

Form Approved
 OMB Control No. 0920-1204
 Exp. Date 11/30/2023

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Field Size	Columns	Description of Field and SAS Variable Name	

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2	1-2	State FIPS Code (_STATE)	

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6	3-8	Replicate Number (REPNUM)	
2	9-10	File Month (FMONTH_f)	File month of the follow-up
8	11-18	Interview Date (IDATE) MMDDYYYY	Date of original BRFSS interview
2	19-20	Interview Month (IMONTH_f)	Month of follow-up
2	21-22	Interview Day (IDAY_f)	Day of follow-up
4	23-26	Interview Year (IYEAR_f)	Year of follow-up
5	27-31	Interviewer Id (INTVID_f)	Interviewer id of follow-up
4	32-35	Final Disposition (DISPCODE_f)	Disposition of follow-up
10	36-45	Annual Sequence Number (SEQNO)	As supplied by GENESYS on sample record. Value should be unique for a state for a year.
2	46-47	Number of Attempts (NATTMPTS_f)	Number of attempts of follow-up
Section 1. Introduction			
1	48	Q1.1 Are you {Most Knowledgeable Person’s first name or initials}? (MKP_name)	1 = Yes 2 = No
<i>SKIP Q1.2, if Section 01, Q1.1 is coded 1</i>			
1	49	Q1.2 May I speak with {Most Knowledgeable Person first name or initials}? (MKP_pers)	1 = Yes 2 = Person not available
1	992	Q1.5a Tracking of BRFSS MKP Appendix A. survey respondent: Are you the parent or guardian in the household who knows most about {CHILDName’s} asthma? (MOSTKNOW)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused (MKP) identified at the BRFSS Level
1	993	Q1.5b Tracking of BRFSS MKP Appendix A. survey respondent: If parent or guardian request to transfer to another person who is more knowledgeable about the child’s asthma, then mark the transfer.	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused (ALT) identified at the BRFSS Level

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		(PRESENTALT)	
	Leave column blank		
	Leave column blank		
Section 2. Informed Consent			
1	50	Q2.0 Check if correct person from core survey is on phone. Ask “is this {sample person’s name} and are you {sample person’s age} years old. If yes, continue. If not the correct respondent, ask to speak to that person, and start over at section 1. Keep a disposition code for this, (REPEAT) I would like to repeat the questions from the previous survey now to make sure {sample child’s name} qualifies for this study. “IS THIS A SAFE TIME TO TALK WITH YOU NOW OR ARE YOU DRIVING?”	1 = Yes 2 = No
1	51	Q2.1 Have you ever been told by a doctor or other health professional that {child’s name} had asthma? (EVER_ASTH)	1 = Yes 2 = No 7 = Don’t know 9 = Refused
1	52	Q2.2 Does {child’s name} still have asthma? (CUR_ASTH)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	53	Q2.3 What is your relationship to {child’s name}? (RELATION)	1 = Mother (Birth/Adoptive/Step) [Go to Read] 2 = Father (Birth/Adoptive/Step) [Go to Read] 3 = Brother/Sister (Step/Foster/Half/Adoptive) 4 = Grandparent (Father/Mother) 5 = Other Relative 6 = Unrelated 7 = Don’t know/Not sure 9 = Refused
1	54	Q2.4 Are you the legal guardian for {child’s	1 = Yes

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		name} (GUARDIAN)		
1	55	Q2.5 May we combine your answers to this survey with your answers from the survey you did a few weeks ago? (PERMISS)	1 = Yes 2 = No 7 = Don't know 9 = Refused	
Section 3. Recent History				
3	56-58	Q3.1 How old was {child's name} when a doctor or other health professional first said {he/she} had asthma? (AGEDX)	____ Enter age in years [Range check: 001-018, 777, 888,999] 777 = Don't know 888 = Under 1 year old 999 = Refused	
1	59	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 years ago 7 = Don't know 9 = Refused	
2	60-61	Q3.3 How long has it been since you last talked to a doctor or other health professional about {child's name} asthma? This could have been in a doctor's office, the hospital, an emergency room or urgent care center. (LAST_MD)	04 = Within the past year 05 = 1 year to less than 3 years ago 06 = 3 years to 5 years ago 07 = More than 5 years ago 88 = Never 77 = Don't know 99 = Refused	
2	62-63	Q3.4 How long has it been since {child's name} last took asthma medication? (LAST_MED)	01 = Less than 1 day ago 02 = 1-6 days ago 03 = 1 week to less than 3 months ago 04 = 3 months to less than 1 year ago 05 = 1 year to less than 3 years ago 06 = 3 years to 5 years ago 07 = More than 5 years ago 88 = Never 77 = Don't know 99 = Refused	
2	64-65	Q3.5 How long has it been since {child's name} last had any symptoms of asthma? (LASTSYMP)	01 = Less than 1day ago 02 = 1-6 days ago 03 = 1 week to less than 3 months ago 04 = 3 months to less than 1 year ago 05 = 1 year to less than 3 years ago 06 = 3 years to 5 years ago 07 = More than 5 years ago 88 = Never 77 = Don't know 99 = Refused	
SECTION 4. HISTORY OF ASTHMA (SYMPTOMS & EPISODES in Past year)				

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2	66-67	Q4.1 During the past 30 days, on how many days did {child’s name} have any symptoms of asthma? (SYMP_30D)	Every day 88 = No Symptoms in the past 30 days 77 = Don’t know 99 = Refused	
1	68	Q4.2 Does {child’s name} have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day. (DUR_30D)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused	
2	69-70	Q4.3 During the past 30 days, on how many days did symptoms of asthma make it difficult for {child’s name} to stay asleep? (ASLEEP30)	___ Days/Nights [Range check: 01-30, 77, 88, 99] 88 = None 77 = Don’t know 99 = Refused	
2	71-72	If LASTSYMP = 88 (never) or = 04, 05, 06, or 07 (more than 3 months ago) then have CATI code SYMPFREE = 14 If SYMP_30D = 88 (no symptoms in the past 30 days) then have CATI code SYMPFREE = 14 Q4.4 During the past two weeks, on how many days was {child’s name} completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma? (SYMPFREE)	___ Number of days [Range check: 01-14, 77, 88, 99] 88 = None 77 = Don’t know 99 = Refused	
1	73	Q4.5 During the past 12 months’ has {child’s name} had an episode of asthma or an asthma attack? (EPIS_12M)	1 = Yes 2 = No 7 = Don’t know 9 = Refused	
3	74-76	Q4.6 During the past three months, how many asthma episodes or attacks has {child’s name} had? (EPIS_TP)	____ [Range check: 001-100, 777, 888, 999] 888 = None 777 = Don’t know 999 = Refused	
3	77-79	Q4.7 How long did {child’s name} most recent asthma episode or attack last? (DUR_ASTH)	1__ Minutes 2__ Hours 3__ Days 4__ Weeks 5 5 5 Never 7 7 7 Don’t know / Not sure 9 9 9 Refused	
2	Optional	Optional	___ [Range check: (01-30,77,88,99)]	

