**BRFSS/ASTHMA CALL BACK SURVEY**

**CHILD QUESTIONNAIRE - 2024**

**CATI SPECIFICATIONS**

Form Approved

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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).

**Appendix A: Language for Identifying Most Knowledgeable Person…**

**during the BRFSS interview……….…………………….. 50**

**Section 1: Introduction**

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| Introduction to the Asthma Call Back Survey for adult parent/guardian of child with asthma  Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I’m calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state.  ALTERNATE (no reference to asthma):  Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 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. | | | | |
| Question Number | Question text | Responses | SKIP INFO/ CATI Note | Interviewer Note (s) |
| Q1.1 | Are you {*MKPNAME*}? | 1. Yes | [GO TO 1.5] |  |
| 2. No |  |
| Q1.2 | May I speak with {MKPNAME}? | 1. Yes | [GO TO 1.4 when person comes to phone] |  |
| 2. Person not available |  |
| Q1.3 | When would be a good time to call back and speak with {MKPNAME}. For example, evenings, days, weekends? | CBTIME:  Enter day/time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [CATI: Start over at introduction at next call.] | READ: Thank you we will call again later to speak with {MKPNAME}. |

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| Question number | Read Text | Alternative text (no reference to asthma): |  |
| Q1.4 | Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I’m calling on behalf of the [STATE NAME} state health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview [“you” if MKPNAME=ADULTNAME; OR “adultname” if MKPNAME=ALTNAME, MKP is pointed by BRFSS respondents] gave us permission to call again to ask some questions about {child’s name}’s asthma and said that you knew the most about that child’s asthma. | Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I’m calling on behalf of the [STATE NAME} state health department and the Centers for Disease Control and Prevention about a health study we are doing in your state. During a recent phone [“you” if MKPNAME=ADULTNAME; OR “adultname” if MKPNAME=ALTNAME, MKP is pointed by BRFSS respondents] gave us permission to call again to ask some questions about {child’s name}’s health and said that you knew the most about that child’s health. | GO TO SECTION 2 |

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| Q1.5 | During a recent phone interview [“you” if MKPNAME=ADULTNAME; OR “adultname” if MKPNAME=ALTNAME, MKP is pointed by BRFSS respondents] gave us permission to call again to ask some questions about {child’s name}’s asthma and said that you knew the most about that child’s asthma. | During a recent phone interview [“you” if MKPNAME=ADULTNAME; OR “adultname” if MKPNAME=ALTNAME, MKP is pointed by BRFSS respondents] gave us permission to call again to ask some questions about {child’s name}’s health and said that you knew the most about that child’s health. | GO TO SECTION 2 |

**Section 2: Informed Consent**

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| Before we continue, I’d like you to know that this survey is authorized by the U.S. Public Health Service Act. 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.  {child’s name} was selected to participate in this study about asthma because of responses to questions about his or her asthma in a prior survey. | | | | | |
| If responses for sample child in BRFSS survey answers are: CASTHDX2= 1 (Yes) and CASTHNO2 = 2 (No),  READ: The answers to asthma questions during the earlier survey indicated that a doctor or other health professional said that {child’s name} had asthma sometime in {his/her} life but does not have it now. Is that correct?  If YES, READ: Since {child’s name} no longer has asthma, your interview will be very brief (about 5 minutes). [Go to RELATION (2.3)].  IF NO, [Go to REPEAT (2.0)] | | | | | |
| If responses for sample child in BRFSS survey answers are: CASTHDX2= 1 (Yes) and CASTHNO2 = 1 (Yes)  READ: Answers to the asthma questions in the earlier survey indicated that a doctor or other health professional said that {child’s name} had asthma sometime in {his/her} life, and that {child’s name} still has asthma. Is that correct?  IF YES, [Go to RELATION (2.3)]  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 | I would like to repeat the questions from the previous survey now to make sure {child’s name} qualifies for this study. | REPEAT | (1) YES | [Go to EVER\_ASTH (2.1)] |  |
| (2) NO | [Skip to TERMINATE] |
| Q2.1 | Have you ever been told by a doctor or other health professional that sure {child’s name} 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 | Does {he/she} still have asthma? | CUR\_ASTH | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q2.3 | What is your relationship to {child’s name}? | RELATION | READ:  (1) MOTHER (BIRTH/ADOPTIVE/STEP)  (2) FATHER (BIRTH/ADOPTIVE/STEP)  (3) BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE)  (4) GRANDPARENT (FATHER/MOTHER)  (5) OTHER RELATIVE  (6) UNRELATED  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q2.4 | Are you the legal guardian for {child’s name}? | GUARDIAN | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
| READ: {child’s name} does qualify for this study, I’d like to continue unless you have any questions.  [If CUR\_ASTH (2.2) = 1 (Yes)]  READ: Since {child’s name} does have asthma now, your interview will last about 15 minutes.  [Go to section 3]  [If CUR\_ASTH (2.2) = 2 (No)]  READ: Since {child’s name} does 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 {child’s name} has asthma now, your interview will probably last about 10 minutes.  [Go to section 3] | | | | | |
| **TERMINATE:**  Upon survey termination, READ:  I’m sorry {child’s name} does not qualify for this study. I’d like to thank you on behalf of the {STATE} 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 [1–800-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. | | | | | |

