

**BRFSS/ASTHMA SURVEY  
CHILD QUESTIONNAIRE - 2010  
CATI SPECIFICATIONS**

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## Section 2. Informed Consent

*For states identifying the Most Knowledgeable Person/Parent (MKP) at the BRFSS interview use language in Appendix A.*

*For states identifying the Most Knowledgeable Person/Parent (MKP) at the Asthma Call-Back use language in Appendix B.*

- (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 {child's name} did not have a cold or respiratory infection.

**LASTSYMP (3.5) How long has it been since {he/she} 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

**SYMPFREE (4.4)**

During the past two weeks, on how many days was {child's name} completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?

\_\_\_ 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 = 4) PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS PLUS DK AND REFUSED (LASTSYMP (3.5) = 1, 2, 3, 77, 99) 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' has {child's name} had an episode of asthma or an asthma attack?

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

**EPIS\_TP (4.6)**

During the past three months, how many asthma episodes or attacks has { he/she } 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]

**DUR\_ASTH (4.7)**

How long did {his/her} MOST RECENT asthma episode or attack last?

- 1\_\_ Minutes
- 2\_\_ Hours

**Section 5. Health Care Utilization**

All respondents continue here:

**INS1 (5.1)** 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?

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

**INS\_TYP (5.2)** 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?

- (1) parent's employer
- (2) medicaid/medicare
- (3) CHIP {replace with state specific name}
- (4) Other
  
- (7) DON'T KNOW
- (9) REFUSED

**INS2 (5.3)** During the past 12 months was there any time that { he/she } did not have any health insurance or coverage?

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

**FLU\_SHOT (5.4)** A flu shot is an influenza vaccine injected in your arm. During the past 12 months, did {CHILD'S NAME} have a flu shot?

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

(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.**

**ACT\_DAYS (5.6)** During the past 12 months, 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?

- (1) NOT AT ALL
- (2) A LITTLE
- (3) A MODERATE AMOUNT
- (4) A LOT
  
- (7) DON'T KNOW
- (9) REFUSED

**NR\_TIMES (5.7)** [IF LAST\_MD= 88, 05, 06, 07; SKIP TO Section 6  
(have not seen a doctor in the past 12 months)]

During the past 12 months how many times did {he/she} see a doctor or other health professional for a routine checkup for {his/her} 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 (5.8)** An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, has {child's name} had to visit an emergency room or urgent care center because of {his/her} asthma?

HOSP\_VST (5.11) [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], 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.

- (1) YES
- (2) NO [SKIP TO Section 6]
- (7) DON'T KNOW [SKIP TO Section 6]
- (9) REFUSED [SKIP TO Section 6]

HOSPPTIME (5.12) During the past 12 months, how many different times did {he/she} stay in any hospital overnight or longer because of {his/her} 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 5.11 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.12 ALLOW LOOPING BACK TO CORRECT 5.11 TO "NO"]

HOSPPLAN (5.13) 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?

- (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". ]

**Has a doctor or other health professional EVER given you or {child's name}....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 or {child's name} ever taken a course or class on how to manage {his/her} asthma?**

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED



(2) NO

(7) DON'T KNOW

(9) REFUSED

**ENV\_PETS (7.6)** Does {child's name} home 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)** Is the pet allowed in {his/her} 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 cockroaches inside {child's name} 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 {his/her} 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 {child's name} home?

(1) YES

(2) NO

(2) NO

(7) DON'T KNOW

(9) REFUSED

**E\_PILLOW (7.15)** Does {he/she} 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)** Does {child's name} have carpeting or rugs in {his/her} 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 {his/her} 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 {child's name} bathroom, does {he/she} 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 THE CHILD USES MOST FREQUENTLY FOR SHOWERING AND BATHING.**

SCR\_MED1 (8.5) [IF LAST\_MED = 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9]

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.

It will help to get {child's name} 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) [IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]  
In the past 3 months has {child's name} taken prescription asthma medicine using an inhaler?

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

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	ZOH-pen-ecks
66	Other, Please Specify	SKIP TO OTH_11

[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 {he/she} uses?

[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

- (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 {he/she} 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 did {he/she} take each time he/she used [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 did {he/she} 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] has {child's name} used in the past 3 months?

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	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).]

(77) DON'T KNOW  
(99) REFUSED

[SKIP TO NEB\_SCR]  
[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) A nebulizer is a small machine with a tube and facemask or mouthpiece that you  
breathe through continuously. In the past 3 months, were any of {child's name}  
PRESCRIPTION asthma medicines used with a nebulizer?

(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 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 ...

(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).