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250-251
 New in
 2023

Q4.8 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)

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**Section
5.
Health
Care**

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Utilization

1	80	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 7 = Don’t know/Not sure 9 = Refused
1	81	Q5.2 What kind of health care coverage, does {child’s name} have? Is it a parent’s employer paid insurance plan, Medicaid, Medicare, CHIP {replace with state specific name} or some other type of insurance? (INS_TYP)	1 = Parent’s employer 2 = Medicaid/Medicare 3 = CHIP {replace with State specific name} 4 = Other 7 = Don’t know 9 = Refused
1	82	Q5.3 During the past 12 months was there any time that {child’s name} did not have any health insurance or coverage? (INS2)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	83	Q5.4 A flu shot is an influenza vaccine injected in your arm. During the past 12 months, did {CHILD’S NAME} have a flu shot? (FLU_SHOT)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	84	Q5.5 A flu vaccine that is sprayed in the nose is called FluMist™. During the past 12 months, did {CHILD’S NAME} have a flu vaccine that was sprayed in his/her nose? (FLU_SPRAY)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	85	Q5.6 During just the past 30 days, would you say {child’s name} limited {his/her} usual activities due to asthma not at all, a little, a moderate amount, or a lot? (ACT_DAYS30)	1 = Not at all 2 = A little 3 = Moderate amounts 4 = A lot 7 = Don’t know/Not sure 9 = Refused
3	86-88	Q5.7 During the past 12 months how many times did {child’s name} see a doctor or other health professional for a routine checkup for {his/her} asthma? (NER_TIME)	____[Range check: 001-365, 777, 888,999] 777 = Don’t know 888 = None 999 = Refused
1	89	Q5.8 An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, has {child’s name} had to visit an emergency room or urgent care center because of {his/her} asthma? (ER_VISIT)	1 = Yes 2 = No 7 = Don’t know 9 = Refused

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3	90-92	Q5.9 During the past 12 months, how many times did {child’s name} visit an emergency room or urgent care center because of {his/her} asthma? (ER_TIMES)	____ [Range check: 001-365, 777,888,999] 888 = None 777 = Don’t know 999 = Refused
3	93-95	Q5.10 During the past 12 months, how many times did {child’s name} see a doctor or other health professional for urgent treatment of worsening asthma symptoms or an asthma episode or attack? (URG_TIME)	____ [Range check: 001-365, 777,888, 999] 888 = None 777 = Don’t know 999 = Refused
1	96	Q5.11 During the past 12 months, that is since [1 YEAR AGO TODAY], has {child’s name} had to stay overnight in a hospital because of {his/her} asthma? Do not include an overnight stay in the emergency room. (HOSP_VST)	1 = Yes 2 = No 7 = Don’t know 9 = Refused
3	97-99	Q5.12 During the past 12 months, how many different times did {child’s name} stay in any hospital overnight or longer because of {his/her} asthma? (HOSP TIME)	____ [Range check: 001-365, 777, 999] 777 = Don’t know 999 = Refused
1	100	Q5.13 The last time {child’s name} left the hospital, did a health professional talk with you or {child’s name} about how to prevent serious attacks in the future? (HOSPPLAN)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	101	Q5.14 Does anyone help you arrange or coordinate {child’s name}’s asthma care among the different doctors or services that [he/she] uses? (COORDIN) 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? New 2021	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
Section 6. Knowledge of Asthma/Management Plan			
1	102	Q6.1 Has a doctor or other health professional ever taught you or {child’s name}.... a. How to recognize early signs or symptoms of an asthma episode?	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused

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		(TCH_SIGN)	
1	103	Q6.2 Has a doctor or other health professional ever taught you or {child’s name}.... b. What to do during an asthma episode or attack?(TCH_RESP)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	104	Q6.3 A peak flow meter is a hand-held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you or {child’s name}.... c. How to use a peak flow meter to adjust your daily medications? (TCH_MON)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	105	An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Q6.4 Has a doctor or other health professional EVER given you or {child’s name}....an asthma action plan? (MGT_PLAN)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	106	Q6.5 Have you or {child’s name} ever taken a course or class on how to manage {his/her} asthma? (MGT_CLAS)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
Section 7. Modifications to Environment			
1	107	An air cleaner or purifier filters pollutants like dust, pollen, mold and chemicals out of the indoor air. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter. Q7.1 Is an air cleaner or purifier regularly used inside {child’s name} home? (AIRCLEANER)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	108	Q7.2 Is a dehumidifier regularly used to reduce moisture inside {child’s name} home? (DEHUMID)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	109	Q7.3 Is an exhaust fan that vents to the outside used regularly when cooking in the kitchen in {child’s name} home?	1 = Yes 2 = No 7 = Don’t know/Not sure

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		(KITC_FAN)	
1	110	<p>Q7.4 Is gas used for cooking in {child’s name} home? (COOK_GAS)</p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p>
1	111	<p>Q7.5 In the past 30 days, has anyone seen or smelled mold or a musty odor inside in {child’s name} home? Do not include mold on food. (ENV_MOLD)</p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p>
1	112	<p>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)</p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p>
1	113	<p>Q7.7 Is the pet allowed in {child’s name} bedroom? (PETBEDRM)</p>	<p>1 = Yes 2 = No 3 = Some are/Some aren’t 7 = Don’t know/Not sure 9 = Refused</p>
1	114	<p>Q7.8 In the past 30 days, has anyone seen cockroaches inside {child’s name} home? (C_ROACH)</p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p>
1	115	<p>Q7.9 In the past 30 days, has anyone seen mice or rats inside {child’s name} home? Do not include mice or rats kept as pets. (C_RODENT)</p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p>
1	116	<p>Q7.10 Is a wood burning fireplace or wood burning stove used in {child’s name} home? (WOOD_STOVE)</p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p>
1	117	<p>Q7.11 Are unvented gas logs, an unvented gas fireplace, or an unvented gas stove used in {child’s name} home? (GAS_STOVE)</p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p>
1	118	<p>Q7.12 In the past week, has anyone smoked inside {child’s name} home? (S_INSIDE)</p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p>
1	119	<p>Q7.13 Has a health professional ever advised you to change things in {child’s name} home, school, or work to improve his/her asthma?</p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure</p>

