

**Attachment 5h. Data Submission** Layout BRFSS Asthma Survey – Child Questionnaire “2020”

<b>Field Size</b>	<b>Columns</b>	<b>Description of Field and SAS Variable Name</b>	<b>Comments and Values</b>
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) <b>MMDDYYYY</b>	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
<b>4</b>	<b>32-35</b>	Final Disposition(DISPCODE_f)	Disposition of follow-up
10	<b>36-45</b>	Annual Sequence Number (SEQNO)	As supplied by GENESYS on sample record. Value should be unique for a state for a year.
2	<b>46-47</b>	Number of Attempts (NATTMPTS_f)	Number of attempts of follow-up

Form Approved OMB Control No. 0920-1204 Exp. Date 11/30/2020
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<b>Section 1. Introduction</b>			
1	48	Q1.1 Are you {Most Knowledgeable Person's first name or initials}? <b>(MKP_name)</b>	1 = Yes 2 = No
<i>SKIP Q1.2, if Section 01, Q1.1 is coded 1</i>			
1	49	Q1.2 May I speak with {Most Knowledgeable Person first name or initials}? <b>(MKP_pers)</b>	1 = Yes 2 = Person not available
1	992	Q1.5a Tracking of BRFSS MKP Appendix A. survey respondent: Are you the parent or guardian in the household who knows most about {CHILDName's} asthma? <b>(MOSTKNOW)</b>	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused <b>(MKP) identified at the BRFSS Level</b>
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. <b>(PRESENTALT)</b>	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused <b>(ALT) identified at the BRFSS Level</b>
1	994	Q1.5a Tracking of CALLBACK MKP Appendix B. survey respondent: Are you the parent or guardian in the household who knows most about {CHILDName's} asthma? <b>(KNOWMOST)</b>	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused <b>(MKP) identified at the CALLBACK Level</b>
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. <b>(ALTPRESENT)</b>	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused <b>(ALT) identified at the CALLBACK Level</b>
<b>Section 2. Informed Consent</b>			
1	50	Q2.0 <b>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.</b>	1 = Yes 2 = No
1	51	Q2.1 Have you ever been told by a doctor or other health professional that {child's name} had asthma? <b>(EVER_ASTH)</b>	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	52	Q2.2 Does {child's name} still have asthma? <b>(CUR_ASTH)</b>	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused

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1	53	Q2.3 What is your relationship to {child’s name}? <b>(RELATION)</b>	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 Relative 6 = Unrelated 7 = Don’t know/Not sure 9 = Refused
1	54	Q2.4 Are you the legal guardian for {child’s name}? <b>(GUARDIAN)</b>	1 = Yes 2 = No 7 = Don’t know 9 = Refused
1	55	<b>Q2.5 May we combine your answers to this survey with your answers from the survey you did a few weeks ago? (PERMISS)</b>	1 = Yes 2 = No 7 = Don’t know 9 = Refused
<b>Section 3. Recent History</b>			
3	56-58	Q3.1 How old was {child’s name} when a doctor or other health professional first said {he/she} had asthma? <b>(AGEDX)</b>	____ Enter age in years [Range check: 001-018, 777, 888,999] 777 = Don’t know 888 = Under 1 year old 999 = Refused
1	59	Q3.2 How long ago was that? Was it ..” READ CATEGORIES <b>(INCIDNT)</b>	1 = Within the past 12 months 2 = 1-5 years ago 3 = more than 5 years ago 7 = Don’t know 9 = 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. <b>(LAST_MD)</b>	04 = Within the past year 05 = 1 year to less than 3 years ago 06 = 3 years to 5 years ago 07 = More than 5 years ago 88 = Never 77 = Don’t know 99 = Refused
2	62-63	Q3.4 How long has it been since {child’s name} last took asthma medication? <b>(LAST_MED)</b>	01 = Less than 1 day ago 02 = 1-6 days ago 03 = 1 week to less than 3 months ago 04 = 3 months to less than 1 year ago 05 = 1 year to less than 3 years ago 06 = 3 years to 5 years ago 07 = More than 5 years ago 88 = Never 77 = Don’t know 99 = Refused
2	64-65	Q3.5 How long has it been since {child’s name} last had any symptoms of asthma? <b>(LASTSYMP)</b>	01 = Less than 1day ago 02 = 1-6 days ago 03 = 1 week to less than 3 months ago 04 = 3 months to less than 1 year ago 05 = 1 year to less than 3 years ago 06 = 3 years to 5 years ago 07 = More than 5 years ago 88 = Never 77 = Don’t know 99 = Refused

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<b>SECTION 4. HISTORY OF ASTHMA (SYMPTOMS &amp; EPISODES in Past year)</b>			
2	<b>66-67</b>	Q4.1 During the past 30 days, on how many days did {child’s name} have any symptoms of asthma? <b>(SYMP_30D)</b>	__ Days [Range check: 01-30, 77, 88, 99]  30 = Every day 88 = No Symptoms in the past 30 days 77 = Don’t know 99 = Refused
1	<b>68</b>	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. <b>(DUR_30D)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
2	<b>69-70</b>	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? <b>(ASLEEP30)</b>	__ Days/Nights [Range check: 01-30, 77, 88, 99]  88 = None 77 = Don’t know 99 = Refused
2	<b>71-72</b>	If LASTSYMP = 88 (never) or = 04, 05, 06, or 07 (more than 3 months ago) then have CATI code SYMPFREE = 14  If SYMP_30D = 88 (no symptoms in the past 30 days) then have CATI code SYMPFREE = 14  Q4.4 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? <b>(SYMPFREE)</b>	__ Number of days [Range check: 01-14, 77, 88, 99]  88 = None 77 = Don’t know 99 = Refused
1	<b>73</b>	Q4.5 During the past 12 months’ has {child’s name} had an episode of asthma or an asthma attack? <b>(EPIS_12M)</b>	1 = Yes 2 = No 7 = Don’t know 9 = Refused
3	<b>74-76</b>	Q4.6 During the past three months, how many asthma episodes or attacks has {child’s name} had? <b>(EPIS_TP)</b>	____ [Range check: 001-100, 777, 888, 999]  888 = None 777 = Don’t know 999 = Refused
3	<b>77-79</b>	Q4.7 How long did {child’s name} most recent asthma episode or attack last? <b>(DUR_ASTH)</b>	1__ Minutes 2__ Hours 3__ Days 4__ Weeks 5 5 5 Never 7 7 7 Don’t know / Not sure 9 9 9 Refused
1	<b>80</b>	Q4.8 Compared with other episodes or attacks, was this most recent attack shorter, longer, or about the same? <b>(COMPASTH)</b>	1 = Shorter 2 = Longer 3 = About the same 4 = The most recent attack was actually the first attack 7 = Don’t know 9 = Refused

