	Columns	Description of Field and SAS Variable Name	Comments and Values
2	**1-2**	State FIPS Code (_STATE)	As supplied by GENESYS on sample record.
6	**3-8**	Replicate Number (REPNUM)	
2	**9-10**	File Month (FMONTH_f)	
8	**11-18**	Interview Date (IDATE) **MMDDYYYY**	Date of original BRFSS interview.
2	**19-20**	Interview Month (IMONTH_f)	Month of follow-up
2	**21-22**	Interview Day (IDAY_f)	Day of follow-up
4	**23-26**	Interview Year (IYEAR_f)	Year of follow-up
5	**27-31**	Interviewer Id (INTVID_f)	Interviewer Id of follow-up
4	**32-35**	Final Disposition (DISPCODE_f)	Disposition code of follow-up
10	**36-45**	Annual Sequence Number (SEQNO)	As supplied by GENESYS on sample record. Value should be unique for a state within a year.
2	**46-47**	Number of Attempts (NATTMPTS_f)	Number of attempts of follow-up.
		Section 1. Introduction	
1	**48**	Q1.1 Are you {sample person's first name or initials}? (Samp_name)	1 = Yes 2 = No
		SKIP Q1.2, if Section 01, Q1.1 is coded 1	
1	**49**	Q1.2 May I speak with {sample person first name or initials}? (Samp_pers)	1 = Yes 2 = No
		Q1.3 Enter time/date for return call	
		Section 2. Informed Consent	
1	**50**	**Q2.0 Check if correct person from core survey is on phone. Ask "is this {sample person's name} and are you {sample person's age} years**	1 = Yes, Correct 2 = No, Not the Correct Person

		old. If yes, continue. If not the correct respondent, ask to speak to that person, and start over at section 1. Keep a disposition code for this, **(Repeat)** **I would like to repeat the questions from the previous survey now to make sure you qualify for this study.** **"IS THIS A SAFE TIME TO TALK WITH YOU NOW OR ARE YOU DRIVING?"**	
1	**51**	Q2.1 Have you ever been told by a doctor or other health professional that you have asthma? **(EVER_ASTH)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	**52**	Q2.2 Do you still have asthma? **(CUR_ASTH)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	**53**	Q2.3 May we combine your answers to this survey with your answers from the survey you did a few weeks ago? **(PERMISS)**	1 = Yes (Skip to Question 3) 2 = No (Go to Terminate) 7 = Don't know/Not sure (Go to Terminate) 9 = Refused (Go to Terminate)
		Section 3. Recent History	
3	**54-56**	Q3.1 How old were you when you were first told by a doctor or other health professional that you had asthma? **(AGEDX)**	___ Enter Age in Years [Range check: 001-115, 777, 888, 999] 888 = Under one year old 777 = Don't know 999 = Refused
1	**57**	Q3.2 How long ago was that? Was it .." READ CATEGORIES **(INCIDNT)**	1 = Within the past 12 months 2 = 1-5 years ago 3 = more than 5 yrs ago 7 = Don't know 9 = Refused
2	**58-59**	Q3.3 How long has it been since you last talked to a doctor or other health professional about your asthma?	88 = Never 04 = Within the past year

				05 = 1yr to less than 3 yrs ago 06 = 3 yrs to 5 yrs ago 07 =
			CDC estimates the average public reporting burden for this collection of information as 155 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering, and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (OMB Control No. 0920-1204)	
		This could have been in your doctor's office, the hospital, an emergency room or urgent care center. **(LAST_MD)**	More than 5 yrs ago 77 = Don't know 99 = Refused	
2	**60-61**	Q3.4 How long has it been since you last took asthma medication? **(LAST_MED)**	88 = Never 01 = Less than 1 day ago 02 = 1-6 days ago 03 = 1 week to less than 3 months ago 04 = 3 months to less than 1 year ago 05 = 1 year to less than 3 years ago 06 = 3 years to 5 years ago 07 = More than 5 yrs ago 77 = Don't know 99 = Refused	
2	**62-63**	Q3.5 How long has it been since you last had any symptoms of asthma? **(LASTSYMP)**	88 = Never 01 = Less than 1 day ago 02 = 1-6 days ago 03 = 1 week to less than 3 months ago 04 = 3 months to less than 1 year ago 05 = 1 year to less than 3 years ago 06 = 3 years to 5 years ago 07 = More than 5 yrs ago 77 = Don't know 99 = Refused	

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

2	**64-65**	Q4.1 During the past 30 days, on how many days did you have any symptoms of asthma? **(SYMP_30D)**	__ Days [Range Check: (01-30, 77, 88, 99)] 88 = No symptoms in the past 30 days 30 = Everyday 77 = Don't know 99 = Refused
1	**66**	Q4.2 Do you have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day. **(DUR_30D)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
2	**67-68**	Q4.3 During the past 30 days, on how many days did symptoms of asthma make it difficult for you to stay asleep? **(ASLEEP30)**	__ Days/Nights [Range check: (01-30, 77, 88, 99)] 88 = None 30 = Everyday

			77 = Don't know 99 = Refused
2		CDC estimates the average public reporting burden for this collection of information as 155 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering, and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (OMB Control No. 0920-1204)	___
	69-70	If LASTSYMP = 88 (never) or = 04, 05, 06, or 07 (more than 3 months ago) then have CATI code SYMPFREE = 14 If SYMP_30D = 88 (no symptoms in the past 30 days) then have CATI code SYMPFREE = 14 Q4.4 During the <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)**	Days/Nights [Range check: (01-14, 77, 88, 99)] 88 = None 77 = Don't know 99 = Refused
1	**71**	IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP = 4) PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS CONTINUE HERE AS WELL READ: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care. Q4.5 During the past 12 months, have you had an episode of asthma or an asthma attack? **(EPIS_12M)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
3	**72-74**	Q4.6 During the past <u>three months</u>, how many asthma episodes or attacks have you had? **(EPIS_TP)** [CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]	___ [Range check: (001-100, 777, 888, 999)] 888 = None 777 = Don't know 999 = Refused
3	**75-77**	Q4.7 How long did your most recent asthma episode or attack last? **(DUR_ASTH)**	1_ _ Minutes 2_ _ Hours 3_ _ Days 4_ _ Weeks 555 Never 777 Don't know / Not sure 999 Refused
2	**Optional 248-249 New in**	**Optional** **Q4.8 During the past 30 days, on how many days did you take quick relief medicine such as albuterol and**	**___ [Range check: (01-30,77,88,99]** **DAYS/NIGHTS**