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		(MOD_ENV)	
1	120	Q7.14 Does {child’s name} 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	121	Q7.15 Does {child’s name} 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	122	Q7.16 Does {child’s name} have carpeting or rugs in {his/her} bedroom? <i>This does not include throw rugs small enough to be laundered.</i> (CARPET)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	123	Q7.17 Are {child’s name} sheets and pillowcases washed in cold, warm, or hot water? (HOTWATER)	1 = Cold 2 = Warm 3 = Hot 4 = Varies 7 = Don’t know/Not sure 9 = Refused
1	124	Q7.18 In {child’s name} bathroom, does {child’s name} regularly use an exhaust fan that vents to the outside? (BATH_FAN)	1 = Yes 2 = No OR “No Fan” 7 = Don’t know/Not sure 9 = Refused
Section 8. Medications			
1	125	Q8.1 Over-the-counter medication can be bought without a doctor’s order. Has {child’s name} ever used over-the-counter medication for {his/her} asthma? (OTC)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	126	Q8.2 Has {child’s name} ever used a prescription inhaler? (INHALERE)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	127	Q8.3 Did a health professional show {child’s name} how to use the inhaler? (INHALERH)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused
1	128	Q8.4 Did a doctor or other health professional watch {child’s name} use the inhaler? (INHALERW)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused

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1	129	<p>[Now I am going to ask questions about specific prescription medications {child’s name} may have taken for asthma <u>in the past 3 months</u>. I will be asking for the names, amount, and how often {child’s name} takes each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.</p> <p>Q8.5 It will help to get {child’s name} medicines so you can read the labels. (SCR_MED1)</p>	

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1	130	Q8.7 Do you have all the medications? (SCR_MED3)	

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1	131	<p>Q8.8 In the past 3 months has {child’s name} taken prescription asthma medicine using an inhaler? (INH_SCR)</p>	

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16	132-147	<p>Q8.9 In the past 3 months, what medications did {child’s name} take by inhaler? [MARK ALL THAT APPLY. PROBE: Any other medications?] (INH_MEDS) (Limit=8 Inhalers)</p> <p>Prescription Inhalers 77 = Don’ know 99 = Refused</p>
<p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p> <p>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.</p> <p>“INHALERS”</p>		

	“INHALERS” Medication	Pronunciation
01	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
02	Aerobid	â-rō'bīd (or air-row-bid)
03	<u>Albuterol</u> (+ A. sulfate or salbutamol)	ăl'-bu'ter-ōl (or al-BYOO-ter-ole) sāl-byū'tā-mōl'
04	Alupent	al-u-pent
43	Alvesco (+ <u>Ciclesonide</u>)	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	<u>Beclomethasone dipropionate</u>	bek''lo-meth'ah-son dī' pro'pe-o-nāt (or be-kloe-meth-a-son)
08	Beclovent	be' klo-vent'' (or be -klo-vent)
09	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
45	Breo Ellipta (Fluticasone and vilanterol)	BRE-oh e-LIP-ta
11	<u>Budesonide</u>	byoo-des-oh-nide
12	Combivent	com-bi-vent
13	<u>Cromolyn</u>	kro'mō-lin (or KROE-moe-lin)
44	Dulera	do-lair-a
14	Flovent	flow-vent
15	Flovent Rotadisk	flow-vent row-ta-disk
16	<u>Flunisolide</u>	floo- nis 'o-līd (or floo-NISS-oh-lide)
17	<u>Fluticasone</u>	flue-TICK-uh-zone
34	Foradil	<i>FOUR-a-dil</i>
35	<u>Formoterol</u>	for moh' te rol
48	Incruse Ellipta (Umeclidium inhaler powder)	IN-cruise e-LIP-ta

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19	<u>Ipratropium Bromide</u>		
37	<u>Levalbuterol tartrate</u>	lev-al-BYOU-ter-ohl	
20	Maxair	māk-sār	
21	<u>Metaproteronol</u>	met"ah-pro-ter'ě-nōl (or met-a-proe-TER-e-nole)	
39	<u>Mometasone furoate</u>	moe-MET-a-sone	
22	<u>Nedocromil</u>	ne-DOK-roe-mil	
23	<u>Pirbuterol</u>	pēr-bu'ter-ōl (or peer-BYOO-ter-ole)	
41	Pro-Air HFA	proh-air HFA	
24	Proventil	pro"ven-til' (or pro-vent-il)	
25	Pulmicort Flexhaler	pul-ma-cort flex-hail-er	
36	QVAR	q -vār (or q-vair)	
03	<u>Salbutamol (or Albuterol)</u>	sāl-byū'tā-mōl'	
26	<u>Salmeterol</u>	sal-ME-te-role	
27	Serevent	Sair-a-vent	
46	<u>Spiriva HandiHaler or Respimat (Tiotropium bromide)</u>	speh REE vah - RES peh mat	
51	<u>Stiolto Respimat (tiotropium bromide & olodaterol)</u>	sti-OL-to- RES peh mat	
42	Symbicort	sim-buh-kohrt	
28	<u>Terbutaline (+ T. sulfate)</u>	ter-bu'tah-lēn (or ter-BYOO-ta-leen)	
30	Tornalate	tor-na-late	
50	<u>Trelegy Ellipta ((fluticasone furoate, umeclidinium & vilanterol)</u>	TREL-e-gee e-LIP-ta	
31	<u>Triamcinolone acetonide</u>	tri"am-sin'o-lōn as"ě-tō-nīd' (or trye-am-SIN-oh-lone)	
47	<u>Tudorza Pressair</u>	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	[SKIP TO PILLS]	
88	No Prescription Inhalers	[SKIP TO PILLS]	
99	Refused	[SKIP TO PILLS]	
100	148-247	<p>Q8.10 ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD. IF MORE THAT ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. [LOOP BACK TO ILP01 AS NECESSARY (UP TO 6 TIMES FOR SIX SEPARATE MEDICATIONS) TO ADMINSTER QUESTIONS ILP01 THRU ILP10 FOR EACH MEDICINE REPORTED IN INH_MEDS [FOR FILL [MEDICINE FROM</p>	Text field – up to 100 characters

