

**BRFSS/ASTHMA CALL BACK SURVEY
CHILD QUESTIONNAIRE - 2024
CATI SPECIFICATIONS**

Form Approved
OMB Control No. 0920-1204
Exp. Date 11/30/2026

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Section 1: Introduction

Introduction to the Asthma Call Back Survey for adult parent/guardian of child with asthma

Hello, my name is _____. I'm calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about a health study we are doing in your state.

Question Number	Question text	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
Q1.1	Are you {MKPNAME}?	1. Yes	[GO TO 1.5]	
		2. No		
Q1.2	May I speak with {MKPNAME}?	1. Yes	[GO TO 1.4 when person comes to phone]	
		2. Person not available		
Q1.3	When would be a good time to call back and speak with {MKPNAME}. For example, evenings, days, weekends?	CBTIME: Enter day/time: _____	[CATI: Start over at introduction at next call.]	READ: Thank you we will call again later to speak with {MKPNAME}.

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

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Q1.5	<p>During a recent phone interview ["you" if MKPNAME=ADULTNAME; OR "adultname" if MKPNAME=ALTPNAME, MKP is pointed by BRFSS respondents] gave us permission to call again to ask some questions about {child's name}'s asthma and said that you knew the most about that child's asthma.</p>	<p>During a recent phone interview ["you" if MKPNAME=ADULTNAME; OR "adultname" if MKPNAME=ALTPNAME, MKP is pointed by BRFSS respondents] gave us permission to call again to ask some questions about {child's name}'s health and said that you knew the most about that child's health.</p>	GO TO SECTION 2
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Section 2: Informed Consent

Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

{child's name} was selected to participate in this study about asthma because of responses to questions about his or her asthma in a prior survey.

If responses for sample child in BRFSS survey answers are: CASTHDX2= 1 (Yes) and CASTHNO2 = 2 (No),

READ: The answers to asthma questions during the earlier survey indicated that a doctor or other health professional said that {child's name} had asthma sometime in {his/her} life but does not have it now. Is that correct?

If YES, READ: Since {child's name} no longer has asthma, your interview will be very brief (about 5 minutes). [Go to RELATION (2.3)].

IF NO, [Go to REPEAT (2.0)]

If responses for sample child in BRFSS survey answers are: CASTHDX2= 1 (Yes) and CASTHNO2 = 1 (Yes)

READ: Answers to the asthma questions in the earlier survey indicated that a doctor or other health professional said that {child's name} had asthma sometime in {his/her} life, and that {child's name} still has asthma. Is that correct?

IF YES, [Go to RELATION (2.3)]

IF NO, [Go to REPEAT (2.0)]

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q2.0	I would like to repeat the questions from the previous survey now to make sure {child's name} qualifies for this study.	REPEAT	(1) YES	[Go to EVER_ASTH (2.1)]	
			(2) NO	[Skip to TERMINATE]	
Q2.1	Have you ever been told by a doctor or	EVER_ASTH	(1) YES		
			(2) NO	[Skip Go to TERMINATE]	

	other health professional that sure {child's name} had asthma?		(7) DON'T KNOW (9) REFUSED	[Skip Go to TERMINATE] [Skip Go to TERMINATE]	
Q2.2	Does {he/she} still have asthma?	CUR_ASTH	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q2.3	What is your relationship to {child's name}?	RELATION	READ: (1) MOTHER (BIRTH/ADOPTIVE/STEP) (2) FATHER (BIRTH/ADOPTIVE/STEP) (3) BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE) (4) GRANDPARENT (FATHER/MOTHER) (5) OTHER RELATIVE (6) UNRELATED (7) DON'T KNOW (9) REFUSED		
Q2.4	Are you the legal guardian for {child's name}?	GUARDIAN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

READ: {child's name} does qualify for this study, I'd like to continue unless you have any questions.

[If CUR_ASTH (2.2) = 1 (Yes)]

READ: Since {child's name} does have asthma now, your interview will last about 15 minutes.

[Go to section 3]

[If CUR_ASTH (2.2) = 2 (No)]

READ: Since {child's name} does not have asthma now, your interview will last about 5 minutes.

[Go to section 3]

[If CUR_ASTH (2.2) = 7, 9 (Don't know or refused)]

READ: Since you are not sure if {child's name} has asthma now, your interview will probably last about 10 minutes.

[Go to section 3]

TERMINATE:

Upon survey termination, READ:

I'm sorry {child's name} does not qualify for this study. I'd like to thank you on behalf of the {STATE} Health Department and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at [1-800-xxx-xxxx]. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at [1 800 xxx-xxxx]. Thanks again. Goodbye.

Section 3: Recent History

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 3 (Recent History) Q3.1	How old was {child's name} when a doctor or other health professional first said {he/she} had asthma	AGEDX	<p>____ (ENTER AGE IN YEARS)</p> <p>(777) DON'T KNOW (888) Under 1 year old (999) REFUSED</p>	<p>[RANGE CHECK: IS 001-018, 777, 888, 999]</p> <p>[CATI CHECK: IF RESPONSE = 77, 99, 88 VERIFY THAT 777, 888, 999 WERE NOT THE INTENT]</p>	[INTERVIEWER: ENTER 888 IF LESS THAN ONE YEARS OLD]
Q3.2	How long ago was that? Was it...	INCIDNT	<p>(1) WITHIN THE PAST 12 MONTHS (2) 1-5 YEARS AGO (3) MORE THAN 5 YEARS AGO</p> <p>(7) DON'T KNOW (9) REFUSED</p>		
Q3.3	How long has it been since you last talked to a doctor or other health professional about {child's name} asthma? This could have been in a doctor's office, the hospital, an emergency room, or urgent care center.	LAST_MD	<p>(88) NEVER (04) WITHIN THE PAST YEAR (05) 1 YEAR TO LESS THAN 3 YEARS AGO (06) 3 YEARS TO 5 YEARS AGO (07) MORE THAN 5 YEARS AGO</p> <p>(77) DON'T KNOW (99) REFUSED</p>		[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

