

# BRFSS/ASTHMA SURVEY ADULT QUESTIONNAIRE - 2024 CATI SPECIFICATIONS

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CDC estimates the average public reporting burden for this collection of information as 10 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 H21-8, Atlanta, Georgia 30333; ATTN: PRA (OMB Control No. 0920-1204).
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**CATI: IF INTERVIEW BREAKS OFF AT ANY POINT LEAVE REMAINING FIELDS BLANK. DO NOT FILL WITH ANY VALUE.]**

MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code “**4471** Respondent was misdiagnosed; never had asthma” as a final code and terminate the interview.

## Section 1. Introduction

### **INTRODUCTION TO THE BRFSS Asthma Call back for Adult Respondents with Asthma:**

Hello, my name is { XXXXXXXX }. I'm calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about an asthma {ALTERNATE: a health} study we are doing in your state. During a recent phone interview {sample person first name or initials} indicated you would be willing to participate in this study.

ALTERNATE (no reference to asthma):

Hello, my name is { XXXXXXXX }. I'm calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about a health study we are doing in your state. During a recent phone interview {sample person first name or initials} indicated you would be willing to participate in this study.

**CONDUCTING THE SURVEY VIA A CELLPHONE, READ: *Is this a safe time to talk with you now or are you driving?***

Question Number	Question text	Variable Name	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
Q1.1	Are you {sample person's name} from BRFSS?	SAMP_NAME	1. Yes	[Go to Section 2 informed consent]	
			2. No		
Q1.2	May I speak with {sample person's name}?	SAMP_PERS	1. Yes	[GO TO 1.4 when person comes to phone]	
			2. No. If not available set time for return call in 1.3		
Q1.3	Enter time/date for return call	CTBTIME	Enter day/time: _____		

Question number	Read Text	Alternative text (no reference to asthma):	
Q1.4	READ: Hello, my name is { XXXXXXXX }. I'm calling on behalf of the {STATE NAME} state health department and the Centers for Disease Control and Prevention about	Hello, my name is { XXXXXXXX }. I'm calling on behalf of the {STATE NAME} state health department and the Centers for Disease Control and Prevention about a	GO TO SECTION 2

	<p>an asthma study we are doing in your state. During a recent phone interview you indicated that you had asthma and would be able to complete the follow-up interview <u>on asthma</u> at this time.</p>	<p>health study we are doing in your state. During a recent phone interview you indicated that you would be able to complete the follow-up interview at this time.</p>	
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## Section 2: Informed Consent

Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act.

You were selected to participate in this study about asthma because of your responses to questions in a prior survey.

**[If "Ever told you had asthma?" (ASTHMA3) = 1 (Yes) and "Do you still have asthma?" (ASTHNOW) = 2 (No) in BRFSS]**

**READ:** Your answers to the asthma questions during the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, but you do not have it now. Is that correct?

**IF YES, READ:**

Since you no longer have asthma, your interview will be very brief (about 5 minutes). You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. **[Go to section 3]**

**IF NO, [Go to REPEAT (2.0)]**

**[If "Ever told you had asthma?" (ASTHMA3) = 1 (Yes) and "Do you still have asthma?" (ASTHNOW) = 1 (Yes) in BRFSS]**

**READ:** Your answers to the asthma questions in the earlier survey indicated that that a doctor or other health professional told you that you had asthma sometime in your life, and that you still have asthma. Is that correct?

**IF YES, READ:**

Since you have asthma now, your interview will last about 15 minutes. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. **[Go to section 3]**

**IF NO, [Go to REPEAT (2.0)]**

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q2.0	(Respondent did not agree with previously BRFSS recorded asthma status so double 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?	<b>REPEAT</b>	(1) YES  (2) NO a. Correct person is available and can come to phone [return to question 1.1]  b. Correct person is not available [return to question 1.3 to set call date/time]  c. Correct person unknown, interview ends [disposition code 4306 is assigned]	[continue to EVER_ASTH (2.1)]	

Q2.1	I would like to repeat the questions from the previous survey now to make sure you qualify for this study. Have you ever been told by a doctor or other health professional that you had asthma?	EVER_ASTH	(1) YES		
			(2) NO	[Skip Go to TERMINATE]	
			(7) DON'T KNOW	[Skip Go to TERMINATE]	
			(9) REFUSED	[Skip Go to TERMINATE]	

Q2.2	Do you still have asthma?	CUR_ASTH	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
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**READ: You do qualify for this study, I'd like to continue unless you have any questions.**  
You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions

**If CUR\_ASTH (2.2) = 1 (YES), READ:**  
Since you have asthma now, your interview will last about 15 minutes. **[Go to section 3]**

**If CUR\_ASTH (2.2) = 2 (YES), READ:**  
Since you do not have asthma now, your interview will last about 5 minutes. **[Go to section 3]**

**If CUR\_ASTH (2.2) = 7, 9 (Don't know or Refused), READ:**  
Since you are not sure if you have asthma now, your interview will probably last about 10 minutes. **[Go to section 3]**

**Some states may require the following section before going to section 3:**

**READ: Some of the information that you shared with us when we called you before could be useful in this study.**

Q2.3	May we combine your answers to this survey with your answers from the survey you did a few weeks ago?	PERMISS	(1) YES	[SKIP to Section 3]	
			(2) NO	[GO TO TERMINATE]	
			(7) DON'T KNOW	[GO TO TERMINATE]	
			(9) REFUSED	[GO TO TERMINATE]	

Note: Selected Respondent refused combining responses with BRFSS" and the survey will end. Disposition code is automatically assigned here by CATI as "2211, Selected Respondent refused combining responses with BRFSS". This disposition code will only be needed if the optional question PERMISS (2.3) is asked.

**TERMINATE:**

**Upon survey termination, READ:**

**Those are all the questions I have. I'd like to thank you on behalf of the {STATE NAME} Health Department and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1 - xxx-xxx-xxxx. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1 800 xxx-xxxx. Thanks again. Goodbye**

### Section3. Recent History

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 3 (Recent History) Q3.1	How old were you when a doctor or other health professional first said you had asthma?	AGEDX	<p>___ ___ ___ (ENTER AGE IN YEARS)</p> <p>(777) DON'T KNOW (888) Under 1 year old (999) REFUSED</p>	<p>[CATI CHECK: AGEDX LESS THAN OR EQUAL TO AGE OF RESPONDENT FROM CORE SURVEY]</p> <p>[RANGE CHECK: IS 001-018, 777, 888, 999]</p> <p>[CATI CHECK: IF RESPONSE = 77, 99, 88 VERIFY THAT 777, 888, 999 WERE NOT THE INTENT]</p>	[INTERVIEWER: ENTER 888 IF LESS THAN ONE YEARS OLD]
Q3.2	How long ago was that? Was it...  READ CATEGORIES	INCIDENT	<p>(1) Within the past 12 months (2) 1-5 years ago (3) more than 5 years ago (7) DON'T KNOW (9) REFUSED</p>		
Q3.3	How long has it been since you last talked to a doctor or other health professional about your asthma? This could have been in a doctor's office, the hospital, an emergency room or urgent care	LAST_MD	<p>(88) NEVER (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</p> <p>(77) DON'T KNOW (99) REFUSED</p>		<p>[INTERVIEWER NOTES: OTHER PROFESSIONAL INCLUDES HOME NURSE]</p> <p>[READ RESPONSE IF NECESSARY]</p>

	center.				
<b>Q3.4</b>	How long has it been since you last took asthma medication?	<b>LAST_MED</b>	(88) NEVER (01) LESS THAN ONE 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  (77) DON'T KNOW (99) REFUSED		[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]
<b>Q3.5</b>	How long has it been since you last had any symptoms of asthma?	<b>LASTSYMP</b>	(88) NEVER (01) LESS THAN ONE 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  (77) DON'T KNOW (99) REFUSED		[READ RESPONSE IF NECESSARY]  <b>READ:</b> Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when you <b>do not</b> have a cold or respiratory infection.