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		<p>INH_MEDS SERIES] FOR QUESTIONS ILP01 THROUGH ILP10] [IF {MEDICINE FROM INH_MEDS SERIES} IS 03, 04, 21, 24, OR 33 ASK ILP01 ELSE SKIP TO ILP02 (OTH_I1)</p>	
		<p>Section Repeated for Medication entry. (Limit=8 Inhalers)</p> <p>Questions 8.11–8.19 will be repeated for each medication up to 8 times and saved in blocks of 15 columns, two for the Med. Code, and 13 columns for the 9 questions. Columns 248-262 will hold the first series and the eighth series in 353-367.</p>	
2	248-249	1 st Inhaler value from “INH_MEDS” field ILP_A (First Inhaler Medication Value)	Valid Inhaler Meds: 01 – 51, 66
2	250-251	Q4.8 Columns already assigned in Section 4	
11	252-262	Questions 8.11 through 8.19 for FIRST medication	
1	252	Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child’s name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]? (ILP03_A) 1st Medication	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don’t know/Not sure 9 = Refused
1	253	Q8.14 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack? (ILP04_A) 1st Medication	1 = Yes 2 = No 3 = No attack in the past 3 mths 7 = Don’t know/Not sure 9 = Refused
1	254	Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? (ILP05_A) 1st Medication	1 = Yes 2 = No 3 = Didn’t exercise in the past 3 mths 7 = Don’t know/Not sure 9 = Refused
1	255	Q8.16 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule	1 = Yes 2 = No 7 = Don’t know/Not sure

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		everyday? (ILP06_A) 1st Medication	
	Leave columns blank	Columns intentionally left blank	
3	258-260	Q8.18 How many times per day or per week did {child’s name} use [MEDICINE FROM INH_MEDS SERIES]? (ILP08_A) 1st Medication	301-310 = 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	261-262	Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months? (ILP10_A) 1st Medication	___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don’t know/Not sure 88 = None 99 = Refused
2	263-264	2nd Inhaler value from “INH_MEDS” field ILP_B (Second Inhaler Medication Value)	Valid Inhaler Meds: 01 – 51, 66
13	265-277	Questions 8.11 through 8.19 for SECOND medication	
	Leave column blank	Columns intentionally left blank	
	Leave column blank	Columns intentionally left blank	
1	267	Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child’s name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]? (ILP03_B) 2nd Medication	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don’t know/Not sure 9 = Refused
1	268	Q8.14 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack? (ILP04_B) 2nd Medication	1 = Yes 2 = No 3 = No attack in the past 3 mths 7 = Don’t know/Not sure 9 = Refused
1	269	Q8.15 In the past 3 months, did {child’s	1 = Yes

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		<p>name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? (ILP05_B) 2nd Medication</p>	<p>7 = Don't know/Not sure 9 = Refused</p>	
1	270	<p>Q8.16 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday? (ILP06_B) 2nd Medication</p>	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>	
	Leave columns blank	Columns intentionally left blank		
3	273-275	<p>Q8.18 How many times per day or per week did {child's name} use [MEDICINE FROM INH_MEDS SERIES]? (ILP08_B) 2nd Medication</p>	<p>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]</p>	
2	276-277	<p>Q8.19 How many canisters of this inhaler has {child's name} used in the past 3 months? (ILP10_B) 2nd Medication</p>	<p>___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don't know/Not sure 88 = None 99 = Refused</p>	
2	278-279	<p>3rd Inhaler value from "INH_MEDS" field ILP_C (Third Inhaler Medication Value)</p>	<p>Valid Inhaler Meds: 01 – 51, 66</p>	
13	280-292	<p>Questions 8.11 through 8.19 for THIRD medication</p>		
	Leave column blank	Columns intentionally left blank		
	Leave column blank	Columns intentionally left blank		
1	282	<p>Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child's name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]? (ILP03_C) 3rd Medication</p>	<p>1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don't know/Not sure 9 = Refused</p>	

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1	283	<p>Q8.14 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack? (ILP04_C) 3rd Medication</p>	

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1	284	Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? (ILP05_C) 3rd Medication	

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1	285	<p>Q8.16 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday? (ILP06_C) 3rd Medication</p>	

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	Leave columns blank	Columns intentionally left blank	
3	288-290	<p>Q8.18 How many times per day or per week did {child’s name} use [MEDICINE FROM INH_MEDS SERIES]? (ILP08_C) 3rd Medication</p>	<p>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]</p>
2	291-292	<p>Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months? (ILP10_C) 3rd Medication</p>	<p>___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don’t know/Not sure 88 = None 99 = Refused</p>
2	293-294	<p>4th Inhaler value from “INH_MEDS” field ILP_D (Fourth Inhaler Medication Value)</p>	<p>Valid Inhaler Meds: 01 – 51, 66</p>
13	295-307	<p>Questions 8.11 through 8.19 for FOURTH medication</p>	
	Leave column blank	Columns intentionally left blank	
	Leave column blank	Columns intentionally left blank	
1	297	<p>Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child’s name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]? (ILP03_D) 4th Medication</p>	<p>1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don’t know/Not sure 9 = Refused</p>
1	298	<p>Q8.14 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack? (ILP04_D) 4th Medication</p>	<p>1 = Yes 2 = No 3 = No attack in the past 3 mths 7 = Don’t know/Not sure 9 = Refused</p>
1	299	<p>Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? (ILP05_D) 4th Medication</p>	<p>1 = Yes 2 = No 3 = Didn’t exercise in the past 3 mths</p>

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1	300	Q8.16 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday? (ILP06_D) 4th Medication	7 = Don't know/Not sure 9 = Refused
	Leave columns blank	Columns intentionally left blank	
3	303-305	Q8.18 How many times per day or per week did {child's name} use [MEDICINE FROM INH_MEDS SERIES]? (ILP08_D) 4th Medication	301-310 = 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	306-307	Q8.19 How many canisters of this inhaler has {child's name} used in the past 3 months? (ILP10_D) 4th Medication	___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don't know/Not sure 88 = None 99 = Refused
2	308-309	5th Inhaler value from “INH_MEDS” field ILP_E (Fifth Inhaler Medication Value)	Valid Inhaler Meds: 01 – 51, 66
13	310-322	Questions 8.11 through 8.19 for FIFTH medication	
	Leave column blank	Columns intentionally left blank	
	Leave column blank	Columns intentionally left blank	
1	312	Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child's name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]? (ILP03_E) 5th Medication	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don't know/Not sure 9 = Refused
1	313	Q8.14 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack? (ILP04_E) 5th Medication	1 = Yes 2 = No 3 = No attack in the past 3 mths 7 = Don't know/Not sure