			30 =
		CDC estimates the average public reporting burden for this collection of information as 155 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering, and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (OMB Control No. 0920-1204)	
	2023	**salbutamol to relief asthma symptoms? (QUICKRELIEF)**	**Everyday** **88 = None** **77 = Don't know** **99 = Refused**
		Section 5 Health Care Utilization	
1	**78**	Q5.01 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid? **(INS1)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	**79**	Q5.02 During the past 12 months was there any time that you did not have any health insurance or coverage? **(INS2)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
3	**80-82**	Q5.1 During the past 12 months how many times did you see a doctor or other health professional for a routine checkup for your asthma? **(NER_TIME)** [CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 OR 999 WERE NOT THE INTENT]	__ [Range check: (001-365, 777, 888, 999)] 888 = None 777 = Don't know 999 = Refused
1	**83**	Q5.2 An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, have you had to visit an emergency room or urgent care center because of your asthma? **(ER_VISIT)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
3	**84-86**	Q5.3 During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? **(ER_TIMES)** [CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 OR 999 WERE NOT THE INTENT	___ Enter Number [Range check: (001-365, 777, 888, 999)] 888 = None 777 = Don't know 999 = Refused
3	**87-89**	**[IF ONE OR MORE ER VISITS (ER_TIMES (5.3)) INSERT "Besides those emergency room or urgent care center visits,"]** Q5.4 During the past 12 months, how many times did you see a doctor or other health professional for urgent treatment of worsening asthma symptoms or for an asthma episode or attack? **(URG_TIME)** **[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 OR 999 WERE NOT THE INTENT]**	___ Enter Number [Range check: (001-365, 777, 888, 999)] 888 = None 777 = Don't know 999 = Refused

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	90	Q5.5 During the past 12 months, that is since [1 YEAR AGO TODAY], have you had to stay overnight in a hospital because of your asthma? Do not include an overnight stay in the emergency room. **(HOSP_VST)**	know/Not sure 9 = Refused
3	**91-93**	Q5.6A During the past 12 months, how many different times did you stay in any hospital overnight or longer because of your asthma? **(HOSPTIME)** **[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 OR 999 WERE NOT THE INTENT**	___ Times [Range check: (001-365, 777, 999)] 777 = Don't know 999 = Refused
1	**94**	Q5.7 The last time you left the hospital, did a health professional talk with you about how to prevent serious attacks in the future? **(HOSPPLAN)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
3	**95-97**	Q5.8A During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? **(MISS_DAY)** **[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 OR 999 WERE NOT THE INTENT**	___ Enter Days [Range check: (001-365, 777, 888, 999)] 888 = Zero 777 = Don't know 999 = Refused
1	**98**	Q5.9 During just the past 30 days would you say you limited your usual activities due to asthma not at all, a little, a moderate amount, or a lot? **(ACT_DAYS30)**	1 = Not at All 2 = A Little 3 = A Moderate Amount 4 = A Lot 7 = Don't know 9 = Refused
1	**99**	Q5.10 Does anyone help you arrange or coordinate your asthma care among the different doctors or services that you use? **{READ IF NECESSARY**: By "arrange or coordinate," I mean: Is there anyone who helps you make sure that you get all the health care and services you needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?} **(COORDIN)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused READ IF NECESSARY: 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?
		Section 6. Knowledge of Asthma/Management Plan	
1	**100**	Has a doctor or other health professional ever taught you ... Q6.1a How to recognize early signs or symptoms of an asthma episode? **(TCH_SIGN)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused

1				1 = Yes 2 = No 7 = Don't
		CDC estimates the average public reporting burden for this collection of information as 155 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering, and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (OMB Control No. 0920-1204)		
	101	Has a doctor or other health professional ever taught you ... Q6.2b What to do during an asthma episode or attack? **(TCH_RESP)**	know/Not sure 9 = Refused	
1	**102**	A peak flow meter is a handheld device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you … Q6.3c How to use a peak flow meter to adjust your daily medications? **(TCH_MON)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
1	**103**	An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room**.** Q6.4 Has a doctor or other health professional EVER given you an asthma action plan? **(MGT_PLAN)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
1	**104**	Q6.5 Have you ever taken a course or class on how to manage your asthma? **(MGT_CLAS)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	

Section 7. Modifications to Environment

1	**105**	An air cleaner or air purifier can filter out pollutants like dust, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter. Q7.1 Is an air cleaner or purifier regularly used inside your home? **(AIRCLEANER)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	**106**	Q7.2 Is a dehumidifier regularly used to reduce moisture inside your home? **(DEHUMID)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	**107**	Q7.3 Is an exhaust fan that vents to the outside used regularly when cooking in your kitchen? **(KITC_FAN)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	**108**	Q7.4 Is gas used for cooking? **(COOK_GAS)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	**109**	Q7.5 In the past 30 days, has anyone seen or smelled mold or a musty odor inside your home? Do not include	1 = Yes 2 = No

				7 = Don't know/Not sure 9 = Refused
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		mold on food. **(ENV_MOLD)**		
1	**110**	Q7.6 Does your household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors? **(ENV_PETS)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
1	**111**	Q7.7 Are pets allowed in your bedroom? **(PETBEDRM)**	1 = Yes 2 = No 3 = Some are/Some aren't 7 = Don't know/Not sure 9 = Refused	
1	**112**	Q7.8 In the past 30 days, has anyone seen a cockroach inside your home? **(C_ROACH)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
1	**113**	Q7.9 In the past 30 days, has anyone seen mice or rats inside your home? Do not include mice or rats kept as pets. **(C_RODENT)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
1	**114**	Q7.10 Is a wood burning fireplace or wood burning stove used in your home? **(WOOD_STOVE)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
1	**115**	Q7.11 Are unvented gas logs, unvented gas fireplace, or unvented gas stove used in your home? **(GAS_STOVE)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
1	**116**	Q7.12 In the past week, has anyone smoked inside your home? **(S_INSIDE)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
1	**117**	Q7.13 Has a health professional ever advised you to change things in your home, school, or work to improve your asthma? **(MOD_ENV)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
1	**118**	Q7.14 Do you use a mattress cover that is made especially for controlling dust mites? **(MATTRESS)**	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
1	**119**	Q7.15 Do you use a pillow cover that is made especially for controlling dust mites? **(E_PILLOW)**	1 = Yes 2 = No 7 = Don't know/Not sure	

