BRFSS/ASTHMA SURVEY
ADULT QUESTIONNAIRE - 2023
CATI SPECIFICATIONS

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

Section 1. Introduction

INTRODUCTION TO THE BRFSS Asthma Call back for Adult Respondents with Asthma:

Hello, my name is { XXXXXXX }. 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 { XXXXXXX }. 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.

CONDUCTING THE SURVEY VIA A CELLPHONE, READ: ***Is this a safe time to talk with you now or are you driving?***

Question Number	Question text	Variable Name	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
Q1.1	Are you {sample person's name} from BRFSS?	**SAMP_NAME**	1. Yes	[Go to Section 2 informed consent]	
			2. No		
Q1.2	May I speak with {sample person's name}?	**SAMP_PERS**	1. Yes	[GO TO 1.4 when person comes to phone]	
			2. No. If not available set time for return call in 1.3		
Q1.3	Enter time/date for return call	**CTBTIME**	Enter day/time: _____		

Question number	Read Text	Alternative text (no reference to asthma):	
Q1.4	READ: Hello, my name is { XXXXXXX }. 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.	Hello, my name is { XXXXXXX }. 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.	GO TO SECTION 2

Section 2: Informed Consent

Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act.

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

[**If "Ever told you had asthma?" (ASTHMA3) = 1 (Yes) and "Do you still have asthma?" (ASTHNOW) = 2 (No) in BRFSS]**
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:
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 NO, [Go to REPEAT (2.0)]

[**If "Ever told you had asthma?" (ASTHMA3) = 1 (Yes) and "Do you still have asthma?" (ASTHNOW) = 1 (Yes) in BRFSS]**

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:
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]**

IF NO, [Go to REPEAT (2.0)]

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q2.0	(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?	REPEAT	(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 4306 is assigned]		
Q2.1	I would like to repeat the questions from	EVER_ASTH	(1) YES		

	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 had asthma?		(2) NO	[Skip Go to TERMINATE]	
			(7) DON'T KNOW	[Skip Go to TERMINATE]	
			(9) REFUSED	[Skip Go to TERMINATE]	
Q2.2	Do you still have asthma?	CUR_ASTH	(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 CUR_ASTH (2.2) = 1 (YES), READ:
Since you have asthma now, your interview will last about 15 minutes. **[Go to section 3]**

If CUR_ASTH (2.2) = 2 (YES), READ:
Since you do not have asthma now, your interview will last about 5 minutes. **[Go to section 3]**

If CUR_ASTH (2.2) = 7, 9 (Don't know or Refused), READ:
Since you are not sure if 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.

Q2.3	May we combine your answers to this survey with your answers from the survey you did a few weeks ago?	**PERMISS**	(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 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: Selected Respondent refused combining responses with BRFSS" and the survey will end. Disposition code is automatically assigned here by CATI as "2211, Selected Respondent refused combining responses with BRFS". This disposition code will only be needed if the optional question PERMISS (2.3) is asked.

Section3. Recent History

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 3 (Recent History) Q3.1	How old were you when a doctor or other health professional first said you had asthma?	**AGEDX**	__ __ __ (ENTER AGE IN YEARS) (777) DON'T KNOW (888) Under 1 year old (999) REFUSED	[CATI CHECK: AGEDX LESS THAN OR EQUAL TO AGE OF RESPONDENT FROM CORE SURVEY] [RANGE CHECK: IS 001-018, 777, 888, 999] [CATI CHECK: IF RESPONSE = 77, 99, 88 VERIFY THAT 777, 888, 999 WERE NOT THE INTENT]	[INTERVIEWER: ENTER 888 IF LESS THAN ONE YEARS OLD
Q3.2	How long ago was that? Was it... READ CATEGORIES	**INCIDNT**	(1) Within the past 12 months (2) 1-5 years ago (3) more than 5 years ago (7) DON'T KNOW (9) REFUSED		
Q3.3	How long has it been since you last talked to a doctor or other health professional about your asthma? This could have been in a doctor's office, the hospital, an emergency room, or urgent care center.	**LAST_MD**	(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		[INTERVIEWER NOTES: OTHER PROFESSIONAL INCLUDES HOME NURSE] [READ RESPONSE IF NECESSARY]