Q3.4	How long has it been since {he/she} last took asthma medication?	LAST_MED	(88) NEVER (01) LESS THAN ONE DAY AGO (02) 1-6 DAYS AGO (03) 1 WEEK TO LESS THAN 3 MONTHS AGO (04) 3 MONTHS TO LESS THAN 1 YEAR AGO (05) 1 YEAR TO LESS THAN 3 YEARS AGO (06) 3 YEARS TO 5 YEARS AGO (07) MORE THAN 5 YEARS AGO (77) DON'T KNOW (99) REFUSED		[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]
Q3.5	How long has it been since {he/she} last had any symptoms of asthma?	LASTSYMP	(88) NEVER (01) LESS THAN ONE DAY AGO (02) 1-6 DAYS AGO (03) 1 WEEK TO LESS THAN 3 MONTHS AGO (04) 3 MONTHS TO LESS THAN 1 YEAR AGO (05) 1 YEAR TO LESS THAN 3 YEARS AGO (06) 3 YEARS TO 5 YEARS AGO (07) MORE THAN 5 YEARS AGO (77) DON'T KNOW (99) REFUSED		[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY] READ: Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when {child's name} did not have a cold or respiratory infection.

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

Section 4. History of Asthma (Symptoms & Episodes in the past year)		IF LASTSYMP (3.5) = 1, 2, 3 then continue whole section IF LASTSYMP (3.5) = 4 [SKIP TO Q4.8, (EPIS_12M)] IF LASTSYMP (3.5) = 88, 5, 6, 7 SKIP TO INS1 (Section 5) IF LASTSYMP (3.5) = 77, 99 then continue			
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q4.1	During the <u>past 30</u> days, on how many days did {child's name} have any symptoms of asthma?	SYMP_30D	____ DAYS	1-29 [SKIP TO ASLEEP30 (4.3)] Added 03-13-2024	[RANGE CHECK: (01-30, 77, 88, 99)] CLARIFICATION : [1-29, 77, 99]
			(88) NO SYMPTOMS IN THE PAST 30 DAYS	[SKIP TO EPIS_TP (4.5)]	
			(30) EVERY DAY	[CONTINUE]	
			(77) DON'T KNOW	[SKIP TO ASLEEP30 (4.3)] Added 03-13-2024	
			(99) REFUSED	[SKIP TO ASLEEP30 (4.3)] Added 03-13-2024	
Q4.2	Does {he/she} have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.	DUR_30D	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Q4.3	During the <u>past 30</u> days, on how many days did symptoms of asthma make it difficult for {him/her} to stay asleep?	ASLEEP30	__ __ DAYS/NIGHTS (88) NONE (30) Every day (77) DON'T KNOW (99) REFUSED		[RANGE CHECK: (01-30, 77, 88, 99)]
Q4.4	During the <u>past two</u> weeks, on how many days was {child's name} completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?	SYMPFREE	__ __ Number of days (88) NONE (77) DON'T KNOW (99) REFUSED		[RANGE CHECK: (01-14, 77, 88, 99)]
Interview notes	READ IF NECESSARY: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.				

Q4.5	During the <u>past 3 months</u> , how many asthma episodes or attacks has {he/she} had?	EPIS_TP (Was Q4.6 in 2023)	___ Number of episodes/attacks (888) NONE (777) DON'T KNOW (999) REFUSED	[RANGE CHECK: (001-100, 777, 888, 999)] [CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]	[READ IF NECESSARY]: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.
Interview notes	<p>READ IF NECESSARY: Now I'm going to ask you about asthma medicine for quick relief of symptoms during an asthma attack or episode.</p> <p>This quick relief medicine such as albuterol and salbutamol are breathed in through your mouth using a canister inhaler, a disk inhaler, or a nebulizer.</p> <p>Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication in one or two breaths. A nebulizer is a machine that turns liquid medication into a mist that you inhale into the lungs over a few minutes</p>				
NEW Q4.6	During the <u>past 30 days</u> , on how many days did {child's name} take quick relief medicine such as albuterol and salbutamol to relieve your asthma symptoms?	QUICKRELIEF (NEW)	___ DAYS/NIGHTS (88) NONE (30) EVERY DAY (77) DON'T KNOW (99) REFUSED	[RANGE CHECK: (01-30, 77, 88, 99)]	READ IF NECESSARY : This quick relief medicine such as albuterol and salbutamol are breathed in through your mouth using a canister inhaler, a disk inhaler, or a nebulizer. Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication in one or two breaths. A nebulizer is a machine that

					turns liquid medication into a mist that you inhale into the lungs over a few minutes.
Q4.7	During just the <u>past 30 days</u> , 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 <i>(WAS Q5.6 IN 2023)</i>	(1) NOT AT ALL (2) A LITTLE (3) A MODERATE AMOUNT (4) A LOT (7) DON'T KNOW (9) REFUSED		

Q4.8	<p>During the <u>past 12 months</u>, has {child's name} had an episode of asthma or an asthma attack?</p>	<p>EPIS_12M (WAS Q4.5 IN 2023)</p>	<p>(1) YES (2) NO (7) DON'T KNOW (9) REFUSED</p>		
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Section 5. Health Care Utilization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 5 (Health Care Utilization) Q5.1	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 (9) REFUSED	[SKIP TO FLU_VACCINE (5.4)] [SKIP TO FLU_VACCINE (5.4)] [SKIP TO FLU_VACCINE (5.4)]	
Q5.2	What kind of health care coverage does {he/she} have? Is it paid for through the parent's employer, or is it Medicaid, Medicare, Children's Health Insurance Program (CHIP), or some other type of insurance?	INS_TYP	(1) PARENT'S EMPLOYER (2) MEDICAID/MEDICARE (3) CHIP {REPLACE WITH STATE SPECIFIC NAME} (4) OTHER (7) DON'T KNOW (9) REFUSED		[READ RESPONSE OPTIONS IF NECESSARY]

