but not all3 = No7 = Don’t know/Not sure9 = Refused |
| 1 | 131 | Q8.8 In the past 3 months has {child’s name} taken prescription asthma medicine using an inhaler?**(INH\_SCR)** | 1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused  |
| 16 | 132-147 | Q8.9 In the past 3 months, what medications did {child’s name} take by inhaler? [MARK ALL THAT APPLY. PROBE: Any other medications?] **(INH\_MEDS) (Limit=8 Inhalers)** | 88 = No Prescription Inhalers77 = Don’ know 99 = Refused  |
|  |  | **[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 | **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**-m*uh-*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**-b*uh-*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  | **[SKIP TO PILLS]** |
| 88 | No Prescription Inhalers | **[SKIP TO PILLS]** |
| 99 | Refused | **[SKIP TO PILLS]** |
| 100 | 148-247 | Q8.10 ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD. IF MORE THAT ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.[LOOP BACK TO ILP01 AS NECESSARY (UP TO 6 TIMES FOR SIX SEPARATE MEDICATIONS) TO ADMINSTER QUESTIONS ILP01 THRU ILP10 FOR EACH MEDICINE REPORTED IN INH\_MEDS**[**FOR FILL [MEDICINE FROM INH\_MEDS SERIES] FOR QUESTIONS ILP01 THROUGH ILP10] [IF {MEDICINE FROM INH\_MEDS SERIES} IS 03, 04, 21, 24, OR 33 ASK ILP01 ELSE SKIP TO ILP02**(OTH\_I1)** | Text field – up to 100 characters |
|  |  | **Section Repeated for Medication entry. (Limit=8 Inhalers)****Questions 8.11–8.19 will be repeated for each medication up to 8 times and saved in blocks of 15 columns, two for the Med. Code, and 13 columns for the 9 questions. Columns 248-262 will hold the first series and the eighth series in 353-367.** |  |
| **2** | **248-249** | **1st Inhaler value from “INH\_MEDS” field****ILP\_A (First Inhaler Medication Value)** | **Valid Inhaler Meds: 01 - 43, 66** |
| 13 | 250-262 | **Questions 8.11 through 8.19 for FIRST medication** |  |
| **1** | **250** | **Q8.11** Question has been removed, 2012.**Please leave this column blank.** **1st Medication** |  |
| **1** | **251** | **Q8.12** Question has been removed, 2012.**Please leave this column blank.** **1st Medication** |  |
| **1** | **252** | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child’s name} use a spacer with [MEDICINE FROM INH\_MEDS SERIES]?**(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 know/Not sure9 = Refused |
| 1 | 253 | Q8.14 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] when he/she had an asthma episode or attack?**(ILP04\_A) 1st Medication** | 1 = Yes2 = No3 = No attack in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 254 | Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_A) 1st Medication** | 1 = Yes2 = No3 = Didn’t exercise in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 255 | Q8.16 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday?**(ILP06\_A) 1st Medication** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **2** | **256-257** | **Q8.17** Question has been removed, 2012.**Please leave these columns blank.** **1st Medication** |  |
| 3 | 258-260 | Q8.18 How many times per day or per week did {child’s name} 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 | 261-262 | Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months?**(ILP10\_A) 1st Medication** | \_\_\_ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]77 = Don’t know/Not sure88 = None99 = Refused |
| **2** | **263-264** | **2nd Inhaler value from “INH\_MEDS” field****ILP\_B (Second Inhaler Medication Value)** | **Valid Inhaler Meds: 01 - 43, 66** |
| 13 | 265-277 | **Questions 8.11 through 8.19 for SECOND medication** |  |
| **1** | **265** | **Q8.11** Question has been removed, 2012.**Please leave this column blank.** **2nd Medication**  |  |
| **1** | **266** | **Q8.12** Question has been removed, 2012.**Please leave this column blank.** **2nd Medication** |  |
| **1** | **267** | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child’s name} use a spacer with [MEDICINE FROM INH\_MEDS SERIES]?**(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 know/Not sure9 = Refused |
| 1 | 268 | Q8.14 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] when he/she had an asthma episode or attack?**(ILP04\_B) 2nd Medication** | 1 = Yes2 = No3 = No attack in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 269 | Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_B) 2nd Medication** | 1 = Yes2 = No3 = Didn’t exercise in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 270 | Q8.16 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday?**(ILP06\_B) 2nd Medication** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **2** | **271-272** | Q8.17 Question has been removed, 2012.**Please leave these columns blank.**  **(ILP07\_B) 2nd Medication**  |  |
