

**BRFSS/ASTHMA SURVEY
ADULT QUESTIONNAIRE - 2008
CATI SPECIFICATIONS**

Section	Subject	Page
Section 1	Introduction.....	02
Section 2	Informed Consent.....	03
Section 3	Recent History.....	06
Section 4	History of Asthma (Symptoms & Episodes).....	08
Section 5	Health Care Utilization.....	11
Section 6	Knowledge of Asthma/Management Plan.....	16
Section 7	Modifications to Environment.....	18
Section 8	Medications.....	22
Section 9	Cost of Asthma Care	33
Section 10	Work Related Asthma	35
Section 11	Comorbid Conditions.....	38
Section 12	Complimentary and Alternative Therapies.....	39
Appendix A:	Coding Notes and Pronunciation Guide.	41

CATI Programmers: IF INTERVIEW BREAKS OFF AT ANY POINT LEAVE REMAINING FIELDS BLANK. DO NOT FILL WITH ANY VALUE.]

MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code "470 Respondent was misdiagnosed; never had asthma" as a final code and terminate the interview.

Section 1. Introduction

INTRODUCTION TO THE BRFSS Asthma call back for Adult respondents 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 {ALTERNATE: a health} study we are doing in your state. During a recent phone interview {sample person first name or initials} indicated {he/she} would be willing to participate in this study.

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. During a recent phone interview {sample person first name or initials} indicated {he/she} would be willing to participate in this study.

1.1 Are you {sample person's name}?

1. Yes (go to informed consent)
2. No

1.2 May I speak with {sample person's name}?

1. Yes (go to 1.4 when sample person comes to phone)
2. No

If not available set time for return call in 1.3

1.3 Enter time/date for return call _____

1.4 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 indicated that you had asthma and would be able to complete the follow-up interview on asthma at this time.

ALTERNATE (no reference to 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 interview you indicated that you would be able to complete the follow-up interview at this time.

Section 2: Informed Consent

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 were selected to participate in this study about asthma because of your responses to questions in a prior survey.

[If "yes" to lifetime and "no" to still in Core BRFSS survey, read:]

Your answers to the asthma questions during the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, but you do not have it now. Is that correct?

(IF YES, READ:) (IF NO, Go to REPEAT (2.0))

Since you no longer have asthma, your interview will be very brief (about 5 minutes). 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. [Go to section 3]

[If "yes" to lifetime and "yes" to still in Core BRFSS survey, read:]

Your answers to the asthma questions in the earlier survey indicated that that a doctor or other health professional told you that you had asthma sometime in your life, and that you still have asthma. Is that correct?

(IF YES, READ:) (IF NO, Go to REPEAT (2.0))

Since you have asthma now, your interview will last about 15 minutes. 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. [Go to section 3]

REPEAT (2.0) (Respondent did not agree with previously BRFSS recorded asthma status so double 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?

1. Yes [continue to EVER_ASTH (2.1)]
2. No
 - a. Correct person is available and can come to phone [return to question 1.1]
 - b. Correct person is not available [return to question 1.3 to set call date/time]
 - c. Correct person unknown, interview ends [disposition code 306 is assigned]

EVER_ASTH (2.1) I would like to repeat the questions from the previous survey now to make

sure you qualify for this study.

Have you ever been told by a doctor or other health professional that you have asthma?

- (1) YES
- (2) NO [Go to TERMINATE]

- (7) DON'T KNOW [Go to TERMINATE]
- (9) REFUSED [Go to TERMINATE]

CUR_ASTH (2.2) Do you still have asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

READ: You do qualify for this study, I'd like to continue unless you have any questions. 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

[If YES to 2.2 read:]

Since you have asthma now, your interview will last about 15 minutes. [Go to section 3]

[If NO to 2.2 read:]

Since you do not have asthma now, your interview will last about 5 minutes. [Go to section 3]

[If Don't know or refused to 2.2 read:]

Since you are not sure if you have asthma now, your interview will probably last about 10 minutes. [Go to section 3]

Some states may require the following section before going to section 3:

READ: Some of the information that you shared with us when we called you before could be useful in this study.

PERMISS (2.3) May we combine your answers to this survey with your answers from the survey you did a few weeks ago?

- (1) YES (Skip to Section 3)
- (2) NO (GO TO TERMINATE)

- (7) DON'T KNOW (GO TO TERMINATE)
- (9) REFUSED (GO TO TERMINATE)

TERMINATE:

Upon survey termination, **READ:**

Those are all the questions I have. I'd like to thank you on behalf of the {STATE NAME} Health

*BRFSS Asthma Call-back Survey - Adult 2008 Questionnaire
CATI Specifications January, 2008*

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 – 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. Goodbye

Note: Disposition code is automatically assigned here by CATI as “211 Sel. Resp. ref. combine ans.” Selected Respondent refused combining responses with BRFSS” and the survey will end. This disposition code will only be needed if the optional question PERMISS (2.3) is asked.

Section 3. Recent History

AGEDX (3.1) **How old were you when you were first told by a doctor or other health professional that you had asthma?**
[INTERVIEWER: ENTER 888 IF LESS THAN ONE YEAR OLD]

_____ (ENTER AGE IN YEARS)
[RANGE CHECK: 001-115, 777, 888, 999]

- (777) DON'T KNOW
- (888) under one year old
- (999) REFUSED

[CATI CHECK: AGEDX LESS THAN OR EQUAL TO AGE OF RESPONDENT FROM CORE SURVEY]
[CATI CHECK:
IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT
IF RESPONSE = 88 VERIFY THAT 88 IS 88 YEARS OLD AND 888 IS UNDER 1]

INCIDENT (3.2) **How long ago was that? Was it .." READ CATEGORIES**

- (1) Within the past 12 months
- (2) 1-5 years ago
- (3) more than 5 years ago

- (7) DON'T KNOW
- (9) REFUSED

LAST_MD (3.3) **How long has it been since you last talked to a doctor or other health professional about your asthma? This could have been in your doctor's office, the hospital, an emergency room or urgent care center.**

[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]
[INTERVIEWER: OTHER PROFESSIONAL INCLUDES HOME NURSE]

- (88) NEVER
- (04) WITHIN THE PAST YEAR
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

- (77) DON'T KNOW
- (99) REFUSED

LAST_MED (3.4) **How long has it been since you last took asthma medication?**
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

- (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

INTRODUCTION FOR LASTSYMP:

READ: Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when you do not have a cold or respiratory infection.