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**Section 5. Health Care Utilization**

1	<b>81</b>	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? <b>(INS1)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>82</b>	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? <b>(INS_TYP)</b>	1 = Parent’s employer 2 = Medicaid/Medicare 3 = CHIP {replace with State specific name} 4 = Other 7 = Don’t know 9 = Refused
1	<b>83</b>	Q5.3 During the past 12 months was there any time that {child’s name} did not have any health insurance or coverage? <b>(INS2)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>84</b>	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? <b>(FLU_SHOT)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>85</b>	Q5.5 A flu vaccine that is sprayed in the nose is called FluMist™. During the past 12 months, did {CHILD’S NAME} have a flu vaccine that was sprayed in his/her nose? <b>(FLU_SPRAY)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>86</b>	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? <b>(ACT_DAYS30)</b>	1 = Not at all 2 = A little 3 = Moderate amounts 4 = A lot 7 = Don’t know/Not sure 9 = Refused
3	<b>87-89</b>	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? <b>(NER_TIME)</b>	____[Range check: 001-365, 777, 888,999]  777 = Don’t know 888 = None 999 = Refused
1	<b>90</b>	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? <b>(ER_VISIT)</b>	1 = Yes 2 = No 7 = Don’t know 9 = Refused
3	<b>91-93</b>	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? <b>(ER_TIMES)</b>	____[Range check: 001-365, 777,888,999]  888 = None 777 = Don’t know 999 = Refused
3	<b>94-96</b>	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? <b>(URG_TIME)</b>	____[Range check: 001-365, 777,888, 999]  888 = None 777 = Don’t know 999 = Refused
1	<b>97</b>	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	1 = Yes 2 = No 7 = Don’t know

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		{his/her} asthma? Do not include an overnight stay in the emergency room. <b>(HOSP_VST)</b>	9 = Refused
3	<b>98-100</b>	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? <b>(HOSP TIME)</b>	____[Range check: 001-365, 777, 999]  777 = Don’t know 999 = Refused
1	<b>101</b>	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? <b>(HOSP PLAN)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
<b>Section 6. Knowledge of Asthma/Management Plan</b>			
1	<b>102</b>	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? <b>(TCH_SIGN)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>103</b>	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? <b>(TCH_RESP)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>104</b>	Q6.3 <b>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}...</b> c. How to use a peak flow meter to adjust your daily medications? <b>(TCH_MON)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>105</b>	<b>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.</b> Q6.4 Has a doctor or other health professional EVER given you or {child’s name}...an asthma action plan? <b>(MGT_PLAN)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>106</b>	Q6.5 Have you or {child’s name} ever taken a course or class on how to manage {his/her} asthma? <b>(MGT_CLAS)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
<b>Section 7. Modifications to Environment</b>			
1	<b>107</b>	<b>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.</b> Q7.1 Is an air cleaner or purifier regularly used inside {child’s name} home? <b>(AIRCLEANER)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>108</b>	Q7.2 Is a dehumidifier regularly used to reduce moisture inside {child’s name} home? <b>(DEHUMID)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>109</b>	Q7.3 Is an exhaust fan that vents to the outside used regularly when cooking in the kitchen in	1 = Yes

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		{child’s name} home? <b>(KITC_FAN)</b>	2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>110</b>	Q7.4 Is gas used for cooking in {child’s name} home? <b>(COOK_GAS)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>111</b>	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. <b>(ENV_MOLD)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>112</b>	Q7.6 Does {child’s name} home have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time <u>indoors</u> ? <b>(ENV_PETS)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>113</b>	Q7.7 Is the pet allowed in {child’s name} bedroom? <b>(PETBEDRM)</b>	1 = Yes 2 = No 3 = Some are/Some aren’t 7 = Don’t know/Not sure 9 = Refused
1	<b>114</b>	Q7.8 In the past 30 days, has anyone seen cockroaches inside {child’s name} home? <b>(C_ROACH)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>115</b>	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. <b>(C_RODENT)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>116</b>	Q7.10 Is a wood burning fireplace or wood burning stove used in {child’s name} home? <b>(WOOD_STOVE)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>117</b>	Q7.11 Are unvented gas logs, an unvented gas fireplace, or an unvented gas stove used in {child’s name} home? <b>(GAS_STOVE)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>118</b>	Q7.12 In the past week, has anyone smoked inside {child’s name} home? <b>(S_INSIDE)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>119</b>	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? <b>(MOD_ENV)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>120</b>	Q7.14 Does {child’s name} use a mattress cover that is made especially for controlling dust mites? <b>(MATTRESS)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>121</b>	Q7.15 Does {child’s name} use a pillow cover that is made especially for controlling dust mites? <b>(E_PILLOW)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	<b>122</b>	Q7.16 Does {child’s name} have carpeting or	1 = Yes

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		rugs in {his/her} bedroom? <i>This does not include throw rugs small enough to be laundered.</i> <b>(CARPET)</b>	2 = No 7 = Don't know/Not sure 9 = Refused
1	123	Q7.17 Are {child's name} sheets and pillowcases washed in cold, warm, or hot water? <b>(HOTWATER)</b>	1 = Cold 2 = Warm 3 = Hot 4 = Varies 7 = Don't know/Not sure 9 = Refused
1	124	Q7.18 In {child's name} bathroom, does {child's name} regularly use an exhaust fan that vents to the outside? <b>(BATH_FAN)</b>	1 = Yes 2 = No OR “No Fan” 7 = Don't know/Not sure 9 = Refused
<b>Section 8. Medications</b>			
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? <b>(OTC)</b>	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	126	Q8.2 Has {child's name} ever used a prescription inhaler? <b>(INHALERE)</b>	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? <b>(INHALERH)</b>	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	128	Q8.4 Did a doctor or other health professional watch {child's name} use the inhaler? <b>(INHALERW)</b>	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	129	<b>[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.</b> Q8.5 It will help to get {child's name} medicines so you can read the labels. <b>(SCR_MED1)</b>	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? <b>(SCR_MED3)</b>	1 = Yes I have all of the medications 2 = Yes I have some of the medications but not all 3 = No 7 = Don't know/Not sure 9 = Refused
1	131	Q8.8 In the past 3 months has {child's name} taken prescription asthma medicine using an inhaler? <b>(INH_SCR)</b>	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused



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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?] <b>(INH_MEDS) (Limit=8 Inhalers)</b>	88 = No Prescription Inhalers 77 = Don’ know 99 = Refused
		[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]  <b>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.</b>	

	Medication	Pronunciation
01	<b>Advair</b> (+ A. Diskus)	ăd-vâr (or add-vair)
02	Aerobid	â-rō'bīd (or air-row-bid)
03	<u>Albuterol</u> (+ A. sulfate or salbutamol)	ăl'-bu'ter-ōl (or al-BYOO-ter-ole) sāl-byū'tā-mōl'
04	Alupent	al-u-pent
43	<b>Alvesco</b> (+ <b>Ciclesonide</b> )	al-ves-co
40	Asmanex (twisthaler)	as-muh-neks twist-hey-ler
05	<b>Atrovent</b>	At-ro-vent
06	<b>Azmacort</b>	az-ma-cort
07	<u>Beclomethasone dipropionate</u>	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	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye-tole-ter-ole)
10	<del>Brethaire</del> Discontinued - Delete	<del>breth-air</del>
11	<u>Budesonide</u>	byoo-des-oh-nide
12	<b>Combivent</b>	com-bi-vent
13	<u>Cromolyn</u>	kro'mō-lin (or KROE-moe-lin)
44	<b>Dulera</b>	do-lair-a
14	<b>Flovent</b>	flow-vent
15	Flovent Rotadisk	flow-vent row-ta-disk
16	<u>Flunisolide</u>	floo-nis'o-līd (or floo-NISS-oh-lide)
17	<u>Fluticasone</u>	flue-TICK-uh-zone
34	Foradil	FOUR-a-dil
35	<u>Formoterol</u>	for moh' te rol
18	<del>Intal</del> Discontinued - Delete	<del>in-tel</del>
19	<u>Ipratropium Bromide</u>	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
37	<u>Levalbuterol tartrate</u>	lev-al-BYOU-ter-ohl
20	Maxair	măk-sâr
21	<u>Metaproteronol</u>	met''ah-pro-ter'ě-nōl (or met-a-proe-TER-e-nole)
39	<u>Mometasone furoate</u>	moe-MET-a-sone
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr-bu'ter-ōl (or peer-BYOO-ter-ole)
41	Pro-Air HFA	proh-air HFA
24	<b>Proventil</b>	pro''ven-til' (or pro-vent-il)
25	<b>Pulmicort Flexhaler</b>	pul-ma-cort flex-hail-er
36	<b>QVAR</b>	q -vâr (or q-vair)
03	<u>Salbutamol (or Albuterol)</u>	sāl-byū'tā-mōl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	<b>Serevent</b>	Sair-a-vent
42	Symbicort	sim-buh-kohrt

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28	Terbutaline (+ T. sulfate)	ter-bu'tah-lēn (or ter-BYOO-ta-leen)	
<del>29</del>	<del>Filade-Discontinued - delete</del>	<del>fi-e-laid-</del>	
30	Tornalate	tor-na-late	
31	Triamcinolone acetonide	tri'am-sin'o-lōn as"ě-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
		<p><b>Section Repeated for Medication entry. (Limit=8 Inhalers)</b></p> <p><b>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.</b></p>	
2	248-249	1 <sup>st</sup> 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. <b>Please leave this column blank.</b> 1 <sup>st</sup> Medication	
1	251	Q8.12 Question has been removed, 2012. <b>Please leave this column blank.</b> 1 <sup>st</sup> 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]? <b>(ILP03_A) 1st Medication</b>	<p>1 = Yes                  2 = No                  3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler                  4 = Medication has a built-in spacer/ does not need a spacer                  7 = Don't know/Not sure                  9 = Refused</p>

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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? <b>(ILP04_A) 1st Medication</b>	1 = Yes 2 = No 3 = No attack in the past 3 mths 7 = Don’t know/Not sure 9 = Refused
1	254	Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? <b>(ILP05_A) 1st Medication</b>	1 = Yes 2 = No 3 = Didn’t exercise in the past 3 mths 7 = Don’t know/Not sure 9 = 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? <b>(ILP06_A) 1st Medication</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
2	256-257	<b>Q8.17</b> Question has been removed, 2012. <b>Please leave these columns blank.</b> <b>1st Medication</b>	
3	258-260	Q8.18 How many times per day or per week did {child’s name} use [MEDICINE FROM INH_MEDS SERIES]? <b>(ILP08_A) 1st Medication</b>	301-399 = Days 401-499 = Weeks 555 = Never 666 = Less often than once a week 777 = Don’ know 999 = Refused
2	261-262	Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months? <b>(ILP10_A) 1st Medication</b>	___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don’t know/Not sure 88 = None 99 = Refused
2	263-264	<b>2nd Inhaler value from “INH_MEDS” field ILP_B (Second Inhaler Medication Value)</b>	<b>Valid Inhaler Meds: 01 - 43, 66</b>
13	265-277	<b>Questions 8.11 through 8.19 for SECOND medication</b>	
1	265	<b>Q8.11</b> Question has been removed, 2012. <b>Please leave this column blank.</b> <b>2nd Medication</b>	
1	266	<b>Q8.12</b> Question has been removed, 2012. <b>Please leave this column blank.</b> <b>2nd Medication</b>	
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]? <b>(ILP03_B) 2nd Medication</b>	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don’t know/Not sure 9 = 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? <b>(ILP04_B) 2nd Medication</b>	1 = Yes 2 = No 3 = No attack in the past 3 mths 7 = Don’t know/Not sure 9 = Refused
1	269	Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? <b>(ILP05_B) 2nd Medication</b>	1 = Yes 2 = No 3 = Didn’t exercise in the past 3 mths 7 = Don’t know/Not sure