| 3 | 273-275 | Q8.18 How many times per day or per week did {child’s name} 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 | 276-277 | Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months?**(ILP10\_B) 2nd Medication** | \_\_\_ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]77 = Don’t know/Not sure88 = None99 = Refused |
| **2** | **278-279** | **3rd Inhaler value from “INH\_MEDS” field****ILP\_C (Third Inhaler Medication Value)** | **Valid Inhaler Meds: 01 - 43, 66** |
| 13 | 280-292 | **Questions 8.11 through 8.19 for THIRD medication** |  |
| **1** | **280** | **Q8.11** Question has been removed, 2012.**Please leave this column blank.** **3rd Medication**  |  |
| **1** | **281** | **Q8.12** Question has been removed, 2012.**Please leave this column blank.** **3rd Medication** |  |
| **1** | **282** | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child’s name} use a spacer with [MEDICINE FROM INH\_MEDS SERIES]?**(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 know/Not sure9 = Refused |
| 1 | 283 | Q8.14 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] when he/she had an asthma episode or attack?**(ILP04\_C) 3rd Medication** | 1 = Yes2 = No3 = No attack in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 284 | Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_C) 3rd Medication** | 1 = Yes2 = No3 = Didn’t exercise in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 285 | Q8.16 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday?**(ILP06\_C) 3rd Medication** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **2** | **286-287** | Q8.17 Question has been removed, 2012.**Please leave these columns blank.**  **(ILP07\_C) 3rd Medication**  |  |
| 3 | 288-290 | Q8.18 How many times per day or per week did {child’s name} 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 | 291-292 | Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months?**(ILP10\_C) 3rd Medication** | \_\_\_ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]77 = Don’t know/Not sure88 = None99 = Refused |
| **2** | **293-294** | **4th Inhaler value from “INH\_MEDS” field****ILP\_D (Fourth Inhaler Medication Value)** | **Valid Inhaler Meds: 01 - 43, 66** |
| 13 | 295-307 | **Questions 8.11 through 8.19 for FOURTH medication** |  |
| **1** | **295** | **Q8.11** Question has been removed, 2012.**Please leave this column blank.** **4th Medication**  |  |
| **1** | **296** | **Q8.12** Question has been removed, 2012.**Please leave this column blank.** **4th Medication** |  |
| **1** | **297** | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child’s name} use a spacer with [MEDICINE FROM INH\_MEDS SERIES]?**(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 know/Not sure9 = Refused |
| 1 | 298 | Q8.14 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] when he/she had an asthma episode or attack?**(ILP04\_D) 4th Medication** | 1 = Yes2 = No3 = No attack in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 299 | Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_D) 4th Medication** | 1 = Yes2 = No3 = Didn’t exercise in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 300 | Q8.16 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday?**(ILP06\_D) 4th Medication** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **2** | **301-302** | **Q8.17** Question has been removed, 2012.**Please leave these columns blank.**  **(ILP07\_D) 4th Medication**  |  |
| 3 | 303-305 | Q8.18 How many times per day or per week did {child’s name} 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 | 306-307 | Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months?**(ILP10\_D) 4th Medication** | \_\_\_ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]77 = Don’t know/Not sure88 = None99 = Refused |
| **2** | **308-309** | **5th Inhaler value from “INH\_MEDS” field****ILP\_E (Fifth Inhaler Medication Value)** | **Valid Inhaler Meds: 01 - 43, 66** |
| 13 | 310-322 | **Questions 8.11 through 8.19 for FIFTH medication** |  |
| **1** | **310** | **Q8.11** Question has been removed, 2012.**Please leave this column blank.** **5th Medication**  |  |
| **1** | **311** | **Q8.12** Question has been removed, 2012.**Please leave this column blank.** **5th Medication** |  |
| **1** | **312** | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child’s name} use a spacer with [MEDICINE FROM INH\_MEDS SERIES]?**(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 know/Not sure9 = Refused |