**Section 3: Recent History**

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| 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 was {child’s name} when a doctor or other health professional first said {he/she} had asthma | **AGEDX** | \_\_ \_\_ \_\_ (ENTER AGE IN YEARS)  (777) DON’T KNOW  (888) Under 1 year old  (999) REFUSED | [RANGE CHECK: IS 001-018, 777, 888, 999]  [CATI CHECK: IF RESPONSE = 77, 99, 88 VERIFY THAT 777, 888, 999 WERE NOT THE INTENT] | [INTERVIEWER: ENTER 888 IF LESS THAN ONE YEARS OLD |
| Q3.2 | How long ago was that? Was it... | **INCIDNT** | (1) WITHIN THE PAST 12 MONTHS  (2) 1-5 YEARS AGO  (3) MORE THAN 5 YEARS AGO  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q3.3 | How long has it been since you last talked to a doctor or other health professional about {child’s name} asthma? This could have been in a doctor’s office, the hospital, an emergency room or urgent care center. | **LAST\_MD** | (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  (77) DON’T KNOW  (99) REFUSED |  | [INTERVIEWER: READRESPONSE OPTIONS IF NECESSARY] |
| Q3.4 | How long has it been since {he/she} last took asthma medication? | **LAST\_MED** | (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] |
| Q3.5 | How long has it been since {he/she} last had any symptoms of asthma? | **LASTSYMP** | (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]  **READ**: Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when {child’s name} **did not** have a cold or respiratory infection. |

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

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| Section 4. History of Asthma (Symptoms & Episodes in the past year | |  | IF LASTSYMP (3.5) = 1, 2, 3, 4 then continue whole section  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 past 30 days, on how many days did {child’s name} have any symptoms of asthma? | | **SYMP\_30D** | \_\_ \_\_DAYS |  | [RANGE CHECK: (01-30, 77, 88, 99)]  CLARIFICATION: [1-29, 77, 99] |
| (88) NO SYMPTOMS IN THE PAST 30 DAYS | [SKIP TO EPIS\_INT] |
| (30) EVERY DAY | [CONTINUE] |
| (77) DON’T KNOW | [SKIP TO ASLEEP30 (4.3)] |
| (99) REFUSED | [SKIP TO ASLEEP30 (4.3)] |
| Q4.2 | Does {he/she} 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 past 30 days, on how many days did symptoms of asthma make it difficult for {him/her } to stay asleep? | | **ASLEEP30** | \_\_ \_\_ DAYS/NIGHTS  (88) NONE  (30) Every day    (77) DON’T KNOW  (99) REFUSED |  | [RANGE CHECK: (01-30, 77, 88, 99)] |
| 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? | | **SYMPFREE** | \_\_ \_\_ Number of days  (88) NONE  (77) DON’T KNOW  (99) REFUSED |  | [RANGE CHECK: (01-14, 77, 88, 99)] |
| Interview notes | **READ IF NECESSARY: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.** | | | | | |
| Q4.5 | During the past 3 months, how many asthma episodes or attacks has {he/she} had? | | **EPIS\_TP** | \_\_ \_\_ Number of episodes/attacks  (888) NONE  (777) DON’T KNOW  (999) REFUSED | [RANGE CHECK: (001-100, 777, 888, 999)]  [CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT] | [READ IF NECESSARY]: 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. |
| Interview notes | **READ IF NECESSARY:** Now I'm going to ask you about asthma medicine for quick relief of symptoms during an asthma attack or episode.  This quick relief medicine such as albuterol and salbutamol are breathed in through your mouth using a canister 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 | | | | | |
| NEW Q4.6 | During the past 30 days, on how many days did {child’s name} take quick relief medicine such as albuterol and salbutamol to relief asthma symptoms? | | **QUICKRELIEF (New)** | \_\_ \_\_ DAYS/NIGHTS  (88) NONE  (30) EVERY DAY    (77) DON’T KNOW  (99) REFUSED | [RANGE CHECK: (01-30, 77, 88, 99)] | **READ IF NECESSARY :** This quick relief medicine such as albuterol and salbutamol are breathed in through your mouth using a canister 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 past 30 days, would you say {child’s name} limited {his/her} usual activities due to asthma not at all, a little, a moderate amount, or a lot? | | **ACT\_DAYS30 (Q5.6)** | (1) NOT AT ALL  (2) A LITTLE  (3) A MODERATE AMOUNT  (4) A LOT  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q4.8 | During the past 12 months, has {child’s name} had an episode of asthma or an asthma attack? | | **EPIS\_12M** | (1) YES   |  |  | | --- | --- | | (2) NO |  | | (7) DON’T KNOW | [SKIP TO Section 5] | | (9) REFUSED | [SKIP TO Section 5] | | [SKIP TO Section 5] | |  |  |