Q3.4	How long has it been since you last took asthma medication?	**LAST_MED**	(88) NEVER (01) LESS THAN ONE DAY AGO (02) 1-6 DAYS AGO (03) 1 WEEK TO LESS THAN 3 MONTHS AGO (04) 3 MONTHS TO LESS THAN 1 YEAR AGO (05) 1 YEAR TO LESS THAN 3 YEARS AGO (06) 3 YEARS TO 5 YEARS AGO (07) MORE THAN 5 YEARS AGO (77) DON'T KNOW (99) REFUSED		[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]
Q3.5	How long has it been since you last had any symptoms of asthma?	**LASTSYMP**	(88) NEVER (01) LESS THAN ONE DAY AGO (02) 1-6 DAYS AGO (03) 1 WEEK TO LESS THAN 3 MONTHS AGO (04) 3 MONTHS TO LESS THAN 1 YEAR AGO (05) 1 YEAR TO LESS THAN 3 YEARS AGO (06) 3 YEARS TO 5 YEARS AGO (07) MORE THAN 5 YEARS AGO (77) DON'T KNOW (99) REFUSED		[READ RESPONSE IF NECESSARY] **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.

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

Section 4. History of Asthma (Symptoms & Episodes in the past year		IF LASTSYMP (3.5) = 1, 2, 3 then continue IF LASTSYMP (3.5) = 4 SKIP TO EPIS_INT (between 4.4 and 4.5) IF LASTSYMP (3.5) = 88, 5, 6, 7 SKIP TO INS1 (Section 5) IF LASTSYMP (3.5) = 77, 99 then continue			
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q4.1	During the past 30 days, on how many days did you have any symptoms of asthma?	SYMP_30D	__ __DAYS		[RANGE CHECK: (01-30, 77, 88, 99)] CLARIFICATION: [1-29, 77, 99]
			(88) NO SYMPTOMS IN THE PAST 30 DAYS	[SKIP TO EPIS_INT]	
			(30) EVERY DAY	[CONTINUE]	
			(77) DON'T KNOW	[SKIP TO ASLEEP30 (4.3)]	
			(99) REFUSED	[SKIP TO ASLEEP30 (4.3)]	
Q4.2	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.	DUR_30D	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Q4.3	During the past 30 days, on how many days did symptoms of asthma make it difficult for you to stay asleep?	ASLEEP30	__ __ DAYS/NIGHTS (88) NONE (30) Every day (77) DON'T KNOW (99) REFUSED		[RANGE CHECK: (01-30, 77, 88, 99)]
Q4.4	During the <u>past two weeks</u>, on how many days were you completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?	SYMPFREE	__ __ Number of days (88) NONE (77) DON'T KNOW (99) REFUSED		[RANGE CHECK: (01-14, 77, 88, 99)]
EPIS_INT	**IF LASTSYMP (3.5) = 4 (LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO), PICK UP HERE.** **IF LASTSYMP (3.5) = 1, 2, 3, 77, 99 (SYMPTOMS WITHIN THE PAST 3 MONTHS PLUS DK AND REFUSED, CONTINUE.**				
Interview notes	**Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.**				
Q4.5	During the past 12 months, have you had an episode of asthma or an asthma attack?	EPIS_12M	(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)]	

Q4.6	During the <u>past three months</u>, how many asthma episodes or attacks you had?	EPIS_TP	__ __ Number of episodes/attacks (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]	[RANGE CHECK: (001-100, 777, 888, 999)]
Q4.7	How long did your MOST RECENT asthma episode or attack last?	DUR_ASTH	1_ _ Minutes 2_ _ Hours 3_ _ Days 4_ _ Weeks 5 5 5 Never 7 7 7 Don't know / Not sure 9 9 9 Refused		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

New question for Section 4:					
NEW Q4.8	During the past 30 days, on how many days did you take quick relief medicine such as albuterol and salbutamol to relief asthma symptoms?	QUICKRELIEF	__ __ DAYS/NIGHTS (88) NONE (30) Every day (77) DON'T KNOW (99) REFUSED		[RANGE CHECK: (01-30, 77, 88, 99)]

Section 5. Health Care Utilization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 5 (Health Care Utilization) Q5.01	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?	INS1	(1) YES	[continue]	
			(2) NO	[SKIP TO NER_TIME (5.1)]	
			(7) DON'T KNOW	[SKIP TO NER_TIME (5.1)]	
			(9) REFUSED	[SKIP TO NER_TIME (5.1)]	
Q5.02	During the past 12 months was there any time that you did not have any health insurance or coverage?	INS2	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
CATI INFO	How to define value of "Does the child still have asthma?": The best-known value for whether or not of the respondent "still has asthma" is used in the skip below. It can be the previously answered BRFSS "Do you still have asthma" (ASTHNOW), or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS module value is correct, then the value from the BRFSS (ASTHNOW) is used. If the respondent does not agree with the previous BRFSS (ASTHNOW) in "Informed Consent" of Section 2, and REPEAT (2.0) =1 (Yes), then the value of CUR_ASTH (2.2) is used. SKIP INSTRUCTION: If "Does the child still have asthma?" = 1 (Yes), {using BRFSS (ASTHNOW) or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}, CONTINUE WITH SECTION 5. If "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) {using BRFSS (ASTHNOW) or [CUR_ASTH (2.2) if REPEAT (2.0) =1]}				