LASTSYMP (3.5) How long has it been since you last had any symptoms of asthma?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

- (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

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

IF LAST SYMPTOMS (LASTSYMP 3.5) WERE WITHIN THE PAST 3 MONTHS (1, 2 OR 3) CONTINUE. IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 3 MONTHS TO 1 YEAR AGO (4), SKIP TO EPISODE INTRODUCTION (EPIS_INT - BETWEEN 4.4 AND 4.5); IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 1-5+ YEARS AGO (05, 06 OR 07), SKIP TO SECTION 5; IF NEVER HAD SYMPTOMS (88), SKIP TO SECTION 5, IF DK/REF (77, 99) CONTINUE.

IF LASTSYMP = 1, 2, 3 then continue
IF LASTSYMP = 4 SKIP TO EPIS_INT (between 4.4 and 4.5)
IF LASTSYMP = 88, 05, 06, 07 SKIP TO INS1 (Section 5)
IF LASTSYMP = 77, 99 then continue

SYMP_30D (4.1) During the past 30 days, on how many days did you have any symptoms of asthma?

____ DAYS
[RANGE CHECK: (01-30, 77, 88, 99)]

CLARIFICATION: [1-29, 77, 99] [SKIP TO 4.3 ASLEEP30]

(88) NO SYMPTOMS IN THE PAST 30 DAYS [SKIP TO EPIS_INT]
(30) EVERY DAY [CONTINUE]

(77) DON'T KNOW [SKIP TO 4.3 ASLEEP30]
(99) REFUSED [SKIP TO 4.3 ASLEEP30]

DUR_30D (4.2) Do you have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

ASLEEP30 (4.3) During the past 30 days, on how many days did symptoms of asthma make it difficult for you to stay asleep?

____ DAYS/NIGHTS
[RANGE CHECK: (01-30, 77, 88, 99)]

(88) NONE
(30) EVERY DAY (Added 1/24/08)

(77) DON'T KNOW
(99) REFUSED

SYMPFREE (4.4) During the past two weeks, on how many days were you completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?

____ Number of days
[RANGE CHECK: (01-14, 77, 88, 99)]

- (88) NONE
- (77) DON'T KNOW
- (99) REFUSED

EPIS_INT IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP (3.5) = 4) PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS (LASTSYMP (3.5) = 1, 2 OR 3) CONTINUE HERE AS WELL

READ: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.

EPIS_12M (4.5) During the past 12 months, have you had an episode of asthma or an asthma attack?

- (1) YES
- (2) NO [SKIP TO INS1 (section 5)]
- (7) DON'T KNOW [SKIP TO INS1 (section 5)]
- (9) REFUSED [SKIP TO INS1 (section 5)]

EPIS_TP (4.6) During the past three months, how many asthma episodes or attacks have you had?

____ [RANGE CHECK: (001-100, 777, 888, 999)]

- (888) NONE
- (777) DON'T KNOW
- (999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

Section 7. Modifications to Environment

- HH_INT** **READ:** The following questions are about your household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.
- AIRCLEANER (7.1)** **An air cleaner or air purifier can filter out pollutants like dust, pollen, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.**
- Is an air cleaner or purifier regularly used inside your home?**
- (1) YES
 (2) NO
- (7) DON'T KNOW
 (9) REFUSED
- DEHUMID (7.2)** **A dehumidifier is a small, portable appliance which removes moisture from the air.**
- Is a dehumidifier regularly used to reduce moisture inside your home?**
- (1) YES
 (2) NO
- (7) DON'T KNOW
 (9) REFUSED
- KITC_FAN (7.3)** **Is an exhaust fan that vents to the outside used regularly when cooking in your kitchen?**
- (1) YES
 (2) NO
- (7) DON'T KNOW
 (9) REFUSED
- COOK_GAS (7.4)** **Is gas used for cooking?**
- (1) Yes
 (2) NO
- (7) DON'T KNOW
 (9) REFUSED
- ENV_MOLD (7.5)** **In the past 30 days, has anyone seen or smelled mold or a musty odor inside your home? Do not include mold on food.**
- (1) YES
 (2) NO

DUR_ASTH (4.7) How long did your MOST RECENT asthma episode or attack last?

- 1__ Minutes
- 2__ Hours
- 3__ Days
- 4__ Weeks
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Interviewer note:

If answer is #.5 to #.99 round up

If answer is #.01 to #.49 ignore fractional part

ex. 1.5 should be recorded as 2

1.25 should be recorded as 1

COMPASTH (4.8) Compared with other episodes or attacks, was this most recent attack shorter, longer, or about the same?

- (1) SHORTER
- (2) LONGER
- (3) ABOUT THE SAME
- (4) THE MOST RECENT ATTACK WAS ACTUALLY THE FIRST ATTACK

- (7) DON'T KNOW
- (9) REFUSED

Section 5. Health Care Utilization

All respondents continue here:

INS1 (5.01) Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

- | | |
|----------------|--------------------|
| (1) YES | [continue] |
| (2) NO | [SKIP TO NER_TIME] |
| (7) DON'T KNOW | [SKIP TO NER_TIME] |
| (9) REFUSED | [SKIP TO NER_TIME] |

INS2 (5.02) During the past 12 months was there any time that you did not have any health insurance or coverage?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[IF SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED "NEVER" (88) OR "MORE THAN ONE YEAR AGO" (05, 06 or 07) TO SEEING A DOCTOR ABOUT ASTHMA (LAST_MD (3.3)), TAKING ASTHMA MEDICATION (LAST_MED (3.4)), AND SHOWING SYMPTOMS OF ASTHMA (LASTSYMP (3.5)), SKIP TO SECTION 6]

The best known value for whether or not the adult "still has asthma" is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.