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1	314	Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? (ILP05_E) 5th Medication	in the past 3 mths 7 = Don’t know/Not sure 9 = Refused	9 = Refused 1 = Yes 2 = No 3 = Didn’t exercise
1	315	Q8.16 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday? (ILP06_E) 5th Medication	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused	
	Leave columns blank	Columns intentionally left blank		
3	318-320	Q8.18 How many times per day or per week did {child’s name} use [MEDICINE FROM INH_MEDS SERIES]? (ILP08_E) 5th Medication	301-310 = 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	321-322	Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months? (ILP10_E) 5th Medication	___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don’t know/Not sure 88 = None 99 = Refused	
2	323-324	6th Inhaler value from “INH_MEDS” field ILP_F (Sixth Inhaler Medication Value)	Valid Inhaler Meds: 01 – 51, 66	
13	325-337	Questions 8.11 through 8.19 for SIXTH medication		
	Leave column blank	Columns intentionally left blank		
	Leave column blank	Columns intentionally left blank		
1	327	Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child’s name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]? (ILP03_F) 6th Medication	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don’t know/Not sure 9 = Refused	

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1	328	<p>Q8.14 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack? (ILP04_F) 6th Medication</p>	

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1	329	<p>Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? (ILP05_F) 6th Medication</p>	

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1	330	<p>Q8.16 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday? (ILP06_F) 6th Medication</p>	

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	Leave columns blank	Columns intentionally left blank	
3	333-335	Q8.18 How many times per day or per week did {child’s name} use [MEDICINE FROM INH_MEDS SERIES]? (ILP08_F) 6th Medication	301-310 = 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	336-337	Q8.19 How many canisters of this inhaler has {child’s name} used in the past 3 months? (ILP10_F) 6th Medication	___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don’t know/Not sure 88 = None 99 = Refused
2	338-339	7th Inhaler value from “INH_MEDS” field ILP_G (Seventh Inhaler Medication Value)	Valid Inhaler Meds: 01 – 51, 66
13	340-352	Questions 8.11 through 8.19 for SEVENTH medication	
	Leave column blank	Columns intentionally left blank	
	Leave column blank	Columns intentionally left blank	
1	342	Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child’s name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]? (ILP03_G) 7th Medication	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don’t know/Not sure 9 = Refused
1	343	Q8.14 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack? (ILP04_G) 7th Medication	1 = Yes 2 = No 3 = No attack in the past 3 mths 7 = Don’t know/Not sure 9 = Refused
1	344	Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM	1 = Yes 2 = No

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		<p>CDC estimates the average public reporting burden for this collection of information as 25 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering, and maintaining the data/information needed, and completing a form that will be reviewed, 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/AHRQ, Paperwork Project Team, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (OMB Control No. 0920-1204)</p>		3 = Didn't exercise in the past 3 mths 7 = Don't
		INH_MEDS SERIES] before exercising? (ILP05_G) 7th Medication	know/Not sure 9 = Refused	
1	345	Q8.16 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday? (ILP06_G) 7th Medication	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused	
	Leave columns blank	Columns intentionally left blank		
3	348-350	Q8.18 How many times per day or per week did {child's name} use [MEDICINE FROM INH_MEDS SERIES]? (ILP08_G) 7th Medication	301-310 = 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	351-352	Q8.19 How many canisters of this inhaler has {child's name} used in the past 3 months? (ILP10_G) 7th Medication	___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don't know/Not sure 88 = None 99 = Refused	
2	353-354	8th Inhaler value from "INH_MEDS" field ILP_H (Eighth Inhaler Medication Value)	Valid Inhaler Meds: 01 – 51, 66	
13	355-367	Questions 8.11 through 8.19 for EIGHTH medication		
	Leave column blank	Columns intentionally left blank		
	Leave column blank	Columns intentionally left blank		
1	357	Q8.13 A spacer is a small attachment for an inhaler that makes it easier to use. Does {child's name} use a spacer with [MEDICINE FROM INH_MEDS SERIES]? (ILP03_H) 8th Medication	1 = Yes 2 = No 3 = Medication is a dry powder inhaler or disk inhaler not a canister inhaler 4 = Medication has a built-in spacer/ does not need a spacer 7 = Don't know/Not sure 9 = Refused	
1	358	Q8.14 In the past 3 months, did {child's	1 = Yes	

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		<p>name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack? (ILP04_H) 8th Medication</p>	<p>sure 9 = Refused</p>
1	359	<p>Q8.15 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? (ILP05_H) 8th Medication</p>	<p>1 = Yes 2 = No 3 = Didn't exercise in the past 3 mths 7 = Don't know/Not sure 9 = Refused</p>
1	360	<p>Q8.16 In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday? (ILP06_H) 8th Medication</p>	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>
	Leave columns blank	Columns intentionally left blank	
3	363-365	<p>Q8.18 How many times per day or per week did {child's name} use [MEDICINE FROM INH_MEDS SERIES]? (ILP08_H) 8th Medication</p>	<p>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]</p>
2	366-367	<p>Q8.19 How many canisters of this inhaler has {child's name} used in the past 3 months? (ILP10_H) 8th Medication</p>	<p>___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don't know/Not sure 88 = None 99 = Refused</p>
1	368	Intentionally left blank2	
1	369	<p>Q8.20 In the past 3 months, has {child's name} taken any prescription medicine in pill form for his/her asthma? (PILLS)</p>	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>
10	370-379	<p>Q8.21 What prescription asthma medications does {child's name} take in pill form? [MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?] (PILLS_MD) (Limit=5)</p> <p>These values will also be re-entered in columns below: 480-481 PILL_MD_A (First Pills</p>	<p>___ Enter Response [IF RESPONDENT SELECTS ANY ANSWER FROM 01-49, SKIP TO PILL01] 88 = No Pills 77 = Don't know/Not sure 99 = Refused</p>

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Medication value)
483-484 PILL_MD_B (Second Pills Medication value)
486-487 PILL_MD_C (Third Pills Medication value)
489-490 PILL_MD_D (Fourth Pills Medication value)
492-493 PILL_MD_E (Fifth Pills Medication value)

What PRESCRIPTION asthma medications does {child’s name} take in pill form?
[MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION asthma pills?]
[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]
 Note: the yellow numbered items below are new medications added in 2008. Also, CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily. **PILLS**

	“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
49	Brethine	breth-ee n
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	<u>Metaproteronol</u>	met''ah-pro- ter 'ē-nōl (or met-a-proe- TER -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- niss -oh-lone (or meth-il-pred- NIS -oh-lone)
15	Montelukast	mont-e- lu -cast
17	Pediapred	Pee- dee -a-pred
18	Prednisolone	pred-NISS-oh-lone
19	Prednisone	PRED-ni-sone
21	Proventil	pro- ven -til
23	Respid	res -pid
24	Singulair	sing -u-lair
25	Slo-phyllin	slow - fil-in