## Section 4: History of Asthma (Symptoms & Episodes in past year)

Section 4. History of Asthma (Symptoms & Episodes in the past year)		IF LASTSYMP (3.5) = 1, 2, 3, 4 then continue IF LASTSYMP (3.5) = 88, 5, 6, 7 SKIP TO INS1 (Section 5) IF LASTSYMP (3.5) = 77, 99 then continue			
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q4.1	During the <u>past 30 days</u> , on how many days did you have any symptoms of asthma?	SYMP_30D	___ __DAYS	[ RANGE CHECK: (01-30, 77, 88, 99)]	
			(88) NO SYMPTOMS IN THE PAST 30 DAYS	CLARIFICATION: [1-29, 77, 99]	
			(30) EVERY DAY		
			(77) DON'T KNOW		
			(99) REFUSED		
Q4.2	Do you have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.	DUR_30D	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		

Q4.3	During the <u>past 30 days</u> , on how many days did symptoms of asthma make it difficult for you to stay asleep?	ASLEEP30	<p>___ __ DAYS/NIGHTS</p> <p>(88) NONE</p> <p>(30) Every day</p> <p>(77) DON'T KNOW</p> <p>(99) REFUSED</p>	[RANGE CHECK: (01-30, 77, 88, 99)]	
Q4.4	During the <u>past two weeks</u> , on how many days were you completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?	SYMPFREE	<p>___ __ Number of days</p> <p>(88) NONE</p> <p>(77) DON'T KNOW</p> <p>(99) REFUSED</p>	[RANGE CHECK: (01-14, 77, 88, 99)]	
Interview notes	<b>Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.</b>				
Q4.5	During the <u>past 3 months</u> , how many asthma episodes or attacks has you had?	EPIS_TP	<p>___ __ Number of episodes/attacks</p> <p>(888) NONE</p> <p>(777) DON'T KNOW</p> <p>(999) REFUSED</p>	[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]	[RANGE CHECK: (001-100, 777, 888, 999)]
<b>NEW</b> Q4.6	During the <u>past 30 days</u> , how many days did you take quick relief medicine such as	<b>QUICKRELI</b> <b>EF (New)</b>	<p>___ __ DAYS/NIGHTS</p> <p>(88) NONE</p> <p>(30) Every day</p> <p>(77) DON'T KNOW</p>	[RANGE CHECK: (01-30, 77, 88, 99)]	This quick relief medicine such as albuterol and salbutamol are breathed in through your mouth using a canister

	albuterol and salbutamol to relieve asthma symptoms?		(99) REFUSED		inhaler, a disk inhaler, or a nebulizer. Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication in one or two breaths. A nebulizer is a machine that turns liquid medication into a mist that you inhale into the lungs over a few minutes.
Q4.7	During just the <u>past 30 days</u> , would you say you limited your usual activities due to asthma not at all, a little, a moderate amount, or a lot?	ACT_DAYS 30	(1) NOT AT ALL (2) A LITTLE (3) A MODERATE AMOUNT (4) A LOT  (7) DON'T KNOW (9) REFUSED		
Q4.8	During the <u>past 12 months</u> , how many days were you unable to work or carry out your usual activities because of your asthma?	MISS_DAY	___ __ _ENTER NUMBER DAYS  (888) ZERO  (777) DON'T KNOW (999) REFUSED	[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50] [CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]	[INTERVIEWER NOTES: If response is "I don't work," emphasize USUAL ACTIVITIES"]

<b>Q4.9</b>	During the <u>past 12 months</u> , have you had an episode of asthma or an asthma attack?	<b>EPIS_12M</b>	(1) YES		Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.
			(2) NO		
			(7) DON'T KNOW		
			(9) REFUSED		

## Section 5. Health Care Utilization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 5 (Health Care Utilization) Q5.1	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?	INS1	(1) YES		
			(2) NO		
			(7) DON'T KNOW		
			(9) REFUSED		
Q5.2	During the <u>past 12 months</u> was there any time that you did not have any health insurance or coverage?	INS2	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
Q5.3	Does anyone help you arrange or coordinate your asthma care among the different doctors or services that you use?	COORDIN	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		<b>READ IF NECESSARY:</b> By "arrange or coordinate," I mean: Is there anyone who helps you make sure that you get all the health care and services you need, that health care providers share information, and that these services fit together and are paid for in a way that works for you?
<b>CATI INFO</b>	How to define value of "Does the child still have asthma?":  The best-known value for whether or not of the respondent "still has asthma" is used in the skip below. It can be the previously answered BRFS "Do you still have asthma" (ASTHNOW), or the				

		<p>answer to CUR_ASTH (2.2) if this question is asked in this Call Back Survey.</p> <p>If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct, then the value from the BRFSS (ASTHNOW) is used.</p> <p>If the respondent does not agree with the previous BRFSS (ASTHNOW) in “Informed Consent” of Section 2, and REPEAT (2.0) =1 (Yes), then the value of CUR_ASTH (2.2) is used.</p> <p>SKIP INSTRUCTION:</p> <p>If “Does the child still have asthma?” = 1 (Yes), {using BRFSS (ASTHNOW) or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}, CONTINUE WITH SECTION 5.</p> <p>If “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) {using BRFSS (ASTHNOW) or [CUR_ASTH (2.2) if REPEAT (2.0) =1]}</p> <p>AND</p> <p>[ (LAST_MD = 4) OR (LAST_MED = 1, 2, 3 or 4) OR (LASTSYMP = 1, 2, 3 or 4)]</p> <p>CONTINUE WITH SECTION 5</p> <p>If “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused), {using BRFSS (ASTHNOW) or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}</p> <p>AND (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)</p> <p>THEN SKIP TO SECTION 6.</p>		
<p><b>Q5.4</b></p>	<p>During the <u>past 12 months</u> how many times did you see a doctor or other health professional for a routine checkup for your asthma?</p>	<p><b>NER_TIME</b></p>	<p>___ __ _ ENTER NUMBER</p> <p>(888) NONE</p> <p>(777) DON'T KNOW</p> <p>(999) REFUSED</p>	<p>[IF LAST_MD (3.3) = 88, 05, 06, 07 (NEVER, or MORE THAN ONE YEAR AGO), SKIP TO Q5.5</p> <p>[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any value &gt;50]</p>
<p><b>Q5.5</b></p>	<p>An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During <u>the past 12</u></p>	<p><b>ER_VISIT</b></p>	<p>(1) YES</p> <p>(2) NO</p> <p>(7) DON'T KNOW</p> <p>(9) REFUSED</p>	<p>[SKIP TO URG_TIME (5.7)]</p> <p>[SKIP TO URG_TIME (5.7)]</p> <p>[SKIP TO URG_TIME</p>