IF respondent agrees 1 (Yes) with "Informed Consent":

**IF BRFSS core value for 9.2, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused)
AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO Section 6; otherwise continue with Section 5.**

The above "if" statement can also be restated in different words as:

**IF BRFSS core value for 9.2, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused)
AND
((LAST_MD = 4) OR
(LAST_MED = 1, 2, 3 or 4) OR
(LASTSYMP = 1, 2, 3 or 4)**

THEN Continue with Section 5 otherwise skip to Section 6)

IF BRFSS core value for 9.2, "Do you still have asthma?" = 1 (Yes), continue with Section 5.

IF respondent DOES NOT agree 2 (No) with "Informed Consent" REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO Section 6; otherwise continue with Section 5.

The above "if" statement can also be restated in different words as:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND
((LAST_MD = 4) OR
(LAST_MED = 1, 2, 3 or 4) OR
(LASTSYMP = 1, 2, 3 or 4)
THEN Continue with Section 5; otherwise skip to Section 6)

IF CUR_ASTH (2.2) = 1 (Yes) continue with section 5.

NER_TIME (5.1) [IF LAST_MD (3.3) = 88, 05, 06, 07; SKIP TO MISS_DAY]

During the past 12 months how many times did you see a doctor or other health professional for a routine checkup for your asthma?

ENTER NUMBER
[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]

(888) NONE

(777) DON'T KNOW

(999) REFUSED

ER_VISIT (5.2)

An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, have you had to visit an emergency room or urgent care center because of your asthma?

(1) YES

(2) NO

[SKIP TO URG_TIME]

(7) DON'T KNOW

(9) REFUSED

[SKIP TO URG_TIME]

[SKIP TO URG_TIME]

ER_TIMES (5.3)

During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

____ ENTER NUMBER

[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

(888) NONE (Skip back to 5.2)

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.2 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.3 ALLOW LOOPING BACK TO CORRECT 5.2 TO "NO"]

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

URG_TIME (5.4)

[IF ONE OR MORE ER VISITS (ER_TIMES (5.3)) INSERT "Besides those emergency room or urgent care center visits,"]

During the past 12 months, how many times did you see a doctor or other health professional for urgent treatment of worsening asthma symptoms or for an asthma episode or attack?

____ ENTER NUMBER

[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

(888) NONE

(777) DON'T KNOW

(999) REFUSED

[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.]

HOSP_VST (5.5)

[IF LASTSYMP \geq 5 AND \leq 7, SKIP TO MISS_DAY
IF LASTSYMP=88 (NEVER), SKIP TO MISS_DAY]

During the past 12 months, that is since [1 YEAR AGO TODAY], have you had to stay overnight in a hospital because of your asthma? Do not include an overnight stay in the emergency room.

(1) YES

(2) NO [SKIP TO MISS_DAY]

(7) DON'T KNOW [SKIP TO MISS_DAY]

(9) REFUSED [SKIP TO MISS_DAY]

HOSPTIME (5.6A)

During the past 12 months, how many different times did you stay in any hospital overnight or longer because of your asthma?

_____ TIMES

[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.5 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.6A ALLOW LOOPING BACK TO CORRECT 5.5 TO "NO"]

HOSPPLAN (5.7)

The last time you left the hospital, did a health professional TALK with you about how to prevent serious attacks in the future?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes if the respondent only received a pamphlet or instructions to view a website or video since the question clearly states "talk with you".]

MISS_DAY (5.8A)

During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

[INTERVIEWER: If response is, "I don't work", emphasize USUAL ACTIVITIES"]

____ ENTER NUMBER DAYS
[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777,
888, 999)] [Verify any entry >50]

[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI
SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]

(888) ZERO

(777) DON'T KNOW
(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND
999 WERE NOT THE INTENT]

ACT_DAYS (5.9)

**During the past 12 months, would you say you limited your usual activities
due to asthma not at all, a little, a moderate amount, or a lot?**

- (1) NOT AT ALL
- (2) A LITTLE
- (3) A MODERATE AMOUNT
- (4) A LOT

- (7) DON'T KNOW
- (9) REFUSED

Section 6. Knowledge of Asthma/Management Plan

- TCH_SIGN (6.1)** **Has a doctor or other health professional ever taught you...**
- a. How to recognize early signs or symptoms of an asthma episode?
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
-
- TCH_RESP (6.2)** **Has a doctor or other health professional ever taught you...**
- b. What to do during an asthma episode or attack?
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
-
- TCH_MON (6.3)** **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...**
- c. How to use a peak flow meter to adjust your daily medications?
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
-
- MGT_PLAN (6.4)** **An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.**
- Has a doctor or other health professional EVER given you an asthma action plan?**

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

MGT_CLAS (6.5)

Have you ever taken a course or class on how to manage your asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

- (7) DON'T KNOW
- (9) REFUSED

ENV_PETS (7.6) Does your household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?

- (1) YES
- (2) NO (SKIP TO 7.8)
- (7) DON'T KNOW (SKIP TO 7.8)
- (9) REFUSED (SKIP TO 7.8)

PETBEDRM (7.7) Are pets allowed in your bedroom?

[SKIP THIS QUESTION IF ENV_PETS = 2, 7, 9]

- (1) YES
- (2) NO
- (3) SOME ARE/SOME AREN'T
- (7) DON'T KNOW
- (9) REFUSED

C_ROACH (7.8) In the past 30 days, has anyone seen a cockroach inside your home?

- (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.

C_RODENT (7.9) In the past 30 days, has anyone seen mice or rats inside your home? Do not include mice or rats kept as pets.

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: Studies have shown that rodents may be a cause of asthma.

WOOD_STOVE (7.10) Is a wood burning fireplace or wood burning stove used in your home?

- (1) YES
- (2) NO
- (7) DON'T KNOW

(9) REFUSED

HELP SCREEN: OCCASIONAL USE SHOULD BE CODED AS "YES".

GAS_STOVE (7.11) Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in your home?

(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.

S_INSIDE (7.12) In the past week, has anyone smoked inside your home?

(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."