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26	Slo-bid		
48	<u>Terbutaline (+ T. sulfate)</u>	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	<u>Theophylline</u>	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	<u>Zafirlukast</u>	za-FIR-loo-kast	
46	Zileuton	zye-loo-ton	
47	Zyflo Filmtab	zye -flow film tab	
66	Other, please specify	[SKIP TO OTH_P1]	
77	Don't know	[SKIP TO SYRUP]	
88	No Pills	[SKIP TO SYRUP]	
99	Refused	[SKIP TO SYRUP]	
100	380-479	[OTH_P1] IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.	Text field – up to 100 characters
		Question 8.22 Repeated for Medication entry. (Limit=5)	
2	480-481	1st Pill value from “PILLS_MD” field PILL01_A (First Pill Medication Value)	Valid Meds in Pill form: 01 - 49, 66
1	482	Q8.22 In the past 3 months, did {child's name} take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day? (PILL01) 1 st Pill	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
2	483-484	2nd Pill value from “PILLS_MD” field PILL01_B (Second Pill Medication Value)	Valid Meds in Pill form: 01 - 49, 66
1	485	Q8.22 In the past 3 months, did {child's name} take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day? (PILL02) 2 nd Pill	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
2	486-487	3rd Pill value from “PILLS_MD” field PILL01_C (Third Pill Medication Value)	Valid Meds in Pill form: 01 - 49, 66
1	488	Q8.22 In the past 3 months, did {child's	1 = Yes

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	<p>name} take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day? (PILL03) 3rd Pill</p>		
2	489-490	<p>4th Pill value from “PILLS_MD” field PILL01_D (Fourth Pill Medication Value)</p>	<p>Valid Meds in Pill form: 01 - 49, 66</p>
1	491	<p>Q8.22 In the past 3 months, did {child's name} take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day? (PILL04) 4th Pill</p>	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>
2	492-493	<p>5th Pill value from “PILLS_MD” field PILL01_E (Fifth Pill Medication Value)</p>	<p>Valid Meds in Pill form: 01 - 49, 66</p>
1	494	<p>Q8.22 In the past 3 months, did {child's name} take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day? (PILL05) 5th Pill</p>	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>
1	495	<p>Q8.23 In the past 3 months, has {child's name} taken prescription medicine in syrup form? (SYRUP)</p>	<p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p>
8	496-503	<p>Q8.24 What prescriptions asthma medications has {child's name} taken as a syrup? [MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?] (SYRUP_ID) (Limit=4)</p>	<p>Medication 01 = Aerolate (09) 02 = Albuterol 03 = Alupent (04) 04 = Metaproteronol 05 = Prednisolone 06 = Prelone (05) 07 = Proventil (02) 08 = Slo-Phyllin (09) 09 = Theophylline 10 = Ventolin (02) 66 = Other, Please specify: 77 = Don't know 88 = No Syrup 99 = Refused</p>
		<p>“SYRUPS”</p>	
	<p>“SYRUPS” Medication</p>	<p>Pronunciation</p>	
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"ě-nōl (or met-a-proe-TER-e-nole)	
05	Prednisolone	pred-NISS-oh-lone	

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06	Prelone		
07	Proventil	Pro- ven -til	
08	Slo-Phyllin	slow -fil-in	
09	Theophyllin	thee-OFF-i-lin	
10	Ventolin	vent -o-lin	
66	Other, Please Specify:	[SKIP TO OTH_S1]	
77	Don't know	[SKIP TO NEB_SCR]	
88	No Syrup	[SKIP TO NEB_SCR]	
99	Refused	[SKIP TO NEB_SCR]	
2	496-497	1st Syrup value from “SYRUP_ID” field SYRUP_A (1st Syrup Medication Value)	Valid Meds in Syrup form: 01 - 10, 66
2	498-499	1st Syrup value from “SYRUP_ID” field SYRUP_B (2nd Syrup Medication Value)	Valid Meds in Syrup form: 01 - 10, 66
2	500-501	1st Syrup value from “SYRUP_ID” field SYRUP_C (3rd Syrup Medication Value)	Valid Meds in Syrup form: 01 - 10, 66
2	502-503	1st Syrup value from “SYRUP_ID” field SYRUP_D (4th Syrup Medication Value)	Valid Meds in Syrup form: 01 - 10, 66
100	504-603	(OTH_S1) ENTER OTHER MEDICATION. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.	Text field – up to 100 characters
1	604	Q8.25 A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of {child's name} prescription asthma medicines used with a nebulizer? (NEB_SCR)	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	605	Q8.26a I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer At Home ? (NEB_PLCa)	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	606	Q8.26b I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer At a Doctor's Office ? (NEB_PLCb)	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	607	Q8.26c I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child	1 = Yes 2 = No 7 = Don't know

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	<p>has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer In an Emergency room? (NEB_PLCc)</p>		
1	608	<p>Q8.26d I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer At work or at school? (NEB_PLCd)</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	609	<p>Q8.26e I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer At any other place? (NEB_PLCe)</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
10	610-619	<p>Q8.27 In the past 3 months, what prescriptions asthma medications has {child's name} taken using a nebulizer? (NEB_ID) (Limit = 5 Nebulizers Meds.)</p> <p>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)</p>	<p>Medication 01 = Albuterol 02 = Alupent (11) 03 = Atrovent (09) 04 = Bitolterol 05 = Budesonide 06 = Cromolyn 07 = Duoneb (01 + 09) 08 = Intal (06) 09 = Ipratropium bromide 10 = Levalbuterol 11 = Metaproteronol 12 = Proventil (01) 13 = Pulmicort (05) 14 = Tonalate (04) 15 = Ventolin (01) 16 = Xopenex (10) 17 = Combivent Inhalation solution 18 = Perforomist (Formoterol) 19 = Brovana 66 = Other, Please Specify: 77 = Don't know 88 = None 99 = Refused</p>
		<p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p> <p>[MARK ALL THAT APPLY. PROBE:</p>	

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Has your child taken any other prescription

ASTHMA medications with a nebulizer in the past 3 months

	“NEBULIZERS” Medication	Pronunciation
01	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	al -u-pent
03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
19	<u>Brovana</u>	brō vā nah
05	<u>Budesonide</u>	byoo- des -oh-nide
17	<u>Combivent Inhalation solution</u>	com -bi-vent
06	<u>Cromolyn</u>	kro 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	in -tel
09	<u>Ipratropium bromide</u>	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proe-TER-e-nole)
18	<u>Perforomist (Formoterol)</u>	per- form -ist
12	Proventil	Pro- ven -til
13	Pulmicort	pul -ma-cort
14	Tornalate	tor -na-late
15	Ventolin	vent -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>
66	Other, Please Specify:	[SKIP TO OTH_N1]
77	Don't know	[SKIP TO Section 9]
88	No Syrups	[SKIP TO Section 9]
99	Refused:	[SKIP TO Section 9]