	AND [(LAST_MD = 4) OR (LAST_MED = 1, 2, 3 or 4) OR (LASTSYMP = 1, 2, 3 or 4)] CONTINUE WITH SECTION 5 If "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused), {using BRFSS (ASTHNOW) or (CUR_ASTH (2.2) if REPEAT (2.0) =1)} 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.				
Q5.1	During the past 12 months how many times did you see a doctor or other health professional for a routine checkup for your asthma?	NER_TIME	__ __ __ ENTER NUMBER (888) NONE (777) DON'T KNOW (999) REFUSED	[IF LAST_MD (3.3) = 88, 05, 06, 07 (NEVER, or MORE THAN ONE YEAR AGO), SKIP TO MISS DAY(5.8)] [RANGE CHECK: (001-365, 777, 888, 999)] [Verify any value >50]	[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any value >50]
Q5.2	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	ER_VISIT	(1) YES		
			(2) NO	[SKIP TO URG_TIME (5.4)]	
			(7) DON'T KNOW	[SKIP TO URG_TIME (5.4)]	
			(9) REFUSED	[SKIP TO URG_TIME (5.4)]	

Q5.3	During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?	ER_TIMES	__ __ __ ENTER NUMBER (888) NONE [LOOPING BACK TO CORRECT ER_VISIT (5.2) TO "NO"] (7) DON'T KNOW (9) REFUSED	[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT] [CATI CHECK: IF RESPONSE TO ER_VISIT (5.2)=1 (YES) AND RESPONDENT SAYS "NONE" OR "ZERO" TO ER_TIMES (5.3), ALLOW LOOPING BACK TO CORRECT ER_VISIT (5.2) TO 2, "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.]	[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]
Q5.4	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?	URG_TIME	__ __ __ 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]	[IF ONE OR MORE ER VISITS (ER_TIMES (5.3)>1 (ONE OR MORE ER VISITS)],) INSERT "Besides those emergency room or urgent care center visits,"]
Skip info	**[IF LASTSYMP = 5, 6, 7, 88; SKIP TO MISS_DAY (5.8)**				
Q5.5	During the past 12 months, that is since [1 YEAR AGO TODAY], have you had to stay overnight in a	**HOSP_VST**	(1) YES (2) NO	 [SKIP TO MISS_DAY (5.8)]	

	hospital because of your asthma? Do not include an overnight stay in the emergency room.		(7) DON'T KNOW	[SKIP TO MISS_DAY (5.8)]	
			(9) REFUSED	[SKIP TO MISS_DAY (5.8)]	
Q5.6	During the past 12 months, how many different times did you stay in any hospital overnight or longer because of your asthma?	**HOSPTIME**	__ __ __ TIMES (888) NONE (777) DON'T KNOW (999) REFUSED	[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50] [CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT] [CATI CHECK: IF RESPONSE TO 5.5 IS "YES" AND RESPONDENT SAYS "NONE" OR "ZERO" TO HOSPTIME (5.6), ALLOW LOOPING BACK TO CORRECT HOSP_VST (5.5) TO "2, NO"]	[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]
Q5.7	The last time you left the hospital, did a health professional TALK with you about how to prevent serious attacks in the future?	**HOSPPLAN**	(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".]	[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".]

Q5.8	During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?	MISS_DAY	__ __ __ENTER NUMBER DAYS (888) ZERO (777) DON'T KNOW (999) REFUSED	[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50] [CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]	[INTERVIEWER NOTES: If response is "I don't work," emphasize USUAL ACTIVITIES"] [3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]
Q5.9	During just the past 30 days, would you say you limited your usual activities due to asthma not at all, a little, a moderate amount, or a lot?	**ACT_DAYS30**	(1) NOT AT ALL (2) A LITTLE (3) A MODERATE AMOUNT (4) A LOT (7) DON'T KNOW (9) REFUSED		
Q5.10	Does anyone help you arrange or coordinate your asthma care among the different doctors or services that you use?	**COORDIN**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		READ IF NECESSARY: By "arrange or coordinate," I mean: Is there anyone who helps you make sure that you get all the health care and services you need, that health care providers share information, and that these services fit together and are paid for in a way that works for you?