| 1 | 313 | Q8.14 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] when he/she had an asthma episode or attack?**(ILP04\_E) 5th Medication** | 1 = Yes2 = No3 = No attack in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 314 | Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_E) 5th Medication** | 1 = Yes2 = No3 = Didn’t exercise in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 315 | Q8.16 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday?**(ILP06\_E) 5th Medication** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **2** | **316-317** | **Q8.17** Question has been removed, 2012.**Please leave these columns blank.**  **(ILP07\_E) 5th Medication**  |  |
| 3 | 318-320 | Q8.18 How many times per day or per week did {child’s name} 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 | 321-322 | Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months?**(ILP10\_E) 5th Medication** | \_\_\_ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]77 = Don’t know/Not sure88 = None99 = Refused |
| **2** | **323-324** | **6th Inhaler value from “INH\_MEDS” field****ILP\_F (Sixth Inhaler Medication Value)** | **Valid Inhaler Meds: 01 - 43, 66** |
| 13 | 325-337 | **Questions 8.11 through 8.19 for SIXTH medication** |  |
| **1** | **325** | **Q8.11** Question has been removed, 2012.**Please leave this column blank.** **6th Medication**  |  |
| **1** | **326** | **Q8.12** Question has been removed, 2012.**Please leave this column blank.** **6th Medication** |  |
| **1** | **327** | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child’s name} use a spacer with [MEDICINE FROM INH\_MEDS SERIES]?**(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 know/Not sure9 = Refused |
| 1 | 328 | Q8.14 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] when he/she had an asthma episode or attack?**(ILP04\_F) 6th Medication** | 1 = Yes2 = No3 = No attack in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 329 | Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_F) 6th Medication** | 1 = Yes2 = No3 = Didn’t exercise in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 330 | Q8.16 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday?**(ILP06\_F) 6th Medication** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **2** | **331-332** | Q8.17 Question has been removed, 2012.**Please leave these columns blank.**  **(ILP07\_F) 6th Medication**  |  |
| 3 | 333-335 | Q8.18 How many times per day or per week did {child’s name} 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 | 336-337 | Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months?**(ILP10\_F) 6th Medication** | \_\_\_ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]77 = Don’t know/Not sure88 = None99 = Refused |
| **2** | **338-339** | **7th Inhaler value from “INH\_MEDS” field****ILP\_G (Seventh Inhaler Medication Value)** | **Valid Inhaler Meds: 01 - 43, 66** |
| 13 | 340-352 | **Questions 8.11 through 8.19 for SEVENTH medication** |  |
| **1** | **340** | **Q8.11** Question has been removed, 2012.**Please leave this column blank.** **7th Medication**  |  |
| **1** | **341** | **Q8.12** Question has been removed, 2012.**Please leave this column blank.** **7th Medication** |  |
| **1** | **342** | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child’s name} use a spacer with [MEDICINE FROM INH\_MEDS SERIES]?**(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 know/Not sure9 = Refused |
| 1 | 343 | Q8.14 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] when he/she had an asthma episode or attack?**(ILP04\_G) 7th Medication** | 1 = Yes2 = No3 = No attack in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 344 | Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_G) 7th Medication** | 1 = Yes2 = No3 = Didn’t exercise in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 345 | Q8.16 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday?**(ILP06\_G) 7th Medication** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **2** | **346-347** | **Q8.17** Question has been removed, 2012.**Please leave these columns blank.**  **(ILP07\_G) 7th Medication**  |  |
| 3 | 348-350 | Q8.18 How many times per day or per week did {child’s name} 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 | 351-352 | Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months?**(ILP10\_G) 7th Medication** | \_\_\_ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]77 = Don’t know/Not sure88 = None99 = Refused |
| **2** | **353-354** | **8th Inhaler value from “INH\_MEDS” field****ILP\_H (Eighth Inhaler Medication Value)** | **Valid Inhaler Meds: 01 - 43, 66** |
| 13 | 355-367 | **Questions 8.11 through 8.19 for EIGHTH medication** |  |
| **1** | **355** | **Q8.11** Question has been removed, 2012.**Please leave this column blank.** **8th Medication**  |  |
| **1** | **356** | **Q8.12** Question has been removed, 2012.**Please leave this column blank.** **8th Medication** |  |
| **1** | **357** | Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child’s name} use a spacer with [MEDICINE FROM INH\_MEDS SERIES]?**(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 know/Not sure9 = Refused |
