

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 BRSS 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 BRSS 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 BRSS Level |
| 1 | 993 | Q1.5b Tracking of BRSS 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 BRSS 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? (HOSP_PLAN) | 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 | Q7.4 Is gas used for cooking in {child’s name} home? (COOK_GAS) | 1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused |
| 1 | 111 | 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) | 1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused |
| 1 | 112 | Q7.6 Does {child’s name} home have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors? (ENV_PETS) | 1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused |
| 1 | 113 | Q7.7 Is the pet allowed in {child’s name} bedroom? (PETBEDRM) | 1 = Yes 2 = No 3 = Some are/Some aren’t 7 = Don’t know/Not sure 9 = Refused |
| 1 | 114 | Q7.8 In the past 30 days, has anyone seen cockroaches inside {child’s name} home? (C_ROACH) | 1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused |
| 1 | 115 | 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) | 1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused |
| 1 | 116 | Q7.10 Is a wood burning fireplace or wood burning stove used in {child’s name} home? (WOOD_STOVE) | 1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused |
| 1 | 117 | Q7.11 Are unvented gas logs, an unvented gas fireplace, or an unvented gas stove used in {child’s name} home? (GAS_STOVE) | 1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused |
| 1 | 118 | Q7.12 In the past week, has anyone smoked inside {child’s name} home? (S_INSIDE) | 1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused |
| 1 | 119 | 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? | 1 = Yes 2 = No 7 = Don’t know/Not sure |

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

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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 | | Albuterol (+ A. sulfate or salbutamol) | ăl'-bu'ter-ōl (or al-BYOO-ter-ole) sāl-byū'tā-mōl' | |
| 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-son) | |
| 08 | | Beclovent | be' klo-vent'' (or be-klo-vent) | |
| 09 | | Bitolterol | bi-tōl'ter-ōl (or bye-tole-ter-ole) | |
| 45 | | Breo Ellipta (Fluticasone and vilanterol) | BRE-oh e-LIP-ta | |
| 11 | | Budesonide | byoo-des-oh-nide | |
| 12 | | Combivent | com-bi-vent | |
| 13 | | Cromolyn | 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 | | 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 | |

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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'ē-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 -vâr (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"ē-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 | <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_A) 1st 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 | 253 | <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_A) 1st 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 | 254 | <p>Q8.15 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] before exercising? (ILP05_A) 1st 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 | 255 | <p>Q8.16 In the past 3 months, did {child’s name} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule</p> | <p>1 = Yes 2 = No 7 = Don’t know/Not sure</p> |

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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> | Valid Inhaler Meds: 01 – 51, 66 | |
| 13 | 280-292 | Questions 8.11 through 8.19 for THIRD medication | | |
| | 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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|----|----------------------------|--|--|---|
| | | | | |
| | | | | 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, edited, and used for distribution. 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/AATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (OMB Control No. 0920-1204) |
| 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 | 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 | 1 = Yes 2 = No 3 = Didn’t exercise |
| | 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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|----|-----------------------------------|--|---|--|
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| | | <p>INH_MEDS SERIES] before exercising? (ILP05_G) 7th Medication</p> | <p>know/Not sure 9 = Refused</p> | |
| 1 | 345 | <p>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</p> | <p>1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused</p> | |
| | <p>Leave columns blank</p> | <p>Columns intentionally left blank</p> | | |
| 3 | 348-350 | <p>Q8.18 How many times per day or per week did {child's name} use [MEDICINE FROM INH_MEDS SERIES]? (ILP08_G) 7th 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 | 351-352 | <p>Q8.19 How many canisters of this inhaler has {child's name} used in the past 3 months? (ILP10_G) 7th Medication</p> | <p>___ Canisters [RANGE CHECK: (01-76, 77, 88, 99)] 77 = Don't know/Not sure 88 = None 99 = Refused</p> | |
| 2 | 353-354 | <p>8th Inhaler value from "INH_MEDS" field ILP_H (Eighth Inhaler Medication Value)</p> | <p>Valid Inhaler Meds: 01 – 51, 66</p> | |
| 13 | 355-367 | <p>Questions 8.11 through 8.19 for EIGHTH medication</p> | | |
| | <p>Leave column blank</p> | <p>Columns intentionally left blank</p> | | |
| | <p>Leave column blank</p> | <p>Columns intentionally left blank</p> | | |
| 1 | 357 | <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_H) 8th 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 | 358 | <p>Q8.14 In the past 3 months, did {child's</p> | <p>1 = Yes</p> | |

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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, collected, and processed. 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/AATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (OMB Control No. 0920-1204)</p> | <p>2 = No 3 = No attack in the past 3 mths 7 = Don't know/Not</p> |
| | | <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-ôl (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 'ê-nôl (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 | Respird | 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) 1st 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) 2nd 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-ol (or al-BYOO-ter-ole) | |
| 03 | Alupent | al-u-pent | |
| 04 | Metaproteronol | met"ah-pro-ter"ě-nol (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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| | 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) | | |
| 1 | 608 | Q8.26d I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer At work or at school? (NEB_PLCd) | 1 = Yes 2 = No 7 = Don't know 9 = Refused |
| 1 | 609 | Q8.26e I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did your child use a nebulizer 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 asthma medications has {child's name} 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 = Ipratropium 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 = Brovana 66 = Other, Please Specify: 77 = Don't know 88 = None 99 = Refused |
| | | [INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.] [MARK ALL THAT APPLY. PROBE:] | |

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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 | <p>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)</p> | <p>999]] 888 = Zero/None 777 = Don’t know/Not sure 999 = Refused</p> | |
| 1 | 775 | <p>Q10.13 Does {child’s name} have a written asthma action plan or asthma management plan on file at daycare? (DCARE_APL)</p> | <p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p> | |
| 1 | 776 | <p>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)</p> | <p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p> | |
| 1 | 777 | <p>Q10.15 Are you aware of any mold problems in {child’s name} daycare? (DCARE_MLD)</p> | <p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p> | |
| 1 | 778 | <p>Q10.16 Is smoking allowed at {child’s name} daycare? (DCARE_SMK)</p> | <p>1 = Yes 2 = No 7 = Don’t know/Not sure 9 = Refused</p> | |
| Section 12. Additional Child Demographics | | | | |
| 4 | 890-893 | <p>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.</p> | <p>___ = Height (feet/inches or centimeters) 7777 = Don’t know/Not sure 9999 = Refused</p> | |
| 4 | 894-897 | <p>Q12.2 How much does {child’s name} weigh? (WEIGHT1) Note: If respondent answers in metrics,</p> | <p>___ = Weight (pounds/kilograms) 7777 = Don’t know/Not sure</p> | |

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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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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 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 **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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| | | 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 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) | | 2 digit state |
| 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 |