	<u>months</u> , have you had to visit an emergency room or urgent care center because of your asthma			(5.7)]	
<b>Q5.6</b>	During the <u>past 12 months</u> , how many times did you visit an emergency room or urgent care center because of your asthma?	<b>ER_TIMES</b>	<p>___ __ _ ENTER NUMBER</p> <p>(888) NONE [LOOPING BACK TO CORRECT ER_VISIT (5.5) TO "NO"]</p> <p>(7) DON'T KNOW (9) REFUSED</p>	<p>[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]</p> <p>[CATI CHECK: IF RESPONSE TO ER_VISIT (5.5) = 1 (YES) AND RESPONDENT SAYS "NONE" OR "ZERO" TO ER_TIMES (5.6), ALLOW LOOPING BACK TO CORRECT ER_VISIT (5.5) TO 2, "NO"]</p>	[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]
<b>Q5.7</b>	During the <u>past 12 months</u> , how many times did you see a doctor or other health professional for urgent treatment of worsening asthma symptoms or for an asthma episode or attack?	<b>URG_TIME</b>	<p>___ __ _ ENTER NUMBER</p> <p>[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry &gt;50]</p> <p>(888) NONE</p> <p>(777) DON'T KNOW (999) REFUSED</p>	[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]	[IF ONE OR MORE ER VISITS (ER_TIMES (5.6)>1 (ONE OR MORE ER VISITS)),) INSERT "Besides those emergency room or urgent care center visits,"]
<b>Q5.8</b>	During the past 12 months, that is since [1 YEAR AGO TODAY], have you had to stay overnight in a hospital because of your asthma? Do not include an	<b>HOSP_VST</b>	(9) YES		
			(2) NO	[SKIP TO SECTION 6]	
			(7) DON'T KNOW	[SKIP TO SECTION 6]	

	overnight stay in the emergency room.		(9) REFUSED	[SKIP TO SECTION 6]	
<b>Q5.9</b>	During the <u>past 12 months</u> , how many different times did you stay in any hospital overnight or longer because of your asthma?	<b>HOSP TIME</b>	<p>___ __ _ TIMES</p> <p>(888) NONE (777) DON'T KNOW (999) REFUSED</p>	<p>[RANGE CHECK: (001-365, 777, 999)] [Verify any entry &gt;50]</p> <p>[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]</p> <p>[CATI CHECK: IF RESPONSE TO Q5.8 IS "YES" AND RESPONDENT SAYS "NONE" OR "ZERO" TO HOSP TIME (Q5.9), ALLOW LOOPING BACK TO CORRECT HOSP_VST (5.8) TO "2, NO"]</p>	[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]
<b>Q5.10</b>	The last time you left the hospital, did a health professional <b>TALK with</b> you about how to prevent serious attacks in the future?	<b>HOSP PLAN</b>	<p>(1) YES (2) NO</p> <p>(7) DON'T KNOW (9) REFUSED</p>		[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes if the respondent only received a pamphlet or instructions to view a website or video since the question clearly states "talk with you".]



## Section 6. Knowledge of Asthma/Management Plan

Section 6. Knowledge of Asthma/Management Plan		[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]			
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 6 Q6.1	Has a doctor or other health professional ever taught you how to recognize early signs or symptoms of an asthma episode?	TCH_SIGN	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
Q6.2	Has a doctor or other health professional ever taught you what to do during an asthma episode or attack?	TCH_RESP	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
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 how to use a peak flow meter to adjust your daily medication?	TCH_MON	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
Q6.4	An asthma action plan, or asthma management plan, is a form with instructions about when to change the	MGT_PLAN	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		

	<p>amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.</p> <p>Has a doctor or other health professional EVER given you an asthma action plan?</p>				
<b>Q6.5</b>	Have you ever taken a course or class on how to manage your asthma?	<b>MGT_CLAS</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		



## Section 7. Modifications to Environment

Section 7. Modifications to Environment	HELP SCREEN: The following questions are about your household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.				
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q7.1	<p>An air cleaner or air purifier can filter out pollutants like dust, pollen, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.</p> <p>Is an air cleaner or purifier regularly used inside your home?</p>	AIRCLEANER	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
Q7.2	<p>A dehumidifier is a small, portable appliance which removes moisture from the air.</p> <p>Is a dehumidifier regularly used to reduce moisture inside your home?</p>	DEHUMID	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
Q7.3	Is an exhaust fan that vents to	KITC_FAN	(1) YES (2) NO		

	the outside used regularly when cooking in your kitchen?		(7) DON'T KNOW (9) REFUSED		
<b>Q7.4</b>	Is gas used for cooking?	<b>COOK_GAS</b>	(1) Yes (2) NO  (7) DON'T KNOW (9) REFUSED		
<b>Q7.5</b>	In the past 30 days, has anyone seen or smelled mold or a musty odor inside your home? Do not include mold on food.	<b>ENV_MOLD</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
<b>Q7.6</b>	Does your household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?	<b>ENV_PETS</b>	(1) YES		
			(2) NO	[SKIP TO C_ROACH (7.8)]	
			(7) DON'T KNOW	[SKIP TO C_ROACH (7.8)]	
			(9) REFUSED	[SKIP TO C_ROACH (7.8)]	
<b>Q7.7</b>	Is the pet allowed in your bedroom?	<b>PETBEDRM</b>	(1) YES (2) NO (3) SOME ARE/SOME AREN'T  (7) DON'T KNOW (9) REFUSED	[SKIP THIS QUESTION IF ENV_PETS = 2, 7, 9]	
<b>Q7.8</b>	In the past 30 days, has anyone seen a cockroach inside your home?	<b>C_ROACH</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		[HELP SCREEN: Studies have shown that cockroaches may be a cause of asthma. Cockroach droppings and carcasses can

					also cause symptoms of asthma.]
<b>Q7.9</b>	In the past 30 days, has anyone seen mice or rats inside your home? Do not include mice or rats kept as pets.	<b>C_RODENT</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		[HELP SCREEN: Studies have shown that rodents may be a cause of asthma.]
<b>Q7.10</b>	Is a wood burning fireplace or wood burning stove used in your home?	<b>WOOD_STOVE</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		[HELP SCREEN: OCCASIONAL USE SHOULD BE CODED AS "YES".]
<b>Q7.11</b>	Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in your home?	<b>GAS_STOVE</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		[HELP SCREEN: "Unvented" means no chimney or the chimney flue is kept closed during operation.]
<b>Q7.12</b>	In the past week, has anyone smoked inside your home?	<b>S_INSIDE</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		HELP SCREEN: "The intent of this question is to measure smoke resulting from tobacco products (cigarettes, cigars, pipes) or illicit drugs (cannabis, marijuana) delivered by smoking (inhaling intentionally). Do not include things like smoke from incense, candles, or fireplaces, etc."

<b>Q7.13</b>	Has a health professional ever advised you to change things in your home, school, or work to improve your asthma?	<b>MOD_ENV</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		INTERVIEWER READ: Now, back to questions specifically about you.  [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]
<b>Q7.14</b>	Do you use a use a mattress cover that is made especially for controlling dust mites?	<b>MATTRESS</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		[INTERVIEWER If needed: This does not include normal mattress covers used for padding or sanitation (wetting). These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the mattress. They are made of special fabric, entirely enclose the mattress, and have zippers.]
<b>Q7.15</b>	Do you use a pillow cover that is made especially for controlling dust mites?	<b>E_PILLOW</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		[INTERVIEWER: If needed: This does not include normal pillow covers used for fabric protection. These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the

					pillow. They are made of special fabric, entirely enclose the pillow, and have zippers.]
<b>Q7.16</b>	Do you have carpeting or rugs in your bedroom? This does not include throw rugs small enough to be laundered.	<b>CARPET</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
<b>Q7.17</b>	Are your 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 (9) REFUSED		
<b>Q7.18</b>	In your bathroom, do you 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 (9) REFUSED		[HELP SCREEN: IF RESPONDENT INDICATES THEY HAVE MORE THAN ONE BATHROOM, THIS QUESTION REFERS TO THE BATHROOM THEY USE MOST FREQUENTLY FOR SHOWERING AND BATHING.]