| 1 | 358 | Q8.14 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] when he/she had an asthma episode or attack?**(ILP04\_H) 8th Medication** | 1 = Yes2 = No3 = No attack in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 359 | Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**(ILP05\_H) 8th Medication** | 1 = Yes2 = No3 = Didn’t exercise in the past 3 mths7 = Don’t know/Not sure9 = Refused |
| 1 | 360 | Q8.16 In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday?**(ILP06\_H) 8th Medication** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **2** | **361-362** | **Q8.17** Question has been removed, 2012.**Please leave these columns blank.** **8th Medication**  |  |
| 3 | 363-365 | Q8.18 How many times per day or per week did {child’s name} 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 |
| 2 | 366-367 | Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months?**(ILP10\_H) 8th Medication** | \_\_\_ Canisters [RANGE CHECK: (01-76, 77, 88, 99)]77 = Don’t know/Not sure88 = None99 = Refused |
| **1** | **368** | **Intentionally left blank2** |  |
| 1 | 369 | Q8.20 In the past 3 months, has {child’s name} taken any prescription medicine in pill form for his/her asthma?**(PILLS)** | 1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused  |
| 10 | 370-379 | Q8.21 What prescription asthma medications does **{child’s name}** take in pill form?**[MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]****(PILLS\_MD) (Limit=5)****These values will also be re-entered in columns below:****480-481** PILL\_MD\_A (First Pills Medication value)**483-484** PILL\_MD\_B (Second Pills Medication value)**486-487** PILL\_MD\_C (Third Pills Medication value)**489-490** PILL\_MD\_D (Fourth Pills Medication value)**492-493** PILL\_MD\_E (Fifth Pills Medication value) | **\_\_\_** Enter Response**[IF RESPONDENT SELECTS ANY ANSWER FROM 01-47, SKIP TO PILL01]**88 = No Pills77 = Don’t know/Not sure99 = Refused |
|  |  | What PRESCRIPTION asthma medications does **{child’s name}** take in pill form?**[MARK ALL THAT APPLY. PROBE: Any other** PRESCRIPTION asthma **pills?]****[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  |
| 49 | Brethine  | **breth-een** |
| 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 |  **[SKIP TO SYRUP]** |
| 88 | No Pills |  **[SKIP TO SYRUP]**  |
| 99 | Refused |  **[SKIP TO SYRUP]**  |
| 100 | 380-479 |  **[OTH\_P1]** IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. | Text field – up to 100 characters |
|  |  | **Question 8.22 Repeated for Medication entry. (Limit=5)** |  |
| **2** | **480-481** | **1st Pill value from “PILLS\_MD” field****PILL01\_A (First Pill Medication Value)** | **Valid Meds in Pill form: 01 - 49, 66** |
| **1** |   **482** | **Q8.22 In the past 3 months, did {child’s name} take [MEDICATION LISTED IN PILLS\_MD] on a regular schedule every day?** **(PILL01) 1st Pill**  | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **2** | **483-484** | **2nd Pill value from “PILLS\_MD” field****PILL01\_B (Second Pill Medication Value)** | **Valid Meds in Pill form: 01 - 49, 66** |
| **1** |   **485**  | **Q8.22 In the past 3 months, did {child’s name} take [MEDICATION LISTED IN PILLS\_MD] on a regular schedule every day?** **(PILL02) 2nd Pill** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **2** | **486-487** | **3rd Pill value from “PILLS\_MD” field****PILL01\_C (Third Pill Medication Value)** | **Valid Meds in Pill form: 01 - 49, 66** |
| **1** |   **488** | **Q8.22 In the past 3 months, did {child’s name} take [MEDICATION LISTED IN PILLS\_MD] on a regular schedule every day?** **(PILL03) 3rd Pill** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **2** | **489-490** | **4th Pill value from “PILLS\_MD” field****PILL01\_D (Fourth Pill Medication Value)** | **Valid Meds in Pill form: 01 - 49, 66** |
| **1** |   **491**  | **Q8.22 In the past 3 months, did {child’s name} take [MEDICATION LISTED IN PILLS\_MD] on a regular schedule every day?** **(PILL04) 4th Pill** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **2** | **492-493** | **5th Pill value from “PILLS\_MD” field****PILL01\_E (Fifth Pill Medication Value)** | **Valid Meds in Pill form: 01 - 49, 66** |
| **1** |   **494**  | **Q8.22 In the past 3 months, did {child’s name} take [MEDICATION LISTED IN PILLS\_MD] on a regular schedule every day?** **(PILL05) 5th Pill** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 |  495 | Q8.23 In the past 3 months, has {child’s name} taken prescription medicine in syrup form?**(SYRUP)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 8 | 496-503 | Q8.24 What prescriptions asthma medications has **{child’s name}** taken as a syrup? **[MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?] (SYRUP\_ID) (Limit=4)** | **Medication**01 = Aerolate (09)02 = Albuterol03 = Alupent (04)04 = Metaproteronol05 = Prednisolone06 = Prelone (05)07 = Proventil (02)08 = Slo-Phyllin (09)09 = Theophylline10 = Ventolin (02)66 = Other, Please specify:77 = Don’t know88 = No Syrup99 = Refused |