Section 6. Knowledge of Asthma/Management Plan

Section 6. Knowledge of Asthma/Management Plan		[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]			
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 6 Knowledge of Asthma/Management plan Q6.1	Has a doctor or other health professional ever taught you how to recognize early signs or symptoms of an asthma episode?	TCH_SIGN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q6.2	Has a doctor or other health professional ever taught you what to do during an asthma episode or attack?	TCH_RESP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q6.3	A peak flow meter is a hand-held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you how to use a peak flow meter to adjust your daily medication?	TCH_MON	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q6.4	An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type	MGT_PLAN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

	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?				
Q6.5	Have you ever taken a course or class on how to manage your asthma?	MGT_CLAS	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Section 7. Modifications to Environment

Section 7. Modifications to Environment	HELP SCREEN: 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.				
Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 7 Modifications to Environment Q7.1	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?	AIRCLEANER	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q7.2	A dehumidifier is a small, portable appliance which removes moisture from the air. Is a dehumidifier regularly used to reduce moisture inside your home?	DEHUMID	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

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

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

Q7.13	Has a health professional ever advised you to change things in your home, school, or work to improve your asthma?	MOD_ENV	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		INTERVIEWER READ: Now, back to questions specifically about you. [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]
Q7.14	Do you use a use a mattress cover that is made especially for controlling dust mites?	MATTRESS	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[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.]
Q7.15	Do you use a pillow cover that is made especially for controlling dust mites?	E_PILLOW	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[INTERVIEWER: 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.]
Q7.16	Do you have carpeting or rugs in your bedroom? This does not include throw rugs small enough to be laundered.	CARPET	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q7.17	Are your sheets and pillowcases washed in cold, warm, or hot water?	HOTWATER	(1) COLD (2) WARM (3) HOT (4) VARIES (7) DON'T KNOW (9) REFUSED		
Q7.18	In your bathroom, do you regularly use an exhaust fan that vents to the outside?	BATH_FAN	(1) YES (2) NO OR "NO FAN" (7) DON'T KNOW (9) REFUSED		[HELP SCREEN: IF RESPONDENT INDICATES THEY HAVE MORE THAN ONE BATHROOM, THIS QUESTION REFERS TO THE BATHROOM THEY USE MOST FREQUENTLY FOR SHOWERING AND BATHING.]

Section 8. Medications

Section 8. Medications	[IF LAST_MED = 88 (NEVER), SKIP TO SECTION 9. ELSE, CONTINUE.] READ: 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.				
Question Number	**Question text**	**Variable names**	**Responses (DO NOT READ UNLESS OTHERWISE NOTED)**	**SKIP INFO/ CATI Note**	**Interviewer Note (s)**
Q8.1	Over-the-counter medication can be bought without a doctor's order. Have you ever used over-the-counter medication for your asthma?	**OTC**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q8.2	Have you ever used a prescription inhaler?	**INHALERE**	(1) YES		
			(2) NO	[SKIP TO SCR_MED1 (8.5)]	
			(7) DON'T KNOW	[SKIP TO SCR_MED1 (8.5)]	
			(9) REFUSED	[SKIP TO SCR_MED1 (8.5)]	
Q8.3	Did a health professional show you how to use the inhaler?	**INHALERH**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]
Q8.4	Did a doctor or other health professional watch you use the inhaler?	**INHALERW**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

[IF LAST_MED = 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9]					
Q8.5	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?	SCR_MED1	(1) YES		
			(2) NO	[SKIP TO INH_SCR (8.8)]	
			(3) RESPONDENT KNOWS THE MEDS	[SKIP TO INH_SCR (8.8)]	
			(7) DON'T KNOW	[SKIP TO INH_SCR (8.8)]	
			(9) REFUSED	[SKIP TO INH_SCR (8.8)]	
Q8.7	[when Respondent returns to phone:] Do you have all the medications?	**SCR_MED3**	(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		[INTERVIEWER: Read if necessary]
[IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]					
Q8.8	In the past 3 months have	**INH_SCR**	(1) YES		
			(2) NO	[SKIP TO PILLS (8.20)]	