## Section 8. Medications

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
<b>Section 8. Medications</b>	Ask all the respondents READ: The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to {child's name}? medication use.				
<b>Q8.1 new</b>	In the <u>past 3 months</u> , did you take any forms of prescription asthma medication (inhaler, pills, syrup, nebulizer)?	<b>ASTHMED</b>	(1) YES		
			(2) NO	Skip to section 9	
			(7) DON'T KNOW	Skip to section 9	
			(9) REFUSED	Skip to section 9	
<b>Q8.2</b>	Now I am going to ask questions about specific prescription medications you may have taken for asthma in the <u>past 3 months</u> . I will	<b>SCR_MED1</b>	(1) YES		
			(2) NO	[SKIP TO INH_SCR (8.4)]	
			(3) RESPONDENT KNOWS THE MEDS	[SKIP TO INH_SCR (8.4)]	
			(7) DON'T KNOW	[SKIP TO INH_SCR (8.4)]	

	<p>be asking for the names. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.</p> <p>It will help to get your medicines so you can read the labels.</p> <p>Can you please go get the asthma medicines while I wait on the phone?</p>		(9) REFUSED	[SKIP TO INH_SCR (8.4)]	
<b>Q8.3</b>	<p>[when Respondent returns to phone:]</p> <p>Do you have all the medications?</p>	<b>SCR_MED3</b>	<p>(1) YES I HAVE ALL THE MEDICATIONS</p> <p>(2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL</p> <p>(3) NO</p> <p>(7) DON'T KNOW</p> <p>(9) REFUSED</p>		

Q8.4	In the <u>past 3 months</u> have you taken prescription asthma medicine using an inhaler?	INH_SCR	(1) YES		
			(2) NO	[SKIP TO PILLS (8.12)]	
			(7) DON'T KNOW	[SKIP TO PILLS (8.12)]	
			(9) REFUSED	[SKIP TO PILLS (8.12)]	
Q8.5	Did a health professional show you how to use the inhaler?	INHALERH	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
<b>Inhalers</b>	<p>For the following inhalers the respondent can choose up to eight medications; however, each medication can only be used once. When 66 (Other) is selected as a response, questions ILP04 (8.08) to ILP10 (8.11) are not asked for that response.</p> <p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p> <p>CATI Note: The top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily</p>				
Q8.6	In the <u>past 3 months</u> , what prescription asthma medications did you take by inhaler? [MARK ALL THAT APPLY.]  PROBE: Any	INH_MEDS Q8.9	___; ___; ___; ___; ___; ___; ___; ___; ___; ___;		
			(66) Other [Please Specify, 100 character limit]	[SKIP TO OTH_I1]	
			(88) NO PRESCRIPTION INHALERS	[SKIP TO PILLS (8.12)]	
			(77) DON'T KNOW	[SKIP TO PILLS (8.12)]	
			(99) REFUSED	[SKIP TO PILLS (8.12)]	
Q8.7	ENTER OTHER MEDICATION FROM INH_MEDS	OTH_I1 Q8.10	(66) OTHER [Please Specify, 100 character limit] _ _ _ _		

	(8.9) IN TEXT FIELD. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. 100 alphanumeric character limit		----- ----- ---		
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**Table 8.1 Inhaler medication listing table**

<p>A: INH_B2AS          B: INH_AC          C: INH_AC+INH_B2AS          D: INH_CS          E: INH_B2AL          F: INH_CS+INH_B2AL          G: INH_AI          H: INH_LAMA          I: INH_B2AL + INH_LAMA          J: INH_CS + INH_B2AL+ INH_LAMA          Note: INH_CS: inhaled corticosteroid.          INH_B2AS: Inhaled Beta 2 Agonist short acting.          INH_B2AL: Inhaled Beta 2 Agonist long acting.          INH_AI: inhaled anti-inflammatory.          INH_AC: Inhaled Anticholinergic.          INH_LAMA: Long-Acting Muscarinic Antagonist.</p>					
Number code	Combined Code	Medication	Pronunciation	Category	Medication Class
1	01F	<b>Advair</b> (+ A. Diskus)	ăd-vâr (or <b>add</b> -vair)	<b>F</b>	INH_CS +B2AL
2	<b>02D</b>	Aerobid	â-rō'bīd (or <b>air</b> -row-bid)	<b>D</b>	INH_CS
3	<b>03A</b>	<b>Albuterol</b> (+ A. sulfate or salbutamol)	ăl'- <b>bu</b> 'ter-ōl (or al- <b>BYOO</b> -ter-ole) săl-byū'tə-mōl'	<b>A</b>	INH_B2AS
4	<b>04A</b>	Alupent	al-u-pent	<b>A</b>	INH_B2AS
43	<b>43D</b>	Alvesco (+ <u>Ciclesonide</u> )	al-ves-co	<b>D</b>	INH_CS

49	49D	Anoro Ellipta (Umeclidinium and vilanterol)	a-nor' oh e-LIP-ta	D	INH_LAMA + INH_B2AL
40	40D	Asmanex (twisthaler)	as-muh-neks twist-hey-ler	D	INH_CS
5	05B	<b>Atrovent</b>	At-ro-vent	B	INH_AC
6	06D	<b>Azmacort</b>	az-ma-cort	D	INH_CS
7	07D	<u>Beclomethasone dipropionate</u>	bek''lo-meth'ah-son dī' pro'pe-o-nāt (or be-kloe-meth-a-sone)	D	INH_CS
8	08D	Beclovent	be' klo-vent'' (or be-klo-vent)	D	INH_CS
9	09A	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye-tole-ter-ole)	A	INH_B2AS
45	45F	Breo Ellipta (Fluticasone and vilanterol)	BRE-oh e-LIP-ta	F	INH_CS+INH_B2AL
11	11D	<u>Budesonide</u>	byoo-des-oh-nide	D	INH_CS
12	12C	<b>Combivent</b>	com-bi-vent	C	INH_AC+INH_B2AS
13	13G	<u>Cromolyn</u>	kro'mō-lin (or KROE-moe-lin)	G	INH_AI
44	44F	Dulera	do-lair-a	F	INH_CS+
14	14D	<b>Flovent</b>	flow-vent	D	INH_CS
15	15D	Flovent Rotadisk	flow-vent row-ta-disk	D	INH_CS
16	16D	<u>Flunisolide</u>	floo-nis'o-līd (or floo-NISS-oh-lide)	D	INH_CS
17	17D	<u>Fluticasone</u>	flue-TICK-uh-zone	D	INH_CS
34	34E	Foradil	FOUR-a-dil	E	INH_B2AL
35	35E	<u>Formoterol</u>	for moh' te rol	E	INH_B2AL
48	48H	Incruse Ellipta (Umeclidium inhaler powder)	IN-cruise e-LIP-ta	H	INH_LAMA
19	19B	<u>Ipratropium Bromide</u>	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)	B	INH_AC

37	37A	<u>Levalbuterol tartrate</u>	<b>lev-al-BYOU-ter-ohl</b>	A	INH_B2AS
20	20A	Maxair	<b>măk-sâr</b>	A	INH_B2AS
21	21A	<u>Metaproteronol</u>	met"ah-pro-ter"ë-nōl (or met-a-proe-TER-e-nole)	A	INH_B2AS
39	39D	<u>Mometasone furoate</u>	<b>moe-MET-a-sone</b>	D	INH_CS
22	22G	<u>Nedocromil</u>	ne-DOK-roe-mil	G	INH_AI
23	23A	<u>Pirbuterol</u>	pēr-bu'ter-ōl (or peer-BYOO-ter-ole)	A	INH_B2AS
41	41A	Pro-Air HFA	<b>proh-air HFA</b>	A	INH_B2AS
24	24A	<b>Proventil</b>	pro"ven-til' (or pro-vent-il)	A	INH_B2AS
25	25D	<b>Pulmicort Flexhaler</b>	<b>pul-ma-cort flex-hail-er</b>	D	INH_CS
36	36D	<b>QVAR</b>	<b>q -vâr</b> (or q-vair)	D	INH_CS
3	03A	<u>Salbutamol (or Albuterol)</u>	săl-byū'tə-môl'	A	INH_B2AS
26	26E	<u>Salmeterol</u>	sal-ME-te-role	E	INH_B2AL
27	27E	<b>Serevent</b>	<b>Sair-a-vent</b>	E	INH_B2AL
46	46H	<u>Spiriva HandiHaler or Respimat (Tiotropium bromide)</u>	speh REE vah - RES peh mat	H	INH_LAMA
51	51I	Stiolto Respimat (tiotropium bromide & olodaterol)	sti-OL-to- RES peh mat	I	<u>INH_LAMA + INH_B2AL</u>
42	42F	Symbicort	<b>sim-buh-kohrt</b>	F	INH_CS+ INH_B2AL
28	28A	<u>Terbutaline (+ T. sulfate)</u>	ter-bu'tah-lēn (or ter-BYOO-ta-leen)	A	INH_B2AS
30	30A	Tornalate	<b>tor-na-late</b>	A	INH_B2AS
50	50J	Trelegy Ellipta ((fluticasone furoate, umeclidinium & vilanterol)	TREL-e-gee e-LIP-ta	J	INH_CS +INH_LAMA+INH_B2AL
31	31D	<u>Triamcinolone acetonide</u>	tri"am-sin'o-lōn as"ë-tō-nīd' (or trye-am-SIN-oh-lone)	D	INH_CS
47	47H	Tudorza Pressair	TU-door-za	H	INH_LAMA