|  | **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:  | **[SKIP TO OTH\_S1]** |
| 77 | Don’t know | **[SKIP TO NEB\_SCR]** |
| 88 | No Syrup  | **[SKIP TO NEB\_SCR]** |
| 99 | Refused  | **[SKIP TO NEB\_SCR]** |
| **2** | **496-497** | **1st Syrup value from “SYRUP\_ID” field****SYRUP\_A (1st Syrup Medication Value)** | **Valid Meds in Syrup form: 01 - 10, 66** |
| **2** | **498-499** | **1st Syrup value from “SYRUP\_ID” field****SYRUP\_B (2nd Syrup Medication Value)** | **Valid Meds in Syrup form: 01 - 10, 66** |
| **2** | **500-501** | **1st Syrup value from “SYRUP\_ID” field****SYRUP\_C (3rd Syrup Medication Value)** | **Valid Meds in Syrup form: 01 - 10, 66**  |
| **2** | **502-503** | **1st Syrup value from “SYRUP\_ID” field****SYRUP\_D (4th Syrup Medication Value)** | **Valid Meds in Syrup form: 01 - 10, 66** |
| 100 | 504-603 |  **(OTH\_S1)** ENTER OTHER MEDICATION. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. | Text field – up to 100 characters  |
| 1 | 604 | Q8.25 A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of {child’s name} prescription asthma medicines used with a nebulizer? **(NEB\_SCR)** | 1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused  |
| 1 | 605 | Q8.26a I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer **At Home**? **(NEB\_PLCa)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | 606 | Q8.26b I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer **At a Doctor’s Office**? **(NEB\_PLCb)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | 607 | Q8.26c I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer **In an Emergency room**? **(NEB\_PLCc)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | 608 | Q8.26d I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer **At work or at school**? **(NEB\_PLCd)** | 1 = Yes2 = No7 = Don’t know9 = Refused |
| 1 | 609 | Q8.26e I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer **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 asthma medications has {child’s name} 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 = Albuterol02 = Alupent (11)03 = Atrovent (09)04 = Bitolterol05 = Budesonide06 = Cromolyn07 = Duoneb (01 + 09)08 = Intal (06)09 = Ipratroprium bromide10 = Levalbuterol11 = 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:77 = Don’t know 88 = None99 = Refused |
|  |  | [INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.] [MARK ALL THAT APPLY. PROBE: Has your child taken any other prescription**ASTHMA medications with a nebulizer in the past 3 months** |  |
|  | **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  | **[SKIP TO Section 9]** |
|  88 | No Syrups  | **[SKIP TO Section 9]** |
|  99 | Refused:  | **[SKIP TO Section 9]** |
| **2** | **620-621** | **1st Nebulizer value from “NEB\_ID” field****NEB\_ID\_A** **(1st Nebulizer Medication Value)** | **Valid Meds in Nebulizer form: 01 - 18, 66** |
| **1** | **622** | **Q8.28 In the past 3 months, did {child’s name} take [MEDICINE FROM NEB\_ID SERIES] when he/she had an asthma episode or attack?** **(NEB01\_A) 1st Nebulizer** | 1 = Yes2 = No3 = No attack in past 3 months7= Don’t know/Not Sure9 = Refused |
| **1** | **623** | **Q8.29 In the past 3 months, did he/she take [MEDICINE FROM NEB\_ID SERIES] on a regular schedule everyday?****(NEB02\_A) 1st Nebulizer** | 1 = Yes2 = No7= Don’t know/Not Sure9 = Refused |
| **3** | **624-626** | **Q8.30 How many times per day or per** **week does he/she use [MEDICINE FROM** **NEB\_ID SERIES]**? **(NEB03\_A) 1st Nebulizer** | 3\_ \_DAYS4\_ \_WEEKS 555 = NEVER666 = LESS OFTEN THAN ONCE A WEEK777 = Don’t know/Not Sure999 = Refused |
| **2** | **627-628** | **2nd Nebulizer value from “NEB\_ID” field****NEB\_ID\_B (2nd Nebulizer Medication Value)** | **Valid Meds in Nebulizer form: 01 - 18, 66** |
| **1** | **629** | **Q8.28 In the past 3 months, did {child’s name} take [MEDICINE FROM NEB\_ID SERIES] when he/she had an asthma episode or attack?** **(NEB01\_B) 2nd Nebulizer** | 1 = Yes2 = No3 = No attack in past 3 months7= Don’t know/Not Sure9 = Refused |
| **1** | **630** | **Q8.29 In the past 3 months, did he/she take [MEDICINE FROM NEB\_ID SERIES] on a regular schedule everyday?****(NEB02\_B) 2nd Nebulizer** | 1 = Yes2 = No7= Don’t know/Not Sure9 = Refused |
| **3** | **631-633** | **Q8.30 How many times per day or per** **week does he/she use [MEDICINE FROM** **NEB\_ID SERIES]**? **(NEB03\_B) 2nd Nebulizer** | 3\_ \_DAYS4\_ \_WEEKS 555 = NEVER666 = LESS OFTEN THAN ONCE A WEEK777 = Don’t know/Not Sure999 = Refused |