Q5.3	During the <u>past 12 months</u> was there any time that {he/she} did not have any health insurance or coverage?	INS2	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
NEW Q5.4	During the <u>past 12 months</u> , did {CHILD'S NAME} have a flu shot or a flu vaccine that is sprayed in the nose?	FLU_VACCINE	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q5.5	Does anyone help you arrange or coordinate {child's name}'s asthma care among the different doctors or services that [he/she] uses?	COORDIN <i>(WAS Q5.14 in 2023)</i>	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		READ IF NECESSARY: By "arrange or coordinate," I mean: Is there anyone who helps you make sure that {child's name} gets all the health care and services [he/she] needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?

CATI notes:	<p>How to define the value “of “Does the child still have asthma?”:</p> <p>The best-known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS childhood prevalence module value (CASTHNO2) or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey.</p> <p>If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct, then the value from the BRFSS (CASTHNO2) is used.</p> <p>If the respondent does not agree with the previous BRFSS (CASTHNO2) in “Informed Consent” of Section 2 and REPEAT (2.0) = 1 (Yes), then the value of CUR_ASTH (2.2) is used.</p> <p>SKIP INSTRUCTION:</p> <p>If “Does the child still have asthma?” = 1 (Yes), {using BRFSS CASTHNO2 or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}, continue to Section 5.</p> <p>If “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) {using BRFSS CASTHNO2 or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}</p> <p>AND</p> <p style="padding-left: 40px;">[(LAST_MD = 4) OR (LAST_MED = 1, 2, 3 or 4) OR (LASTSYMP = 1, 2, 3 or 4)]</p> <p>THEN CONTINUE WITH SECTION 5</p> <p>If “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused), {using BRFSS CASTHNO2 or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}</p> <p>AND (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)</p> <p>THEN SKIP TO Section 6.</p>				
Q5.6	During the <u>past 12 months</u> how many times did {he/she} see a doctor or other health professional for a routine checkup for {his/her} asthma?	NER_TIME (WAS Q5.7 in 2023)	____ ENTER NUMBER (888) NONE (777) DON'T KNOW (999) REFUSED	{IF LAST_MD= 88, 05, 06, 07 (have not seen a doctor in the past 12 months); SKIP to ER_VISIT (Q5.7) {RANGE CHECK: (001-365, 777, 888, 999)] {Verify any value >50} {RANGE CHECK: (001-365, 777, 888, 999)] {Verify any value >50} {CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888, AND 999 WERE NOT THE INTENT}	{RANGE CHECK: (001- 365, 777, 888, 999)] {Verify any value >50}

Q5.7	<p>An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the <u>past 12 months</u>, has {child's name} had to visit an emergency room or urgent care center because of {his/her} asthma?</p>	ER_VISIT <i>(WAS Q5.8 in 2023)</i>	(1) YES		
			(2) NO	[SKIP TO URG_TIME (5.9)]	
			(7) DON'T KNOW	[SKIP TO URG_TIME (5.9)]	
			(9) REFUSED	[SKIP TO URG_TIME (5.9)]	
Q5.8	During the <u>past 12 months</u> , how many times did {he/she} visit an emergency room or urgent care center because of {his/her} asthma?	ER_TIMES <i>(WAS Q5.9 in 2023)</i>	<p>____ ENTER NUMBER (888) ZERO [LOOPING BACK TO CORRECT ER_VISIT (5.8) TO "NO"] (777) DON'T KNOW (999) REFUSED</p>	<p>[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50] [CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT] [CATI CHECK: IF ER_VISIT (5.7) =1 (YES) AND RESPONDENT SAYS "NONE" OR "ZERO" TO ER_TIMES (5.8) ALLOW LOOPING BACK TO CORRECT ER_VISIT (5.7) TO "2, NO"]</p>	[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

Q5.9	<p>(If ER_VISIT (Yes), INSERT those emergency room or urgent care center visits,"</p> <p>During the <u>past 12 months</u>, 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?</p>	URG_TIME <i>(WAS Q5.10 in 2023)</i>	____ ENTER (888) NONE (777) DON'T KNOW (999) REFUSED	[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50] [CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]	[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]
Q5.10	<p>During the <u>past 12 months</u>, 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.</p>	HOSP_VST <i>(WAS Q5.11 in 2023)</i>	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED	SKIP to Section 6 SKIP to Section 6 SKIP to Section 6 SKIP to Section 6	

Q5.11	<p>During the <u>past 12 months</u>, how many different times did {he/she} stay in any hospital overnight or longer because of {his/her} asthma?</p>	<p>HOSPTIME (WAS Q5.12 in 2023)</p>	<p>____ TIMES (777) DON'T KNOW (888) NONE (999) REFUSED</p>	<p>[RANGE CHECK: (001-365, 777, 888,999)] [Verify any entry >50] [CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT] [CATI CHECK: IF RESPONSE TO Q5.11 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO Q5.12, ALLOW LOOPING BACK TO CORRECT Q5.11 TO "NO"]</p>	<p>[RANGE CHECK: (001- 365, 777, 888, 999)] [Verify any entry >50]</p>
Q5.12	<p>The last time {he/she} left the hospital, did a health professional TALK with you or {child's name} about how to prevent serious attacks in the future?</p>	<p>HOSPPPLAN (WAS Q5.13 in 2023)</p>	<p>(1) YES (2) NO (7) DON'T KNOW (9) REFUSED</p>		<p>[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes if the respondent only received a pamphlet or instructions to view a website or video since the question clearly states "talk with you"].</p>