			PRESS-air		
32	32D	Vanceril	van-sir-il	D	INH_CS
33	33A	Ventolin	vent-o-lin	A	INH_B2AS
38	38A	Xopenex HFA	ZOH-pen-ecks	A	INH_B2AS
66	66	Other, Please Specify	[SKIP TO OTH_I1], 100 alphanumeric character limit		

CATI Notes:	<p>CATI: Medication reported could be grouped into 10 categories [A, B, C, D, E, F, G, H, I, J], for each category [A, B, C, D, E, F, G, H, I, J], asking one set of questions of Q8.08 to Q8.11; if respondents have more than one groups INHALERS category used, circle back to ask Q8.08 to Q8.11; if the respondent have more than one medicine belonged to one category, only ask one set of Q8.08 to Q8.11:</p> <p>Notes: 1. Take [MEDICINE FROM INH_MEDS (8.6)], If more than 1 medicine belong to one category, mentioned all medicines in following questions; Code Categories A as ILP04_A; B as ILP04_B.....; ILP05, ILP06, ILP08 follow the same rules</p>				
Q8.8	In the <u>past 3 months</u> , did you take [MEDICINE FROM INH_MEDS (8.6) serious] when you had an asthma episode or attack?	<b>ILP04</b> <b>ILP04_A</b> <b>ILP04_B</b> <b>ILP04_C</b> <b>ILP04_D</b> <b>ILP04_E</b>  <b>ILP04_F</b> <b>ILP04_G</b> <b>ILP04_H</b> <b>ILP04_I</b> <b>ILP04_J</b>	(1) YES (2) NO (3) NO ATTACK IN PAST 3 MONTHS  (7) DON'T KNOW (9) REFUSED	Circle from A to J to ask Q8.8 to Q8.11  For Category A, Variable name is ILP04_A et. Al.	A: INH_B2AS B: INH_AC C: INH_AC+INH_B2AS D: INH_CS E: INH_B2AL F: INH_CS+INH_B2AL G: INH_AI H: INH_LAMA I: INH_B2AL +INH_LAMA J: INH_CS +INH_B2AL+ INH_LAMA  66 other meds
Q8.9	In the <u>past 3 months</u> , did you take [MEDICINE FROM INH_MEDS (8.6) SERIES] before exercising?	<b>ILP05</b> <b>ILP05_A</b> <b>ILP05_B</b> <b>ILP05_C</b> <b>ILP05_D</b> <b>ILP05_E</b>  <b>ILP05_F</b> <b>ILP05_G</b> <b>ILP05_H</b>	(1) YES (2) NO (3) DIDN'T EXERCISE IN PAST 3 MONTHS  (7) DON'T KNOW (9) REFUSED		A: INH_B2AS B: INH_AC C: INH_AC+INH_B2AS D: INH_CS E: INH_B2AL F: INH_CS+INH_B2AL G: INH_AI H: INH_LAMA I: INH_B2AL +INH_LAMA J: INH_CS +INH_B2AL+ INH_LAMA K: INH_CS + INH_LAMA

		ILP05_I ILP05_J			66 other meds
<b>Q8.10</b>	In the <u>past 3 months</u> , did you take [MEDICINE FROM INH_MEDS (8.6) SERIES on a regular schedule as prescribed?	ILP06 ILP06_A ILP06_B ILP06_C ILP06_D ILP06_E  ILP06_F ILP06_G ILP06_H ILP06_I ILP06_J	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		A: INH_B2AS B: INH_AC C: INH_AC+INH_B2AS D: INH_CS E: INH_B2AL F: INH_CS+INH_B2AL G: INH_AI H: INH_LAMA I: INH_B2AL +INH_LAMA J: INH_CS +INH_B2AL+ INH_LAMA  66 other meds,
<b>Q8.11</b>	How many times per day or per week did you use [MEDICINE FROM INH_MEDS (8.6) SERIES]?	ILP08 ILP08_A ILP08_B ILP08_C ILP08_D ILP08_E ILP08_F ILP08_G ILP08_H ILP08_I ILP08_J	3 __ Times per DAY 4 __ Times per WEEK 5 5 5 Never 6 6 6 LESS OFTEN THAN ONCE A WEEK 7 7 7 Don't know / Not sure 9 9 9 Refused	[RANGE CHECK: (>10)] [RANGE CHECK: (>75)] [RANGE CHECK: 301-310, 401-475, 555, 666, 777, 999]	
<b>Q8.12 Pill</b>	In the <u>past 3 months</u> , have you taken any PRESCRIPTION medicine in pill form for your asthma?	<b>PILLS Q8.20</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		[SKIP TO SYRUP (8.15)] [SKIP TO SYRUP (8.15)] [SKIP TO SYRUP (8.15)]

<p><b>CATI Notes:</b></p>	<p>For the following pills the respondent can chose up to 5 medications; however, each medication can only be used once</p> <p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p> <p>There are 49 kinds of medicine in the list, they could be grouped into following 4 groups</p> <p>A: PILL_CS  B: PILL_B2A  C: PILL_LM  D: PILL_METH</p> <p>[IF RESPONDENT SELECTS ANY ANSWER FROM 01-49, group into A, B, C, D categories, for each group of A/B/C/D, asking one time of PILL01</p> <p><b>Note:</b> PILL_CS: Pill Corticosteroid  PILL_LM: pill Leukotriene modifiers (LTRA) or Leukotriene receptor antagonists  PILL_B2A: pill beta 2 agonist  PILL_METH: pill methylxanthines</p> <p>Note: The top 10 items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.</p>				
<p><b>Q8.13</b></p>	<p>What PRESCRIPTION asthma medications does you take in pill form? [MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION asthma pills?]</p>	<p><b>PILLS_MD</b></p>	<p>____; ____; ____; ____; ____; ____; ____;</p>		
			<p>(66) Other [Please Specify, 100 character limit]</p>	<p>[SKIP TO OTH_P1]</p>	
			<p>(88) NO PILLS</p>	<p>[SKIP TO SYRUP (8.15)]</p>	
			<p>(77) DON'T KNOW</p>	<p>[SKIP TO SYRUP (8.15)]</p>	
			<p>(99) REFUSED</p>	<p>[SKIP TO SYRUP (8.15)]</p>	
<p><b>CATI NOTES</b>  <b>Interview notes</b>  <b>Q8.13a</b></p>	<p>ENTER OTHER MEDICATION IN TEXT FIELD. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.</p>	<p><b>OTH_P1</b></p>	<p>-----  --</p>		

	100 ALPHANUMERIC CHARACTER LIMIT FOR 66				
<b>CATI NOTES</b>	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.				
<b>Interview notes</b>	[REPEAT QUESTION PILL01 AS NECESSARY FOR EACH PILL 01-49 REPORTED IN PILLS_MD for, BUT NOT FOR 66 (OTHER).]				