## Section 9. Cost of Care

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 module 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 module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module 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 module value for M2.2, “Does the child 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 10; otherwise continue with Section 9**

**IF BRFSS module value for M2.2, “Does the child still have asthma?” = 1 (Yes), then continue with Section 9.**

**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 10; otherwise continue with Section 9.**

**IF CUR\_ASTH (2.2) = 1 (Yes), then continue with Section 9.**

**ASMDCOST (9.1) Was there a time in the past 12 months when {child’s name} needed to see his/her primary care doctor for 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 {his/her} asthma care but could not go because of the cost?**



Section 10. School Related Asthma

**SCH\_STAT (10.1)**      Next, we are interested in things that might affect {child's name} asthma when he/she is not at home.

Does {child's name} currently go to school or pre school outside the home?

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

**NO\_SCHL (10.2)**      What is the main reason {he/she} is not now in school? READ RESPONSE CATEGORIES

- (1) NOT OLD ENOUGH                        [SKIP TO DAYCARE]  
(2) HOME SCHOOLED                        [SKIP TO SCHGRADE]  
(3) UNABLE TO ATTEND FOR HEALTH REASONS  
(4) ON VACATION OR BREAK  
(5) OTHER  
  
(7) DON'T KNOW  
(9) REFUSED

**SCHL\_12 (10.3)**      Has {child's name} gone to school in the past 12 months?

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

**SCHGRADE (10.4)**      [IF SCHL\_12 = 1]  
What grade was {he/she} in the last time he/she was in school?

[IF SCH\_STAT = 1 OR NO\_SCHL = 2]  
What grade is {he/she} in?

- (88)    PRE SCHOOL  
(66)    KINDERGARDEN  
\_\_\_\_    ENTER GRADE 1 TO 12  
  
(77) DON'T KNOW  
(99) REFUSED

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

[IF NO\_SCHL = 2 (HOME SCHOOLED) SKIP TO SECTION 11]

[IF SCHL\_12 (10.3) = 1 READ 'PLEASE ANSWER THESE NEXT FEW QUESTIONS ABOUT THE SCHOOL {CHILD'S NAME} WENT TO LAST]

- SCH\_APL (10.6)** 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?
- (1) YES  
(2) NO  
  
(7) DON'T KNOW  
(9) REFUSED
- SCH\_MED (10.7)** Does the school {he/she} goes to allow children with asthma to carry their medication with them while at school?
- (1) YES  
(2) NO  
  
(7) DON'T KNOW  
(9) REFUSED
- SCH\_ANML (10.8)** Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} CLASSROOM?
- (1) YES  
(2) NO  
  
(7) DON'T KNOW  
(9) REFUSED
- SCH\_MOLD (10.9)** Are you aware of any mold problems in {child's name} school?
- (1) YES  
(2) NO  
  
(7) DON'T KNOW  
(9) REFUSED
- DAYCARE (10.10)** [IF CHLDAGE2 > 10 YEARS OR 131 MONTHS SKIP TO SECTION 11]  
Does {child's name} go to day care outside his/her home?
- (1) YES [SKIP TO MISS\_DCAR]

**MISS\_DCAR (10.12)** During the past 12 months, about how many days of daycare did {he/she} miss because of {his/her} asthma?

\_\_\_\_ 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]

**DCARE\_APL (10.13)** [IF DAYCARE1 (10.11) = YES (1) THEN READ: "Please answer these next few questions about the daycare {child's name} went to last. "

Does {child's name} have a written asthma action plan or asthma management plan on file at daycare?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**DCARE\_ANML(10.14)** Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} room at daycare?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**DCARE\_MLD (10.15)** Are you aware of any mold problems in {his/her} daycare?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**DCARE\_SMK (10.16)** Is smoking allowed at {his/her} daycare?

**Section 11. Complimentary and Alternative Therapy**

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 module 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 module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module 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 module value for M2.2, “Does the child 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 12; otherwise continue with Section 11**

**IF BRFSS module value for M2.2, “Does the child still have asthma?” = 1 (Yes),  
then continue with section 11.**

**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 12  
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 12; otherwise continue with Section 11**

**IF CUR\_ASTH (2.2) = 1 (Yes), then continue with section 11.**

**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 {child’s name} has used it to control asthma in the past 12 months. Answer “no” if {he/she} has not used it in the past 12 months.

**In the past 12 months, has {he/she} used ... to control asthma?  
[interviewer: repeat prior phrasing as needed]**

**CAM\_HERB (11.1)      herbs                              (1) YES              (2) NO              (7) DK (9) REF**

Section 12. Additional Child Demographics

READ "I have just a few more questions about {child's name}."

HEIGHT1 (12.1) How tall is {child's name}?

[INTERVIEWER: if needed: Ask the respondent to give their best guess.]

\_\_\_\_\_ = Height (ft/inches)  
7 7 7 7 = Don't know/Not sure  
9 9 9 9 = Refused

CATI Note: In the first space for the height (highlighted in yellow), if the respondent answers in feet/inches enter "0." If respondent answers in metric, put "9" in the first space.