	you taken prescription asthma medicine using an inhaler?		(7) DON'T KNOW	[SKIP TO PILLS (8.20)]	
			(9) REFUSED	[SKIP TO PILLS (8.20)]	
Inhalers	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, questions ILP03 (8.13) to ILP10 (8.19) are not asked for that response. [Loop back to ILP03 (8.13) as necessary to administer questions ILP03 (8.13) thru ILP10 (8.19) for each medicine 01-51 reported in INH_MEDS, but not for 66 (other)]. [INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.] CATI Note: The top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily				
Q8.9	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?]	**INH_MEDS**	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP03]
			(66) Other [Please Specify, 100-character limit]	[SKIP TO OTH_I1]	
				[SKIP TO PILLS (8.20)]	
			(77) DON'T KNOW	[SKIP TO PILLS (8.20)]	
			(99) REFUSED	[SKIP TO PILLS (8.20)]	
CATI NOTES	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.				
Q8.10	ENTER OTHER MEDICATION FROM INH_MEDS(8.9) IN TEXT FIELD. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. 100	**OTH_I1**	_____		

	alphanumeric character limit				

Inhaler table

	Medication	Pronunciation
1	**Advair** (+ A. Diskus)	**ăd**-vâr (or **add**-vair)
2	Aerobid	â-**rō**'bĭd (or **air**-row-bid)
3	**Albuterol** (+ A. sulfate or salbutamol)	ăl'-**bu**'ter-ōl (or al-**BYOO-**ter-ole) săl-byū**'**tə-môl'
4	Alupent	**al-**u-pent
43	Alvesco (+ Ciclesonide)	**al**-ves-co
49	Anoro Ellipta (Umeclidinium and vilanterol)	a-nor' oh e-LIP-ta
40	Asmanex (twisthaler)	**as**-m*uh*-neks **twist**-hey-ler
5	**Atrovent**	At-ro-vent
6	**Azmacort**	**az**-ma-cort
7	Beclomethasone dipropionate	bek"lo-**meth**'ah-son dī' **pro'**pe-o-nāt (or be-kloe-**meth**-a-sone)
8	Beclovent	be' klo-vent" (or **be-**klo-vent)
9	Bitolterol	bi-tōl'ter-ōl (or bye-**tole-**ter-ole)
45	Breo Ellipta (Fluticasone and vilanterol)	BRE-oh e-LIP-ta
11	Budesonide	byoo-**des**-oh-nide
12	**Combivent**	**com**-bi-vent
13	Cromolyn	**kro'**mŏ-lin (or **KROE**-moe-lin)
44	Dulera	**do-**lair-a
14	**Flovent**	**flow**-vent
15	Flovent Rotadisk	**flow**-vent **row**-ta-disk
16	Flunisolide	floo-**nis**'o-līd (or floo-**NISS**-oh-lide)
17	Fluticasone	flue-**TICK-**uh-zone
34	Foradil	*FOUR-a-dil*
35	Formoterol	for moh' te rol
48	Incruse Ellipta (Umeclidium inhaler powder)	IN-cruise e-LIP-ta
19	Ipratropium Bromide	ĭp-rah-**tro**'pe-um bro'mīd (or ip-ra-**TROE**-pee-um)
37	Levalbuterol tartrate	**lev-al-BYOU-ter-ohl**
20	Maxair	**măk**-sâr
21	Metaproteronol	met"ah-pro-**ter'**ĕ-nōl (or met-a-proe-**TER**-e-nole)
39	Mometasone furoate	**moe-MET-a-sone**
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 Flexhaler**	**pul**-ma-cort **flex**-hail-er
36	**QVAR**	**q** -vâr (or q-vair)
3	Salbutamol (or Albuterol)	săl-byū**'**tə-môl'
26	Salmeterol	sal-ME-te-role
27	**Serevent**	**Sair**-a-vent
46	Spiriva HandiHaler or Respimat (Tiotropium bromide)	speh REE vah - RES peh mat
51	Stiolto Respimat (tiotropium bromide & olodaterol)	sti-OL-to– RES peh mat
42	Symbicort	**sim**-b*uh*-kohrt
28	Terbutaline (+ T. sulfate)	ter-**bu'**tah-lēn (or ter-**BYOO**-ta-leen)
30	Tornalate	**tor-**na-late
50	Trelegy Ellipta ((fluticasone furoate, umeclidinium & vilanterol)	TREL-e-gee e-LIP-ta
31	Triamcinolone acetonide	tri"am-**sin**'o-lōn as"ĕ-tō-nīd' (or trye-am-**SIN**-oh-lone)
47	Tudorza Pressair	TU-door-za PRESS-air
32	Vanceril	**van**-sir-il
33	Ventolin	**vent**-o-lin
38	Xopenex HFA	*ZOH-pen-ecks*
66	Other, Please Specify	[SKIP TO OTH_I1], 100 alphanumeric character limit