MOD_ENV (7.13) **INTERVIEWER READ:** Now, back to questions specifically about you.

Has a health professional ever advised you to change things in your home, school, or work to improve your asthma?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

MATTRESS (7.14) Do you use a mattress cover that is made especially for controlling dust mites?

[INTERVIEWER: If needed: 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.]

(1) YES
(2) NO

(7) DON'T KNOW

(9) REFUSED

E_PILLOW (7.15) Do you use a pillow cover that is made especially for controlling dust mites?

[INTERVIEWER: If needed: 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.]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

CARPET (7.16) Do you have carpeting or rugs in your bedroom? This does not include throw rugs small enough to be laundered.

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

HOTWATER (7.17) Are your sheets and pillowcases washed in cold, warm, or hot water?

- (1) COLD
- (2) WARM
- (3) HOT

- DO NOT READ**
- (4) VARIES

- (7) DON'T KNOW
- (9) REFUSED

BATH_FAN (7.18) In your bathroom, do you regularly use an exhaust fan that vents to the outside?

- (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 THEY USE MOST FREQUENTLY FOR SHOWERING AND BATHING.

Section 8. Medications

OTC (8.1) |IF LAST_MED = 88 (NEVER), SKIP TO SECTION 9. ELSE, CONTINUE.|

The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to your medication use.

Over-the-counter medication can be bought without a doctor's order. Have you ever used over-the-counter medication for your asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

INHALERE (8.2) Have you ever used a prescription inhaler?

- (1) YES
- (2) NO **[SKIP TO SCR_MED1]**

- (7) DON'T KNOW **[SKIP TO SCR_MED1]**
- (9) REFUSED **[SKIP TO SCR_MED1]**

INHALERH (8.3) Did a doctor or other health professional show you how to use the inhaler?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

INHALERW (8.4) Did a doctor or other health professional watch you use the inhaler?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

SCR_MED1 (8.5) [IF LAST_MED = 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9] (88 removed)

Now I am going to ask questions about specific prescription medications you may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often you take each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

It will help to get your medicines so you can read the labels.
Can you please go get the asthma medicines while I wait on the phone?

- (1) YES
- (2) NO [SKIP TO INH_SCR]
- (3) RESPONDENT KNOWS THE MEDS [SKIP TO INH_SCR]
- (7) DON'T KNOW [SKIP TO INH_SCR]
- (9) REFUSED [SKIP TO INH_SCR]

SCR_MED3 (8.7) [when Respondent returns to phone:] Do you have all the medications?

[INTERVIEWER: Read if necessary]

- (1) YES I HAVE ALL THE MEDICATIONS
- (2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL
- (3) NO
- (7) DON'T KNOW
- (9) REFUSED

INH_SCR (8.8)
inhaler?

[IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]

In the past 3 months have you taken prescription asthma medicine using an

- (1) YES
- (2) NO [SKIP TO PILLS]
- (7) DON'T KNOW [SKIP TO PILLS]
- (9) REFUSED [SKIP TO PILLS]

INH_MEDS (8.9)

For the following inhalers the respondent can choose up to eight medications; however, each medication can only be used once (in the past, errors such as 030303 were submitted in the data file). When 66 (Other) is selected as a response, the series of questions ILP01 (8.11) to ILP10 (8.19) is not asked for that response.

In the past 3 months, what prescription asthma medications did you take by inhaler? [MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO

SPELL THE NAME OF THE MEDICATION.]

Note: the yellow numbered items below are new medications for 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.

	Medication	Pronunciation
01	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
02	Aerobid	â-rô'bîd (or air-row-bid)
03	Albuterol (+ A. sulfate or salbutamol)	ăl'-bu'ter-ôl (or al-BYOO-ter-ole) sâl-byû'tă-môl'
04	Alupent	al-u-pent
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 dî pro'pe-o-nât (or be-kloe-meth-a-son)
08	Beclovent	be' klo-vent'' (or be-klo-vent)
09	Bitolterol	bi-tôl'ter-ôl (or bye-tole-ter-ole)
10	Brethaire	breth-air
11	Budesonide	byoo-des-oh-nide
12	Combivent	com-bi-vent
13	Cromolyn	kro'mô-lin (or KROE-moe-lin)
14	Flovent	flow-vent
15	Flovent Rotadisk	flow-vent row-ta-disk
16	Flunisolide	floo-nis'o-lîd (or floo-NISS-oh-lide)
17	Fluticasone	flue-TICK-uh-zone
34	Foradil	FOUR-a-dil
35	Formoterol	fôr moh' te rol
18	Intal	in-tel
19	Ipratropium Bromide	îp-rah-tro'pe-um bro'mîd (or ip-ra-TROE-pee-um)
37	Levalbuterol tartrate	lev-al-BYOU-ter-ohl
20	Maxair	măk-sâr
21	Metaproteronol	met''ah-pro-ter'ê-nôl (or met-a-proe-TER-e-nole)
39	Mometasone furoate	moe-MET-a-son
22	Nedocromil	ne-DOK-roe-mil
23	Pirbuterol	pêr-bu'ter-ôl (or peer-BYOO-ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro''ven-til' (or pro-vent-il)
25	Pulmicort Turbuhaler	pul-ma-cort tur-bo-hail-er
36	QVAR	q -vâr (or q-vair)
03	Salbutamol (or Albuterol)	sâl-byû'tă-môl'
26	Salmeterol	sal-ME-te-role
27	Serevent	Sair-a-vent
42	Symbicort	sim-buh-kohrt
28	Terbutaline (+ T. sulfate)	ter-bu'tah-lên (or ter-BYOO-ta-leen)
29	Tilade	tie-laid
30	Tornalate	tor-na-late
31	Triamcinolone acetonide	tri''am-sin'o-lôn as''ê-tô-nîd' (or trye-am-SIN-oh-lone)
32	Vanceril	van-sir-il
33	Ventolin	vent-o-lin
38	Xopenex HFA	ZOH-pen-ecks
66	Other, Please Specify	[SKIP TO OTH_I1]

[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP01]

(88) NO PRESCRIPTION INHALERS [SKIP TO PILLS]

(77) DON'T KNOW [SKIP TO PILLS]

(99) REFUSED [SKIP TO PILLS]

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

**OTH_11 (8.10) ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS
ON ONE LINE.**

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.