				9 = Refused
1		CDC estimates the average public reporting burden for this collection of information as 155 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering, and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (OMB Control No. 0920-1204)		1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
	120	Q7.16 Do you have carpeting or rugs in your bedroom? This does not include throw rugs small enough to be laundered. **(CARPET)**		
1	**121**	Q7.17 Are your sheets and pillowcases washed in cold, warm, or hot water? **(HOTWATER)**	1 = Cold 2 = Warm 3 = Hot 4 = Varies 7 = Don't know/Not sure 9 = Refused	
1	**122**	Q7.18 In your bathroom, do you regularly use an exhaust fan that vents to the outside? **(BATH_FAN)**	1 = Yes 2 = No or "No Fan" 7 = Don't know/Not sure 9 = Refused	

		Section 8. Medications	
1	**123**	**The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to your medication use.** Q8.1 Over-the-counter medication can be bought without a doctor's order. Have you ever used over-the-counter medication for your asthma? **(OTC)**	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	**124**	Q8.2 Have you ever used a prescription inhaler? **(INHALERE)**	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	**125**	Q8.3 Did a doctor or other health professional show you how to use the inhaler? **(INHALERH)**	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	**126**	Q8.4 Did a doctor or other health professional watch you use the inhaler? **(INHALERW)**	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	**127**	**[IF LAST_MED = 88, 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9]** **Now I am going to ask questions about specific prescription medications you may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often you take each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.**	1 = Yes 2 = No 3 = Respondent knows the Meds 7 = Don't know 9 = Refused

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		Q8.5 It will help to get your medicines so you can read the labels. **(SCR_MED1)**	
1	**128**	Q8.7 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
1	**129**	Q8.8 In the past 3 months have you taken prescription asthma medicine using an inhaler? **(INH_SCR)**	1 = Yes 2 = No 7 = Don't know 9 = Refused
16	**130-145**	Q8.9 **In the past 3 months, what prescription asthma medications did you take by inhaler? [MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]** **(INH_MEDS) (Limit=8 Inhaler Meds.)**	
		SPELL THE NAME OF THE MEDICATION.] **Note: the yellow numbered items below are new medications added in 2008. Also, CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily. "INHALERS"**	

	"INHALERS" Medication	Pronunciation
01	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
02	Aerobid	â-rō'bĭd (or air-row-bid)
03	Albuterol (+ A. sulfate or salbutamol)	ăl'-bu'ter-ōl (or al-BYOO-ter-ole) săl-byū'tə-môl'
04	Alupent	al-u-pent
43	Alvesco (+ Ciclesonide)	**al**-ves-co
49	Anoro Ellipta (Umeclidinium and vilanterol)	a-nor' oh e-LIP-ta
40	Asmanex (twisthaler)	as-muh-neks twist-hey-ler
05	Atrovent	At-ro-vent
06	Azmacort	az-ma-cort
07	Beclomethasone dipropionate	bek"lo-meth'ah-son dī' pro'pe-o-nāt (or be-kloe-meth-a-sone)
08	Beclovent	be' klo-vent" (or be-klo-vent)
09	Bitolterol	bi-tōl'ter-ōl (or bye-tole-ter-ole)

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		BRE-oh e-LIP-ta
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45	Breo Ellipta (Fluticasone and vilanterol)	
11	Budesonide	byoo-des-oh-nide
12	Combivent	com-bi-vent
13	Cromolyn	kro'mŏ-lin (or KROE-moe-lin)
44	Dulera	**do**-lair-a
14	Flovent	flow-vent
15	Flovent Rotadisk	flow-vent row-ta-disk
16	Flunisolide	floo-nis'o-līd (or floo-NISS-oh-lide)
17	Fluticasone	flue-TICK-uh-zone
34	Foradil	FOUR-a-dil
35	Formoterol	for moh' te rol
48	Incruse Ellipta (Umeclidium inhaler powder)	IN-cruise e-LIP-ta
19	Ipratropium Bromide	ĭp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
37	Levalbuterol tartrate	lev-al-BYOU-ter-ohl
20	Maxair	mǎk-sâr
21	Metaproteronol	met"ah-pro-ter'ĕ-nōl (or met-a-proe-TER-e-nole)
39	Mometasone furoate	moe-MET-a-sone
22	Nedocromil	ne-DOK-roe-mil
23	Pirbuterol	pēr-bu'ter-ōl (or peer-BYOO-ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro"ven-til' (or pro-vent-il)
25	Pulmicort Flexhaler	pul-ma-cort flex-hail-er
36	QVAR	q -vâr (or q-vair)
03	Salbutamol (or Albuterol)	sǎl-byū'tə-môl'
26	Salmeterol	sal-ME-te-role
27	Serevent	Sair-a-vent
46	Spiriva HandiHaler or Respimat (Tiotropium bromide)	speh REE vah - RES peh mat
51	Stiolto Respimat (tiotropium bromide & olodaterol)	sti-OL-to– RES peh mat
42	Symbicort	sim-buh-kohrt
28	Terbutaline (+ T. sulfate)	ter-bu'tah-lēn (or ter-BYOO-ta-leen)
30	Tornalate	tor-na-late
50	Trelegy Ellipta ((fluticasone furoate, umeclidinium & vilanterol)	TREL-e-gee e-LIP-ta
31	Triamcinolone acetonide	tri"am-sin'o-lōn as"ĕ-tō-nīd' (or trye-am-SIN-oh-lone)
47	Tudorza Pressair	TU-door-za PRESS-air
32	Vanceril	van-sir-il
33	Ventolin	vent-o-lin
38	Xopenex HFA	ZOH-pen-ecks
66	Other, Please Specify	[SKIP TO OTH_I1]
77	Don't know	
88	No Inhalers	