CATI NOTE:	[For medicines from [MEDICINE FROM INH_MEDS (8.9) SERIES], ask questions ILP03 (8.13) through ILP10 (8.19)] SKIP to ILP04 (8.14) if [MEDICINE FROM INH_MEDS SERIES] is (1, 15, 20, 25, 27, 34, 39, 40, 42) ADVAIR (01) or FLOVENT ROTADISK (15) or MAXAIR (20) or PULMICORT (25) or SEREVENT (27) or FORADIL (34) or MOMETASONE FUROATE (39) or ASMANEX (40) or SYMBICORT (42) SKIP TO ILP04 (8.14) [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 **Theodur** le 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 or dry powder) and 4 (built-in spacer) are primarily intended for medications Beclomethosone (7), Beclovent (08) or QVAR (36), which are known to come in disk or breath-activated inhalers (which do not use a spacer). However, new medications may come on the market that might fit with either category. So, 3 or 4 can be used for other medications as well.]

Q8.13	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 (8.9) SERIES]?	**ILP03**	(1) YES (2) NO (3) Medication is a dry powder inhaler or disk inhaler, not a canister inhaler (4) Medication has a built-in spacer/does not need a spacer (7) DON'T KNOW (9) REFUSED		
Q8.14	In the past 3 months, did you take [MEDICINE FROM INH_MEDS (8.9) SERIES] when you had an asthma episode or attack?	**ILP04**	(1) YES (2) NO (3) NO ATTACK IN PAST 3 MONTHS (7) DON'T KNOW (9) REFUSED		
Q8.15	In the past 3 months, did you take [MEDICINE FROM INH_MEDS (8.9) SERIES] before exercising?	**ILP05**	(1) YES (2) NO (3) DIDN'T EXERCISE IN PAST 3 MONTHS (7) DON'T KNOW (9) REFUSED		
Q8.16	In the past 3 months, did you take [MEDICINE FROM INH_MEDS (8.9) SERIES] on a regular schedule everyday?	**ILP06**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q8.18	How many times per day or per week do you use [MEDICINE FROM INH_MEDS (8.9) SERIES]?	**ILP08**	3 _ _ Times per DAY	[RANGE CHECK: (>10)]	
			4 _ _ Times per WEEK	[RANGE CHECK: (>75)]	
			5 5 5 Never	[RANGE CHECK: 301-310, 401-475, 555, 666, 777, 999]	
			6 6 6 LESS OFTEN THAN ONCE A WEEK		
			7 7 7 Don't know / Not sure		
			9 9 9 Refused		
CATI NOTES	[ASK ILP10 ONLY IF INH_MEDS (8.9)= 3, 4, 9, 10, 20, 21, 23, 24, 28, 30, 33, 37, 38, 41; OTHERWISE, SKIP TO PILLS (8.20)]				

Q8.19	How many canisters of [MEDICINE FROM INH_MEDS (8.9) SERIES] have you used in the past 3 months?	**ILP10**	___ CANISTERS (77) DON'T KNOW (88) NONE (99) REFUSED	[RANGE CHECK: (01-76, 77, 88, 99)] [HELP SCREEN: IF RESPONDENT INDICATES THAT HE/SHE HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE AT SCHOOL, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY FULL CANISTERS HE/SHE USED. THE INTENT IS TO ESTIMATE HOW MUCH MEDICATION IS USED, NOT HOW MANY DIFFERNT INHALERS WAS USED.]	[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']
Q8.20	In the past 3 months, have you taken any PRESCRIPTION medicine in pill form for your asthma?	**PILLS**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED	 [SKIP TO SYRUP (8.23)] [SKIP TO SYRUP (8.23)] [SKIP TO SYRUP (8.23)]	
Pill	For the following pills the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 232723 were submitted in the data file). [REPEAT QUESTION PILL01 AS NECESSARY FOR EACH PILL 01-49 REPORTED IN PILLS_MD, BUT NOT FOR 66 (OTHER).] [INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.] [IF RESPONDENT SELECTS ANY ANSWER FROM 01-49, SKIP TO PILL01]				

	Note: The top 10 items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.				
Q8.21	What PRESCRIPTION asthma medications do you take in pill form? [MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION asthma pills?]	**PILLS_MD**	_ _ _ _ _ _ _ _ _ _ _ _ _		
			(66) Other [Please Specify, 100-character limit]	[SKIP TO OTH_P1]	
			(88) NO PILLS	[SKIP TO SYRUP (8.23)]	
			(77) DON'T KNOW	[SKIP TO SYRUP (8.23)]	
			(99) REFUSED	[SKIP TO SYRUP (8.23)]	

CATI NOTES	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.				
Q8.21a	ENTER OTHER MEDICATION IN TEXT FIELD. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. 100 ALPHANUMERIC CHARACTER LIMIT FOR 66	**OTH_P1**	_____		