Section 6. Knowledge of Asthma/Management Plan

Section 6. Knowledge of Asthma/Management Plan		CATI: [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]			
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q6.1	Has a doctor or other health professional ever taught you or {child's name}: How to recognize early signs or symptoms of an asthma episode?	TCH_SIGN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q6.2	Has a doctor or other health professional ever taught you or {child's name}: What to do during an asthma episode or attack?	TCH_RESP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q6.3	A peak flow meter is a hand-held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you or {child's name}: How to use a peak flow meter to adjust his/her daily medication?	TCH_MON	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Q6.4	<p>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.</p> <p>Has a doctor or other health professional EVER given you or {child's name}: an asthma action plan?</p>	MGT_PLAN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q6.5	<p>Have you or {child's name} ever taken a course or class on how to manage [his/her] asthma?</p>	MGT_CLAS	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Section 7. Modifications to Environment

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

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

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

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

					for the purpose of controlling allergens (like dust mites) from inhabiting the pillow. They are made of special fabric, entirely enclose the pillow, and have zippers.]
Q7.16	Does {child's name} have carpeting or rugs in [his/her] bedroom? This does not include throw rugs small enough to be laundered.	CARPET	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q7.17	Are [his/her] sheets and pillowcases washed in cold, warm, or hot water?	HOTWATER	(1) COLD (2) WARM (3) HOT (4) VARIES (7) DON'T KNOW (9) REFUSED		
Q7.18	In {child's name} bathroom, does {he/she} regularly use an exhaust fan that vents to the outside?	BATH_FAN	(1) YES (2) NO OR "NO FAN" (7) DON'T KNOW (9) REFUSED		[HELP SCREEN: IF RESPONDENT INDICATES THEY HAVE MORE THAN ONE BATHROOM, THIS QUESTION REFERS TO THE BATHROOM THE CHILD USES MOST FREQUENTLY FOR SHOWERING AND BATHING.]

Section 8. Medications

Section 8. Medications		[IF LAST_MED = 88 (NEVER), SKIP TO SECTION 9. ELSE, CONTINUE.]			
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
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 (9) REFUSED		
Q8.2	Has [he/she] ever used a prescription inhaler?	INHALERE	(1) YES		[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]
			(2) NO	[SKIP TO SCR_MED1 (8.5)]	
			(7) DON'T KNOW	[SKIP TO SCR_MED1 (8.5)]	
			(9) REFUSED	[SKIP TO SCR_MED1 (8.5)]	
Q8.3	Did a health professional show {him/her} how to use the inhaler?	INHALERH	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]
Q8.4	Did a doctor or other health professional watch {him/her} use the inhaler?	INHALERW	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
[IF LAST_MED = 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9]					

Q8.5	<p>Now I am going to ask questions about specific prescription medications {child's name} may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often [he/she} takes each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.</p> <p>It will help to get {child's name} medicines so you can read the labels.</p> <p>Can you please go get the asthma medicines while I wait on the phone?</p>	SCR_MED1	<p>(1) YES</p> <p>(2) NO</p> <p>(3) RESPONDENT KNOWS THE MEDS</p> <p>(7) DON'T KNOW</p> <p>(9) REFUSED</p>		
Q8.7	<p>[when Respondent returns to phone:]</p> <p>Do you have all the medications?</p>	SCR_MED3	<p>(1) YES, I HAVE ALL THE MEDICATIONS</p> <p>(2) YES, I HAVE SOME OF THE MEDICATIONS BUT NOT ALL</p> <p>(3) NO</p> <p>(7) DON'T KNOW</p> <p>(9) REFUSED</p>		[INTERVIEWER: Read if necessary]
Q8.8	In the past 3	INH_SCR	(1) YES		

	months has {child's name} taken prescription asthma medicine using an inhaler?		(2) NO (7) DON'T KNOW (9) REFUSED	[SKIP TO PILLS (8.20)] [SKIP TO PILLS (8.20)] [SKIP TO PILLS (8.20)]	
Inhalers	<p>For the following inhalers the respondent can choose up to eight medications; however, each medication can only be used once.</p> <p>When 66 (Other) is selected as a response, questions ILP03 (8.13) to ILP10 (8.19) are not asked for that response.</p> <p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p> <p>CATI Note: Please use the table of INHALER series name. The top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily</p>				
Q8.9	In the past 3 months, what prescription asthma medications did {he/she} take by inhaler? [MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]	INH_MEDS	--- --- --- --- --- --- --- --- (66) Other [Please Specify, 100-character limit] (88) NO PRESCRIPTION INHALERS (77) DON'T KNOW (99) REFUSED	[SKIP TO OTH_I1] [SKIP TO PILLS (8.20)] [SKIP TO PILLS (8.20)] [SKIP TO PILLS (8.20)]	[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP03]
CATI NOTES	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.				
Interview Notes	[Loop back to ILP03 as necessary to administer questions ILP03 (8.13) thru ILP10 (8.19) for each medicine 01-51 reported in INH_MEDS, but not for 66 (other)].				
Q8.10	ENTER OTHER MEDICATION FROM INH_MEDS(8.9) IN TEXT FIELD. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER	OTH_I1	_____		

	ALL MEDICATIONS ON ONE LINE. 100 alphanumeric character limit				
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Inhaler table