99		Refused	
100	146-245	Q8.10 ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. [LOOP BACK TO ILP01 AS NECESSARY TO ADMINSTER QUESTIONS ILP01 THRU ILP10 FOR EACH MEDICINE REPORTED IN INH_MEDS OTH_11 [FOR FILL [MEDICINE FROM INH_MEDS SERIES] FOR QUESTIONS ILP01 THROUGH ILP10] [IF {MEDICINE FROM INH_MEDS SERIES} IS 03, 04, 21, 24, OR 33 ASK ILP01 ELSE SKIP TO ILP02	Text field – up to 100 characters
		Section Repeated for Medication entry. (Limit=8) **Questions 8.13–8.19 will be repeated for each medication up to 8 times and saved in blocks of 15 columns (Two columns for the Med. Code and 13 columns for the 9 questions.) Columns 246-260 will hold the first series, columns and the eighth series in columns 351-365.**	
2	**248-249**	*Q4.8 Columns already assigned in Section 4*	
11	250-260	**Questions 8.13 through 8.19 for FIRST medication**	
1	**250**	Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Do you use a spacer with [MEDICINE FROM INH_MEDS SERIES]? **(ILP03_A) 1st Medication**	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don't know 9 = Refused
1	251	Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack? **(ILP04_A) 1st Medication**	1 = Yes 2 = No 3 = No attack in past 3 months 7 = Don't know 9 = Refused
1	252	Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising? **(ILP05_A) 1st Medication**	1 = Yes 2 = No 3 = Didn't exercise in past 3 months 7 = Don't know 9 = Refused
1	253	Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday? **(ILP06_A) 1st Medication**	1 = Yes 2 = No 7 = Don't know 9 = Refused

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		Columns intentionally left blank	
3	**256-258**	**Q8.18** How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]? **(ILP08_A) 1st Medication**	301-3**10** = Days 401-4**75** = Weeks 555 = Never 666 = Less often than once a week 777 = Don' know 999 = Refused [RANGE CHECK: 301-310, 401-475, 555, 666, 777, 999]
2	259-260	Q8.19 How many canisters of this inhaler have you used in the past 3 months? **(ILP10_A)** **1st Medication** **[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']**	__ = 01-76 Canisters 88 = None/Less than 1 full canister 77 = Don' know 99 = Refused
2	261-262	**2nd Inhaler value from "INH_MEDS" field** **ILP_B (Second Inhaler Medication Value)**	**Valid Inhaler Meds: 01 – 51, 66**
2263-264Columns intentionally left blank11	265-275	**Questions 8.11 through 8.19 for SECOND medication**	
1	**265**	Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Do you use a spacer with [MEDICINE FROM INH_MEDS SERIES]? **(ILP03_B) 2nd Medication**	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don't know 9 = Refused
1	**266**	Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack? **(ILP04_B) 2nd Medication**	1 = Yes 2 = No 3 = No attack in past 3 months 7 = Don't know 9 = Refused
1	**267**	Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising? **(ILP05_B) 2nd Medication**	1 = Yes 2 = No 3 = Didn't exercise in past 3 months 7 = Don't know 9 = Refused
1	**268**	Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday? **(ILP06_B) 2nd Medication**	1 = Yes 2 = No 7 = Don't know 9 = Refused

	269-270	**Columns intentionally left blank**	
3	271-273	**Q8.18** How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]? **(ILP08_B) 2nd Medication**	301-310 = Days 401-475 = Weeks 555 = Never 666 = Less often than once a week 777 = Don' know 999 = Refused [RANGE CHECK: 301-310, 401-475, 555, 666, 777, 999]
2	274-275	Q8.19 How many canisters of this inhaler have you used in the past 3 months? **(ILP10_B) 2nd Medication** **[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']**	__ = 01-76 Canisters 88 = None/Less than 1 full canister 77 = Don' know 99 = Refused
2	278-279	**Columns intentionally left blank**	
11	280-290	**Questions 8.11 through 8.19 for THIRD medication**	
1	280	Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Do you use a spacer with [MEDICINE FROM INH_MEDS SERIES]? **(ILP03_C) 3rd Medication**	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don't know 9 = Refused
1	281	Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack? **(ILP04_C) 3rd Medication**	1 = Yes 2 = No 3 = No attack in past 3 months 7 = Don't know 9 = Refused
1	282	Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising? **(ILP05_C) 3rd Medication**	1 = Yes 2 = No 3 = Didn't exercise in past 3 months 7 = Don't know 9 = Refused
1	283	Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday? **(ILP06_C) 3rd Medication**	1 = Yes 2 = No 7 = Don't know 9 = Refused
	284-285	**Columns intentionally left blank**	
3	286-288	**Q8.18** How many times per day or per week do you use	301-310 = Days

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		[MEDICINE FROM INH_MEDS SERIES]? (ILP08_C) 3rd Medication	know 999 = Refused [RANGE CHECK: 301-310, 401-475, 555, 666, 777, 999]
2	289-290	Q8.19 How many canisters of this inhaler have you used in the past 3 months? (ILP10_C) 3rd Medication [INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']	__ = 01-76 Canisters 88 = None/Less than 1 full canister 77 = Don' know 99 = Refused
2	**293-294**	**Columns intentionally left blank**	
11	295-305	**Questions 8.11 through 8.19 for FOURTH medication**	
1	**295**	Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Do you use a spacer with [MEDICINE FROM INH_MEDS SERIES]? (ILP03_D) 4th Medication	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don't know 9 = Refused
1	296	Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack? (ILP04_D) 4th Medication	1 = Yes 2 = No 3 = No attack in past 3 months 7 = Don't know 9 = Refused
1	297	Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising? (ILP05_D) 4th Medication	1 = Yes 2 = No 3 = Didn't exercise in past 3 months 7 = Don't know 9 = Refused
1	298	Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday? (ILP06_D) 4th Medication	1 = Yes 2 = No 7 = Don't know 9 = Refused
2	**299-300**	**Q8.17** Question has been removed, 2012. **Please leave this column blank. 4th Medication**	
3	**301-303**	**Q8.18** How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]? (ILP08_D) 4th Medication	301-310 = Days 401-475 = Weeks 555 = Never 666 = Less often than once a week 777 = Don' know

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2	304-305	Q8.19 How many canisters of this inhaler have you used in the past 3 months? (ILP10_D) 4th Medication [INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']	__ = 01-76 Canisters 88 = None/Less than 1 full canister 77 = Don' know 99 = Refused
2	**308-309**	**Columns intentionally left blank**	
11	**310-320**	**Questions 8.11 through 8.19 for FIFTH medication**	
1	**310**	Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Do you use a spacer with [MEDICINE FROM INH_MEDS SERIES]? (ILP03_E) 5th Medication	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don't know 9 = Refused
1	311	Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack? (ILP04_E) 5th Medication	1 = Yes 2 = No 3 = No attack in past 3 months 7 = Don't know 9 = Refused
1	312	Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising? (ILP05_E) 5th Medication	1 = Yes 2 = No 3 = Didn't exercise in past 3 months 7 = Don't know 9 = Refused
1	313	Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday? (ILP06_E) 5th Medication	1 = Yes 2 = No 7 = Don't know 9 = Refused
2	**314-315**	**Q8.17** Question has been removed, 2012. **Please leave these columns blank. 5th Medication**	
3	**316-318**	**Q8.18** How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]? (ILP08_E) 5th Medication	301-310 = Days 401-475 = Weeks 555 = Never 666 = Less often than once a week 777 = Don' know 999 = Refused [RANGE CHECK: 301-310, 401-475, 555, 666, 777, 999]
2	319-320	Q8.19 How many canisters of this inhaler have you used in	