Tale 8.2 Pills medication list table

Number code	Combined Code	Medication	Pronunciation	Category	Medication Class
1	01C	Accolate	ac-o-late	C	PILL_LM
2	02D	Aerolate	air-o-late	D	PILL_METH
3	03B	Albuterol	ăl'-bu'ter-ōl (or al-BYOO-ter-all)	B	PILL_B2A
4	04B	Alupent	al-u-pent	B	PILL_B2A
49	49B	Brethine	breth-een	B	PILL_B2A
5	05D	Choledyl (oxtriphylline)	ko-led-il	D	PILL_METH
7	07A	Deltasone	del-ta-sone	A	PILLS_CS
8	08D	Elixophyllin	e-licks-o-fil-in	D	PILL_METH
11	11A	Medrol	Med-rol	A	PILLS_CS
12	12B	Metaprel	Met-a-prell	B	PILL_B2A
13	13B	Metaproteronol	met"ah-pro-ter'ë-nōl (or met-a-proe-TER-e-nole)	B	PILL_B2A

14	14A	Methylprednisolone	meth-ill-pred-niss-oh-lone (or meth-il-pred-NIS-oh-lone)	A	PILLS_CS
15	15C	Montelukast	mont-e-lu-cast	C	PILL_LM
17	17A	Pediapred	Pee-dee-a-pred	A	PILLS_CS
18	18A	Prednisolone	pred-NISS-oh-lone	A	PILLS_CS
19	19A	Prednisone	PRED-ni-sone	A	PILLS_CS
21	21B	Proventil	pro-ven-til	B	PILL_B2A
23	23D	Respid	res-pid	D	PILL_METH
24	24C	Singular	sing-u-lair	C	PILL_LM
26	26D	Slo-bid	slow-bid	D	PILL_METH
25	25D	Slo-phyllin	slow- fil-in	D	PILL_METH
48	48B	Terbutaline (+ T. sulfate)	ter byoo' ta leen	B	PILL_B2A
28	28D	Theo-24	thee-o-24	D	PILL_METH
30	30D	Theochron	thee -o-kron	D	PILL_METH
31	31D	Theoclear	thee-o-clear	D	PILL_METH
32	32D	Theodur	thee-o-dur	D	PILL_METH
33	33D	Theo-Dur	thee-o-dur	D	PILL_METH
35	35D	Theophylline	thee-OFF-i-lin	D	PILL_METH
37	37D	Theospan	thee-o-span	D	PILL_METH
40	40D	T-Phyl	t-fil	D	PILL_METH
42	42D	Uniphyll	u-ni-fil	D	PILL_METH

43	43B	Ventolin	vent-o-lin	B	PILL_B2A
44	44B	Volmax	vole-max	B	PILL_B2A
45	45C	Zafirlukast	za-FIR-loo-kast	C	PILL_LM
46	46C	Zileuton	zye-loo-ton	C	PILL_LM
47	47C	Zyflo Filmtab	zye-flow film tab	C	PILL_LM
66		Other, Please Specify:	[SKIP TO OTH_P1]		

CATI notes	For medicines from [MEDICATION LISTED IN PILLS_MD], grouped into [A, B, C, D] categories, for each category, loop back to ask QUESTION PILL01]				
Q8.14	In the past 3 months, did you take [MEDICATION LISTED IN PILLS_MD (Q8.13) series ] on a regular schedule as prescribed?	PILL_01 PILL01_A PILL01_B PILL01_C PILL01_D	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED	Circle from A to D to ask Q8.14  For Category A, Variable name is PILL01_A et al.	

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q8.15	In the <u>past 3 months</u> , has you taken prescription medicine in syrup form?	<b>SYRUP</b>	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED	[SKIP TO NEB_SCR (8.17)] [SKIP TO NEB_SCR (8.17)] [SKIP TO NEB_SCR (8.17)]	
Syrup	<p>For the following syrups the respondent can choose up to 4 medications; however, each medication can only be used once (in the past, errors such as 020202 were submitted in the data file).</p> <p>There are 10 kinds of medicine in the list, they could be grouped into following 3 groups A: SYRUP_B2AS B: SYRUP_CS</p>				

	<p>C: SYRP_METH</p> <p>Note: SYRUP_CS: syrup Corticosteroid  SYRUP_B2AS: syrup short acting beta 2 agonist  SYRP_METH: syrup methylxanthines.</p> <p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p>				
Q8.16	<p>What PRESCRIPTION asthma medications has you taken as a syrup?</p> <p>[MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION syrup medications for asthma?]</p>	<b>SYRUP_ID</b>	____; ____; ____; ____;		
			(66) Other [Please Specify, 100 character limit]	[SKIP TO OTH_S1]	
			(88) NO SYRUPS	[SKIP TO NEB_SCR (8.17)]	
			(77) DON'T KNOW	[SKIP TO NEB_SCR (8.17)]	
			(99) REFUSED	[SKIP TO NEB_SCR (8.17)]	
CATI Notes	<p>CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.</p>				
Q8.16a	<p>ENTER OTHER MEDICATION. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. [100 ALPHANUMERIC CHARACTER LIMIT FOR 66]</p>	<b>OTH_S1</b>	_____		

**Table 8.3. Syrup medication list table**

	Combined Code	Medication	Pronunciation	Category	Medication class
1	01C	Aerolate	air-o-late	C	SYRP_METH
2	02A	Albuterol	ăl'-bu'ter-ōl (or al-BYOO-ter-ole)	A	SYRUP_B2AS
3	03A	Alupent	al-u-pent	A	SYRUP_B2AS
4	04A	Metaproteronol	met"ah-pro-ter'ě-nōl (or met-a-proe-TER-e-nole)	A	SYRUP_B2AS
5	05B	Prednisolone	pred-NISS-oh-lone	B	SYRUP_CS
6	06B	Prelone	pre-loan	B	SYRUP_CS
7	07A	Proventil	Pro-ven-tīl	A	SYRUP_B2AS
8	08C	Slo-Phyllin	slow-fil-in	C	SYRP_METH
9	09C	Theophyllin	thee-OFF-i-lin	C	SYRP_METH
10	10A	Ventolin	vent-o-lin	A	SYRUP_B2AS
66		Other, Please Specify:	[SKIP TO OTH_S1]		

Note: SYRUP\_CS: syrup Corticosteroid; SYRUP\_B2AS: syrup short acting beta 2 agonist; SYRP\_METH: syrup methylxanthines.