[LOOP BACK TO ILP01 AS NECESSARY TO ADMINISTER QUESTIONS ILP01 THRU ILP10 FOR EACH MEDICINE 01 – 42 REPORTED IN INH_MEDS, BUT NOT FOR 66 (OTHER).]

[FOR FILL [MEDICINE FROM INH_MEDS SERIES] FOR QUESTIONS ILP01 THROUGH ILP10]

[IF {MEDICINE FROM INH_MEDS SERIES} IS 03, 04, 21, 24, OR 33 ASK ILP01 ELSE SKIP TO ILP02]

ILP01 (8.11) Are there 80, 100, or 200 puffs in the [MEDICINE FROM INH_MEDS SERIES] inhaler that you use?

[INTERVIEWER: A puff is a single inhalation or a single dose. Inhalers sometimes say "100 metered doses". Instructions are to use 2-3 inhalations (doses, puffs) each time. The 80 puff canister may say 6.8 g. The 100 puff canister may say 9 g and the 200 puff canister may say 17 g, or 18 g, depending on the brand being used. If it says 90 mcg (micrograms) it is referring to the individual puff, not the size of the canister.]

- (1) 80 PUFFS
- (2) 100 PUFFS
- (3) 200 PUFFS
- (4) Other number of puffs
- (5) USED DIFFERENT SIZES OF THIS MEDICATION IN PAST 3 MONTHS

- (7) DON'T KNOW
- (9) REFUSED

ILP02 (8.12) How long have you been taking [MEDICINE FROM INH_MEDS SERIES]? Would you say less than 6 months, 6 months to 1 year, or longer than 1 year?

- (1) Less than 6 months
- (2) 6 months to 1 year
- (3) Longer than 1 year

(7) DON'T KNOW

(9) REFUSED

IF [MEDICINE FROM INH_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15) OR MOMETASONE FUROATE (39) OR ASMANEX (40) SKIP TO 8.14

ILP03 (8.13) A spacer is a small attachment for an inhaler that makes it easier to use. Do you use a spacer with [MEDICINE FROM INH_MEDS SERIES]?

(1) YES

(2) NO

(3) Medication is a disk inhaler not a canister inhaler

(7) DON'T KNOW

(9) REFUSED

[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.]

[HELP SCREEN: The response category 3 (disk not canister) is primarily intended for medications Serevent (27), Salmeterol (26) and Flovent (14) which are known to come in disk type inhalers (which do not use a spacer). However, new medications may come on the market that will need this category so it can be used for other than 14, 26, and 27.]

ILP04 (8.14) In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack?

(1) YES

(2) NO

(3) NO ATTACK IN PAST 3 MONTHS

(7) DON'T KNOW

(9) REFUSED

ILP05 (8.15) In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising?

(1) YES

(2) NO

(3) DIDN'T EXERCISE IN PAST 3 MONTHS

(7) DON'T KNOW

(9) REFUSED

ILP06 (8.16) In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

ILP07 (8.17) On average, how many puffs do you take each time you use [MEDICINE FROM INH_MEDS SERIES]?

___ PUFFS EACH TIME
[RANGE CHECK: (01-76, 77, 99)]

(77) DON'T KNOW
(99) REFUSED

INTERVIEWER: PROBE FOR NUMBER OF PUFFS IF RANGE IS GIVEN.

ILP08 (8.18) How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]?

3 __ Times per DAY [RANGE CHECK: (>10)]
4 __ Times per WEEK [RANGE CHECK: (>75)]
5 5 5 Never
6 6 6 LESS OFTEN THAN ONCE A WEEK

7 7 7 Don't know / Not sure
9 9 9 Refused

[RANGE CHECK: 301-399, 401-499, 555, 666, 777, 999]

[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)]

ILP10 (8.19) How many canisters of [MEDICINE FROM INH_MEDS SERIES] have you used in the past 3 months?

[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']

___ CANISTERS

(77) DON'T KNOW
(88) NONE
(99) REFUSED

[RANGE CHECK: (01-76, 77, 88, 99)]

[HELP SCREEN: IF RESPONDENT INDICATES HE/SHE HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE IN PURSE, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY FULL CANISTERS HE/SHE USED. THE INTENT IS TO ESTIMATE HOW MUCH MEDICATION IS USED, NOT HOW MANY DIFFERNT INHALERS.]

PILLS (8.20)

In the past 3 months, have you taken any prescription medicine in pill form for your asthma?

(1) YES

(2) NO

[SKIP TO SYRUP]

(7) DON'T KNOW

[SKIP TO SYRUP]

(9) REFUSED

[SKIP TO SYRUP]

PILLS_MD (8.21)

For the following pills the respondent can choose up to five medications; however, each medication can only be used once (in the past, errors such as 232723 were submitted in the data file).

What prescription asthma medications do you 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 for 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.

	Medication	Pronunciation
01	Accolate	ac-o-late
02	Aerolate	air-o-late
03	Albuterol	äl'-bu'ter-ōl (or al-BYOO-ter-all)
04	Alupent	al-u-pent
49	Brethine	breth-een
05	Choledyl (oxtriphylline)	ko-led-il
07	Deltasone	del-ta-sone
08	Elixophyllin	e-licks-o-fil-in
11	Medrol	Med-rol
12	Metaprel	Met-a-prell
13	Metaproteronol	met"ah-pro-ter'ē-nōl (or met-a-proe-TER-e-nole)
14	Methylprednisolone	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
26	Slo-bid	slow-bid
48	Terbutaline (+ T. sulfate)	ter byoo' ta leen
28	Theo-24	thee-o-24
30	Theochron	thee -o-kron
31	Theoclear	thee-o-clear
32	Theodur	thee-o-dur
33	Theo-Dur	thee-o-dur
35	Theophylline	thee-OFF-i-lin
37	Theospan	thee-o-span
40	T-Phyl	t-fil
42	Uniphyl	u-ni-fil
43	Ventolin	vent-o-lin
44	Volmax	vole-max
45	Zafirlukast	za-FIR-loo-kast
46	Zileuton	zye-loo-ton
47	Zyflo Filmtab	zye-flow film tab
66	Other, please specify	[SKIP TO OTH P1]

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-49 SKIP TO PILLX]

(88) NO PILLS [SKIP TO SYRUP]

(77) DON'T KNOW [SKIP TO SYRUP]

(99) REFUSED [SKIP TO SYRUP]

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_P1

ENTER OTHER MEDICATION IN TEXT FIELD

IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

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.