**Section 5. Health Care Utilization**



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| 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 | Does {child’s name} have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid? | **INS1** | (1) YES |  |  |
| (2) NO | [SKIP TO FLU\_VACCINE (5.4)] |
| (7) DON’T KNOW | [SKIP TO FLU\_VACCINE (5.4)] |
| (9) REFUSED | [SKIP TO FLU\_VACCINE (5.4)] |
| Q5.2 | What kind of health care coverage does {he/she} have? Is it paid for through the parent’s employer, or is it Medicaid, Medicare, Children's Health Insurance Program (CHIP), or some other type of insurance? | **INS\_TYP** | (1) PARENT’S EMPLOYER  (2) MEDICAID/MEDICARE  (3) CHIP {REPLACE WITH STATE SPECIFIC NAME}  (4) OTHER  (7) DON’T KNOW  (9) REFUSED |  | [READ RESPONSE OPTIONS IF NECESSARY] |
| Q5.3 | During the past 12 months was there any time that {he/she} did not have any health insurance or coverage? | **INS2** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
| NEW Q5.4 | During the past 12 months, did {CHILD’S NAME} have a flu shot or a flu vaccine that is sprayed in the nose? | **FLU\_VACCINE** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q5.5 | Does anyone help you arrange or coordinate {child’s name}’s asthma care among the different doctors or services that [he/she] uses? | **COORDIN** | (1) YES  (2) NO  (7) DON'T KNOW  (9) REFUSED |  | READ IF NECESSARY: By “arrange or coordinate,” I mean: Is there anyone who helps you make sure that {child’s name} gets all the health care and services [he/she] needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you? |
| CATI notes: | How to define the value “of “Does the child still have asthma?”:  The best-known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS childhood prevalence module value (CASTHNO2) or the answer to CUR\_ASTH (2.2) if this question is asked in this call back survey.  If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct, then the value from the BRFSS (CASTHNO2) is used.  If the respondent does not agree with the previous BRFSS (CASTNO2) in “Informed Consent” of Section 2 and REPEAT (2.0) = 1 (Yes), then the value of CUR\_ASTH (2.2) is used.  SKIP INSTRUCTION:  If “Does the child still have asthma?” = 1 (Yes), {using BRFSS CASTHNO2 or (CUR\_ASTH (2.2) if REPEAT (2.0) =1)}, continue to Section 5.  If “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) {using BRFSS CASTHNO2 or (CUR\_ASTH (2.2) if REPEAT (2.0) =1)}  AND  [(LAST\_MD = 4) OR  (LAST\_MED = 1, 2, 3 or 4) OR  (LASTSYMP = 1, 2, 3 or 4)]  THEN CONTINUE WITH SECTION 5  If “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused), {using BRFSS CASTHNO2 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)  THEN SKIP TO Section 6. | | | | |
| Q5.6 | During the past 12 months how many times did {he/she} see a doctor or other health professional for a routine checkup for {his/her} asthma? | **NER\_TIME** | \_\_ \_\_ \_\_ ENTER NUMBER  (888) NONE  (777) DON’T KNOW  (999) REFUSED | {IF LAST\_MD= 88, 05, 06, 07 (have not seen a doctor in the past 12 months); SKIP to ER\_VISIT (Q5.7)  {RANGE CHECK: (001-365, 777, 888, 999)] {Verify any value >50]  {CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888, AND 999 WERE NOT THE INTENT] | {RANGE CHECK: (001-365, 777, 888, 999)] {Verify any value >50] |
| Q5.7 | An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, has {child’s name} had to visit an emergency room or urgent care center because of {his/her} asthma? | **ER\_VISIT** | (1) YES |  |  |
| (2) NO | [SKIP TO URG\_TIME (5.9)] |
| (7) DON’T KNOW | [SKIP TO URG\_TIME (5.9)] |
| (9) REFUSED | [SKIP TO URG\_TIME (5.9)] |
| Q5.8 | During the past 12 months, how many times did {he/she} visit an emergency room or urgent care center because of {his/her} asthma? | **ER\_TIMES** | \_\_ \_\_ \_\_ ENTER NUMBER  (888) ZERO [LOOPING BACK TO CORRECT ER\_VISIT (5.8) TO “NO”]  (777) DON’T KNOW  (999) REFUSED | [RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]  [CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]  [CATI CHECK: IF ER\_VISIT (5.7) =1 (YES) AND RESPONDENT SAYS “NONE” OR “ZERO” TO ER\_TIMES (5.8) ALLOW LOOPING BACK TO CORRECT ER\_VISIT (5.7) TO “2, NO”] | [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.] |
| Q5.9 | (If ER\_VISIT (Q5.7) = 1 (Yes), INSERT “Besides those emergency room or urgent care center visits,”  During the past 12 months, how many times did {child’s name}? see a doctor or other health professional for urgent treatment of worsening asthma symptoms or an asthma episode or attack? | **URG\_TIME** | \_\_ \_\_ \_\_ ENTER  (888) NONE  (777) DON’T KNOW  (999) REFUSED | [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] | [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.] |
| Q5.10 | During the past 12 months, that is since [1 YEAR AGO TODAY], has {child’s name} had to stay overnight in a hospital because of {his/her} asthma? Do not include an overnight stay in the emergency room. | **HOSP\_VST** | (1) YES |  |  |
| (2) NO | SKIP to Section 6 |
| (7) DON’T KNOW | SKIP to Section 6 |
| (9) REFUSED | SKIP to Section 6 |
| Q5.11 | During the past 12 months, how many different times did {he/she} stay in any hospital overnight or longer because of {his/her} asthma? | **HOSPTIME** | \_\_ \_\_ \_\_ TIMES  (777) DON’T KNOW  (999) REFUSED | [RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]  [CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]  [CATI CHECK: IF RESPONSE TO Q5.11 IS “YES” AND RESPONDENT SAYS NONE OR ZERO TO Q5.12, ALLOW LOOPING BACK TO CORRECT Q5.11 TO “NO”] | [RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50] |
| Q5.12 | The last time {he/she} left the hospital, did a health professional TALK with you or {child’s name} about how to prevent serious attacks in the future? | **HOSPPLAN** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  | [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

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| Section 6.  Knowledge of Asthma/Management Plan | | CATI: [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) |
| Q6.1 | Has a doctor or other health professional ever taught you or {child’s name}: How to recognize early signs or symptoms of an asthmaepisode? | **TCH\_SIGN** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q6.2 | Has a doctor or other health professional ever taught you or {child’s name}: 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 or {child’s name}: How to use a peak flow meter to adjust his/her 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 amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.  Has a doctor or other health professional EVER given you or {child’s name}: an asthma action plan? | **MGT\_PLAN** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q6.5 | Have you or {child’s name} ever taken a course or class on how to manage [his/her] asthma? | **MGT\_CLAS** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |

Section 7. Modifications to Environment

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| Section 7. Modifications to Environment | CATI: The following questions are about {child’s name} household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.  Interview Notes: The following questions are about {child’s name} 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 | 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.  Is an air cleaner or purifier regularly used inside {child’s name}? home? | **AIRCLEANER** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q7.2 | A dehumidifier is a small, portable appliance which removes moisture from the air.  Is a dehumidifier regularly used to reduce moisture inside [his/her} home? | **DEHUMID** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q7.3 | Is an exhaust fan that vents to the outside used regularly when cooking in the kitchen in {his/her} home? | **KITC\_FAN** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q7.4 | Is gas used for cooking in [his/her} home? | **COOK\_GAS** | (1) Yes  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q7.5 | In the past 30 days, has anyone seen or smelled mold or a musty odor inside in [his/her} home? Do not include mold on food. | **ENV\_MOLD** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q7.6 | Does {child’s name} home have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors? | **ENV\_PETS** | (1) YES |  |  |
| (2) NO | [SKIP TO C\_ROACH (7.8)] |
| (7) DON’T KNOW | [SKIP TO C\_ROACH (7.8)] |
| (9) REFUSED | [SKIP TO C\_ROACH (7.8)] |
| Q7.7 | Is the pet allowed in [his/her} bedroom? | **PETBEDRM** | (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] |  |
| Q7.8 | In the past 30 days, has anyone seen cockroaches inside {child’s name}? home? | **C\_ROACH** | (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.] |
| Q7.9 | In the past 30 days, has anyone seen mice or rats inside [his/her} home? Do not include mice or rats kept as pets. | **C\_RODENT** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  | [HELP SCREEN: Studies have shown that rodents may be a cause of asthma.] |
| Q7.10 | Is a wood burning fireplace or wood burning stove used in {child’s name}? home? | **WOOD\_STOVE** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  | [HELP SCREEN: OCCASIONAL USE SHOULD BE CODED AS “YES”.] |
| Q7.11 | Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in [his/her} home? | **GAS\_STOVE** | (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.] |
| Q7.12 | In the past week, has anyone smoked inside [his/her} home? | **S\_INSIDE** | (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.” |
| Q7.13 | Has a health professional ever advised you to change things in [his/her} home, school, or work to improve his/her asthma? | **MOD\_ENV** | (1) YES  (2) NO    (7) DON’T KNOW  (9) REFUSED |  | INTERVIEWER READ: Now, back to questions specifically about {child’s name}  [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators] |
| Q7.14 | Does {he/she} use a mattress cover that is made especially for controlling dust mites? | **MATTRESS** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  | [INTERVIEWER read if necessary: 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.] |
| Q7.15 | Does {he/she} use a pillow cover that is made especially for controlling dust mites? | **E\_PILLOW** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  | [INTERVIEWER read if necessary: 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.] |
| Q7.16 | Does {child’s name} have carpeting or rugs in [his/her} bedroom? This does not include throw rugs small enough to be laundered. | **CARPET** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q7.17 | Are [his/her} sheets and pillowcases washed in cold, warm, or hot water? | **HOTWATER** | (1) COLD  (2) WARM  (3) HOT  (4) VARIES  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q7.18 | In {child’s name} bathroom, does {he/she} regularly use an exhaust fan that vents to the outside? | **BATH\_FAN** | (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 THE CHILD USES 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) | |
|  | 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. | | | | | |
| Q8.1 new | In the past 3 months, did {child’s name} take any forms of prescription asthma medication (inhaler, pills, syrup, nebulizer)? | **ASTHMED** | (1) YES |  |  | |
| (2) NO | Skip to section 9 |
| (7) DON’T KNOW | Skip to section 9 |
| (9) REFUSED | Skip to section 9 |
| Q8.2 | 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. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.  It will help to get {child’s name} medicines so you can read the labels.  Can you please go get the asthma medicines while I wait on the phone? | **SCR\_MED1** | (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)] |  | |
| (9) REFUSED | [SKIP TO INH\_SCR (8.4)] |  | |
| Q8.3 | [when Respondent returns to phone:]  Do you have all the medications? | **SCR\_MED3** | (1) YES I HAVE ALL THE MEDICATIONS  (2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL  (3) NO  (7) DON’T KNOW  (9) REFUSED |  |  | |
| Q8.4 | In the past 3 months has  {child’s name} 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 {child’s name} how to use the inhaler? | **INHALERH** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  | |
| Inhalers | 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.  [INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]  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 | | | | | |
| Q8.6 | In the past 3 months, what prescription asthma medications did {he/she} take by inhaler? [MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?] | **INH\_MEDS** | \_ \_ \_; \_ \_ \_; \_ \_ \_; \_ \_ \_; \_ \_ \_; \_ \_ \_; \_ \_ \_; \_ \_ \_; |  |  | |
| (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 (8.9) IN TEXT FIELD.  IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. 100 alphanumeric character limit | **OTH\_I1** | (66) OTHER  [Please Specify, 100 character limit] \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |  |  | |