Examples:

24 inches = 200 (2 feet)	30 inches = 206 (2 feet 6 inches),
36 inches = 300 (3 feet)	40 inches = 304 (3 feet 4 inches),
48 inches = 400 (4 feet)	50 inches = 402 (4 feet 2 inches),
60 inches = 500 (5 feet)	65 inches = 505 (5 feet 5 inches),
6 feet = 600 (6 feet, zero inches)	
5'3" = 503 (5 feet, 3 inches)	

VALUES OF GREATER THAN 8 FEET 11 INCHES OR 250 CENTIMETERS SHOULD NOT BE ALLOWED, VALUE RANGE FOR INCHES 00-11.

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.

WEIGHT1 (12.2) How much does {he/she} weigh?

[INTERVIEWER: if needed: Ask the respondent to give their best guess.]

\_\_\_\_\_ Weight (pounds/kilograms)  
7 7 7 7 Don't know / Not sure  
9 9 9 9 Refused

CATI Note: In the first space for the weight (highlighted in yellow), if the respondent answers in pounds, enter "0." If respondent answers in kilograms, put "9" in the first space.

[VALUES OF GREATER THAN 500 POUNDS OR 230 KILOGRAMS SHOULD NOT BE ALLOWED]]

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.

## Appendix A: Language for Identifying Most Knowledgeable Person during the BRFSS interview

**Consent scripts for use during BRFSS 2009 Child asthma module when the most knowledgeable adult is identified during the BRFSS interview.**

### **Child 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 50% 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. (RCSRELN1 = 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}.

#### **ADULTPERM**

Would it be all right if we call back at a later time to ask additional questions about your child's asthma?

- (1) Yes
- (2) No (GO TO BRFSS closing or next module)
- (7) Don't know/Not Sure (GO TO BRFSS closing or next module)
- (9) Refused (GO TO BRFSS closing or next module)

#### **CHILDName**

Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back? This is the {#} year old child which is the {FIRST CHILD, SECOND, etc.} CHILD.

[CATI: If more than one child, show child age {#} and which child was selected (FIRST, SECOND, etc.) from child selection module]

Enter child's first name, initials or nickname: \_\_\_\_\_

#### **ADULTName**

Can I please have your first name, initials or nickname so we know who refer to when we call back?

Enter respondent's first name, initials or nickname: \_\_\_\_\_

#### **MOSTKNOW**

Are you the parent or guardian in the household who knows the most about {CHILDName}'s asthma?

BRFSS Asthma Call-back Survey - Child 2010 Questionnaire  
CATI Specifications, September, 2009

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

## LINKING CONSENT

**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.

**PERMISS:** May we combine your answers from today with the answers *{ALTName}* gives us during the interview about your child's asthma?

- (1) Yes (GO TO BRFSS closing or next module)
- (2) No (GO TO BRFSS closing or next module)
  
- (7) Don't Know (GO TO BRFSS closing or next module)
- (9) Refused (GO TO BRFSS closing or next module)

**{CHILDName}'s asthma and said that you knew the most about that child's asthma.**

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" if MKPName=ADULTName OR "ADULTName" if MKPName=ALTName} gave us permission to call again to ask some questions about {CHILDName}'s health and said that you knew the most about that child's health.

**GO TO SECTION 2**

**1.5 During a recent phone interview {"you" if MKPName=ADULTName OR "ADULTName" if MKPName=ALTName} gave us permission to call again to ask some questions about {CHILDName}'s asthma and said that you knew the most about that child's asthma.**

ALTERNATE (no reference to asthma):

During a recent phone interview {"you" if MKPName=ADULTName OR "ADULTName" if MKPName=ALTName} gave us permission to call again to ask some questions about {CHILDName}'s health and said that you knew the most about that child's health.

**GO TO SECTION 2**

## 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 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.

**{CHILDName} 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 were "yes" (1) to CASTHDX2 and "no" (2) to CASTHNO2 in core BRFSS interview:]

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

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

**Since {CHILDName} no longer has asthma, your interview will be very brief (about 5 minutes). [Go to section 3]**



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

[If YES to 2.2 read:]

Since {*CHILDName*} does have asthma now, your interview will last about 15 minutes. [Go to section 3]

[If NO to 2.2 read:]

Since {*CHILDName*} does 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 {*CHILDName*} has asthma now, your interview will probably last about 10 minutes. [Go to section 3]

**TERMINATE:**

Upon survey termination, **READ:**

I'm sorry {*CHILDName*} 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.