[REPEAT QUESTION PILLX AS NECESSARY FOR EACH PILL 01-49 REPORTED IN PILLS_MD, BUT NOT FOR 66 (OTHER).]

FOR FILL [MEDICATION LISTED IN PILLS_MD] FOR QUESTION PILLX]

PILLX (8.22) How long have you been taking [MEDICATION LISTED IN PILLS_MD]? Would you say less than 6 months, 6 months to 1 year, or longer than 1 year?

- (1) Less than 6 months
- (2) 6 months to 1 year
- (3) Longer than 1 year

- (7) DON'T KNOW
- (9) REFUSED

SYRUP (8.23) In the past 3 months, have you taken any prescription asthma medication in syrup form?

- (1) YES
- (2) NO [SKIP TO NEB_SCR]
- (7) DON'T KNOW [SKIP TO NEB_SCR]
- (9) REFUSED [SKIP TO NEB_SCR]

SYRUP_ID (8.24) 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).

What prescription asthma medications have you taken as a syrup? [MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

	Medication	Pronunciation
01	Aerolate	air-o-late
02	<u>Albuterol</u>	ăl'-bu'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	al-u-pent
04	<u>Metaproteronol</u>	met"ah-pro-ter'ē-nōl (or met-a-proe-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	pre-loan
07	Proventil	Pro-ven-til
08	Slo-Phyllin	slow-fil-in
09	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	vent-o-lin

66	Other, Please Specify:	[SKIP TO OTH_S1]
----	------------------------	------------------

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB_SCR]

- | | |
|-----------------|-------------------|
| (88) NO SYRUPS | [SKIP TO NEB_SCR] |
| (77) DON'T KNOW | [SKIP TO NEB_SCR] |
| (99) REFUSED | [SKIP TO NEB_SCR] |

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_S1

**ENTER OTHER MEDICATION.
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS
ON ONE LINE.**

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.

NEB_SCR (8.25) Read: A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of your prescription asthma medicines used with a nebulizer?

- | | |
|----------------|---------------------|
| (1) YES | |
| (2) NO | [SKIP TO Section 9] |
| (7) DON'T KNOW | [SKIP TO Section 9] |
| (9) REFUSED | [SKIP TO Section 9] |

NEB_PLC (8.26) I am going to read a list of places where you might have used a nebulizer. Please answer yes if you have used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did you use a nebulizer...

- | | |
|---------|---|
| (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 |

NEB_ID (8.27) For the following nebulizers the respondent can chose 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).

In the past 3 months, what prescriptions asthma medications have you taken using a nebulizer?

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

[MARK ALL THAT APPLY. PROBE: Have you taken any other prescription asthma medications with your nebulizer in the past 3 months?]

	Medication	Pronunciation
01	<u>Albuterol</u>	äl'-bu'ter-öl (or al-BYOO-ter-ole)
02	Alupent	al-u-pent
03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-töl'ter-öl (or bye-tole-ter-ole)
05	<u>Budesonide</u>	byoo-des-oh-nide
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-trō'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)
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]

(88) NO Nebulizers

[SKIP TO Section 9]

(77) DON'T KNOW

[SKIP TO Section 9]

(99) REFUSED

[SKIP TO Section 9]

OTH_N1

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

ENTER OTHER MEDICATION

IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

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.

Section 9. Cost of Care

The best known value for whether or not the adult "still has asthma" is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.

IF respondent agrees 1 (Yes) with "Informed Consent":

IF BRFSS core value for 9.2, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) skip to Section 10

IF BRFSS core value for 9.2, "Do you still have asthma?" = 1 (Yes), continue.

IF respondent DOES NOT agree 2 (No) with "Informed Consent" REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) skip to Section 10

IF CUR_ASTH (2.2) = 1 (Yes) continue.

ASMDCOST (9.1) Was there a time in the past 12 months when you needed to see your primary care doctor for your asthma but could not because of the cost?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ASSPCOST (9.2) Was there a time in the past 12 months when you were referred to a specialist for asthma care but could not go because of the cost?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ASRXCOST (9.3) Was there a time in the past 12 months when you needed to buy medication for your asthma but could not because of the cost?

- (1) YES
- (2) NO

(7) DON'T KNOW
(9) REFUSED

Section 10. Work Related Asthma

EMP_STAT (10.1)

Next, we are interested in things that affect asthma in the workplace. However, first I'd like to ask how you would describe your current employment status? Would you say ...

[INTERVIEWER: Include self employed as employed. Full time is 40+ hours.]

- | | |
|------------------------|----------------------------|
| (1) Employed full-time | [SKIP TO WORKENV1] |
| (2) Employed part-time | [SKIP TO WORKENV1] |
| (3) Not employed | |
| (7) DON'T KNOW | [SKIP TO EMPL_EVER (10.3)] |
| (9) REFUSED | [SKIP TO EMPL_EVER (10.3)] |

UNEMP_R (10.2)

What is the main reason you are not now employed?

- (01) KEEPING HOUSE
- (02) GOING TO SCHOOL
- (03) RETIRED
- (04) DISABLED
- (05) UNABLE TO WORK FOR OTHER HEALTH REASONS
- (06) LOOKING FOR WORK
- (07) LAID OFF
- (08) OTHER

- (77) DON'T KNOW
- (99) REFUSED

EMP_EVER (10.3)

Have you ever been employed outside the home?