2	620-621	1st Nebulizer value from “NEB_ID” field NEB_ID_A (1st Nebulizer Medication Value)	Valid Meds in Nebulizer form: 01 - 19, 66
1	622	Q8.28 In the past 3 months, did {child’s name} take [MEDICINE FROM NEB_ID SERIES] when he/she had an asthma episode or attack? (NEB01_A) 1st Nebulizer	1 = Yes 2 = No 3 = No attack in past 3 months 7= Don’t know/Not Sure 9 = Refused
1	623	Q8.29 In the past 3 months, did he/she take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday? (NEB02_A) 1st Nebulizer	1 = Yes 2 = No 7= Don’t know/Not Sure 9 = Refused
3	624-626	Q8.30 How many times per day or per week does he/she use [MEDICINE FROM NEB_ID SERIES]?	3 __DAYS 4 __WEEKS 555 = NEVER 666 = LESS OFTEN THAN ONCE A WEEK

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		(NEB03_A) 1st Nebulizer	
2	627-628	2nd Nebulizer value from “NEB_ID” field NEB_ID_B (2nd Nebulizer Medication Value)	Valid Meds in Nebulizer form: 01 - 19, 66
1	629	Q8.28 In the past 3 months, did {child's name} take [MEDICINE FROM NEB_ID SERIES] when he/she had an asthma episode or attack? (NEB01_B) 2nd Nebulizer	1 = Yes 2 = No 3 = No attack in past 3 months 7= Don't know/Not Sure 9 = Refused
1	630	Q8.29 In the past 3 months, did he/she take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday? (NEB02_B) 2nd Nebulizer	1 = Yes 2 = No 7= Don't know/Not Sure 9 = Refused
3	631-633	Q8.30 How many times per day or per week does he/she use [MEDICINE FROM NEB_ID SERIES]? (NEB03_B) 2nd Nebulizer	3__DAYS 4__WEEKS 555 = NEVER 666 = LESS OFTEN THAN ONCE A WEEK 777 = Don't know/Not Sure 999 = Refused
2	634-635	3rd Nebulizer value from “NEB_ID” field NEB_ID_C (3rd Nebulizer Medication Value)	Valid Meds in Nebulizer form: 01 - 19, 66
1	636	Q8.28 In the past 3 months, did {child's name} take [MEDICINE FROM NEB_ID SERIES] when he/she had an asthma episode or attack? (NEB01_C) 3rd Nebulizer	1 = Yes 2 = No 3 = No attack in past 3 months 7= Don't know/Not Sure 9 = Refused
1	637	Q8.29 In the past 3 months, did he/she take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday? (NEB02_C) 3rd Nebulizer	1 = Yes 2 = No 7= Don't know/Not Sure 9 = Refused
3	638-640	Q8.30 How many times per day or per week does he/she use [MEDICINE FROM NEB_ID SERIES]? (NEB03_C) 3rd Nebulizer	3__DAYS 4__WEEKS 555 = NEVER 666 = LESS OFTEN THAN ONCE A WEEK 777 = Don't know/Not Sure 999 = Refused
2	641-642	4th Nebulizer value from “NEB_ID” field NEB_ID_D (4th Nebulizer Medication Value)	Valid Meds in Nebulizer form: 01 - 19, 66
1	643	Q8.28 In the past 3 months, did {child's name} take [MEDICINE FROM NEB_ID SERIES] when he/she had an asthma episode or attack? (NEB01_D) 4th Nebulizer	1 = Yes 2 = No 3 = No attack in past 3 months 7= Don't know/Not Sure 9 = Refused
1	644	Q8.29 In the past 3 months, did he/she	1 = Yes

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		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 does he/she use [MEDICINE FROM NEB_ID SERIES]? (NEB03_D) 4th Nebulizer	3 _ _DAYS 4 _ _WEEKS 555 = NEVER 666 = LESS OFTEN THAN ONCE A WEEK 777 = Don't know/Not Sure 999 = Refused
2	648-649	5th Nebulizer value from “NEB_ID” field NEB_ID_E (5th Nebulizer Medication Value)	Valid Meds in Nebulizer form: 01 - 19, 66
1	650	Q8.28 In the past 3 months, did {child's name} take [MEDICINE FROM NEB_ID SERIES] when he/she had an asthma episode or attack? (NEB01_E) 5th Nebulizer	1 = Yes 2 = No 3 = No attack in past 3 months 7= Don't know/Not Sure 9 = Refused
1	651	Q8.29 In the past 3 months, did he/she take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday? (NEB02_E) 5th Nebulizer	1 = Yes 2 = No 7= Don't know/Not Sure 9 = Refused
3	652-654	Q8.30 How many times per day or per week does he/she use [MEDICINE FROM NEB_ID SERIES]? (NEB03_E) 5th Nebulizer	3 _ _DAYS 4 _ _WEEKS 555 = NEVER 666 = LESS OFTEN THAN ONCE A WEEK 777 = Don't know/Not Sure 999 = Refused
100	655-754	(OTH_N1) IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE	Text field – up to 100 characters

Section 9. Cost of Care

1	755	Q9.1 Was there a time in the past 12 months when {child's name} needed to see his/her primary care doctor for <u>asthma</u> but could not because of the cost? (ASMDCOST)	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	756	Q9.2 Was there a time in the past 12 months when you were referred to a specialist for {child's name} <u>asthma care</u> but could not go because of the cost? (ASSPCOST)	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	757	Q9.3 Was there a time in the past 12 months when {child's name} needed medication for his/her <u>asthma</u> but you could not buy it because of the cost?	1 = Yes 2 = No 7 = Don't know/Not sure

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		(ASRXCOST)		
Section 10. School Related Asthma				
1	758	Q10.1 Next, we are interested in things that might affect {child’s name} asthma when he/she is not at home. Does {child’s name} currently go to school or pre-school outside the home? (SCH_STAT)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused	
1	759	Q10.2 What is the main reason {child’s name} is not now in school? READ RESPONSE CATEGORIES (NO_SCHL)	1 = Not old enough 2 = Home schooled 3 = Unable to attend for health reason 4 = On vacation or break 5 = Other 7 = Don’t know/Not sure 9 = Refused	
1	760	Q10.3 Has {child’s name} gone to school in the past 12 months? (SCHL_12)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused	
2	761-762	Q10.4 [IF SCHL_12 = 1] What grade was {child’s name} in the last time he/she was in school? [IF SCH_STAT = 1 OR NO_SCHL = 2] What grade is {child’s name} in? (SCHGRADE)	88 = Pre-School 66 = Kindergarten __ = Enter Grade 01-12 77 = Don’t know/Not sure 99 = Refused	
3	763-765	Q10.5 During the past 12 months, about how many days of school did {child’s name} miss because of {his/her} asthma? (MISS_SCHL)	__ Enter Number of Days [RANGE CHECK: (001-365, 777, 888, 999)] 888 = Zero/None 777 = Don’t know/Not sure 999 = Refused	
1	766	Q10.6 An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Does {child’s name} have a written asthma action plan or asthma management plan on file at school? (SCH_APL)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused	
1	767	Q10.7 Is {child’s name} allowed to carry his/her asthma medicine with him/her at school? (SCH_MED)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused	