	Medication	Pronunciation
1	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
2	Aerobid	â-rô'bid (or air-row-bid)
3	Albuterol (+ A. sulfate or salbutamol)	ăl'-bu'ter-ôl (or al-BYOO-ter-ole) săl-byü'te-môl'
4	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
5	Atrovent	At-ro-vent
6	Azmacort	az-ma-cort
7	<u>Beclomethasone dipropionate</u>	bek"lo-meth'ah-son dî' pro'pe-o-nât (or be-kloe-meth-a-sone)
8	Beclovent	be' klo-vent" (or be-klo-vent)
9	<u>Bitolterol</u>	bi-tôl'ter-ôl (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'mö-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-lid (or floo-NISS-oh-lide)
17	<u>Fluticasone</u>	flue-TICK-uh-zone
34	Foradil	FOUR-a-dil
35	<u>Formoterol</u>	for moh' te rol
48	Incruse Ellipta (Umeclidium inhaler powder)	IN-cruise e-LIP-ta
19	<u>Ipratropium Bromide</u>	ip-rah-tro'pe-um bro'mid (or ip-ra-TROE-pee-um)
37	<u>Levalbuterol tartrate</u>	lev-al-BYOU-ter-ohl
20	Maxair	măk-sâr
21	<u>Metaproteronol</u>	met"ah-pro-ter'ĕ-nôl (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-ôl (or peer-BYOO-ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro"ven-tîl' (or pro-vent-il)

25	Pulmicort Flexhaler	pul-ma-cort flex-hail-er
36	QVAR	q -vâr (or q-vair)
3	<u>Salbutamol (or Albuterol)</u>	săl-byū'tə-môl'
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	Stiolto Respimat (tiotropium bromide & olodaterol)	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	Trelegy Ellipta ((fluticasone furoate, umeclidinium & vilanterol)	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	Tudorza Pressair	TU-door-za PRESS-air
32	Vanceril	van-sir-il
33	Ventolin	vent-o-lin
38	Xopenex HFA	ZOH-pen-ecks
66	Other, Please Specify	[SKIP TO OTH_I1], 100 alphanumeric character limit

CATI NOTE:	<p>[For medicines from [MEDICINE FROM INH_MEDS SERIES], ask questions ILP03 (8.13) through ILP10 (8.19)]</p> <p>SKIP to ILP04 (8.14) if [MEDICINE FROM INH_MEDS SERIES] is (1, 15, 20, 25, 27, 34, 39, 40, 42) ADVAIR (01) or FLOVENT ROTADISK (15) or MAXAIR (20) or PULMICORT (25) or SEREVENT (27) or FORADIL (34) or MOMETASONE FUROATE (39) or ASMANEX (40) or SYMBICORT (42) SKIP TO ILP04 (8.14)</p> <p>[HELP SCREEN: A spacer is a device that attaches to a metered dose inhaler. It holds the medicine in its chamber long enough for you to inhale it in one or two slow, deep breaths. The spacer makes it easy to take the medicines the right way.]</p> <p>[HELP SCREEN: The response category 3 (disk or dry powder) and 4 (built-in spacer) are primarily intended for medications Beclomethasone (7), Beclovent (08) or QVAR (36), which are known to come in disk or breath-activated inhalers (which do not use a spacer). However, new medications may come on the market that might fit with either category. So, 3 or 4 can be used for other medications as well.]</p>
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Q8.13	A spacer is a small attachment for an inhaler that makes it easier to use. Does {he/she} use a spacer with [MEDICINE FROM INH_MEDS SERIES]?	ILP03	(1) YES (2) NO (3) Medication is a dry powder inhaler or disk inhaler, not a canister inhaler (4) Medication has a built-in spacer/does not need a spacer (7) DON'T KNOW (9) REFUSED		
Q8.14	In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS (8.9) SERIES] when {he/she} had an asthma episode or attack?	ILP04	(1) YES (2) NO (3) NO ATTACK IN PAST 3 MONTHS (7) DON'T KNOW (9) REFUSED		
Q8.15	In the past 3 months, did {he/she} take [MEDICINE FROM INH_MEDS SERIES] before exercising?	ILP05	(1) YES (2) NO (3) DIDN'T EXERCISE IN PAST 3 MONTHS (7) DON'T KNOW (9) REFUSED		
Q8.16	In the past 3 months, did {he/she} take [MEDICINE FROM INH_MEDS (8.9) SERIES] on a regular schedule everyday?	ILP06	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q8.18	How many times per day or per week did {he/she} use [MEDICINE FROM INH_MEDS SERIES]?	ILP08	3 __ Times per DAY 4 __ Times per WEEK 5 5 5 Never 6 6 6 LESS OFTEN THAN ONCE A	[RANGE CHECK: (>10)] [RANGE CHECK: (>75)] [RANGE CHECK:]	

			WEEK 7 7 7 Don't know / Not sure 9 9 9 Refused.	301-310, 401- 475, 555, 666, 777, 999]	
CATI NOTES	[ASK ILP10 ONLY IF INH_MEDS = 3, 4, 9, 10, 20, 21, 23, 24, 28, 30, 33, 37, 38, 41 OTHERWISE SKIP TO PILLS (8.20)]				
Q8.19	How many canisters of [MEDICINE FROM INH_MEDS (8.9) SERIES] has {child's name} used in the past 3 months?	ILP10	___ CANISTERS (77) DON'T KNOW (88) NONE (99) REFUSED	[RANGE CHECK: (01-76, 77, 88, 99)] [HELP SCREEN: IF RESPONDENT INDICATES THAT <CHILD> HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE AT SCHOOL, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY FULL CANISTERS HE/SHE USED. THE INTENT IS TO ESTIMATE HOW MUCH MEDICATION WAS CONSUMED IS USED, NOT HOW MANY DIFFERNT INHALERS WAS USED.]	[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']
Q8.20	In the past 3 months, have you taken any PRESCRIPTION medicine in pill form for your asthma?	PILLS	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED	[SKIP TO SYRUP (8.23)] [SKIP TO SYRUP (8.23)] [SKIP TO SYRUP (8.23)]	
Pill	For the following pills the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 232723 were submitted in the				