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q8.17	In the <u>past 3 months</u> , were any of your PRESCRIPTION asthma medicines used with a nebulizer?	NEB_SCR	(1) YES		
			(2) NO	[SKIP TO Section 9]	
			(7) DON'T KNOW	[SKIP TO Section 9]	
			(9) REFUSED	[SKIP TO Section 9]	
Q8.18	I am going to read a list of places where your child might have used a nebulizer. Please answer yes if you have used a	NEB_PLC	RESPONSES		
			(8.18a) AT HOME (1) YES (2) NO (7) DK (9) REF		
			(8.18b) AT A DOCTOR'S OFFICE (1) YES (2) NO (7) DK (9) REF		

	nebulizer in the place I mention, otherwise answer no.  <u>In the past 3 months</u> did you use a nebulizer ...		(8.18c) IN AN EMERGENCY ROOM (1) YES (2) NO (7) DK (9) REF		
			(8.18d) AT WORK OR AT SCHOOL (1) YES (2) NO (7) DK (9) REF		
			(8.18e) AT ANY OTHER PLACE (1) YES (2) NO (7) DK (9) REF		
Nebulizer	<p>For the following nebulizers, the respondent can choose up to 5 medications; however, each medication can only be used once (in the past, errors such as 0101 were submitted in the data file).</p> <p>There are 19 kinds of medicine in the list, they could be grouped into following 7 groups. (Notes: No F groups, keep consistency with INHALER category)</p> <p>A: NEB_B2AS  B: NEB_AC  C: NEB_AC+NEB_B2AS  D: NEB_CS  E: NEB_B2AL  G: NEB_AI  H: NEB_LAMA  Note: NEB_CS: Nebulizer corticosteroid  NEB_B2AS: Nebulizer Beta 2 Agonist short acting;  NEB_B2AL: Nebulizer Beta 2 Agonist long acting;  NEB_AI: Nebulizer anti-inflammatory;  NEB_AC: Nebulizer Anticholinergic;  NEB_LAMA: Long-Acting Muscarinic Antagonist.</p> <p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p>				
Q8.19	<u>In the past 3 months</u> , what prescription ASTHMA medications has you taken using a nebulizer? [MARK ALL THAT APPLY. PROBE: Has you taken any other prescription ASTHMA medications with a nebulizer in the past 3 months?] 	<b>NEB_ID</b>	--- -- -- -- -- --		
			(66) Other [Please Specify, 100 character limit]	[SKIP TO OTH_N1]	
			(77) DON'T KNOW	[SKIP TO Section 9]	
			(99) REFUSED	[SKIP TO Section 9]	
			(99) REFUSED	[SKIP TO Section 9]	

			(99) REFUSED	[SKIP TO Section 9]	
CATI Notes	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.				
Interview Notes	LOOP BACK TO Q.21 (NEB01) AS NECESSARY TO ADMINISTER QUESTIONS Q.23(NEB03) FOR EACH CATEGORY OF [A,B,C,D,E,G,H] REPORTED IN NEB_ID, BUT NOT FOR 66 (OTHER)],				
Q8.20	ENTER OTHER MEDICATION. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. [100 ALPHANUMERIC CHARACTER LIMIT FOR 66]	<b>OTH_N1</b>			

**Table 8.4. Nebulizer medication list table**

	Combined code	Medication	Pronunciation	Category	Medication class
1	01A	Albuterol	äl'-bu'ter-öl (or al-BYOO-ter-ole)	A	NEB_B2AS
2	02A	Alupent	al-u-pent	A	NEB_B2AS
3	03B	Atrovent	At-ro-vent	B	NEB_AC
4	04A	Bitolterol	bi-töl'ter-öl (or bye-tole-ter-ole)	A	NEB_B2AS
19	19H	Brovana	brō vā nah	H	NEB_LAMA
5	05D	Budesonide	byoo-des-oh-nide	D	NEB_CS
17	17C	Combivent Inhalation solution	com-bi-vent	C	NEB_AC+NEB_B2AS
6	06G	Cromolyn	kro'mö-lin (or KROE-moe-lin)	G	NEB_AI
7	07C	DuoNeb	DUE-ow-neb	C	NEB_AC+NEB_B2AS
8	08G	Intal	in-tel	G	INH_AI
9	09B	Ipratropium bromide	ĭp-rah-tro'pe-um bro'mĭd (or ip-ra-TROE-pee-um)	B	NEB_AC
10	10A	Levalbuterol	lev al byoo' ter ol	A	NEB_B2AS
11	11A	Metaproteronol	met''ah-pro-ter'ě-nōl (or met-a-proe-TER-e-nole)	A	NEB_B2AS
18	18E	Perforomist (Formoterol)	per-form-ist	E	NEB_B2AL
12	12A	Proventil	Pro-ven-til	A	NEB_B2AS
13	13D	Pulmicort	pul-ma-cort	D	NEB_CS
14	14A	Tornalate	tor-na-late	A	NEB_B2AS
15	15A	Ventolin	vent-o-lin	A	NEB_B2AS
16	16A	Xopenex	ZOH-pen-ecks	A	NEB_B2AS
66		Other, Please Specify:	[SKIP TO OTH_N1]		

CATI notes	[For medicines from [MEDICATION LISTED IN NEB_ID], Group into [A,B,C,D,E,G,H] ask questions NEB01 to NEB02]				
Q8.21	In the <u>past 3 months</u> , did you take [MEDICINE FROM NEB_ID SERIES], when you had an asthma episode or attack?	<b>NEB01</b> <b>NEB01_A</b> <b>NEB01_B</b> <b>NEB01_C</b> <b>NEB01_D</b> <b>NEB01_E</b> <b>NEB01_G</b> <b>NEB01_H</b>	(1) YES (2) NO (3) NO ATTACK IN PAST 3 MONTHS  (7) DON'T KNOW (9) REFUSED	Circle from A to H to ask Q8.21 to Q8.23  For Category A, Variable name is NEB01_A et al.	

Q8.22	In the <u>past 3 months</u> , did you take [MEDICINE FROM NEB_ID SERIES], on a regular schedule as prescribed?	<b>NEB02</b>  <b>NEB02_A</b> <b>NEB02_B</b> <b>NEB02_C</b> <b>NEB02_D</b> <b>NEB02_E</b> <b>NEB02_G</b> <b>NEB02_H</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
Q8.23	How many times per day or per week does you use [MEDICINE FROM NEB_ID SERIES]?	<b>NEB03</b>  <b>NEB03_A</b> <b>NEB03_B</b> <b>NEB03_C</b> <b>NEB03_D</b> <b>NEB03_E</b> <b>NEB03_G</b> <b>NEB03_H</b>	3 ___ DAYS 4 ___ WEEKS  (555) NEVER  (666) LESS OFTEN THAN ONCE A WEEK  (777) DON'T KNOW / NOT SURE  (999) REFUSED		

## Section 9. Cost of Care

CATI notes	<p>How to define value of “Do you still have asthma?”:</p> <p>The best-known value for whether or not of the respondent “still has asthma” is used in the skip below. It can be the previously answered BRFSS “Do you still have asthma” (ASTHNOW), or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey.</p> <p>If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct, then the value from the BRFSS (ASTHNOW) is used. If the respondent does not agree with the previous BRFSS (ASTHNOW) in “Informed Consent” of Section 2, and REPEAT (2.0) =1 (Yes), then the value of CUR_ASTH (2.2) is used.</p> <p>SKIP INSTRUCTION:</p> <p style="padding-left: 40px;">If “Do you still have asthma?” = 1 (Yes), {using BRFSS (ASTHNOW) or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}, CONTINUE WITH SECTION 9.</p> <p style="padding-left: 40px;">If “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) {using BRFSS (ASTHNOW) or [CUR_ASTH (2.2) if REPEAT (2.0) =1]} AND  <span style="padding-left: 80px;">(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND</span>  <span style="padding-left: 80px;">(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND</span>  <span style="padding-left: 80px;">(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)</span></p> <p>THEN SKIP TO SECTION 10; OTHERWISE CONTINUE WITH SECTION 9</p>
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Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
<b>Section 9 Cost of Care Q9.1</b>	Was there a time in the <u>past 12 months</u> when you needed to see your primary care doctor for your asthma but could not because of the cost?	<b>ASMDCOST</b>	(1) YES (2) NO  (7) DON'T KNOW  (9) REFUSED		
<b>Q9.2</b>	Was there a time in the <u>past 12 months</u> when you were referred to a specialist for asthma care but could not go because of the cost?	<b>ASSPCOST</b>	(1) YES (2) NO  (7) DON'T KNOW  (9) REFUSED		

<b>Q9.3</b>	Was there a time in the <u>past 12 months</u> when you needed to buy medication for your asthma but could not because of the cost?	<b>ASRXCOST</b>	(1) YES (2) NO  (7) DON'T KNOW  (9) REFUSED		
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## Section 10. Work Related Asthma