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		the past 3 months? (ILP10_E) 5th Medication [INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']	Refused	
2	**323-324**	**Columns intentionally left blank**		

11	325-335	**Questions 8.11 through 8.19 for SIXTH medication**		
1	**325**	Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Do you use a spacer with [MEDICINE FROM INH_MEDS SERIES]? **(ILP03_F) 6th Medication**	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don't know 9 = Refused	
1	326	Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack? **(ILP04_F) 6th Medication**	1 = Yes 2 = No 3 = No attack in past 3 months 7 = Don't know 9 = Refused	
1	327	Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising? **(ILP05_F) 6th Medication**	1 = Yes 2 = No 3 = Didn't exercise in past 3 months 7 = Don't know 9 = Refused	
1	328	Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday? **(ILP06_F) 6th Medication**	1 = Yes 2 = No 7 = Don't know 9 = Refused	
	329-330	**Columns intentionally left blank**		
3	**331-333**	**Q8.18** How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]? **(ILP08_F) 6th Medication**	301-310 = Days 401-475 = Weeks 555 = Never 666 = Less often than once a week 777 = Don' know 999 = Refused [RANGE CHECK: 301-310, 401-475, 555, 666, 777, 999]	
2	**334-335**	Q8.19 How many canisters of this inhaler have you used		

				__ = 01-76 Canisters 88 = None/Less than 1 full canister 77 = Don' know 99 =
		in the past 3 months? (ILP10_F) 6th Medication **[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']**	Refused	
2	**336-337**	**7th Inhaler value from "INH_MEDS" field** **ILP_G (Seventh Inhaler Medication Value)**	**Valid Inhaler Meds: 01 – 51, 66**	
2	**338-339**	**Columns intentionally left blank**		
11	**340-350**	**Questions 8.11 through 8.19 for SEVENTH medication**		
1	**340**	Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Do you use a spacer with [MEDICINE FROM INH_MEDS SERIES]? **(ILP03_G) 7th Medication**	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don't know 9 = Refused	
1	**341**	Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack? **(ILP04_G) 7th Medication**	1 = Yes 2 = No 3 = No attack in past 3 months 7 = Don't know 9 = Refused	
1	**342**	Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising? **(ILP05_G) 7th Medication**	1 = Yes 2 = No 3 = Didn't exercise in past 3 months 7 = Don't know 9 = Refused	
1	**343**	Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday? **(ILP06_G) 7th Medication**	1 = Yes 2 = No 7 = Don't know 9 = Refused	
2	**344-345**	**Columns intentionally left blank**		
3	**346-348**	**Q8.18** How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]? **(ILP08_G) 7th Medication**	301-310 = Days 401-475 = Weeks 555 = Never 666 = Less often than once a week 777 = Don' know 999 = Refused [RANGE CHECK: 301-310, 401-475, 555, 666, 777, 999]	

2			CDC estimates the average public reporting burden for this collection of information as 155 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering, and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (OMB Control No. 0920-1204)	__ = 01-76 Canisters 88 = None/Less than 1 full canister 77 = Don' know
		349-350	Q8.19 How many canisters of this inhaler have you used in the past 3 months? (ILP10_G) 7th Medication [INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']	99 = Refused
	2	351-352	**8th Inhaler value from "INH_MEDS" field ILP_H (Eighth Inhaler Medication Value)**	**Valid Inhaler Meds: 01 – 51, 66**
2353- **354Columns intentionally left blank**11		355-365	**Questions 8.11 through 8.19 for EIGHTH medication**	
1	**355**		Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Do you use a spacer with [MEDICINE FROM INH_MEDS SERIES]? **(ILP03_H) 8th Medication**	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don't know 9 = Refused
1	356		Q8.14 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack? **(ILP04_H) 8th Medication**	1 = Yes 2 = No 3 = No attack in past 3 months 7 = Don't know 9 = Refused
1	357		Q8.15 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising? **(ILP05_H) 8th Medication**	1 = Yes 2 = No 3 = Didn't exercise in past 3 months 7 = Don't know 9 = Refused
1	358		Q8.16 In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday? **(ILP06_H) 8th Medication**	1 = Yes 2 = No 7 = Don't know 9 = Refused
2	**359-360**		**Columns intentionally left blank**	
3	**361-363**		**Q8.18** How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]? **(ILP08_H) 8th Medication**	301-310 = Days 401-475 = Weeks 555 = Never 666 = Less often than once a week 777 = Don' know 999 = Refused

				[RANGE CHECK: 301-310, 401-475, 555, 666, 777, 999]
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				__ = 01-76
2	364-365	Q8.19 How many canisters of this inhaler have you used in the past 3 months? **(ILP10_H) 8th Medication** **[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']**		Canisters 88 = None/Less than 1 full canister 77 = Don' know 99 = Refused
2	**366-367**	**Columns intentionally left blank**		
1	368	Q8.20 In the past 3 months, have you taken any prescription medicine in pill form for your asthma? **(PILLS)**		1 = Yes 2 = No 7 = Don't know 9 = Refused
10	369-378	Q8.21 What prescription medications do you take in pill form? **[MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]** **(PILLS_MD)** **These values will also be re-entered in columns below:** **479-480** PILL_MD_A (First Pills Medication value) **482-483** PILL_MD_B (Second Pills Medication value) **485-486** PILL_MD_C (Third Pills Medication value) **488-489** PILL_MD_D (Fourth Pills Medication value) **491-492** PILL_MD_E (Fifth Pills Medication value)		88 = No Pills 77 = Don't know 99 = Refused
		[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.] "PILLS" **Note: the yellow numbered items below are new medications added in 2008. Also, CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.**		