**Table 8.1 Inhaler medication listing table**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 log acting.  INH\_AI: inhaled anti-inflammatory.  INH\_AC: Inhaled Anticholinergic.  INH\_ LAMA: Long-Acting Muscarinic Antagonist. | | | | | |
|  |  |  |  |  |  |
| Number code | **Combined Code** | **Medication** | **Pronunciation** | **Category** | **Medication Class** |
| 1 | 01F | **Advair** (+ A. Diskus) | **ăd**-vâr (or **add**-vair) | F | INH\_CS +B2AL |
| 2 | 02D | Aerobid | â-**rō**'bĭd (or **air**-row-bid) | D | INH\_CS |
| 3 | 03A | **Albuterol** ( + A. sulfate or salbutamol) | ăl'-**bu**'ter-ōl (or al-**BYOO-**ter-ole) săl-byū**'**tə-môl' | A | INH\_B2AS |
| 4 | 04A | Alupent | **al-**u-pent | A | INH\_B2AS |
| 43 | 43D | Alvesco (+ Ciclesonide) | **al**-ves-co | D | 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**-m*uh-*neks **twist**-hey-ler | D | INH\_CS |
| 5 | 05B | **Atrovent** | At-ro-vent | B | INH\_AC |
| 6 | 06D | **Azmacort** | **az**-ma-cort | D | INH\_CS |
| 7 | 07D | Beclomethasone dipropionate | 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 | Bitolterol | 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 | Budesonide | byoo-**des**-oh-nide | D | INH\_CS |
| 12 | 12C | **Combivent** | **com**-bi-vent | C | INH\_AC+INH\_B2AS |
| 13 | 13G | Cromolyn | **kro'**mŏ-lin (or **KROE**-moe-lin) | G | INH\_AI |
| 44 | 44F | Dulera | **do-**lair-a | F | INH\_CS+ |
| 14 | 14D | **Flovent** | **flow**-vent | D | INH\_CS |
| 15 | 15D | Flovent Rotadisk | **flow**-vent **row**-ta-disk | D | INH\_CS |
| 16 | 16D | Flunisolide | floo-**nis**'o-līd (or floo-**NISS**-oh-lide) | D | INH\_CS |
| 17 | 17D | Fluticasone | flue-**TICK-**uh-zone | D | INH\_CS |
| 34 | 34E | Foradil | *FOUR-a-dil* | E | INH\_B2AL |
| 35 | 35E | Formoterol | for moh' te rol | E | INH\_B2AL |
| 48 | 48H | Incruse Ellipta (Umeclidium inhaler powder) | IN-cruise e-LIP-ta | H | INH\_LAMA |
| 19 | 19B | Ipratropium Bromide | ĭp-rah-**tro**'pe-um bro'mīd (or ip-ra-**TROE**-pee-um) | B | INH\_AC |
| 37 | 37A | Levalbuterol tartrate | **lev-al-BYOU-ter-ohl** | A | INH\_B2AS |
| 20 | 20A | Maxair | **măk**-sâr | A | INH\_B2AS |
| 21 | 21A | Metaproteronol | met"ah-pro-**ter'**ĕ-nōl (or met-a-proe-**TER**-e-nole) | A | INH\_B2AS |
| 39 | 39D | Mometasone furoate | **moe-MET-a-sone** | D | INH\_CS |
| 22 | 22G | Nedocromil | ne-DOK-roe-mil | G | INH\_AI |
| 23 | 23A | Pirbuterol | pēr-**bu**'ter-ōl (or peer-**BYOO-**ter-ole) | A | INH\_B2AS |
| 41 | 41A | Pro-Air HFA | **proh-air HFA** | A | INH\_B2AS |
| 24 | 24A | **Proventil** | pro"**ven**-til' (or pro-**vent**-il) | A | INH\_B2AS |
| 25 | 25D | **Pulmicort Flexhaler** | **pul**-ma-cort **flex**-hail-er | D | INH\_CS |
| 36 | 36D | **QVAR** | **q** -vâr (or q-vair) | D | INH\_CS |
| 3 | 03A | Salbutamol (or Albuterol) | săl-byū**'**tə-môl' | A | INH\_B2AS |
| 26 | 26E | Salmeterol | sal-ME-te-role | E | INH\_B2AL |
| 27 | 27E | **Serevent** | **Sair**-a-vent | E | INH\_B2AL |
| 46 | 46H | Spiriva HandiHaler or Respimat (Tiotropium bromide) | speh REE vah - RES peh mat | H | INH\_LAMA |
| 51 | 51I | Stiolto Respimat (tiotropium bromide & olodaterol) | sti-OL-to– RES peh mat | I | INH\_LAMA + INH\_B2AL |
| 42 | 42F | Symbicort | **sim**-b*uh-*kohrt | F | INH\_CS+ INH\_B2AL |
| 28 | 28A | Terbutaline (+ T. sulfate) | ter-**bu'**tah-lēn (or ter-**BYOO**-ta-leen) | A | INH\_B2AS |
| 30 | 30A | Tornalate | **tor-**na-late | 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 | Triamcinolone acetonide | tri"am-**sin**'o-lōn as"ĕ-tō-nīd' (or trye-am-**SIN**-oh-lone) | D | INH\_CS |
| 47 | 47H | Tudorza Pressair | TU-door-za PRESS-air | H | INH\_LAMA |
| 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:** | 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:  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 | | | | |
| **Q8.8** | In the past 3 months, did {child’s name} take [MEDICINE FROM INH\_MEDS (8.6) serious] when {he/she} had an asthma episode or attack? | **ILP04**  **ILP04\_A**  **ILP04\_B**  **ILP04\_C**  **ILP04\_D**  **ILP04\_E**  **ILP04\_F**  **ILP04\_G**  **ILP04\_H**  **ILP04\_I**  **ILP04\_J** | (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 past 3 months, did {he/she} take [MEDICINE FROM INH\_MEDS (8.6) SERIES] before exercising? | **ILP05**  **ILP05\_A**  **ILP05\_B**  **ILP05\_C**  **ILP05\_D**  **ILP05\_E**  **ILP05\_F**  **ILP05\_G**  **ILP05\_H**  **ILP05\_I**  **ILP05\_J** | (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  66 other meds |
| **Q8.10** | In the past 3 months, did {he/she} 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, |
| **Q8.11** | How many times per day or per week did {he/she} 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 | [RANGE CHECK: (>10)] |  |
| 4 \_ \_ Times per WEEK | [RANGE CHECK: (>75)] |  |
| 5 5 5 Never | [RANGE CHECK: 301-310, 401-475, 555, 666, 777, 999] |  |
| 6 6 6 LESS OFTEN THAN ONCE A WEEK |
| 7 7 7 Don’t know / Not sure |
| 9 9 9 Refused |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) |
| Q8.12  Pill | In the past 3 months, have {child’s name} taken any PRESCRIPTION medicine in pill form for your asthma? | **PILLS** | (1) YES |  |  |
| (2) NO | [SKIP TO SYRUP (8.15)] |  |
| (7) DON’T KNOW | [SKIP TO SYRUP (8.15)] |  |
| (9) REFUSED | [SKIP TO SYRUP (8.15)] |  |
| CATI Notes: | For the following pills the respondent can chose up to 5 medications; however, each medication can only be used once  [INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]  There are 49 kinds of medicine in the list, they could be grouped into following 4 groups  A: PILL\_CS  B: PILL\_B2A  C: PILL\_LM  D: PILL\_METH  [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  **Note:** PILL\_CS: Pill Corticosteroid  PILL \_LM: pill Leukotriene modifiers (LTRA) or Leukotriene receptor antagonists  PILL\_B2A: pill beta 2 agonist  PILL\_METH: pill methylxanthines  Note: The top 10 items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily. | | | | |
| Q8.13 | What PRESCRIPTION asthma medications does {child’s name} take in pill form?  [MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION asthma pills?] | **PILLS\_MD** | \_ \_ \_ ; \_ \_ \_ ; \_ \_ \_ ; \_ \_ \_ ; \_ \_ \_ ; |  |  |
| (66) Other  [Please Specify, 100 character limit] | [SKIP TO OTH\_P1] |  |
| (88) NO PILLS | [SKIP TO SYRUP (8.15)] |  |
| (77) DON’T KNOW | [SKIP TO SYRUP (8.15)] |  |
| (99) REFUSED | [SKIP TO SYRUP (8.15)] |  |
| CATI NOTES  Interview notes  Q8.13a | ENTER OTHER MEDICATION IN TEXT FIELD. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. 100 ALPHANUMERIC CHARACTER LIMIT FOR 66 | **OTH\_P1** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 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 | [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**'ĕ-nōl (or met-a-proe-**TER**-e-nole) | B | PILL\_B2A |
| 14 | 14A | Methylpredinisolone | 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 | **Singulair** | **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 | **Uniphyl** | **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 {child’s name}? 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 past 3 months, has {he/she} taken prescription medicine in syrup form? | **SYRUP** | (1) YES |  |  |
| (2) NO | [SKIP TO NEB\_SCR (8.17)] |
| (7) DON’T KNOW | [SKIP TO NEB\_SCR (8.17)] |
| (9) REFUSED | [SKIP TO NEB\_SCR (8.17)] |
| **Syrup** | 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).  There are 10 kinds of medicine in the list, they could be grouped into following 3 groups  A: SYRUP\_B2AS  B: SYRUP\_CS  C: SYRP\_METH  **Note:** SYRUP\_CS: syrup Corticosteroid  SYRUP\_B2AS: syrup short acting beta 2 agonist  SYRP\_METH: syrup methylxanthines.  [INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.] | | | | |
| **Q8.16** | What PRESCRIPTION asthma medications has {child’s name} taken as a syrup?  [MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION syrup medications for asthma?] | **SYRUP\_ID** | \_ \_ \_; \_ \_ \_; \_ \_ \_; \_ \_ \_; |  |  |
| (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** | 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. | | | | |
| Q8.16a | ENTER OTHER MEDICATION. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. [100 ALPHANUMERIC CHARACTER LIMIT FOR 66] | **OTH\_S1** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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**'ĕ-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-**til | 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** | | Text: A nebulizer is a machine that turns liquid medication into a mist that {child’s name} inhale into the lungs over a few minutes.  In the past 3 months, were any of {child’s name}’s PRESCRIPTION asthma medicines used with a nebulizer? | | **NEB\_SCR** | | (1) YES | |  | | Read if necessary: a  nebulizer is a machine that turns liquid medication into a mist that {child’s name} inhale into the lungs over a few minutes. |
| (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 your child has used a nebulizer in the place I mention, otherwise answer no.  In the past 3 months did {child’s name}? use a nebulizer … | | **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 | | | |
| (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 | 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).  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)  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 log acting;  NEB\_AI: Nebulizer anti-inflammatory;  NEB\_AC: Nebulizer Anticholinergic;  NEB\_LAMA: Long-Acting Muscarinic Antagonist.  [INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.] | | | | | | | | | |
| **Q8.19** | In the past 3 months, what prescription ASTHMA medications has {he/she} taken using a nebulizer?  [MARK ALL THAT APPLY. PROBE: Has your child taken any other prescription  ASTHMA medications with a nebulizer in the past 3 months?] | | **NEB\_ID** | | \_ \_ \_ \_ \_ \_  \_ \_ \_ \_ | |  | |  | |
|  | | (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] | | **OTH\_N1** | |  | |  | |  | |