PILL table

	Medication	Pronunciation
1	**Accolate**	**ac**-o-late
2	Aerolate	**air**-o-late
3	**Albuterol**	ăl'-**bu**'ter-ōl (or al-**BYOO-**ter-all)
4	Alupent	**al-**u-pent
49	Brethine	**breth-een**
5	Choledyl (oxtriphylline)	**ko-**led-il
7	Deltasone	**del**-ta-sone
8	Elixophyllin	e-licks**-o-**fil-in
11	Medrol	**Med**-rol

12	Metaprel	**Met**-a-prell
13	Metaproteronol	met"ah-pro-**ter**'ĕ-nōl (or met-a-proe-**TER**-e-nole)
14	Methylpredinisolone	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
26	Slo-bid	**slow**-bid
25	Slo-phyllin	**slow**- fil-in
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 or Theo-Dur**	**thee**-o-dur
33	***Intentionally left blank***	
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

CATI notes	For medicines from [MEDICATION LISTED IN PILLS_MD], ask QUESTION PILL01				
Q8.22	In the past 3 months, did you take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?	**PILL01**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q8.23	In the past 3 months, have you taken prescription medicine in syrup form?	**SYRUP**	(1) YES		
			(2) NO	[SKIP TO NEB_SCR (8.25)]	
			(7) DON'T KNOW	[SKIP TO NEB_SCR (8.25)]	

			(9) REFUSED	[SKIP TO NEB_SCR (8.25)]	
Syrup	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). [INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.] [IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB_SCR]				
Q8.24	What PRESCRIPTION asthma medications have you taken as a syrup? [MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION syrup medications for asthma?]	**SYRUP_ID**	_ _ _ _ _ _ _ _		
			(66) Other [Please Specify, 100-character limit]	[SKIP TO OTH_S1]	
			(88) NO SYRUPS	[SKIP TO NEB_SCR (8.25)]	
			(77) DON'T KNOW	[SKIP TO NEB_SCR (8.25)]	
			(99) REFUSED	[SKIP TO NEB_SCR (8.25)]	
CATI Notes	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.				
Q8.24a	ENTER OTHER MEDICATION. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. [100 ALPHANUMERIC CHARACTER LIMIT FOR 66]	**OTH_S1**	_____		

Syrup table

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

Q8.25	A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of your PRESCRIPTION asthma medicines used with a nebulizer?	**NEB_SCR**	(1) YES		
			(2) NO	[SKIP TO Section 9]	
			(7) DON'T KNOW	[SKIP TO Section 9]	
			(9) REFUSED	[SKIP TO Section 9]	
Q8.26	I am going to read a list of places where your child might have used a nebulizer. Please answer yes if you have used a nebulizer in the place I mention, otherwise answer no.	**NEB_PLC**	**RESPONSES**		
			(8.26a) AT HOME (1) YES (2) NO (7) DK (9) REF		
			(8.26b) AT A DOCTOR'S OFFICE (1) YES (2) NO (7) DK (9) REF		
			(8.26c) IN AN EMERGENCY ROOM (1) YES (2) NO (7) DK (9) REF		
			(8.26d) AT WORK OR AT SCHOOL (1) YES (2) NO (7) DK (9) REF		

	In the past 3 months did you use a nebulizer …		(8.26e) AT ANY OTHER PLACE (1) YES (2) NO (7) DK (9) REF		
Nebulizer	For the following nebulizers, the respondent can choose up to five medications; however, each medication can only be used once (in the past, errors such as 0101 were submitted in the data file). [LOOP BACK TO NEB01 AS NECESSARY TO ADMINISTER QUESTIONS NEB01 THROUGH NEB03 FOR EACH MEDICINE 01 THROUGH 19 (NEB_01 to NEB_19) REPORTED IN NEB_ID, BUT NOT FOR 66 (OTHER)]. [INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]				
Q8.27	In the past 3 months, what prescription ASTHMA medications have you taken using a nebulizer? [MARK ALL THAT APPLY. PROBE: Have you taken any other prescription ASTHMA medications with a nebulizer in the past 3 months?]	**NEB_ID**	_ _ _ _ _ _ _ _ _ _		
			(66) Other [Please Specify, 100-character limit]	[SKIP TO OTH_N1]	
			(88) NONE	[SKIP TO Section 9]	
			(77) DON'T KNOW	[SKIP TO Section 9]	
			(99) REFUSED	[SKIP TO Section 9]	
CATI Notes	CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.				
Q8.27a	ENTER OTHER MEDICATION. IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE. [100 ALPHANUMERIC CHARACTER LIMIT FOR 66]	**OTH_N1**	_____		