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
<b>Section 10 Work Related Asthma Q10.1</b>	Next, we are interested in things in the workplace that affect asthma. However, first I'd like to ask how you would describe your current employment status. Would you say ...	<b>EMP_STAT</b>	(1) EMPLOYED FULL-TIME	[SKIP TO WORKENV5 (10.4)]	[INTERVIEWER: Include self-employed as employed. Full time is 35+ hours per week.]
			(2) EMPLOYED PART-TIME	[SKIP TO WORKENV5 (10.4)]	
			(3) NOT EMPLOYED		
			(7) DON'T KNOW	[SKIP TO EMPL_EVER1 (10.3)]	
			(9) REFUSED	[SKIP TO EMPL_EVER1 (10.3)]	
<b>Q10.2</b>	What is the main reason you are not now employed?	<b>UNEMP_R</b>	(01) KEEPING HOUSE (02) GOING TO SCHOOL (03) RETIRED (04) DISABLED (05) UNABLE TO WORK FOR OTHER HEALTH REASONS (06) LOOKING FOR WORK (07) LAID OFF (08) OTHER  (77) DON'T KNOW (99) REFUSED		[READ IF NECESSARY]
<b>Q10.3</b>	Have you ever been employed?	<b>EMP_EVER1</b>	(1) YES	[SKIP TO WORKENV7 (10.6)]	[INTERVIEWER: Code self-employed as "YES".]
			(2) NO	[SKIP TO SECTION 11]	
			(7) DON'T KNOW	[SKIP TO SECTION 11]	
			(9) REFUSED	[SKIP TO SECTION 11]	

				11]	
<b>CATI info</b>	<p>How to define value of “Do you still have asthma?”:  The best-known value for whether or not of the respondent “still has asthma” is used in the skip below. It can be the previously answered BRFSS “Do you still have asthma” (ASTHNOW), or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey.</p> <p>If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct, then the value from the BRFSS (ASTHNOW) is used.  If the respondent does not agree with the previous BRFSS (ASTHNOW) in “Informed Consent” of Section 2, and REPEAT (2.0) =1 (Yes), then the value of CUR_ASTH (2.2) is used.</p> <p><b>SKIP INSTRUCTION:</b></p> <p>If “Do you still have asthma?” = 1 (Yes), {using BRFSS (ASTHNOW) or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}, CONTINUE WITH WORKENV5 (10.4).</p> <p>If “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) {using BRFSS (ASTHNOW) or [CUR_ASTH (2.2) if REPEAT (2.0) =1]}  AND  (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND  (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND  (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)</p> <p>THEN SKIP TO WORKENV6 (10.5); OTHERWISE CONTINUE WITH WORKENV5 (10.4).</p> <p>[HELP SCREEN: “Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker’s cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker’s perfume, or mice in a research laboratory.”]</p>				
<b>Q10.4</b>	<p>Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already have asthma or can actually cause asthma in people who have never had asthma before.</p> <p>Are your asthma symptoms made worse by things like chemicals,</p>	<b>WORKENV5</b>	<p>(1) YES  (2) NO</p> <p>(7) DON’T KNOW  (9) REFUSED</p>		

	smoke, dust or mold in your CURRENT job?				
<b>Q10.5</b>	Was your asthma first caused by things like chemicals, smoke, dust or mold in your current job?	<b>WORKENV6</b>	(1) YES	[SKIP TO WORKTALK (10.9)]	
			(2) NO		
			(7) DON'T KNOW		
			(9) REFUSED		
<b>Q10.6</b>	<p>INTRO: Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before.</p> <p>Were your asthma symptoms made worse by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?</p>	<b>WORKENV7</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		[READ THIS INTRO TO 10.6 ONLY IF EMP_EVER1 (10.3) = 1 (yes); OTHERWISE SKIP INTRO AND JUST READ THE QUESTION]
<b>Q10.7</b>	Was your asthma first caused by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?	<b>WORKENV8</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
<b>SKIP INSTRUCTION</b>	[IF WORKENV7 (10.6) = 1 (YES) OR WORKENV8 (10.7) = 1 (YES), THEN ASK WORKQUIT1 (10.8); OTHERWISE SKIP TO WORKTALK (10.9)]				
<b>Q10.8</b>	Did you ever lose or quit a job	<b>WORKQUIT1</b>	(1) YES (2) NO		[INTERVIEWER NOTES:

	because things in the workplace, like chemicals, smoke, dust or mold, caused your asthma or made your asthma symptoms worse?		(7) DON'T KNOW (9) REFUSED		respondents who were fired because things in the workplace affected their asthma should be coded as "YES".]
<b>Q10.9</b>	Did you and a doctor or other health professional ever discuss whether your asthma could have been caused by, or your symptoms made worse by, any job you ever had?	<b>WORKTALK</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
<b>Q10.10</b>	Have you ever been told by a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?	<b>WORKSEN3</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
<b>Q10.11</b>	Have you ever told a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?	<b>WORKSEN4</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		

**New Section 11 Family History of Asthma and Allergy**

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q11.1	Including living and deceased, were any of your close biological that is, blood relatives including father, mother, sisters, brothers, or children ever told by a health professional that they had asthma?	<b>RELATE_ASTH</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
The next set of questions are about different types of allergies.					
Q11.2	Do you get symptoms such as sneezing, runny nose, or itchy or watery eyes due to hay fever, seasonal or year-round allergies? ?	<b>CURRESP</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		<b>Read if necessary:</b> Hay fever, seasonal or year-round allergies may also be known as environmental allergies, allergic rhinitis or allergic conjunctivitis.
Q11.3	Have you ever been told by a doctor or other health professional that you had hay fever, seasonal or year-round allergies?	<b>DXRESP</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		
Q11.4	Question Text: The next question is about food allergies. People with food allergies have reactions such as hives, vomiting, trouble breathing, or throat tightening that occur within two hours of eating a specific food.  Do you have an allergy to one or more foods?	<b>CURFOOD</b>	(1) YES (2) NO  (7) DON'T KNOW (9) REFUSED		<b>Read if necessary:</b> Food allergies are different from food intolerances, such as lactose and gluten intolerance, and other digestive disorders, including irritable bowel syndrome.
Q11.5	Have you ever been told by a doctor or other health professional that you had an allergy to one	<b>DXFOOD</b>	(1) YES (2) NO  (7) DON'T KNOW		

**CWEND**

Those are all the questions I have. I'd like to thank you on behalf of the {STATE NAME} Health Department and the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1 - xxx-xxx-xxxx. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1 800 xxx-xxxx. Thanks again.

## Appendix A:

### Coding Notes:

- 1) MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code "4471 Resp. was misdiagnosed; never had asthma" as a final code and terminate the interview.
  
- 2) BACKCODE SYMPFREE (4.4) TO 14 IF LASTSYMP (3.5) = 88 (never) or = 04, 05, 06, or 07 OR IF SYMP\_30D = 88. THIS WILL BE DONE BY BSB.
  
- 3) CATI Programmer's note: For the Other in the medications (in INH\_MEDS, PILLS\_MD, SYRUP\_ID or NEB\_ID. If "Other" has one of the following misspellings then a menu choice should have been made. Code for this and correct:

<b>Medication</b>	<b>Common misspelling in "Other"</b>
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Zyrtec	Zertec, Zertek or Zerteck
Allegra	Alegra, Allegra or Allegra D
Claritin	Cleraton, Cleritin or Claritin D
Singulair	Singular, Cingulair or Cingular
Xopenex	Zopanox or Zopenex
Advair	
Diskus	Advair or Diskus
Albuterol	Aluterol Sulfate
Maxair	Maxair Autohaler