**Table 8.4. Nebulizer medication list table**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Combined code** | **Medication** | **Pronunciation** | **Category** | **Medication class** |
| 1 | 01A | Albuterol | ăl'-**bu'**ter-ōl (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-tōl'ter-ōl (or bye-**tole-**ter-ole) | A | NEB\_B2AS |
| 19 | 19H | Brovana | brō vă 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'**mŏ-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 | Ipratroprium bromide | ĭp-rah-**tro**'pe-um bro'mīd (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'**ĕ-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 past 3 months, did {child’s name} take [MEDICINE FROM NEB\_ID SERIES], when {he/she} had an asthma episode or attack? | **NEB01**  **NEB01\_A**  **NEB01\_B**  **NEB01\_C**  **NEB01\_D**  **NEB01\_E**  **NEB01\_G**  **NEB01\_H**  **Q8.28** | (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 past 3 months, did he/she take [MEDICINE FROM NEB\_ID SERIES], on a regular schedule as prescribed? | **NEB02**  **NEB02\_A**  **NEB02\_B**  **NEB02\_C**  **NEB02\_D**  **NEB02\_E**  **NEB02\_G**  **NEB02\_H**  **Q8.29** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
| **Q8.23** | How many times per day or per week does he/she use [MEDICINE FROM NEB\_ID SERIES]? | **NEB03**  **NEB03\_A**  **NEB03\_B**  **NEB03\_C**  **NEB03\_D**  **NEB03\_E**  **NEB03\_G**  **NEB03\_H**  **Q8.30** | 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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) |
| 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  (9) REFUSED |  |  |
| Q9.2 | Was there a time in the past 12 months when you were referred to a specialist for {his/her} asthma care but could not go because of the cost? | **ASSPCOST** | (1) YES  (2) NO    (7) DON’T KNOW  (9) REFUSED |  |  |
| Q9.3 | Was there a time in the past 12 months when {he/she} 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  (9) REFUSED |  |  |