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1	768	Q10.8 Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {child’s name} classroom? (SCH_ANML)	

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1	769	Q10.9 Are you aware of any mold problems in {child’s name} school? (SCH_MOLD)	

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1	770	<p>Q10.10 [IF CHLDAGE2 > 10 SKIP TO SECTION 11] Does {child’s name} go to day care outside his/her home? (DAYCARE)</p>	

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1	771	Q10.11 Has {child’s name} gone to daycare in the past 12 months? (DAYCARE1)	

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3	772-774	Q10.12 During the past 12 months, about how many days of daycare did {child’s name} miss because of {his/her} asthma? (MISS_DCAR)	888 = Zero/None 777 = Don’t know/Not sure 999 = Refused	
1	775	Q10.13 Does {child’s name} have a written asthma action plan or asthma management plan on file at daycare? (DCARE_APL)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused	
1	776	Q10.14 Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {child’s name} room at daycare? (DCARE_ANML)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused	
1	777	Q10.15 Are you aware of any mold problems in {child’s name} daycare? (DCARE_MLD)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused	
1	778	Q10.16 Is smoking allowed at {child’s name} daycare? (DCARE_SMK)	1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused	
Section 12. Additional Child Demographics				
4	890-893	Q12.1 How tall is {child’s name}? (HEIGHT1) Note: If respondent answers in metrics, put “9” in column 890. CATI Note: In the first space for the height (highlighted in yellow), if the respondent answers in feet/inches enter “0”, in column 890. If respondent answers in metric, put “9” in the first space, column 890. Note: Column 891, please put feet in this column. Columns 892-893, please put inches in these two columns, inches can be no more than a value of 11.	___ = Height (feet/inches or centimeters) 7777 = Don’t know/Not sure 9999 = Refused	
4	894-897	Q12.2 How much does {child’s name} weigh? (WEIGHT1) Note: If respondent answers in metrics,	___ = Weight (pounds/kilograms) 7777 = Don’t know/Not sure	

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		<p>put “9” in column 894.</p> <p>CATI Note: In the first space for the weight (highlighted in yellow), if the respondent answers in pounds, enter “0”, in column 894.</p> <p>If respondent answers in kilograms, put “9” in the first space, column 894.</p>	
6	898-903	<p>Q12.3 How much did {child’s name}} weigh at birth? (BIRTHW1)</p> <p>CATI note: If the respondent gives pounds and ounces: from left to right, positions one and two will hold “0 0”; positions three and four will hold the value of pounds from 0 to 30; and the last two positions will hold 00 to 15 ounces.</p> <p>If the respondent gives kilograms and grams: from left to right, position one will hold “9”; positions two and three will hold the value of kilograms 1-30; and the last three positions will hold the number of grams.</p>	<p>_____ = Weight (pounds/ounces or kilograms/grams)</p> <p>Two leading zeroes for pounds/ounces (i.e. 5 pounds 12 ounces = 000512)</p> <p>A leading 9 for kilograms/grams (i.e. 2 kilograms 500 grams = 902500)</p> <p>777777 = Don’t know/Not sure 999999 = Refused</p>
1	904	<p>Q12.4 At birth, did {child’s name} weigh less than 5 ½ pounds? (BIRTHRF)</p> <p>[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS]</p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p>
80	905-984	<p>Disposition codes for call attempts 1 through 20 with the first disposition code in columns 905-908, etc... (CATTMPTS_F)</p>	<p>4-digit disposition code for each of the first 20 call attempts.</p>
1	985	<p>Intentionally left blank...</p>	
3	989-991	<p>Intentionally left blank...</p>	
1	992	<p>Q1.5a Tracking of BRFSS MKP Appendix A. survey respondent: Are you the parent or guardian in the</p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure</p>

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		<p>household who knows most about {CHILDName’s} asthma? (MOSTKNOW)</p>	
1	993	<p>Q1.5b Tracking of BRFSS MKP Appendix A. survey respondent: If parent or guardian request to transfer to another person who is more knowledgeable about the child’s asthma, then mark the transfer. (PRESENTALT)</p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused (ALT) identified at the BRFSS Level</p>
2	996-997	<p>Questionnaire Versions Identifier. Import value from BRFSS Columns 678-679 (QSTVER_F)</p>	<p>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)</p>
2	998-999	<p>Language identifier: Language in which the interview was conducted. Import value from BRFSS Columns 680-681 (QSTLANG_F)</p>	<p>1 = English 2 = Spanish 3-99 = Other</p>
1	1000	<p>Asthma Callback Script Import value from BRFSS Column 674 (CALLBACK_F)</p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p>
1	1001	<p>Which person in the household was selected as the focus of the call-back? Import value from BRFSS Column 675 (ADLTCHLD_F)</p>	<p>1 = Adult 2 = Child</p>
1	1002	<p>Has a doctor or other medical professional EVER said that the child has asthma? Import value from BRFSS Module 32 Question 1, Column 672 (CASTHDX2_F)</p>	<p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p>

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1 **1003**

Does the child still have asthma?
Import value from BRFSS
Module 32 Question 2, Column 673
 (CASTHNO2_F)

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1 **1004** **Asthma Callback Script Test**
(CallBack_Ver)

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1 **1005**

Are you a resident of [STATE]?
Import value from BRFSS Column 085
(CSTATE_F)
Only for cellphones

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2	1006-1007	State of Origin of the Call Import value from BRFSS Columns 000-000 (O_STATE_F)	FIPSCODE	
2	1008-1009	In what state do you live? Import value from BRFSS Columns 86-87 (RSPSTATE_F) Only for cellphones	2 digit state FIPSCODE	
6	1010-1015	RESPDNUM	RESPONDENT NUMBER	
4	1016-1019	Intentionally left blank...		
1	1020	End of file marker...	PLEASE PUT A “1” IN THIS FIELD	