	<p>data file).</p> <p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p> <p>[IF RESPONDENT SELECTS ANY ANSWER FROM 01-49, SKIP TO PILL01]</p> <p>Note: The top 10 items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.</p>				
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	----- --	(66) Other [Please Specify, 100-character limit]	[SKIP TO OTH_P1]
					(88) NO PILLS [SKIP TO SYRUP (8.24)]
					(77) DON'T KNOW [SKIP TO SYRUP (8.24)]
					(99) REFUSED [SKIP TO SYRUP (8.24)]
CATI NOTES	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.				
Interview notes	[REPEAT QUESTION PILL01 AS NECESSARY FOR EACH PILL 01-49 REPORTED IN PILLS_MD, BUT NOT FOR 66 (OTHER).]				
Q8.21a	ENTER OTHER MEDICATION IN TEXT FIELD. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. 100 ALPHANUMERIC CHARACTER LIMIT FOR 66	OTH_P1			

PILL table

	Medication	Pronunciation
1	Accolate	ac-o-late
2	Aerolate	air-o-late
3	Albuterol	ăl'-bu'ter-ōl (or al-BYOO-ter-all)
4	Alupent	al-u-pent
49	Brethine	breth-een
5	Choledyl (oxtriphylline)	ko-led-il
7	Deltasone	del-ta-sone
8	Elixophyllin	e-licks- o-fil-in
11	Medrol	Med-rol
12	Metaprel	Met-a-prell
13	<u>Metaproteronol</u>	met"ah-pro- ter 'ĕ-nōl (or met-a-proe- TER -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- niss -oh-lone (or meth-il-pred- IS -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
26	Slo-bid	slow -bid
25	Slo-phyllin	slow - fil-in
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	<i>Intentionally left blank</i>	
35	Theophylline	thee -OFF-i-lin
37	Theospan	thee -o-span
40	T-Phyl	t -fil
42	Uniphyll	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

CATI notes	For medicines from [MEDICATION LISTED IN PILLS_MD], ask QUESTION PILLO1]
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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) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q8.23	In the past 3 months, has [he/she] taken prescription medicine in syrup form?	SYRUP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED	[SKIP TO NEB_SCR (8.25)] [SKIP TO NEB_SCR (8.25)] [SKIP TO NEB_SCR (8.25)]	
Syrup	<p>For the following syrups the respondent can choose up to four medications; however, each medication can only be used once (in the past, errors such as 020202 were submitted in the data file).</p> <p>[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]</p> <p>[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB_SCR]</p>				
Q8.24	What PRESCRIPTION asthma medications has {child's name} taken as a syrup? [MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION syrup medications for asthma?]	SYRUP_ID	-- -- -- -- (66) Other [Please Specify, 100-character limit] (88) NO SYRUPS (77) DON'T KNOW (99) REFUSED	[SKIP TO OTH_S1] [SKIP TO NEB_SCR (8.25)] [SKIP TO NEB_SCR (8.25)] [SKIP TO NEB_SCR (8.25)]	

CATI Notes	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.			
Q8.24a	ENTER OTHER MEDICATION. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. [100 ALPHANUMERIC CHARACTER LIMIT FOR 66]	OTH_S1	_____	

Syrup table

	Medication	Pronunciation
1	Aerolate	air-o-late
2	<u>Albuterol</u>	ăl'-bu'ter-ōl (or al-BYOO-ter-ole)
3	Alupent	al-u-pent
4	<u>Metaproteronol</u>	met"ah-pro-ter'ĕ-nōl (or met-a-proe-TER-e-nole)
5	<u>Prednisolone</u>	pred-NISS-oh-lone
6	Prelone	pre-loan
7	Proventil	Pro-ven-til
8	Slo-Phyllin	slow-fil-in
9	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	vent-o-lin
66	Other, Please Specify:	[SKIP TO OTH_S1]

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}'s	NEB_SCR	(1) YES		
			(2) NO	[SKIP TO Section 9]	
			(7) DON'T KNOW	[SKIP TO Section 9]	

	PRESCRIPTION asthma medicines used with a nebulizer?		(9) REFUSED	[SKIP TO Section 9]	
Q8.26	I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did {child's name}? use a nebulizer ...	NEB_PLC	RESPONSES (8.26a) AT HOME (1) YES (2) NO (7) DK (9) REF (8.26b) AT A DOCTOR'S OFFICE (1) YES (2) NO (7) DK (9) REF (8.26c) IN AN EMERGENCY ROOM (1) YES (2) NO (7) DK (9) REF (8.26d) AT WORK OR AT SCHOOL (1) YES (2) NO (7) DK (9) REF (8.26e) AT ANY OTHER PLACE (1) YES (2) NO (7) DK (9) REF		
Nebulizer	For the following nebulizers, the respondent can choose up to five medications; however, each medication can only be used once (in the past, errors such as 0101 were submitted in the data file). [INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]				
Q8.27	In the past 3 months, what prescription ASTHMA medications has {he/she} taken using a nebulizer? [MARK ALL THAT APPLY. PROBE: Has your child taken any other prescription ASTHMA medications with a nebulizer in the past 3 months?]	NEB_ID	-- -- -- -- -- (66) Other [Please Specify, 100-character limit] (88) NONE (77) DON'T KNOW (99) REFUSED	[SKIP TO OTH_N1] [SKIP TO Section 9] [SKIP TO Section 9] [SKIP TO Section 9]	