| **2** | **634-635** | **3rd Nebulizer value from “NEB\_ID” field****NEB\_ID\_C (3rd Nebulizer Medication Value)** | **Valid Meds in Nebulizer form: 01 - 18, 66** |
| **1** | **636** | **Q8.28 In the past 3 months, did {child’s name} take [MEDICINE FROM NEB\_ID SERIES] when he/she had an asthma episode or attack?** **(NEB01\_C) 3rd Nebulizer** | 1 = Yes2 = No3 = No attack in past 3 months7= Don’t know/Not Sure9 = Refused |
| **1** | **637** | **Q8.29 In the past 3 months, did he/she take [MEDICINE FROM NEB\_ID SERIES] on a regular schedule everyday?****(NEB02\_C) 3rd Nebulizer** | 1 = Yes2 = No7= Don’t know/Not Sure9 = Refused |
| **3** | **638-640** | **Q8.30 How many times per day or per** **week does he/she use [MEDICINE FROM** **NEB\_ID SERIES]**? **(NEB03\_C) 3rd Nebulizer** | 3\_ \_DAYS4\_ \_WEEKS 555 = NEVER666 = LESS OFTEN THAN ONCE A WEEK777 = Don’t know/Not Sure999 = Refused |
| **2** | **641-642** | **4th Nebulizer value from “NEB\_ID” field****NEB\_ID\_D (4th Nebulizer Medication Value)** | **Valid Meds in Nebulizer form: 01 - 18, 66** |
| **1** | **643** | **Q8.28 In the past 3 months, did {child’s name} take [MEDICINE FROM NEB\_ID SERIES] when he/she had an asthma episode or attack?** **(NEB01\_D) 4th Nebulizer** | 1 = Yes2 = No3 = No attack in past 3 months7= Don’t know/Not Sure9 = Refused |
| **1** | **644** | **Q8.29 In the past 3 months, did he/she take [MEDICINE FROM NEB\_ID SERIES] on a regular schedule everyday?****(NEB02\_D) 4th Nebulizer** | 1 = Yes2 = No7= Don’t know/Not Sure9 = Refused |
| **3** | **645-647** | **Q8.30 How many times per day or per** **week does he/she use [MEDICINE FROM** **NEB\_ID SERIES]**? **(NEB03\_D) 4th Nebulizer** | 3\_ \_DAYS4\_ \_WEEKS 555 = NEVER666 = LESS OFTEN THAN ONCE A WEEK777 = Don’t know/Not Sure999 = Refused |
| **2** | **648-649** | **5th Nebulizer value from “NEB\_ID” field****NEB\_ID\_E (5th Nebulizer Medication Value)** | **Valid Meds in Nebulizer form: 01 - 18, 66** |
| **1** | **650** | **Q8.28 In the past 3 months, did {child’s name} take [MEDICINE FROM NEB\_ID SERIES] when he/she had an asthma episode or attack?** **(NEB01\_E) 5th Nebulizer** | 1 = Yes2 = No3 = No attack in past 3 months7= Don’t know/Not Sure9 = Refused |
| **1** | **651** | **Q8.29 In the past 3 months, did he/she take [MEDICINE FROM NEB\_ID SERIES] on a regular schedule everyday?****(NEB02\_E) 5th Nebulizer** | 1 = Yes2 = No7= Don’t know/Not Sure9 = Refused |
| **3** | **652-654** | **Q8.30 How many times per day or per** **week does he/she use [MEDICINE FROM** **NEB\_ID SERIES]**? **(NEB03\_E) 5th Nebulizer** | 3\_ \_DAYS4\_ \_WEEKS 555 = NEVER666 = LESS OFTEN THAN ONCE A WEEK777 = Don’t know/Not Sure999 = 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 {child’s name} needed to see his/her primary care doctor for asthma but could not because of the cost? **(ASMDCOST)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 |  **756** | Q9.2 Was there a time in the past 12 months when you were referred to a specialist for {child’s name} asthma care but could not go because of the cost? **(ASSPCOST)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 |  **757** | Q9.3 Was there a time in the past 12 months when {child’s name} needed medication for his/her asthma but you could not buy it because of the cost? **(ASRXCOST)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **Section 10. School Related Asthma** |
| 1 |  **758** | Q10.1 Next, we are interested in things that might affect {child’s name} asthma when he/she is not at home. Does {child’s name} currently go to school or pre school outside the home? **(SCH\_STAT)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 |  **759** | Q10.2 What is the main reason {child’s name} is not now in school? READ RESPONSE CATEGORIES**(NO\_SCHL)** | 1 = Not old enough2 = Home schooled3 = Unable to attend for health reason4 = On vacation or break5 = Other7 = Don’t know/Not sure9 = Refused |
| 1 |  **760** | Q10.3 Has {child’s name} gone to school in the past 12 months?**(SCHL\_12)** | 1 = Yes2 = No 7 = Don’t know/Not sure9 = Refused |
| 2 |  **761-762** | Q10.4 **[IF SCHL\_12 = 1]** What grade was {child’s name} in the last time he/she was in school?**[IF SCH\_STAT = 1 OR NO\_SCHL = 2]**What grade is {child’s name} in?**(SCHGRADE)** | 88 = Pre-School66 = Kindergarten\_\_ = Enter Grade 01-1277 = Don’t know/Not sure99 = Refused |
| 3 |  **763-765** | Q10.5 During the past 12 months, about how many days of school did {child’s name} miss because of {his/her} asthma?**(MISS\_SCHL)** | \_\_\_ Enter Number of Days[RANGE CHECK: (001-365, 777, 888, 999)]888 = Zero/None777 = Don’t know/Not sure999 = Refused |