- | | |
|----------------|----------------------|
| (1) YES | [SKIP TO WORKENV3] |
| (2) NO | [SKIP TO SECTION 11] |
| (7) DON'T KNOW | [SKIP TO SECTION 11] |
| (9) REFUSED | [SKIP TO SECTION 11] |

WORKENV1 (10.4) Was your asthma CAUSED by chemicals, smoke, fumes or dust in your CURRENT job?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: THE INTENT HERE IS TO INCLUDE CONDITIONS BOTH SPECIFIC TO THE JOB AND ALSO TO INCLUDE THINGS THAT HAPPEN AT WORK. FOR EXAMPLE, FLOUR DUST IN A BAKERY, AND ALSO NORMAL DUST IN AN OFFICE; FUMES FROM PAINT IN A PAINT MANUFACTURING COMPANY, AND ALSO PAINT FUMES FROM REPAINTING AN OFFICE; SMOKE FROM A MANUFACTURING PROCESS AND ALSO SMOKE FROM A COWORKER'S CIGARETTE]

The best known value for whether or not the adult "still has asthma" is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.

IF respondent agrees 1 (Yes) with "Informed Consent":

IF BRFSS core value for 9.2, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) skip to 10.6

IF BRFSS core value for 9.2, "Do you still have asthma?" = 1 (Yes) continue.

IF respondent DOES NOT agree 2 (No) with "Informed Consent" REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) skip to 10.6

IF CUR_ASTH (2.2) = 1 (Yes) continue.

WORKENV2 (10.5) Is your asthma MADE WORSE by chemicals, smoke, fumes or dust in your CURRENT job?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[IF WORKENV1 (10.4) = 1 (yes) skip to WORKSEN1]

WORKENV3 (10.6) Was your asthma CAUSED by chemicals, smoke, fumes or dust in any

PREVIOUS job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

WORKENV4 (10.7) Was your asthma MADE WORSE by chemicals, smoke, fumes or dust in any PREVIOUS job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[ASK 10.75 ONLY IF:
WORKENV3 (10.6) = 1 (YES) OR
WORKENV4 (10.7) = 1 (YES)
OTHERWISE SKIP TO WORKSEN1 (10.8)]

WORKQUIT (10.75) Did you ever change or quit a job because chemicals, smoke, fumes, or dust caused your asthma or made your asthma worse?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

WORKSEN1 (10.8) Were you ever told by a doctor or other health professional that your asthma was related to any job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

WORKSEN2 (10.9) Did you ever tell a doctor or other health professional that your asthma was related to any job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 11. Comorbid Conditions

We have just a few more questions. Besides asthma we are interested in some other medical conditions you may have.

COPD (11.1) Have you ever been told by a doctor or health professional that you have chronic obstructive pulmonary disease also known as COPD?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

EMPHY (11.2) Have you ever been told by a doctor or other health professional that you have emphysema?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

BRONCH (11.3) Have you ever been told by a doctor or other health professional that you have Chronic Bronchitis?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Chronic Bronchitis is repeated attacks of bronchitis over a long period of time. Chronic Bronchitis is not the type of bronchitis you might get occasionally with a cold.]

DEPRESS (11.4) Have you ever been told by a doctor or other health professional that you were depressed?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 12. Complimentary and Alternative Therapy

The best known value for whether or not the adult “still has asthma” is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS core value for 9.2, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) skip to CWEND

IF BRFSS core value for 9.2, “Do you still have asthma?” = 1 (Yes) continue.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) skip to CWEND

IF CUR_ASTH (2.2) = 1 (Yes) continue.

READ: Sometimes people use methods other than prescription medications to help treat or control their asthma. These methods are called non-traditional, complementary, or alternative health care. I am going to read a list of these alternative methods. For each one I mention, please answer “yes” if you have used it to control your own asthma in the past 12 months. Answer “no” if you have not used it in the past 12 months.

**In the past 12 months, have you used ... to control your asthma?
[interviewer: repeat prior phrasing as needed]**

CAM_HERB (12.1)	herbs	(1) YES	(2) NO	(7) DK	(9) REF
CAM_VITA (12.2)	vitamins	(1) YES	(2) NO	(7) DK	(9) REF
CAM_PUNC (12.3)	acupuncture	(1) YES	(2) NO	(7) DK	(9) REF
CAM_PRES (12.4)	acupressure	(1) YES	(2) NO	(7) DK	(9) REF
CAM_AROM (12.5)	aromatherapy	(1) YES	(2) NO	(7) DK	(9) REF
CAM_HOME (12.6)	homeopathy	(1) YES	(2) NO	(7) DK	(9) REF
CAM_REFL (12.7)	reflexology	(1) YES	(2) NO	(7) DK	(9) REF
CAM_YOGA (12.8)	yoga	(1) YES	(2) NO	(7) DK	(9) REF

CAM_BR (12.9) breathing techniques (1) YES (2) NO (7) DK (9) REF

CAM_NATR (12.10) naturopathy (1) YES (2) NO (7) DK (9) REF

[INTERVIEWER: If respondent does not recognize the term "naturopathy" the response should be no"]

[HELP SCREEN: Naturopathy (nay-chur-o-PATH-ee) is an alternative treatment based on the principle that there is a healing power in the body that establishes, maintains, and restores health. Naturopaths prescribe treatments such as nutrition and lifestyle counseling, dietary supplements, medicinal plants, exercise, homeopathy, and treatments from traditional Chinese medicine.]

CAM_OTHR (12.11) Besides the types I have just asked about, have you used any other type of alternative care for your asthma in the past 12 months?

- (1) YES
- (2) NO [SKIP TO CWEND]
- (7) DON'T KNOW [SKIP TO CWEND]
- (9) REFUSED [SKIP TO CWEND]

CAM_TEXT (12.13) What else have you used?

[100 ALPHANUMERIC CHARACTER LIMIT]

ENTER OTHER ALTERNATIVE MEDICINE IN TEXT FIELD
IF MORE THAN ONE IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CWEND

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

Appendix A: Coding Notes and Pronunciation Guide

Coding Notes:

1) MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code "470 Resp. was misdiagnosed; never had asthma" as a final code and terminate the interview.