CATI Notes	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.			
Interview Notes	[LOOP BACK TO NEB01 AS NECESSARY TO ADMINISTER QUESTIONS NEB01 THROUGH NEB03 FOR EACH MEDICINE 01 THROUGH 19 (NEB_01 to NEB_19) REPORTED IN NEB_ID, BUT NOT FOR 66 (OTHER)].			
Q8.27a	ENTER OTHER MEDICATION. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. [100 ALPHANUMERIC CHARACTER LIMIT FOR 66]	OTH_N1	_____	_____

Nebulizer table

	Medication	Pronunciation
1	<u>Albuterol</u>	ăl'-bu'ter-ōl (or al-BYOO-ter-ole)
2	Alupent	al-u-pent
3	Atrovent	At-ro-vent
4	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye-tole-ter-ole)
19	<u>Brovana</u>	brō vă nah
5	<u>Budesonide</u>	byoo-des-oh-nide
17	<u>Combivent Inhalation solution</u>	com-bi-vent
6	<u>Cromolyn</u>	kro'mō-lin (or KROE-moe-lin)
7	DuoNeb	DUE-ow-neb
8	Intal	in-tel
9	<u>Ipratropium bromide</u>	ĭp-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'ĕ-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	ZOH-pen-ecks
66	Other, Please Specify:	[SKIP TO OTH_N1]

CATI notes	[For medicines from [MEDICATION LISTED IN NEB_ID], ask questions NEB01 to NEB03]				
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	(1) YES (2) NO (3) NO ATTACK IN PAST 3 MONTHS (7) DON'T KNOW (9) REFUSED		
Q8.29	In the past 3 months, did he/she take [MEDICINE FROM NEB_ID SERIES] on a regular schedule every day?	NEB02	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q8.30	How many times per day or per week does he/she use [MEDICINE FROM NEB_ID SERIES]?	NEB03	3____ DAYS 4____ WEEKS (555) NEVER (666) LESS OFTEN THAN ONCE A WEEK (777) DON'T KNOW / NOT SURE (999) REFUSED		

Section 9. Cost of Care

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

	go because of the cost?				
Q9.3	Was there a time in the <u>past 12 months</u> when {he/she} needed medication for {his/her} asthma but you could not buy it because of the cost?	ASRXCOST	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Section 10. School/Daycare Related Asthma

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 10. School/Daycare Related Asthma Q10.1	Next, we are interested in things that might affect {child's name} asthma when {he/she} is not at home. Does {child's name} currently go to school or pre-school or day care outside the home?	SCH_STAT	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED	[SKIP TO SCHGRADE (10.3)] [SKIP TO NO SCHL (Q10.2)] [SKIP TO SCHGRADE (Q10.3)] [SKIP TO SCHGRADE (Q10.3)]	
Q10.2	What is the main reason {he/she} is not now in school or day care? READ RESPONSE CATEGORIES	NO_SCHL	(1) NOT OLD ENOUGH (2) HOME SCHOoled (3) UNABLE TO ATTEND FOR HEALTH REASONS (4) ON VACATION OR BREAK (5) OTHER (7) DON'T KNOW (9) REFUSED	[SKIP TO Section 11] Continuous Continuous Continuous Continuous Continuous Continuous	
Q10.3	What grade was {he/she} in the last time {he/she} was in school or daycare? What grade is {he/she} in?	SCHGRADE	— — ENTER GRADE 1 TO 12 (88) PRE SCHOOL (66) KINDERGARTEN (55) DAYCARE (77) DON'T KNOW (99) REFUSED	Ask if [IF SCH_STAT = 1,7,9] If SCHGRADE= 55 daycare, SKIP to Q10.5, other continuous	
Q10.4	During the <u>past 12 months</u> , about how many days of school did {he/she} miss	MISS_SCHL (WAS Q10.5 in 2023)	— — — ENTER NUMBER DAYS (888) ZERO	Ask if [IF SCHGRADE (Q10.3) = 1-12, 66, 88, preschool, Kindergarten,	

	because of {his/her} asthma?		(777) DON'T KNOW (999) REFUSED	grade 1-12] [3 NUMERIC- CHARACTER- FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50] [CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]	
SKIP INSTRUCTIONS	[IF NO_SCHL (10.2) = 2 (HOME SCHOoled), SKIP TO SECTION 11]				
Q10.5	Does the school {he/she} goes to allow children with asthma to carry their medication with them while at school or daycare?	SCH_MED (WAS Q10.7 in 2023)	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q10.6	Earlier I explained that an asthma action plan contains instructions about how to care for the child's asthma. Does {child's name} have a written asthma action plan or asthma management plan on file at school or daycare?	SCH_APL	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Q10.7	Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} classroom?	SCH_ANML <i>(Was Q10.8 in 2023)</i>	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q10.8	Are you aware of any mold problems in {child's name} school or Daycare?	SCH_MOLD <i>(Was Q10.9 in 2023)</i>	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

11. Additional Child Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q11.1.	How much did {he/she} weigh at birth (in pounds)?	BIRTHW1 <i>(Was Q11.3 in 2023)</i>	----- Weight (pounds/kilograms) 7 7 7 7 7 7 Don't know / Not sure 9 9 9 9 9 9 Refused		
[IF BIRTH WEIGHT (11.1) IF DON'T KNOW OR REFUSED, ASK BIRTHRF; ELSE SKIP TO 12.1 (RELATE_ASTH)]					
Q11.2	At birth, did {child's name} weigh less than 5 ½ pounds?	BIRTHRF <i>(Was Q11.4 in 2023)</i>	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS]