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			9 = 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? <b>(ILP06_B) 2nd Medication</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
2	271-272	Q8.17 Question has been removed, 2012. <b>Please leave these columns blank.</b> <b>(ILP07_B) 2nd Medication</b>	
3	273-275	Q8.18 How many times per day or per week did {child’s name} use [MEDICINE FROM INH_MEDS SERIES]? <b>(ILP08_B) 2nd Medication</b>	301-399 = Days 401-499 = Weeks 555 = Never 666 = Less often than once a week 777 = Don’ know 999 = Refused
2	276-277	Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months? <b>(ILP10_B) 2nd Medication</b>	___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don’t know/Not sure 88 = None 99 = Refused
2	278-279	<b>3rd Inhaler value from “INH_MEDS” field ILP_C (Third Inhaler Medication Value)</b>	<b>Valid Inhaler Meds: 01 - 43, 66</b>
13	280-292	<b>Questions 8.11 through 8.19 for THIRD medication</b>	
1	280	<b>Q8.11</b> Question has been removed, 2012. <b>Please leave this column blank.</b> <b>3<sup>rd</sup> Medication</b>	
1	281	<b>Q8.12</b> Question has been removed, 2012. <b>Please leave this column blank.</b> <b>3<sup>rd</sup> Medication</b>	
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]? <b>(ILP03_C) 3rd Medication</b>	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don’t know/Not sure 9 = 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? <b>(ILP04_C) 3rd Medication</b>	1 = Yes 2 = No 3 = No attack in the past 3 mths 7 = Don’t know/Not sure 9 = Refused
1	284	Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? <b>(ILP05_C) 3rd Medication</b>	1 = Yes 2 = No 3 = Didn’t exercise in the past 3 mths 7 = Don’t know/Not sure 9 = 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? <b>(ILP06_C) 3rd Medication</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
2	286-287	Q8.17 Question has been removed, 2012. <b>Please leave these columns blank.</b> <b>(ILP07_C) 3rd Medication</b>	

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3	288-290	Q8.18 How many times per day or per week did {child’s name} use [MEDICINE FROM INH_MEDS SERIES]? <b>(ILP08_C) 3rd Medication</b>	301-399 = Days 401-499 = Weeks 555 = Never 666 = Less often than once a week 777 = Don’ know 999 = Refused
2	291-292	Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months? <b>(ILP10_C) 3rd Medication</b>	___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don’t know/Not sure 88 = None 99 = Refused
2	293-294	<b>4<sup>th</sup> Inhaler value from “INH_MEDS” field ILP_D (Fourth Inhaler Medication Value)</b>	<b>Valid Inhaler Meds: 01 - 43, 66</b>
13	295-307	<b>Questions 8.11 through 8.19 for FOURTH medication</b>	
1	295	<b>Q8.11</b> Question has been removed, 2012. <b>Please leave this column blank.</b> <b>4<sup>th</sup> Medication</b>	
1	296	<b>Q8.12</b> Question has been removed, 2012. <b>Please leave this column blank.</b> <b>4<sup>th</sup> Medication</b>	
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]? <b>(ILP03_D) 4th Medication</b>	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don’t know/Not sure 9 = 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? <b>(ILP04_D) 4th Medication</b>	1 = Yes 2 = No 3 = No attack in the past 3 mths 7 = Don’t know/Not sure 9 = Refused
1	299	Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? <b>(ILP05_D) 4th Medication</b>	1 = Yes 2 = No 3 = Didn’t exercise in the past 3 mths 7 = Don’t know/Not sure 9 = 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? <b>(ILP06_D) 4th Medication</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
2	301-302	<b>Q8.17</b> Question has been removed, 2012. <b>Please leave these columns blank.</b> <b>(ILP07_D) 4th Medication</b>	
3	303-305	Q8.18 How many times per day or per week did {child’s name} use [MEDICINE FROM INH_MEDS SERIES]? <b>(ILP08_D) 4th Medication</b>	301-399 = Days 401-499 = Weeks 555 = Never 666 = Less often than once a week 777 = Don’ know 999 = Refused

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2	306-307	Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months? <b>(ILP10_D) 4th Medication</b>	___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don’t know/Not sure 88 = None 99 = Refused
2	308-309	5 <sup>th</sup> Inhaler value from “INH_MEDS” field <b>ILP_E (Fifth Inhaler Medication Value)</b>	<b>Valid Inhaler Meds: 01 - 43, 66</b>
13	310-322	<b>Questions 8.11 through 8.19 for FIFTH medication</b>	
1	310	<b>Q8.11</b> Question has been removed, 2012. <b>Please leave this column blank.</b> <b>5<sup>th</sup> Medication</b>	
1	311	<b>Q8.12</b> Question has been removed, 2012. <b>Please leave this column blank.</b> <b>5<sup>th</sup> Medication</b>	
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]? <b>(ILP03_E) 5th Medication</b>	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don’t know/Not sure 9 = 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? <b>(ILP04_E) 5th Medication</b>	1 = Yes 2 = No 3 = No attack in the past 3 mths 7 = Don’t know/Not sure 9 = Refused
1	314	Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? <b>(ILP05_E) 5th Medication</b>	1 = Yes 2 = No 3 = Didn’t exercise in the past 3 mths 7 = Don’t know/Not sure 9 = 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? <b>(ILP06_E) 5th Medication</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
2	316-317	<b>Q8.17</b> Question has been removed, 2012. <b>Please leave these columns blank.</b> <b>(ILP07_E) 5th Medication</b>	
3	318-320	Q8.18 How many times per day or per week did {child’s name} use [MEDICINE FROM INH_MEDS SERIES]? <b>(ILP08_E) 5th Medication</b>	301-399 = Days 401-499 = Weeks 555 = Never 666 = Less often than once a week 777 = Don’ know 999 = Refused
2	321-322	Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months? <b>(ILP10_E) 5th Medication</b>	___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don’t know/Not sure 88 = None 99 = Refused
2	323-324	6 <sup>th</sup> Inhaler value from “INH_MEDS” field <b>ILP_F (Sixth Inhaler Medication Value)</b>	<b>Valid Inhaler Meds: 01 - 43, 66</b>
13	325-337	<b>Questions 8.11 through 8.19 for SIXTH medication</b>	
1	325	<b>Q8.11</b> Question has been removed, 2012.	