	"PILLS" Medication	**Pronunciation**
01	**Accolate**	**ac**-o-late
02	Aerolate	**air**-o-late
03	**Albuterol**	ăl'-**bu**'ter-ōl (or al-**BYOO**-ter-all)
04	Alupent	**al**-u-pent
05	Choledyl (oxtriphylline)	**ko**-led-il
07	Deltasone	**del**-ta-sone
08	Elixophyllin	e-licks-**o**-fil-in
11	Medrol	**Med**-rol
12	Metaprel	**Met**-a-prell
13	Metaproteronol	met"ah-pro-**ter**'ĕ-nōl (or met-a-proe-**TER**-e-nole)
14	Methylpredinisolone	meth-ill-pred-**niss**-oh-lone (or meth-il-pred-**NIS**-oh-lone)
15	**Montelukast**	mont-e-**lu**-cast
17	Pediapred	Pee-**dee**-a-pred

		pred-NISS-oh-lone
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18	**Prednisolone**	
19	**Prednisone**	PRED-ni-sone
21	Proventil	pro-**ven**-til
23	Respid	**res**-pid
24	**Singulair**	**sing**-u-lair
25	Slo-phyllin	**slow**- fil-in
26	Slo-bid	**slow**-bid
48	Terbutaline (+ T. sulfate)	ter byoo' ta leen
28	Theo-24	**thee**-o-24
30	Theochron	**thee** -o-kron
31	Theoclear	**thee**-o-clear
32	**Theodur or Theo-Dur**	**thee**-o-dur
33	*Intentionally left blank*	
35	**Theophylline**	thee-**OFF**-i-lin
37	Theospan	**thee**-o-span
40	T-Phyl	**t**-fil
42	**Uniphyl**	**u**-ni-fil
43	Ventolin	**vent**-o-lin
44	Volmax	**vole**-max
45	Zafirlukast	za-**FIR**-loo-kast
46	Zileuton	zye-**loo**-ton
47	Zyflo Filmtab	**zye**-flow **film** tab
66	Other, please specify	[SKIP TO OTH_P1]
77	Don't know	
88	No Pills	
99	Refused	

100	379-478	**(OTH_P1)** IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.	Text field – up to 100 characters
		Question 8.22 Repeated for Medication entry. (Limit=5) **Question 8.22 will be repeated for each medication up to 5 times. Column 577 will hold the first response, columns 578 the response to the second cycle, and the sixth cycle will be in column 582.**	**Valid Meds in Pill form: 01 – 48, 66**
2	479-480	**1ˢᵗ Pill value from "PILLS_MD_A" field** **PILL01_A (First Pill Medication value)**	**Valid Meds in Pill form: 01 – 48, 66**
1	481	**Q8.22 In the past 3 months, did you take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?** **(PILL01) 1ˢᵗ Pill**	1 = Yes 2 = No 7 = Don't know 9 = Refused

				Valid Meds in Pill form: 01 – 48, 66
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2	482-483	2nd Pill value from "PILLS_MD_B" field PILL01_B (Second Pill Medication value)		
1	484	Q8.22 In the past 3 months, did you take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day? (PILL02) 2nd Pill	1 = Yes 2 = No 7 = Don't know 9 = Refused	
2	485-486	3rd Pill value from "PILLS_MD_C" field PILL01_C (Third Pill Medication value)	Valid Meds in Pill form: 01 – 48, 66	
1	487	Q8.22 In the past 3 months, did you take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day? (PILL03) 3rd Pill	1 = Yes 2 = No 7 = Don't know 9 = Refused	
2	488-489	4th Pill value from "PILLS_MD_D" field PILL01_D (Fourth Pill Medication value)	Valid Meds in Pill form: 01 – 48, 66	
1	490	Q8.22 In the past 3 months, did you take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day? (PILL04) 4th Pill	1 = Yes 2 = No 7 = Don't know 9 = Refused	
2	491-492	5th Pill value from "PILLS_MD_E" field PILL01_E (Fifth Pill Medication value)	Valid Meds in Pill form: 01 – 48, 66	
1	493	Q8.22 In the past 3 months, did you take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day? (PILL05) 5th Pill	1 = Yes 2 = No 7 = Don't know 9 = Refused	
1	494	Q8.23 In the past 3 months, have you taken any prescription asthma medication in syrup form? (SYRUP)	1 = Yes 2 = No 7 = Don't know 9 = Refused	
8	495-502	Q8.24 What prescriptions asthma medications have you taken as a syrup? [MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?]] (SYRUP_ID) (Limit = 4 Syrup Meds.)	**Medication** 01 = Aerolate (09) 02 = Albuterol 03 = Alupent (04) 04 = Metaproteronol 05 = Prednisolone 06 = Prelone (05) 07 = Proventil (02) 08 = Slo-Phyllin (09) 09 = Theophyllin 10 = Ventolin (02) 66 = Other, Please Specify:	

				88 = None
	CDC estimates the average public reporting burden for this collection of information as 155 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering, and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (OMB Control No. 0920-1204)			77 = Don't know
				99 = Refused
		[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.] ==**"SYRUPS"**==		

	==**"SYRUPS"**== **Medication**	**Pronunciation**
01	Aerolate	**air**-o-late
02	Albuterol	ăl'-**bu**'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	**al**-u-pent
04	Metaproteronol	met"ah-pro-**ter**'ĕ-nōl (or met-a-proe-TER-e-nole)
05	Prednisolone	pred-NISS-oh-lone
06	Prelone	**pre**-loan
07	Proventil	Pro-**ven**-til
08	Slo-Phyllin	**slow**-fil-in
09	Theophyllin	thee-OFF-i-lin
10	Ventolin	**vent**-o-lin
66	Other, Please Specify:	
77	Don't know	
88	No Syrups	
99	Refused	

2	495-496	**1st Syrup value from "SYRUP_ID" field** **SYRUP_A (First Syrup Medication value)**	**Valid Meds in Syrup form: 01 – 10, 66**
2	497-498	**2nd Syrup value from "SYRUP_ID" field** **SYRUP_B (Second Syrup Medication value)**	**Valid Meds in Syrup form: 01 – 10, 66**
2	499-500	**3rd Syrup value from "SYRUP_ID" field** **SYRUP_C (Third Syrup Medication value)**	**Valid Meds in Syrup form: 01 – 10, 66**
2	501-502	**4th Syrup value from "SYRUP_ID" field** **SYRUP_D (Fourth Syrup Medication value)**	**Valid Meds in Syrup form: 01 – 10, 66**
1	**503**	**Column intentionally left blank**	
100	504-603	**(OTH_S1)** IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.	Text field – up to 100 characters
1	604	Q8.25 Read: A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of your asthma medicines used with a nebulizer? **(NEB_SCR)**	1 = Yes 2 = No 7 = Don't know 9 = Refused