Section 10. School/Daycare Related Asthma

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | | Interviewer Note (s) |
| Section 10. School/Daycare Related Asthma 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 or day care outside the home? | **SCH\_STAT** | | (1) YES | [SKIP TO SCHGRADE (10.3)] | |  |
| (2) NO | [SKIP TO NO SCHL (Q10.2)] | |
| (7) DON’T KNOW | [SKIP TO SCHGRADE (Q10.3)] | |
| (9) REFUSED | [SKIP TO SCHGRADE (Q10.3)] | |
| Q10.2 | What is the main reason {he/she} is not now in school or day care?  READ RESPONSE CATEGORIES | **NO\_SCHL** | | (1) NOT OLD ENOUGH | [SKIP TO Section 11] | |  |
| (2) HOME SCHOOLED | Continuous | |
| (3) UNABLE TO ATTEND FOR HEALTH REASONS | Continuous | |
| (4) ON VACATION OR BREAK | Continuous | |
| (5) OTHER | Continuous | |
| (7) DON'T KNOW | Continuous | |
| (9) REFUSED | Continuous | |
| Q10.3 | What grade was {he/she} in the last time {he/she} was in school or daycare? | **SCHGRADE** | | \_\_ \_\_ ENTER GRADE 1 TO 12  (88) PRE SCHOOL  (66) KINDERGARTEN  (55) DAYCARE  (77) DON’T KNOW  (99) REFUSED | Ask if [IF SCH\_STAT = 1,7,9]  If SCHGRADE= 55 daycare, SKIP to Q10.5, other continuous | |  |
| What grade is {he/she} in? |
| Q10.4 | During the past 12 months, about how many days of school did {he/she} miss because of {his/her} asthma? | | **MISS\_SCHL** | \_\_ \_\_ \_\_ENTER NUMBER DAYS  (888) ZERO  (777) DON’T KNOW  (999) REFUSED | Ask if [IF SCHGRADE (Q10.3) = 1-12, 66, 88, pre school, Kindergarten, grade 1-12]  [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] |  | |
| Q10.5 | Does the school {he/she} goes to allow children with asthma to carry their medication with them while at school or daycare? | | **SCH\_MED** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  | |
| Q10.6 | Earlier I explained that an asthma action plan contains instructions about how to care for the child’s asthma.  Does {child’s name} have a written asthma action plan or asthma management plan on file at school or daycare? | | **SCH\_APL** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  | |
| Q10.7 | Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} classroom? | | **SCH\_ANML** | (1) YES  (2) NO    (7) DON’T KNOW  (9) REFUSED |  |  | |
| Q10.8 | Are you aware of any mold problems in {child’s name} school or Daycare? | | **SCH\_MOLD** | (1) YES  (2) NO    (7) DON’T KNOW  (9) REFUSED |  |  | |

**11. Additional Child Demographics**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Question Number** | **Question text** | | **Variable names** | | | **Responses**  **(DO NOT READ UNLESS OTHERWISE NOTED)** | **SKIP INFO/ CATI Note** | | **Interviewer Note (s)** |
| **Q11.1.** | How much did {he/she} weigh at birth (in pounds)? | | | BIRTHW1  Q11.3 | | \_ \_ \_ \_ \_ \_ Weight (pounds/kilograms)  7 7 7 7 7 7 Don’t know / Not sure  9 9 9 9 9 9 Refused | |  |  |
| **Q11.2** | | At birth, did {child’s name} weigh less than 5 ½ pounds? | | | BIRTHRF  Q11.4 | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED | |  | [INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS] |

**New Section 12. 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) |
| Q12.1 | Including living and deceased, were any of {child’s name} close biological that is, blood relatives including father, mother, sisters, brothers, or children ever told by a health professional that they had asthma? | **RELATE\_ASTH** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
|  | The next set of questions are about different types of allergies. | | | | |
| Q12.2 | Does {child’s name} get symptoms such as sneezing, runny nose, or itchy or watery eyes due to hay fever, seasonal or year-round allergies? ? | **CURRESP** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  | **Read** if necessary: Hay fever, seasonal or year-round allergies may also be known as environmental allergies, allergic rhinitis or allergic conjunctivitis. |
| Q12.3 | Has {child’s name} ever been told by a doctor or other health professional that {child’s name} had hay fever, seasonal or year-round allergies? | **DXRESP** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q12.4 | 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 {child’s name} have an allergy to one or more foods? | **CURFOOD** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  | **Read if necessary:** Food allergies are different from food intolerances, such as lactose and gluten intolerance, and other digestive disorders, including irritable bowel syndrome. |
| Q12.5 | Has {child’s name} ever been told by a doctor or other health professional that {child’s name} had an allergy to one or more foods? | **DXFOOD** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |
| Q12.6 | The next question is about an allergic skin condition.  Does {child’s name} get an itchy rash due to eczema or atopic dermatitis? | **CURSKIN** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  | Read if necessary: The rash can be dry, scaly, bumpy, or crusty and lasts for several days or longer without treatment. Eczema is different from hives which come and go in a few hours. |
| Q11.7 | Has {child’s name} ever been told by a doctor or other health professional that {child’s name} had eczema or atopic dermatitis? | **DXSKIN** | (1) YES  (2) NO  (7) DON’T KNOW  (9) REFUSED |  |  |

|  |  |
| --- | --- |
| 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:**

**Language for Identifying Most Knowledgeable Person during the BRFSS interview**

**Consent scripts for use during BRFSS Childhood asthma prevalence module when the most knowledgeable adult is identified during the BRFSS interview.**

**BRFSS Childhood asthma module:**

If BRFSS respondent indicates that the randomly selected child has ever had asthma (CASTHDX2 = 1 “yes”) and the BRFSS adult never had asthma then arrange for a call-back interview. If both the BRFSS adult and the randomly selected child both have asthma the child is randomly selected for the call-back at least 75% of the time.