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		<b>Please leave this column blank.</b> <b>6<sup>th</sup> Medication</b>	
<b>1</b>	326	<b>Q8.12</b> Question has been removed, 2012. <b>Please leave this column blank.</b> <b>6<sup>th</sup> Medication</b>	
<b>1</b>	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]? <b>(ILP03_F) 6<sup>th</sup> Medication</b>	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don’t know/Not sure 9 = 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? <b>(ILP04_F) 6<sup>th</sup> Medication</b>	1 = Yes 2 = No 3 = No attack in the past 3 mths 7 = Don’t know/Not sure 9 = Refused
1	329	Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? <b>(ILP05_F) 6<sup>th</sup> Medication</b>	1 = Yes 2 = No 3 = Didn’t exercise in the past 3 mths 7 = Don’t know/Not sure 9 = 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? <b>(ILP06_F) 6<sup>th</sup> Medication</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
<b>2</b>	<b>331-332</b>	<b>Q8.17</b> Question has been removed, 2012. <b>Please leave these columns blank.</b> <b>(ILP07_F) 6<sup>th</sup> Medication</b>	
3	333-335	Q8.18 How many times per day or per week did {child’s name} use [MEDICINE FROM INH_MEDS SERIES]? <b>(ILP08_F) 6<sup>th</sup> Medication</b>	301-399 = Days 401-499 = Weeks 555 = Never 666 = Less often than once a week 777 = Don’ know 999 = Refused
2	336-337	Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months? <b>(ILP10_F) 6<sup>th</sup> Medication</b>	___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don’t know/Not sure 88 = None 99 = Refused
2	338-339	<b>7<sup>th</sup> Inhaler value from “INH_MEDS” field ILP_G (Seventh Inhaler Medication Value)</b>	<b>Valid Inhaler Meds: 01 - 43, 66</b>
13	340-352	<b>Questions 8.11 through 8.19 for SEVENTH medication</b>	
<b>1</b>	<b>340</b>	<b>Q8.11</b> Question has been removed, 2012. <b>Please leave this column blank.</b> <b>7<sup>th</sup> Medication</b>	
<b>1</b>	<b>341</b>	<b>Q8.12</b> Question has been removed, 2012. <b>Please leave this column blank.</b> <b>7<sup>th</sup> Medication</b>	
<b>1</b>	<b>342</b>	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]? <b>(ILP03_G) 7<sup>th</sup> Medication</b>	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler

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			4 = Medication has a built-in spacer/ does not need a spacer 7 = Don't know/Not sure 9 = 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? <b>(ILP04_G) 7th Medication</b>	1 = Yes 2 = No 3 = No attack in the past 3 mths 7 = Don't know/Not sure 9 = Refused
1	344	Q8.15 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? <b>(ILP05_G) 7th Medication</b>	1 = Yes 2 = No 3 = Didn't exercise in the past 3 mths 7 = Don't know/Not sure 9 = 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? <b>(ILP06_G) 7th Medication</b>	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
2	346-347	<b>Q8.17</b> Question has been removed, 2012. <b>Please leave these columns blank.</b> <b>(ILP07_G) 7th Medication</b>	
3	348-350	Q8.18 How many times per day or per week did {child's name} use [MEDICINE FROM INH_MEDS SERIES]? <b>(ILP08_G) 7th Medication</b>	301-399 = Days 401-499 = Weeks 555 = Never 666 = Less often than once a week 777 = Don' know 999 = Refused
2	351-352	Q8.19 How many canisters of this inhaler has {child's name} used in the past 3 months? <b>(ILP10_G) 7th Medication</b>	___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don't know/Not sure 88 = None 99 = Refused
2	353-354	<b>8th Inhaler value from “INH_MEDS” field ILP_H (Eighth Inhaler Medication Value)</b>	<b>Valid Inhaler Meds: 01 - 43, 66</b>
13	355-367	<b>Questions 8.11 through 8.19 for EIGHTH medication</b>	
1	355	<b>Q8.11</b> Question has been removed, 2012. <b>Please leave this column blank.</b> <b>8<sup>th</sup> Medication</b>	
1	356	<b>Q8.12</b> Question has been removed, 2012. <b>Please leave this column blank.</b> <b>8<sup>th</sup> Medication</b>	
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]? <b>(ILP03_H) 8th Medication</b>	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don't know/Not sure 9 = 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? <b>(ILP04_H) 8th Medication</b>	1 = Yes 2 = No 3 = No attack in the past 3 mths 7 = Don't know/Not sure 9 = Refused



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1	359	Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? <b>(ILP05_H) 8th Medication</b>	1 = Yes 2 = No 3 = Didn’t exercise in the past 3 mths 7 = Don’t know/Not sure 9 = 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? <b>(ILP06_H) 8th Medication</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
<b>2</b>	<b>361-362</b>	<b>Q8.17</b> Question has been removed, 2012. <b>Please leave these columns blank.</b> <b>8<sup>th</sup> Medication</b>	
3	363-365	Q8.18 How many times per day or per week did {child’s name} use [MEDICINE FROM INH_MEDS SERIES]? <b>(ILP08_H) 8th Medication</b>	301-399 = Days 401-499 = Weeks 555 = Never 666 = Less often than once a week 777 = Don’ know 999 = Refused
2	366-367	Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months? <b>(ILP10_H) 8th Medication</b>	___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don’t know/Not sure 88 = None 99 = Refused
<b>1</b>	<b>368</b>	<b>Intentionally left blank2</b>	
1	369	Q8.20 In the past 3 months, has {child’s name} taken any prescription medicine in pill form for his/her asthma? <b>(PILLS)</b>	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? <b>[MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]</b> <b>(PILLS_MD) (Limit=5)</b>  <b>These values will also be re-entered in columns below:</b> <b>480-481</b> PILL_MD_A (First Pills Medication value) <b>483-484</b> PILL_MD_B (Second Pills Medication value) <b>486-487</b> PILL_MD_C (Third Pills Medication value) <b>489-490</b> PILL_MD_D (Fourth Pills Medication value) <b>492-493</b> PILL_MD_E (Fifth Pills Medication value)	___ Enter Response <b>[IF RESPONDENT SELECTS ANY ANSWER FROM 01-47, SKIP TO PILL01]</b> 88 = No Pills 77 = Don’t know/Not sure 99 = Refused
		What PRESCRIPTION asthma medications does {child’s name} take in pill form? <b>[MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION asthma pills?]</b>  <b>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</b>  <b>Note: the yellow numbered items below are new</b>	