| 1 |  **766** | Q10.6 An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.Does {child’s name} have a written asthma action plan or asthma management plan on file at school? **(SCH\_APL)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 |  **767** | Q10.7 Is {child’s name} allowed to carry his/her asthma medicine with him/her at school?**(SCH\_MED)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 |  **768** | Q10.8 Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {child’s name} classroom?**(SCH\_ANML)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 |  **769** | Q10.9 Are you aware of any mold problems in {child’s name} school?**(SCH\_MOLD)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 |  **770** | Q10.10 **[IF CHLDAGE2 > 10 SKIP TO SECTION 11]**Does {child’s name} go to day care outside his/her home?**(DAYCARE)** | 1 = Yes2 = No 7 = Don’t know/Not sure9 = Refused |
| 1 |  **771** | Q10.11 Has {child’s name} gone to daycare in the past 12 months?**(DAYCARE1)** | 1 = Yes2 = No 7 = Don’t know/Not sure9 = Refused |
| 3 |  **772-774** | Q10.12 During the past 12 months, about how many days of daycare did {child’s name} miss because of {his/her} asthma?**(MISS\_DCAR)** | \_\_\_ Enter Number of Days[Range Check: (001-365, 777, 888, 999)]888 = Zero/None777 = Don’t know/Not sure999 = Refused |
| 1 |  **775** | Q10.13 Does {child’s name} have a written asthma action plan or asthma management plan on file at daycare?**(DCARE\_APL)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 |  **776** | Q10.14 Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {child’s name} room at daycare?**(DCARE\_ANML)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 |  **777** | Q10.15 Are you aware of any mold problems in {child’s name} daycare?**(DCARE\_MLD)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 |  **778** | Q10.16 Is smoking allowed at {child’s name} daycare?**(DCARE\_SMK)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
|  **SECTION 11. Complimentary and Alternative Therapy** |
| 1 |  **779** | Sometimes people use methods other than prescription medications to help treat or control their asthma. These methods are called non-traditional, complementary, or alternative health care. I am going to read a list of these alternative methods. For each one I mention, please answer “yes” if {child’s name} has used it to control asthma in the past 12 months. Answer “no” if {child’s name} has not used it in the past 12 months.Q11.1 In the past 12 months, has {child’s name} used **(herbs)** to control asthma?**(CAM\_HERB)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **780** | Q11.2 In the past 12 months has {child’s name} used **(vitamins)** to control asthma?**(CAM\_VITA)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **781** | Q11.3 In the past 12 months, has {child’s name}used **(acupuncture)** to control asthma?**(CAM\_PUNC)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **782** | Q11.4 In the past 12 months, has {child’s name} used **(acupressure)** to control asthma?**(CAM\_PRES)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **783** | Q11.5 In the past 12 months, has {child’s name} used **(aromatherapy)** to control asthma?**(CAM\_AROM)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **784** | Q11.6 In the past 12 months, has {child’s name}used **(homeopathy)** to control asthma?**(CAM\_HOME)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **785** | Q11.7 In the past 12 months, has {child’s name}used **(reflexology)** to control asthma?**(CAM\_REFL)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **786** | Q11.8 In the past 12 months, has {child’s name}used **(yoga)** to control asthma?**(CAM\_YOGA)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **787** | Q11.9 In the past 12 months, has {child’s name}used **(breathing techniques)** to control asthma?**(CAM\_BR)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **788** | Q11.10 In the past 12 months, has {child’s name} used **(naturopathy)** to control asthma?**(CAM\_NATR)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| 1 | **789** | Q11.11 Besides the types I have just asked about, has your child used any other type of alternative care for asthma in the past 12 months?**(CAM\_OTHR)** | 1 = Yes2 = No 7 = Don’t know/Not sure9 = Refused |
| 100 | **790-889** | Q11.12 What else has your child 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. |  |
| **Section 12. Additional Child Demographics** |
| 4 |  **890-893** | Q12.1 How tall is {child’s name}?**(HEIGHT1)** **Note**: If respondent answers in metrics, put “**9**”in column **890**.CATI Note: In the first space for the height (highlighted in yellow), if the respondent answers in feet/inches enter “**0**”, in column **890**.If respondent answers in metric, put “**9**” in the first space, column **890**.Note: Column **891**, please put feet in this column. Columns **892-893**, please put inches in these two columns, inches can be no more than a value of **11**. | \_ \_ \_ \_ = Height (feet/inches or centimeters)7777 = Don’t know/Not sure9999 = Refused |