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1	**605**	Q8.26a I am going to read a list of places where you might have used a nebulizer. Please answer yes if you have used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did you use a nebulizer … At Home ? **(NEB_PLCa)**		
1	**606**	Q8.26b In the past 3 months did you use a nebulizer … At a Doctor's Office? **(NEB_PLCb)**		1 = Yes 2 = No 7 = Don't know 9 = Refused
1	**607**	Q8.26c In the past 3 months did you use a nebulizer … In an Emergency room? **(NEB_PLCc)**		1 = Yes 2 = No 7 = Don't know 9 = Refused
1	**608**	Q8.26d. In the past 3 months did you use a nebulizer … At work (or a school)? **(NEB_PLCd)**		1 = Yes 2 = No 7 = Don't know 9 = Refused
1	**609**	Q8.26e In the past 3 months did you use a nebulizer … At any other place? **(NEB_PLCe)**		1 = Yes 2 = No 7 = Don't know 9 = Refused
10	**610-619**	Q8.27 In the past 3 months, what prescriptions medications have you taken using a nebulizer? **(NEB_ID)** **(Limit = 5 Nebulizers Meds.)** **These values will also be re-entered in columns below:** **620-621** NEB_ID_A (First Nebulizer Medication value) **627-628** NEB_ID_B (Second Nebulizer Medication value) **634-635** NEB_ID_C (Third Nebulizer Medication value) **641-642** NEB_ID_D (Fourth Nebulizer Medication value) **648-649** NEB_ID_E (Fifth Nebulizer Medication value)		**Medication** 01 = Albuterol 02 = Alupent (11) 03 = Atrovent (09) 04 = Bitolterol 05 = Budesonide 06 = Cromolyn 07 = Duoneb (01 + 09) 08 = Intal (06) 09 = Ipratroprium bromide 10 = Levalbuterol 11 = Metaproteronol 12 = Proventil (01) 13 = Pulmicort (05) 14 = Tornalate (04) 15 = Ventolin (01) 16 = Xopenex (10) 17= Combivent Inhalation solution 18= Perforomist (Formoterol) 19= Broyana 66 = Other, Please Specify: 88 = None

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				77 = Don't know 99 = Refused
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		[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.] **"NEBULIZERS"**		

	"NEBULIZERS" Medication	**Pronunciation**
01	Albuterol	ăl'-**bu'**ter-ōl (or al-BYOO-ter-ole)
02	Alupent	**al**-u-pent
03	Atrovent	At-ro-vent
04	Bitolterol	bi-tōl'ter-ōl (or bye-**tole**-ter-ole)
19	Brovana	brō vă nah
05	Budesonide	byoo-**des**-oh-nide
17	Combivent Inhalation solution	**com**-bi-vent
06	Cromolyn	**kro'**mŏ-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	**in**-tel
09	Ipratroprium bromide	ĭp-rah-**tro'**pe-um bro'mīd (or ip-ra-**TROE**-pee-um)
10	Levalbuterol	lev al byoo' ter ol
11	Metaproteronol	met"ah-pro-**ter'**ĕ-nōl (or met-a-proe-TER-e-nole)
18	Perforomist (Formoterol)	per-**form**-ist
12	Proventil	Pro-**ven-**til
13	Pulmicort	**pul**-ma-cort
14	Tornalate	**tor**-na-late
15	Ventolin	**vent**-o-lin
16	Xopenex	*ZOH-pen-ecks*
66	Other, Please Specify:	**[SKIP TO OTH_N1]**
77	Don't know	
88	No Nebulizer	
99	Refused	

2	620-621	1st Nebulizer value from "NEB_ID" field NEB_ID_A (First Nebulizer Medication value)	**Valid Meds in Nebulizer form: 01 – 19, 66**
1	622	**Q8.28 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] when you had an asthma episode or attack?** (NEB01_A) 1st Nebulizer	1 = Yes 2 = No 3 = No attack in past 3 months 7= Don't know 9 = Refused
1	623	**Q8.29 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?** (NEB02_A) 1st Nebulizer	1 = Yes 2 = No 7= Don't know 9 = Refused
3	624-626	**Q8.30 How many times per day or per week do you use [MEDICINE FROM NEB_ID SERIES]?** (NEB03_A) 1st Nebulizer	3_ _DAYS 4_ _WEEKS 555 = NEVER 666 = LESS OFTEN THAN ONCE A WEEK

			777 = Don't know 999 = Refused
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2	627-628	**2nd Nebulizer value from "NEB_ID" field** **NEB_ID_B (Second Nebulizer Medication value)**	<mark>**19**</mark>**, 66**
1	629	**Q8.28 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] when you had an asthma episode or attack?** **(NEB01_B) 2nd Nebulizer**	1 = Yes 2 = No 3 = No attack in past 3 months 7= Don't know 9 = Refused
1	630	**Q8.29 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?** **(NEB02_B) 2nd Nebulizer**	1 = Yes 2 = No 7= Don't know 9 = Refused
3	631-633	**Q8.30 How many times per day or per week do you use [MEDICINE FROM NEB_ID SERIES]?** **(NEB03_B) 2nd Nebulizer**	3_ _DAYS 4_ _WEEKS 555 = NEVER 666 = LESS OFTEN THAN ONCE A WEEK 777 = Don't know 999 = Refused
2	634-635	**3rd Nebulizer value from "NEB_ID" field** **NEB_ID_C (Third Nebulizer Medication value)**	**Valid Meds in Nebulizer form: 01 –** <mark>**19**</mark>**, 66**
1	636	**Q8.28 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] when you had an asthma episode or attack?** **(NEB01_C) 3rd Nebulizer**	1 = Yes 2 = No 3 = No attack in past 3 months 7= Don't know 9 = Refused
1	637	**Q8.29 In the past 3 months, did you take [MEDICINE FROM NEB_IDS SERIES] on a regular schedule everyday?** **(NEB02_C) 3rd Nebulizer**	1 = Yes 2 = No 7= Don't know 9 = Refused
3	638-640	**Q8.30 How many times per day or per week do you use [MEDICINE FROM NEB_ID SERIES]?** **(NEB03_C) 3rd Nebulizer**	3_ _DAYS 4_ _WEEKS 555 = NEVER 666 = LESS OFTEN THAN ONCE A WEEK 777 = Don't know 999 = Refused
2	641-642	**4th Nebulizer value from "NEB_ID" field** **NEB_ID_D (Fourth Nebulizer Medication value)**	**Valid Meds in Nebulizer form: 01 –** <mark>**19**</mark>**, 66**
1	643	**Q8.28 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] when you had an asthma episode or attack?** **(NEB01_D) 4th Nebulizer**	1 = Yes 2 = No 3 = No attack in past 3 months 7= Don't know