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		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	<b>Accolate</b>		ac-o-late
02	Aerolate		air-o-late
03	<b>Albuterol</b>		ăl'-bu'ter-ōl (or al-BYOO-ter-all)
04	Alupent		al-u-pent
49	Brethine		<b>breth-eeen</b>
05	Choledyl (oxtriphylline)		ko-led-il
07	Deltasone		del-ta-sone
08	Elixophyllin		e-licks-o-fil-in
11	Medrol		<b>Med-rol</b>
12	Metaprel		<b>Met-a-prell</b>
13	<u>Metaproteronol</u>		met"ah-pro-ter'ě-nōl (or met-a-proe-TER-e-nole)
14	<u>Methylprednisolone</u>		meth-ill-pred-niss-oh-lone (or meth-il-pred-NIS-oh-lone)
15	<b>Montelukast</b>		mont-e-lu-cast
17	Pediapred		Pee-dee-a-pred
18	<b>Prednisolone</b>		pred-NISS-oh-lone
19	<b>Prednisone</b>		PRED-ni-sone
21	Proventil		pro-ven-til
23	Respid		res-pid
24	<b>Singulair</b>		sing-u-lair
25	Slo-phyllin		slow- fil-in
26	Slo-bid		slow-bid
48	<u>Terbutaline (+ T. sulfate)</u>		ter byoo' ta leen
28	Theo-24		<b>thee-o-24</b>
30	Theochron		<b>thee</b> -o-kron
31	Theoclear		<b>thee</b> -o-clear
32	<b>Theodur</b>		<b>thee</b> -o-dur
33	<b>Theo-Dur</b>		<b>thee</b> -o-dur
35	<b>Theophylline</b>		thee-OFF-i-lin
37	Theospan		<b>thee</b> -o-span
40	T-Phyl		t-fil
42	<b>Uniphyl</b>		u-ni-fil
43	Ventolin		vent-o-lin
44	Volmax		vole-max
45	<u>Zafirlukast</u>		za-FIR-loo-kast
46	Zileuton		zye-loo-ton
47	Zyflo Filmtab		zye-flow <b>film</b> 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
		<b>Question 8.22 Repeated for Medication entry. (Limit=5)</b>	
<b>2</b>	<b>480-481</b>	<b>1st Pill value from “PILLS_MD” field PILL01_A (First Pill Medication Value)</b>	<b>Valid Meds in Pill form: 01 - 49, 66</b>
<b>1</b>	<b>482</b>	<b>Q8.22 In the past 3 months, did {child's</b>	<b>1 = Yes</b>

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		name} take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day? (PILL01) 1 <sup>st</sup> Pill	2 = No 7 = Don't know/Not sure 9 = 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) 2 <sup>nd</sup> Pill	1 = Yes 2 = No 7 = Don't know/Not sure 9 = 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) 3 <sup>rd</sup> Pill	1 = Yes 2 = No 7 = Don't know/Not sure 9 = 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) 4 <sup>th</sup> Pill	1 = Yes 2 = No 7 = Don't know/Not sure 9 = 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) 5 <sup>th</sup> Pill	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	495	Q8.23 In the past 3 months, has {child's name} taken prescription medicine in syrup form? (SYRUP)	1 = Yes 2 = No 7 = Don't know/Not sure 9 = 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)	<b>Medication</b> 01 = Aerolate (09) 02 = Albuterol 03 = Alupent (04) 04 = Metaproteronol 05 = Prednisolone 06 = Prelone (05) 07 = Proventil (02) 08 = Slo-Phyllin (09) 09 = Theophylline 10 = Ventolin (02) 66 = Other, Please specify: 77 = Don't know 88 = No Syrup 99 = Refused
		<b>Medication</b>	<b>Pronunciation</b>
01	Aerolate		air-o-late

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02	<u>Albuterol</u>	ăl'-bu'ter-ōl (or al-BYOO-ter-ole)	
03	Alupent	al-u-pent	
04	<u>Metaproteronol</u>	met"ah-pro-ter"ě-nōl (or met-a-proe-TER-e-nole)	
05	<u>Prednisolone</u>	pred-NISS-oh-lone	
06	Prelone	pre-loan	
07	Proventil	Pro-ven-til	
08	Slo-Phyllin	slow-fil-in	
09	<u>Theophyllin</u>	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 (2 <sup>nd</sup> 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 <b>At Home?</b> (NEB_PLCa)	1 = Yes 2 = No 7 = Don't know 9 = 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 <b>At a Doctor's Office?</b> (NEB_PLCb)	1 = Yes 2 = No 7 = Don't know 9 = 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 <b>In an Emergency room?</b> (NEB_PLCc)	1 = Yes 2 = No 7 = Don't know 9 = 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	1 = Yes 2 = No 7 = Don't know 9 = Refused

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		use a nebulizer <b>At work or at school?</b> <b>(NEB_PLCd)</b>	
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 <b>At any other place?</b> <b>(NEB_PLCe)</b>	1 = Yes 2 = No 7 = Don't know 9 = Refused
10	610-619	Q8.27 In the past 3 months, what prescriptions asthma medications has {child's name} taken using a nebulizer? <b>(NEB_ID) (Limit = 5 Nebulizers Meds.)</b>  <b>These values will also be re-entered in columns below:</b> <b>620-621</b> NEB_ID_A (First Nebulizer Medication value) <b>627-628</b> NEB_ID_B (Second Nebulizer Medication value) <b>634-635</b> NEB_ID_C (Third Nebulizer Medication value) <b>641-642</b> NEB_ID_D (Fourth Nebulizer Medication value) <b>648-649</b> NEB_ID_E (Fifth Nebulizer Medication value)	<b>Medication</b> 01 = Albuterol 02 = Alupent (11) 03 = Atrovent (09) 04 = Bitolterol 05 = Budesonide 06 = Cromolyn 07 = Duoneb (01 + 09) 08 = Intal (06) 09 = Ipratropium bromide 10 = Levalbuterol 11 = Metaproteronol 12 = Proventil (01) 13 = Pulmicort (05) 14 = Tormalate (04) 15 = Ventolin (01) 16 = Xopenex (10) <b>17 = Combivent Inhalation solution</b> <b>18 = Perforomist (Formoterol)</b> 66 = Other, Please Specify: 77 = Don't know 88 = None 99 = 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  <b>ASTHMA medications with a nebulizer in the past 3 months</b>	

	Medication	Pronunciation
01	<u>Albuterol</u>	äl'-bu'ter-öl (or al-BYOO-ter-ole)
02	Alupent	al-u-pent
03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-töl'ter-öl (or bye-tole-ter-ole)
05	<u>Budesonide</u>	byoo-des-oh-nide
17	<u>Combivent Inhalation solution</u>	com-bi-vent
06	<u>Cromolyn</u>	kro'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	in-tel
09	<u>Ipratropium bromide</u>	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro-ter' ě-nōl (or met-a-proe-TER-e-nole)
18	<u>Perforomist (Formoterol)</u>	per-form-ist
12	Proventil	Pro-ven-til
13	Pulmicort	pul-ma-cort
14	Tormalate	tor-na-late