| 4 |  **894-897** | Q12.2 How much does {child’s name} weigh?**(WEIGHT1)** **Note**: If respondent answers in metrics, put “**9**” in column **894**.CATI Note: In the first space for the weight (highlighted in yellow), if the respondent answers in pounds, enter “**0**”, in column **894**. If respondent answers in **kilograms**, put “**9**” in the first space, column **894**. | \_ \_ \_ \_ = Weight (pounds/kilograms) 7777 = Don’t know/Not sure9999 = Refused |
| 6 |  **898-903** | Q12.3 How much did {child’s name}] weigh at birth? **(BIRTHW1)** **CATI note: If the respondent gives pounds and ounces: from left to right, positions one and two will hold “0 0”; positions three and four will hold the value of pounds from 0 to 30; and the last two positions will hold 00 to 15 ounces.****If the respondent gives kilograms and grams: from left to right, position one will hold “9”; positions two and three will hold the value of kilograms 1-30; and the last three positions will hold the number of grams.** | \_ \_ \_ \_ = Weight (pounds/ounces or kilograms/grams)Two leading zeroes for pounds/ounces (i.e. 5 pounds 12 ounces = 000512)A leading 9 for kilograms/grams (i.e. 2 kilograms 500 grams = 902500)777777 = Don’t know/Not sure999999 = Refused |
| 1 |  **904** | Q12.4 At birth, did {child’s name} weigh less than 5 ½ pounds?**(BIRTHRF)**[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **80** | **905-984** | Disposition codes for call attempts 1 through **20** with the first disposition code in columns 905-907, etc... **(CATTMPTS)** | **4-digit disposition code** for each of the **first 20** call attempts. |
| **7** | **985-991** | **Intentionally left blank…** |  |
| 1 | **992** | Q1.5a Tracking of BRFSS MKP Appendix A. survey respondent:Are you the parent or guardian in the householdwho knows most about {CHILDName’s} asthma?***(MOSTKNOW)*** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused (MKP) identified at the BRFSS Level |
| **1** | **993** | Q1.5b Tracking of BRFSS MKP Appendix A. survey respondent:If parent or guardian request to transfer to another person who is more knowledgeable about the child’s asthma, then mark the transfer. ***(PRESENTALT)*** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused (ALT) identified at the BRFSS Level |
| 1 | **994** | Q1.5a Tracking of CALLBACK MKP Appendix B. survey respondent:Are you the parent or guardian in the householdwho knows most about {CHILDName’s} asthma?***(KNOWMOST)*** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused (MKP) identified at the CALLBACK Level |
| **1** | **995** | Q1.5b Tracking of CALLBACK MKP Appendix B. survey respondent:If parent or guardian request to transfer to another person who is more knowledgeable about the child’s asthma, then mark the transfer.***(ALTPRESENT)*** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused (ALT) identified at the CALLBACK Level |
| **2** | **996-997** | 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** | **998-999** | Language identifier: Language in which the interview was conducted.**Import value from BRFSS Columns 615-616** **(QSTLANG\_F)** | 1 = English2 = Spanish3-99 = Other |
| **1** | **1000** | **Asthma Callback Script** Import value from BRFSS **Column 609** **(CALLBACK\_F)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **1** | **1001** | 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** | **1002** | Has a doctor or other medical professional EVER said that the child has asthma?**Import value from BRFSS** **Module 31 Question 1, Column 666****(CASTHDX2\_F)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **1** | **1003** | Does the child still have asthma? **Import value from BRFSS** **Module 31 Question 2, Column 608****(CASTHNO2\_F)** | 1 = Yes2 = No7 = Don’t know/Not sure9 = Refused |
| **1** | **1004** | **Asthma Callback Script Test****(CallBack\_Ver)** | 1 = Callback using Protocol (2 weeks) 2 = Callback conducted “Immediately” |
| **1** | **1005** | **Are you a resident of [STATE]?** Import value from BRFSS **Column 085** **(CSTATE\_F)** | 1 = Yes 2 = No 7 = Don’t know/Not sure9 = Refused  |
| **2** | ***1006-1007*** | **State of Origin of the Call**Import value from BRFSS **Columns 000-000** ***(O\_STATE\_F)*** | 2 digit state FIPSCODE |
| **2** | ***1008-1009*** | **In what state do you live?**Import value from BRFSS **Columns 86-87** ***(RSPSTATE\_F)*** | 2 digit state FIPSCODE |
| **6** | **1010-1015** | **RESPDNUM** | **RESPONDENT NUMBER** |
| **4** | **1016-1019** | **Intentionally left blank…** |  |
| **1** | **1020** | **End of file marker…** | **PLEASE PUT A “1” IN THIS FIELD** |