Only respondents who are the parent/guardian of the selected child with asthma are eligible for the child asthma call-back interview. This is required because the parent/guardian must give permission to collect information about the child even if the information is being given by someone else. [ BRFSS Random Child Selection Question: How are you related to the child? (RCSRELN2) = 1, 3]

**READ: We would like to call again within the next 2 weeks to talk in more detail about your child’s experiences with asthma. The information will be used to help develop and improve the asthma programs in {*state name*}.** The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Question Number** | | **Question text** | **Variable names** | | **Responses**  **(DO NOT READ UNLESS OTHERWISE NOTED)** | | | | | **SKIP INFO/ CATI Note** | | **Interviewer Note (s)** |
| **Q01** | | Would it be all right if we call back at a later time to ask additional questions about your child’s asthma? | ADULTPERM | | (1) Yes | | | |  | | |  |
| (2) No | | | | (GO TO BRFSS closing or next module) | | |
| (7) Don’t know/Not Sure | | | | (GO TO BRFSS closing or next module) | | |
| (9) Refused | | | | (GO TO BRFSS closing or next module) | | |
| **Q02** | | Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back? This is the {#} year old child which is the {FIRST CHILD, SECOND, etc.} CHILD. | CHILDNNAME | | Enter child’s first name, initials or nickname: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | [CATI: If more than one child, show child age {#} and which child was selected (FIRST, SECOND, etc.) from child selection module] | | |  |
| **Q03** | | Can I please have your first name, initials or nickname so we know who to refer to when we call back? | ADULTNAME | | Enter respondent’s first name, initials or nickname: \_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | |  |
| **Q04** | | Are you the parent or guardian in the household who knows the most about {child’s name}’s asthma? | MOSTKNOW | | (1) Yes | | | [CATI SET MKPNAME = ADULTNAME 03] | | | |  |
| (2) No | | | [GO TO ALTNAME 06] | | | |
| (7) Don’t know/Not Sure | | | [GO TO ALTNAME 06] | | | |
| (9) Refused | | | [GO TO ALTNAME 06] | | | |
| **Q05** | | What is a good time to call you back? For example, evenings, days, weekends?  Phone number: What is the best number to call you back? | CBTIME | | Enter day/time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | | |  |
| Enter phone number: \_\_\_\_\_\_\_\_\_ | | |
| **Interviewer Notes:** | | READ: The information you gave us today and will give us when we call back will be kept confidential. We will keep identifying information like your child’s name and your name and phone number on file, separate from the answers collected today. Even though you agreed today, you may refuse to participate in the future. | | | | | | | | | | |
| [If state requires active linking consent continue, if not, go to BRFSS closing or next module] | | | | | | | | | | | | |
| **Linking consent** | READ: Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child’s asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child’s name will not be included.  PERMISS: May we combine your answers from today with your answers from the interview about your child’s asthma that will be done in the next two weeks?  (1) Yes [GO TO BRFSS closing or next module]  (2) No [GO TO BRFSS closing or next module]  (7) Don’t Know [GO TO BRFSS closing or next module]  (9) Refused [GO TO BRFSS closing or next module]  If MOSTKNOW (04) = 2 (NO), 7 (Don’t know/Not Sure), 9 Refused, ask ALTNAME 06. | | | | | | | | | | | |
| **Q06** | READ: If you are not the person in the household who knows the most about {child’s name}’s asthma, could you identify the person who knows the most about {child’s name}’s asthma and provide permission to speak with that person and for that person to speak on behalf of the child?  May I please have the first name, initials or nickname of the person who knows the most about {child’s name}’s asthma so we will know who to ask for when we call back? | | | ALTNAME | | Alternate’s \_\_\_\_\_\_\_\_\_\_; | [CATI SET MKPNAME = ALTNAME] | | | |  | |
| **Q07** | Is there a different phone number we should use to contact {ALTNAME}? | | | ALTPHONE | | Alternate’s Phone number: \_\_\_\_\_\_\_\_; |  | | | |  | |
| **Q08** | When would be a good time to call back and speak with {ALTNAME}? For example, evenings, days, weekends? | | | ALTCBTIME | | Enter day/time: \_\_\_\_\_\_\_\_\_\_\_ |  | | | |  | |
| **Interview Notes** | READ: The information you gave us today and that {ALTNAME} will give us when we call back will be kept confidential. We will keep their name and phone number, and your child’s name on file, separate from the answers collected today. Even though you agreed today, {ALTNAME} may refuse to participate in the future. | | | | | | | | | | | |
| [If state requires linking consent, continue; if not, go to BRFSS closing or next module] | | | | | | | | | | | | |
| **Linking Consent** | READ: Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child’s asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child’s name will not be included.  PERMISS: May we combine your answers from today with the answers {ALTNAME} gives us during the interview about your child’s asthma?  (1) Yes [GO TO BRFSS closing or next module]  (2) No [GO TO BRFSS closing or next module]  (7) Don’t Know [GO TO BRFSS closing or next module]  (9) Refused [GO TO BRFSS closing or next module] | | | | | | | | | | | |