**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.

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

#### **LINKING CONSENT**

**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.

**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?

- (1) Yes (GO TO BRFSS closing or next module)
- (2) No (GO TO BRFSS closing or next module)
  
- (7) Don't Know (GO TO BRFSS closing or next module)
- (9) Refused (GO TO BRFSS closing or next module)

ALTERNATE (no reference to asthma):

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

**1.5 READ:** During a recent phone interview you gave us permission to call again to ask some questions about {CHILDName}'s asthma.

ALTERNATE (no reference to asthma):

During a recent phone interview you gave us permission to call again to ask some questions about {CHILDName}'s health.

**KNOWMOST:** Are you the parent or guardian in the household who knows the most about {CHILDName}'s asthma?

- (1) YES (GO TO SECTION 2: Informed consent)
- (2) NO
- (7) DON'T KNOW/NOT SURE
- (9) REFUSED

**ALTPRESENT:** If the parent or guardian who knows the most about {CHILDName}'s asthma is present, may I speak with that person now?

- (1) YES [respondent transfers phone to alternate] GO TO READ ALTERNATE ADULT:
- (2) Person is not available
- (7) DON'T KNOW/NOT SURE [GO TO TERMINATE]
- (9) REFUSED [GO TO TERMINATE]

**ALTName** Can I please have the first name, initials or nickname of the person so we can call back and ask for them by name?

Alternate's Name: \_\_\_\_\_

**ALTCBTime:**

When would be a good time to call back and speak with {ALTName}. For example, evenings, days, weekends?

Enter day/time: \_\_\_\_\_ [CATI: AT NEXT CALL START AT 1.6]

**READ ALTERNATE ADULT:**

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the {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 {ADULTName} indicated {he/she} would be willing to participate in

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the {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 {ADULTName} indicated {CHILDName} had asthma and that you were more knowledgeable about {his/her} asthma. It would be better if you would complete this interview about {CHILDName}.

I will not ask for your name, address, or other personal information that can identify you or {CHILDName}. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

## Section 2. Informed Consent

### INFORMED CONSENT

**READ:** 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

{CHILDName} 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 were "yes" (1) to CASTHDX2 and "no" (2) to CASTHNO2 in core BRFSS interview:]

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

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

Since {CHILDName} no longer has asthma, your interview will be very brief (about 5 minutes). [Go to section 3]

[If responses for sample child were "yes" (1) CASTHDX2 to and "yes" (1) to CASTHNO2 in core BRFSS survey:]

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

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

Since {child's name} has asthma now, your interview will last about 15 minutes. [Go to section 3]

REPEAT (2.0)

I would like to repeat the questions from the previous survey now to make sure {CHILDName} qualifies for this study.

TERMINATE:

Upon survey termination, READ:

I'm sorry {*CHILDName*} 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.

11	<u>Budesonide</u>	byoo-des-oh-nide
12	<u>Combivent</u>	com-bi-vent
13	<u>Cromolyn</u>	kro'mō-lin (or KROE-moe-lin)
14	<u>Flovent</u>	flow-vent
15	<u>Flovent Rotadisk</u>	flow-vent row-ta-disk
16	<u>Flunisolide</u>	floo-nis'o-līd (or floo-NISS-oh-lide)
17	<u>Fluticasone</u>	flue-TICK-uh-zone
34	<u>Foradil</u>	<i>FOUR-a-dil</i>
35	<u>Formoterol</u>	for moh' te rol
18	<u>Intal</u>	in-tel
19	<u>Ipratropium Bromide</u>	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
37	<u>Levalbuterol tartrate</u>	lev-ul-BYOU-ter-ohl
20	<u>Maxair</u>	măk-sār
21	<u>Metaproteronol</u>	met"ah-pro-ter'ē-nōl (or met-a-proc-TER-e-nole)
39	<u>Mometasone furoate</u>	moe-MET-a-sonē
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr-bu'ter-ōl (or peer-BYOO-ter-ole)
41	<u>Pro-Air HFA</u>	proh-air HFA
24	<u>Proventil</u>	pro"ven-til' (or pro-vent-il)
25	<u>Pulmicort Turbuhaler</u>	pul-ma-cort tur-bo-hail-er
36	<u>QVAR</u>	q -vār (or q-vair)
03	<u>Salbutamol (or Albuterol)</u>	sāl-byū'ta-mōl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	<u>Serevent</u>	Sair-a-vent
42	<u>Symbicort</u>	sim-buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter-bu'tah-lēn (or ter-BYOO-ta-leen)
29	<u>Tilade</u>	tie-laid
30	<u>Tornalate</u>	tor-na-late
31	<u>Triamcinolone acetonide</u>	tri"am-sin'o-lōn as"ē-tō-nīd' (or trye-am-SIN-oh-lone)
32	<u>Vanceril</u>	van-sir-il
33	<u>Ventolin</u>	vent-o-lin
38	<u>Xopenex HFA</u>	<i>ZOH-pen-ecks</i>

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-iōl'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