			9 = Refused
			1 = Yes 2 = No 7= Don't know 9 = Refused
1	644	**Q8.29 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?** **(NEB02_D) 4th Nebulizer**	
3	645-647	**Q8.30 How many times per day or per week do you use [MEDICINE FROM NEB_ID SERIES]?** **(NEB03_D) 4th Nebulizer**	3_ _DAYS 4_ _WEEKS 555 = NEVER 666 = LESS OFTEN THAN ONCE A WEEK 777 = Don't know 999 = Refused
2	648-649	**5th Nebulizer value from "NEB_ID" field** **NEB_ID_E (First Nebulizer Medication value)**	**Valid Meds in Nebulizer form: 01 – 19, 66**
1	650	**Q8.28 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] when you had an asthma episode or attack?** **(NEB01_E) 5th Nebulizer**	1 = Yes 2 = No 3 = No attack in past 3 months 7= Don't know 9 = Refused
1	651	**Q8.29 In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?** **(NEB02_E) 5th Nebulizer**	1 = Yes 2 = No 7= Don't know 9 = Refused
3	652-654	**Q8.30 How many times per day or per week do you use [MEDICINE FROM NEB_ID SERIES]?** **(NEB03_E) 5th Nebulizer**	3_ _DAYS 4_ _WEEKS 555 = NEVER 666 = LESS OFTEN THAN ONCE A WEEK 777 = Don't know 999 = Refused
100	655-754	**OTH_N1** IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.	Text field – up to 100 characters
		Section 9. Cost of Care	
1	755	Q9.1 Was there a time in the past 12 months when you needed to see your primary care doctor <u>for your asthma</u> but could not because of the cost? **(ASMDCOST)**	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	756	Q9.2 Was there a time in the past 12 months when you were referred to a specialist <u>for asthma care</u> but could not go because of the cost? **(ASSPCOST)**	1 = Yes 2 = No 7 = Don't know 9 = Refused

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1	757	Q9.3 Was there a time in the past 12 months when you need to buy medication <u>for your asthma</u>, but could not because of the cost? **(ASRXCOST)**	
		Section 10. Work related Asthma	
1	758	Q10.1 Next, we are interested in things that affect asthma in the workplace. However, first I'd like to ask how you would describe your current employment status? Would you say … **(EMP_STAT)**	1 = Employed full-time 2 = Employed part-time 3 = Not Employed 7 = Don't know 9 = Refused
2	759-760	Q10.2 What is the main reason you are not now employed? **(UNEMP_R)**	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
1	761	Q10.3 Have you ever been employed? **(EMP_EVER1)**	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	762	Q10.4 Are your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in your CURRENT job? **(WORKENV5)**	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	763	**Q10.5** Was your asthma first **CAUSED** by things like chemicals, **s**moke, dust or mold in your **CURRENT** job? **(WORKENV6)**	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	764	**Q10.6** Were your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in any previous job you ever had? **(WORKENV7)**	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	765	**Q10.7** Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had? **(WORKENV8)**	1 = Yes 2 = No 7 = Don't know 9 = Refused

			1 = Yes 2 = No 7 = Don't know 9 = Refused
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1	766	**Q10.8** Did you ever lose or quit a job because things in the workplace, like chemicals, smoke, dust or mold, caused your asthma or made your asthma symptoms worse? **(WORKQUIT1)**	
1	767	Q10.9 Did you and a doctor or other health professional ever DISCUSS whether your asthma could have been caused by, or your symptoms made worse by, any job you ever had? **(WORKTALK)**	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	768	Q10.10 Have you ever been TOLD BY a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had? **(WORKSEN3)**	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	769	Q10.11 Have you ever TOLD a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had? **(WORKSEN4)**	1 = Yes 2 = No 7 = Don't know 9 = Refused
2	975-976	Questionnaire Versions Identifier. **Import value from BRFSS Columns 678-679** **(QSTVER_F)**	10 = Landline (No additional version) 11 = Landline (One additional version) 12 = Landline (Two additional versions) 13 = Landline (Three additional versions) 20 = Cell Phone (No additional version) 21 = Cell Phone (One additional version) 22 = Cell Phone (Two additional versions) 23 = Cell Phone (Three additional versions)
2	977-978	Language identifier: Language in which the interview was conducted. **Import value from BRFSS Columns 680-681** **(QSTLANG_F)**	1 = English 2 = Spanish 3-99 = Other
1	979	**Asthma Callback Script** **Import value from BRFSS Column 674** **(CALLBACK_F)**	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	980	Which person in the household was selected as the focus of the call-back? **Import value from BRFSS Column 675** **(ADLTCHLD_F)**	1 = Yes 2 = No
1	981	Have you ever been told by a doctor, nurse, or other health professional that you had asthma? **Import value from BRFSS Core Section 7 Question 4,**	1 = Yes 2 = No 7 = Don't know 9 = Refused

		Column 122 **(ASTHMA3_F)**	
1	982	Do you still have asthma? **Import value from BRFSS Core Section 7 Question 5, Column 123** **(ASTHNOW_F)**	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	983	**Asthma Callback Script Test** **(CALLBACK_Ver)**	1 = Callback using Protocol (2 weeks) 2 = Callback conducted "Immediately"
1	984	**Are you a resident of [STATE]?** **Import value from BRFSS Column 085** **(CSTATE_F)** **Only for cellphones**	1 = Yes 2 = No 7 = Don't know 9 = Refused
2	985-986	**State of Origin of the Call** Import value from BRFSS **Column** 000-000 (O_STATE_F)	2 digit state FIPSCODE
2	987-988	**In what state do you live?** **Import value from BRFSS Columns 86-87** **(RSPSTATE_F)** **Only for cellphones**	2 digit state FIPSCODE
6	989-994	**RESPDNUM**	**RESPONDENT NUMBER**
25	995-1019	**Intentionally left blank…**	
1	1020	**End of File Marker…**	**PLEASE PLACE A "1" IN THIS FIELD**