New Section 12. Family History of Asthma and Allergy

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q12.1	Including living and deceased, were any of {child's name} close biological that is, blood relatives including father, mother, sisters, or brothers, ever been told by a health professional that they had asthma?	RELATE_ASTH	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
	The next set of questions are about different types of allergies.				
Q12.2	Does {child's name} get symptoms such as sneezing, runny nose, or itchy or watery eyes due to hay fever, seasonal or year-round allergies? ?	CURRESP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		Read if necessary: Hay fever, seasonal or year-round allergies may also be known as environmental allergies, allergic rhinitis, or allergic conjunctivitis.
Q12.3	Has {child's name} ever been told by a doctor or other health professional that {child's name} had hay fever, seasonal or year-round allergies?	DXRESP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q12.4	Question Text: The next question is about food allergies. People with food allergies have reactions such as hives, vomiting, trouble breathing, or throat tightening that	CURFOOD	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		Read if necessary: Food allergies are different from food intolerances, such as lactose and gluten intolerance, and

	<p>occur within two hours of eating a specific food.</p> <p>Does {child's name} have an allergy to one or more foods?</p>				other digestive disorders, including irritable bowel syndrome.
Q12.5	Has {child's name} ever been told by a doctor or other health professional that {child's name} had an allergy to one or more foods?	DXFOOD	<p>(1) YES (2) NO (7) DON'T KNOW (9) REFUSED</p>		
Q12.6	<p>The next question is about an allergic skin condition.</p> <p>Does {child's name} get an itchy rash due to eczema or atopic dermatitis?</p>	CURSKIN	<p>(1) YES (2) NO (7) DON'T KNOW (9) REFUSED</p>		<p>Read if necessary: The rash can be dry, scaly, bumpy, or crusty and lasts for several days or longer without treatment. Eczema is different from hives which come and go in a few hours.</p>
Q12.7	Has {child's name} ever been told by a doctor or other health professional that {child's name} had eczema or atopic dermatitis?	DXSKIN	<p>(1) YES (2) NO (7) DON'T KNOW (9) REFUSED</p>		

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

Language for Identifying Most Knowledgeable Person during the BRFSS interview.

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

BRFSS Childhood asthma module:

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

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

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

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q01	Would it be all right if we call back at a later time to ask additional questions about your child's asthma?	ADULTPERM	(1) Yes (2) No (7) Don't know/Not Sure (9) Refused	(GO TO BRFSS closing or next module) (GO TO BRFSS closing or next module) (GO TO BRFSS closing or next module)	
Q02	Can I please have your child's first name, initials, or nickname so we can ask about the right	CHILDNNNAME	Enter child's first name, initials, or nickname: <hr/>	[CATI: If more than one child, show child age {#} and which child was selected (FIRST, SECOND, etc.)	

	child when we call back? This is the {#} year old child which is the {FIRST CHILD, SECOND, etc.} CHILD.			from child selection module]	
Q03	Can I please have your first name, initials, or nickname so we know who to refer to when we call back?	ADULTNAME	Enter respondent's first name, initials, or nickname: _____		
Q04	Are you the parent or guardian in the household who knows the most about {child's name}'s asthma?	MOSTKNOW	(1) Yes _____	[CATI SET MKPNAME = ADULTNAME 03]	
			(2) No _____	[GO TO ALTNAME 06]	
			(7) Don't know/Not Sure _____	[GO TO ALTNAME 06]	
			(9) Refused _____	[GO TO ALTNAME 06]	
Q05	What is a good time to call you back? For example, evenings, days, weekends? Phone number: What is the best number to call you back?	CBTIME	Enter day/time: _____		
			Enter phone number: _____		
Interviewer Notes:	READ: The information you gave us today and will give us when we call back will be kept confidential. We will keep identifying information like your child's name and your name and phone number on file, separate from the answers collected today. Even though you agreed today, you may refuse to participate in the future.				

[If state requires active linking consent continue, if not, go to BRFSS closing or next module]

Linking consent	<p>READ: Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.</p> <p>PERMISS: May we combine your answers from today with your answers from the interview about your child's asthma that will be done in the next two weeks?</p> <p>(1) Yes [GO TO BRFSS closing or next module] (2) No [GO TO BRFSS closing or next module]</p> <p>(7) Don't Know [GO TO BRFSS closing or next module] (9) Refused [GO TO BRFSS closing or next module]</p> <p>If MOSTKNOW (04) = 2 (NO), 7 (Don't know/Not Sure), 9 Refused, ask ALTNAME 06.</p>
Q06	<p>READ: If you are not the person in the household who knows the most about {child's name}'s asthma, could you identify the person who knows the most about {child's name}'s asthma and provide permission to speak with that person and for that person to speak on behalf of the child?</p> <p>May I please have the first name, initials or nickname of the person who knows the most about {child's name}'s asthma so we will know who to ask for</p>

	when we call back?				
Q07	Is there a different phone number we should use to contact {ALTNAMEx}?	ALTPHONE	Alternate's Phone number: _____;		
Q08	When would be a good time to call back and speak with {ALTNAMEx}? For example, evenings, days, weekends?	ALTCBTIME	Enter day/time: _____		
Interview Notes	READ: The information you gave us today and that {ALTNAMEx} will give us when we call back will be kept confidential. We will keep their name and phone number, and your child's name on file, separate from the answers collected today. Even though you agreed today, {ALTNAMEx} may refuse to participate in the future.				
[If state requires linking consent, continue; if not, go to BRFSS closing or next module]					
Linking Consent	<p>READ: Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.</p> <p>PERMISS: May we combine your answers from today with the answers {ALTNAMEx} gives us during the interview about your child's asthma?</p> <p>(1) Yes [GO TO BRFSS closing or next module] (2) No [GO TO BRFSS closing or next module]</p> <p>(7) Don't Know [GO TO BRFSS closing or next module] (9) Refused [GO TO BRFSS closing or next module]</p>				