2) BACKCODE SYMPFREE (4.4) TO 14 IF LASTSYMP (3.5) = 88 (never) or = 04, 05, 06, or 07 OR IF SYMP_30D = 88. THIS WILL BE DONE BY BSB.

3) CATI Programmer's note: For the Other in the medications (in INH_MEDS, PILLS_MD, SYRUP_ID or NEB_ID. If "Other" has one of the following misspellings then a menu choice should have been made. Code for this and correct:

Medication	Common misspelling in "Other"
Zyrtec	Zertec, Zertek or Zerteck
Allegra	Alegra, Allegra or Allegra D
Claritin	Cleraton, Cleritin or Claritin D
Singular	Singular, Cingulair or Cingular
Xopenex	Zopanox or Zopenex
Advair	
Diskus	Advair or Diskus
Albuterol	Aluterol Sulfate
Maxair	Maxair Autohaler

Pronunciation Guide:

The following is a pronunciation guide. The top ten medications are shown bolded. Audio files are available from the BRFSS coordinators' upload/download site.

INH_MEDS

	Medication	Pronunciation
01	Advair	ăd-vâr (or add-vair)
02	Aerobid	ă-rô'bîd (or air-row-bid)
03	Albuterol (+ A. sulfate or salbutamol)	ăl'-bu'ter-ôl (or al-BYOO-ter-ole) sâl-byü'tă-môl'
04	Alupent	al-u-pent
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 dî pro'pe-o-năt (or be-kloe-meth-a-son)
08	Beclovent	be' klo-vent" (or be-klo-vent)
09	Bitolterol	bi-tôl'ter-ôl (or bye-tole-ter-ole)
10	Brethaire	breth-air
11	Budesonide	byoo-des-oh-nide
12	Combivent	com-bi-vent
13	Cromolyn	kro'mô-lin (or KROE-moe-lin)

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	<i>FOUR-a-dil</i>
35	Formoterol	for moh' te rol
18	Intal	in-tel
19	Ipratropium Bromide	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
37	Levalbuterol tartrate	lev-al-BYOU-ter-ohl
20	Maxair	māk-sār
21	Metaproteronol	met"ah-pro-ter'ē-nōl (or met-a-proe-TER-e-nole)
39	Mometasone furoate	moe-MET-a-sonē
22	Nedocromil	ne-DOK-roe-mil
23	Pirbuterol	pēr-bu'ter-ōl (or peer-BYOO-ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro"ven-til' (or pro-vent-il)
25	Pulmicort Turbuhaler	pul-ma-cort tur-bo-hail-er
36	QVAR	q -vār (or q-vair)
03	Salbutamol (or Albuterol)	sāl-byū'ta-mōl'
26	Salmeterol	sal-ME-te-role
27	Serevent	Sair-a-vent
42	Symbicort	sim-buh-kohrt
28	Terbutaline (+ T. sulfate)	ter-bu'tah-lēn (or ter-BYOO-ta-leen)
29	Tilade	tie-laid
30	Tornalate	tor-na-late
31	Triamcinolone acetonide	tri"am-sin'o-lōn as"ē-tō-nīd' (or trye-am-SIN-oh-lone)
32	Vanceril	van-sir-il
33	Ventolin	vent-o-lin
38	Xopenex HFA	<i>ZOH-pen-ecks</i>

PILLS_MED

	Medication	Pronunciation
01	Accolate	ac-o-late
02	Aerolate	air-o-late
03	Albuterol	äl'-bu'ter-öl (or al-BYOO-ter-all)
04	Alupent	al-u-pent
49	Brethine	breth-een
05	Choledyl (oxtriphylline)	ko-led-il
07	Deltasone	dcl-ta-sone
08	Elixophyllin	e-licks-o-fil-in
11	Medrol	Med-rol
12	Metaprel	Met-a-prell
13	Metaproteronol	met'ah-pro-ter'ë-nöl (or met-a-proe-TER-e-nole)
14	Methylprednisolone	meth-ill-pred-niss-oh-lone (or meth-il-pred-NIS-oh-lone)
15	Montelukast	mont-e-lu-cast
17	Pediapred	Pee-dee-a-pred
18	Prednisolone	pred-NISS-oh-lone
19	Prednisone	PRED-ni-sone
21	Proventil	pro-ven-til
23	Respid	res-pid
24	Singulair	sing-u-lair
25	Slo-phyllin	slow- fil-in
26	Slo-bid	slow-bid
48	Terbutaline (+ T. sulfate)	ter byoo' ta leen
28	Theo-24	thee-o-24
30	Theochron	thee -o-kron
31	Theoclear	thee-o-clear
32	Theodur	thee-o-dur
33	Theo-Dur	thee-o-dur
35	Theophylline	thee-OFF-i-lin
37	Theospan	thee-o-span
40	T-Phyl	t-fil
42	UniphyI	u-ni-fil
43	Ventolin	vent-o-lin
44	Volmax	vole-max
45	Zafirlukast	za-FIR-loo-kast
46	Zileuton	zye-loo-ton
47	Zyflo Filmtab	zye-flow film tab

SYRUP_ID

	Medication	Pronunciation
01	Aerolate	air-o-late
02	Albuterol	āl'-bu'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	al-u-pent
04	Metaproteronol	met'ah-pro-ter'ē-nōl (or met-a-proe-TER-e-nole)
05	Prednisolone	pred-NISS-oh-lone
06	Prelone	pre-loan
07	Proventil	Pro-ven-til
08	Slo-Phyllin	slow-fil-in
09	Theophyllin	thee-OFF-i-lin
10	Ventolin	vent-o-lin

NEB_ID

	Medication	Pronunciation
01	Albuterol	āl'-bu'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	al-u-pent
03	Atrovent	At-ro-vent
04	Bitolterol	bi-tōl'ter-ōl (or bye-tole-ter-ole)
05	Budesonide	byoo-des-oh-nide
06	Cromolyn	kro'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	in-tel
09	Ipratropium bromide	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
10	Levalbuterol	lev al byoo' ter ol
11	Metaproteronol	met'ah-pro-ter'ē-nōl (or met-a-proe-TER-e-nole)
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