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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]	
<b>2</b>	<b>620-621</b>	<b>1st Nebulizer value from “NEB_ID” field NEB_ID_A (1st Nebulizer Medication Value)</b>	<b>Valid Meds in Nebulizer form: 01 - 18, 66</b>
<b>1</b>	<b>622</b>	<b>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</b>	1 = Yes 2 = No 3 = No attack in past 3 months 7= Don't know/Not Sure 9 = Refused
<b>1</b>	<b>623</b>	<b>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</b>	1 = Yes 2 = No 7= Don't know/Not Sure 9 = Refused
<b>3</b>	<b>624-626</b>	<b>Q8.30 How many times per day or per week does he/she use [MEDICINE FROM NEB_ID SERIES]? (NEB03_A) 1st Nebulizer</b>	3_ _DAYS 4_ _WEEKS 555 = NEVER 666 = LESS OFTEN THAN ONCE A WEEK 777 = Don't know/Not Sure 999 = Refused
<b>2</b>	<b>627-628</b>	<b>2nd Nebulizer value from “NEB_ID” field NEB_ID_B (2nd Nebulizer Medication Value)</b>	<b>Valid Meds in Nebulizer form: 01 - 18, 66</b>
<b>1</b>	<b>629</b>	<b>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</b>	1 = Yes 2 = No 3 = No attack in past 3 months 7= Don't know/Not Sure 9 = Refused
<b>1</b>	<b>630</b>	<b>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</b>	1 = Yes 2 = No 7= Don't know/Not Sure 9 = Refused
<b>3</b>	<b>631-633</b>	<b>Q8.30 How many times per day or per week does he/she use [MEDICINE FROM NEB_ID SERIES]? (NEB03_B) 2nd Nebulizer</b>	3_ _DAYS 4_ _WEEKS 555 = NEVER 666 = LESS OFTEN THAN ONCE A WEEK 777 = Don't know/Not Sure 999 = Refused
<b>2</b>	<b>634-635</b>	<b>3rd Nebulizer value from “NEB_ID” field NEB_ID_C (3rd Nebulizer Medication Value)</b>	<b>Valid Meds in Nebulizer form: 01 - 18, 66</b>
<b>1</b>	<b>636</b>	<b>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</b>	1 = Yes 2 = No 3 = No attack in past 3 months 7= Don't know/Not Sure 9 = Refused
<b>1</b>	<b>637</b>	<b>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</b>	1 = Yes 2 = No 7= Don't know/Not Sure 9 = Refused
<b>3</b>	<b>638-640</b>	<b>Q8.30 How many times per day or per week does he/she use [MEDICINE FROM NEB_ID SERIES]?</b>	3_ _DAYS 4_ _WEEKS 555 = NEVER

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		(NEB03_C) 3rd Nebulizer	666 = LESS OFTEN THAN ONCE A WEEK 777 = Don't know/Not Sure 999 = 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 = Yes 2 = No 3 = No attack in past 3 months 7= Don't know/Not Sure 9 = 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 = Yes 2 = No 7= Don't know/Not Sure 9 = 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__DAYS 4__WEEKS 555 = NEVER 666 = LESS OFTEN THAN ONCE A WEEK 777 = Don't know/Not Sure 999 = 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 = Yes 2 = No 3 = No attack in past 3 months 7= Don't know/Not Sure 9 = 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 = Yes 2 = No 7= Don't know/Not Sure 9 = 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__DAYS 4__WEEKS 555 = NEVER 666 = LESS OFTEN THAN ONCE A WEEK 777 = Don't know/Not Sure 999 = 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
<b>Section 9. Cost of Care</b>			
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 = Yes 2 = No 7 = Don't know/Not sure 9 = 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 = Yes 2 = No 7 = Don't know/Not sure 9 = 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 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused

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**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? <b>(SCH_STAT)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	759	Q10.2 What is the main reason {child’s name} is not now in school? READ RESPONSE CATEGORIES <b>(NO_SCHL)</b>	1 = Not old enough 2 = Home schooled 3 = Unable to attend for health reason 4 = On vacation or break 5 = Other 7 = Don’t know/Not sure 9 = Refused
1	760	Q10.3 Has {child’s name} gone to school in the past 12 months? <b>(SCHL_12)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
2	761-762	Q10.4 <b>[IF SCHL_12 = 1]</b> What grade was {child’s name} in the last time he/she was in school? <b>[IF SCH_STAT = 1 OR NO_SCHL = 2]</b> What grade is {child’s name} in? <b>(SCHGRADE)</b>	88 = Pre-School 66 = Kindergarten __ = Enter Grade 01-12 77 = Don’t know/Not sure 99 = 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? <b>(MISS_SCHL)</b>	__ Enter Number of Days [RANGE CHECK: (001-365, 777, 888, 999)] 888 = Zero/None 777 = Don’t know/Not sure 999 = 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? <b>(SCH_APL)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	767	Q10.7 Is {child’s name} allowed to carry his/her asthma medicine with him/her at school? <b>(SCH_MED)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = 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? <b>(SCH_ANML)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	769	Q10.9 Are you aware of any mold problems in {child’s name} school? <b>(SCH_MOLD)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	770	Q10.10 <b>[IF CHLDAGE2 &gt; 10 SKIP TO SECTION 11]</b> Does {child’s name} go to day care outside his/her home? <b>(DAYCARE)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused



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1	771	Q10.11 Has {child’s name} gone to daycare in the past 12 months? <b>(DAYCARE1)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = 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? <b>(MISS_DCAR)</b>	___ Enter Number of Days [Range Check: (001-365, 777, 888, 999)] 888 = Zero/None 777 = Don’t know/Not sure 999 = Refused
1	775	Q10.13 Does {child’s name} have a written asthma action plan or asthma management plan on file at daycare? <b>(DCARE_APL)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = 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? <b>(DCARE_ANML)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	777	Q10.15 Are you aware of any mold problems in {child’s name} daycare? <b>(DCARE_MLD)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	778	Q10.16 Is smoking allowed at {child’s name} daycare? <b>(DCARE_SMK)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = 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 <u>in the past 12 months</u> . 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 <b>(herbs)</b> to control asthma? <b>(CAM_HERB)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	780	Q11.2 In the past 12 months has {child’s name} used <b>(vitamins)</b> to control asthma? <b>(CAM_VITA)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	781	Q11.3 In the past 12 months, has {child’s name} used <b>(acupuncture)</b> to control asthma? <b>(CAM_PUNC)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	782	Q11.4 In the past 12 months, has {child’s name} used <b>(acupressure)</b> to control asthma? <b>(CAM_PRES)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused

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1	783	Q11.5 In the past 12 months, has {child’s name} used <b>(aromatherapy)</b> to control asthma? <b>(CAM_AROM)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	784	Q11.6 In the past 12 months, has {child’s name} used <b>(homeopathy)</b> to control asthma? <b>(CAM_HOME)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	785	Q11.7 In the past 12 months, has {child’s name} used <b>(reflexology)</b> to control asthma? <b>(CAM_REFL)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	786	Q11.8 In the past 12 months, has {child’s name} used <b>(yoga)</b> to control asthma? <b>(CAM_YOGA)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	787	Q11.9 In the past 12 months, has {child’s name} used <b>(breathing techniques)</b> to control asthma? <b>(CAM_BR)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	788	Q11.10 In the past 12 months, has {child’s name} used <b>(naturopathy)</b> to control asthma? <b>(CAM_NATR)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = 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? <b>(CAM_OTHR)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
100	790-889	Q11.12 What else has your child used? <b>(CAM_TEXT)</b> [100 ALPHANUMERIC CHARACTER LIMIT]  ENTER OTHER ALTERNATIVE MEDICINE IN TEXT FIELD IF MORE THAN ONE IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.	
<b>Section 12. Additional Child Demographics</b>			
4	890-893	Q12.1 How tall is {child’s name}? <b>(HEIGHT1)</b> <b>Note:</b> If respondent answers in metrics, put “9” in column <b>890</b> .  CATI Note: In the first space for the height (highlighted in yellow), if the respondent answers in feet/inches enter “0”, in column <b>890</b> .  If respondent answers in metric, put “9” in the first space, column <b>890</b> .  Note: Column <b>891</b> , please put feet in this column. Columns <b>892-893</b> , please put inches in these two columns, inches can be no more than a value of <b>11</b> .	<b>    </b> = Height (feet/inches or centimeters)  7777 = Don’t know/Not sure 9999 = Refused

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4	894-897	<p>Q12.2 How much does {child’s name} weigh? <b>(WEIGHT1)</b></p> <p><b>Note:</b> If respondent answers in metrics, put “9” in column 894.</p> <p>CATI Note: In the first space for the weight (highlighted in yellow), if the respondent answers in pounds, enter “0”, in column 894.</p> <p>If respondent answers in kilograms, put “9” in the first space, column 894.</p>	<p>____ = Weight (pounds/kilograms)</p> <p>7777 = Don’t know/Not sure 9999 = Refused</p>
6	898-903	<p>Q12.3 How much did {child’s name}] weigh at birth? <b>(BIRTHW1)</b></p> <p><b>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.</b></p> <p><b>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.</b></p>	<p>____ = Weight (pounds/ounces or kilograms/grams)</p> <p>Two leading zeroes for pounds/ounces (i.e. 5 pounds 12 ounces = 000512)</p> <p>A leading 9 for kilograms/grams (i.e. 2 kilograms 500 grams = 902500)</p> <p>777777 = Don’t know/Not sure 999999 = Refused</p>
1	904	<p>Q12.4 At birth, did {child’s name} weigh less than 5 ½ pounds? <b>(BIRTHRF)</b></p> <p>[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS]</p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p>
80	905-984	<p>Disposition codes for call attempts 1 through 20 with the first disposition code in columns 905-907, etc... <b>(CATTMPTS)</b></p>	<p><b>4-digit disposition code</b> for each of the <b>first 20</b> call attempts.</p>
7	985-991	<p><b>Intentionally left blank...</b></p>	
1	992	<p>Q1.5a Tracking of BRFSS MKP Appendix A. survey respondent:</p> <p>Are you the parent or guardian in the household who knows most about {CHILDName’s} asthma?</p> <p><b>(MOSTKNOW)</b></p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p> <p><b>(MKP) identified at the BRFSS Level</b></p>
1	993	<p>Q1.5b Tracking of BRFSS MKP Appendix A. survey respondent:</p> <p>If parent or guardian request to transfer to another person who is more knowledgeable about the child’s asthma, then mark the transfer.</p> <p><b>(PRESENTALT)</b></p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p> <p><b>(ALT) identified at the BRFSS Level</b></p>
1	994	<p>Q1.5a Tracking of CALLBACK MKP</p>	<p>1 = Yes</p>

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		Appendix B. survey respondent: Are you the parent or guardian in the household who knows most about {CHILDName’s} asthma? <b>(KNOWMOST)</b>	2 = No 7 = Don’t know/Not sure 9 = Refused <b>(MKP) identified at the CALLBACK Level</b>
<b>1</b>	<b>995</b>	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. <b>(ALTPRESENT)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused <b>(ALT) identified at the CALLBACK Level</b>
<b>2</b>	<b>996-997</b>	Questionnaire Versions Identifier. <b>Import value from BRFSS Columns 613-614</b> <b>(QSTVER_F)</b>	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)
<b>2</b>	<b>998-999</b>	Language identifier: Language in which the interview was conducted. <b>Import value from BRFSS Columns 615-616</b> <b>(QSTLANG_F)</b>	1 = English 2 = Spanish 3-99 = Other
<b>1</b>	<b>1000</b>	<b>Asthma Callback Script</b> <b>Import value from BRFSS Column 609</b> <b>(CALLBACK_F)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
<b>1</b>	<b>1001</b>	<b>Which person in the household was selected as the focus of the call-back?</b> <b>Import value from BRFSS Column 610</b> <b>(ADLTCHLD_F)</b>	<b>1 = Adult</b> <b>2 = Child</b>
<b>1</b>	<b>1002</b>	Has a doctor or other medical professional EVER said that the child has asthma? <b>Import value from BRFSS</b> <b>Module 31 Question 1, Column 666</b> <b>(CASTHDX2_F)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
<b>1</b>	<b>1003</b>	Does the child still have asthma? <b>Import value from BRFSS</b> <b>Module 31 Question 2, Column 608</b> <b>(CASTHNO2_F)</b>	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
<b>1</b>	<b>1004</b>	<b>Asthma Callback Script Test</b> <b>(CallBack_Ver)</b>	1 = Callback using Protocol (2 weeks) 2 = Callback conducted “Immediately”
<b>1</b>	<b>1005</b>	<b>Are you a resident of [STATE]?</b>	1 = Yes 2 = No

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		Import value from BRFSS Column 085 (CSTATE_F)	7 = Don't know/Not sure 9 = 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