	Medication	Pronunciation
1	Albuterol	ăl'-**bu'**ter-ōl (or al-BYOO-ter-ole)
2	Alupent	**al**-u-pent
3	Atrovent	At-ro-vent
4	Bitolterol	bi-tōl'ter-ōl (or bye-**tole-**ter-ole)
19	Brovana	brō vă nah
5	Budesonide	byoo-**des**-oh-nide
17	Combivent Inhalation solution	**com**-bi-vent
6	Cromolyn	**kro'**mŏ-lin (or KROE-moe-lin)
7	DuoNeb	DUE-ow-neb
8	Intal	**in**-tel
9	Ipratroprium bromide	ĭp-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'**ĕ-nōl (or met-a-proe-TER-e-nole)
18	Perforomist (Formoterol)	per-**form**-ist
12	Proventil	Pro-**ven-**til
13	Pulmicort	**pul**-ma-cort
14	Tornalate	**tor-**na-late
15	Ventolin	**vent**-o-lin
16	Xopenex	*ZOH-pen-ecks*
66	Other, Please Specify:	**[SKIP TO OTH_N1]**

CATI notes	[For medicines from [MEDICATION LISTED IN NEB_ID], ask questions NEB01 to NEB03]				
Q8.28	In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] when you had an asthma episode or attack?	**NEB01**	(1) YES (2) NO (3) NO ATTACK IN PAST 3 MONTHS (7) DON'T KNOW (9) REFUSED		
Q8.29	In the past 3 months, did you take [MEDICINE FROM NEB_ID SERIES] on a regular schedule every day?	**NEB02**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Q8.30	How many times per day or per week do you use [MEDICINE FROM NEB_ID SERIES]?	**NEB03**	3__ __ DAYS 4__ __ WEEKS (555) NEVER (666) LESS OFTEN THAN ONCE A WEEK (777) DON'T KNOW / NOT SURE (999) REFUSED		

Section 9. Cost of Care

CATI notes	How to define value of "Do you still have asthma?": The best-known value for whether or not of the respondent "still has asthma" is used in the skip below. It can be the previously answered BRFSS "Do you still have asthma" (ASTHNOW), or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS module value is correct, then the value from the BRFSS (ASTHNOW) is used. If the respondent does not agree with the previous BRFSS (ASTHNOW) in "Informed Consent" of Section 2, and REPEAT (2.0) =1 (Yes), then the value of CUR_ASTH (2.2) is used. SKIP INSTRUCTION: If "Do you still have asthma?" = 1 (Yes), {using BRFSS (ASTHNOW) or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}, CONTINUE WITH SECTION 9. If "Do you still have asthma?" = *2 (No), 7 (DK), or 9 (Refused)* {using BRFSS (ASTHNOW) or [CUR_ASTH (2.2) if REPEAT (2.0) =1]} 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

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 9 Cost of Care Q9.1	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?	ASMDCOST	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q9.2	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?	ASSPCOST	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Q9.3	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?	ASRXCOST	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Section 10. Work Related Asthma

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 10 Work Related Asthma Q10.1	Next, we are interested in things in the workplace that affect asthma. However, first I'd like to ask how you would describe your current employment status. Would you say …	EMP_STAT	(1) EMPLOYED FULL-TIME	[SKIP TO WORKENV5 (10.4)]	[INTERVIEWER: Include self-employed as employed. Full time is 35+ hours per week.]
			(2) EMPLOYED PART-TIME	[SKIP TO WORKENV5 (10.4)]	
			(3) NOT EMPLOYED		
			(7) DON'T KNOW	[SKIP TO EMPL_EVER1 (10.3)]	
			(9) REFUSED	[SKIP TO EMPL_EVER1 (10.3)]	
Q10.2	What is the main reason you are not now employed?	UNEMP_R	(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		[READ IF NECESSARY]
Q10.3	Have you ever been employed?	EMP_EVER1	(1) YES	[SKIP TO WORKENV7 (10.6)]	[INTERVIEWER: Code self-employed as "YES".]
			(2) NO	[SKIP TO SECTION 11]	
			(7) DON'T KNOW	[SKIP TO SECTION 11]	

			(9) REFUSED	[SKIP TO SECTION 11]	
CATI info	How to define value of "Do you still have asthma?": The best-known value for whether or not of the respondent "still has asthma" is used in the skip below. It can be the previously answered BRFSS "Do you still have asthma" (ASTHNOW), or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS module value is correct, then the value from the BRFSS (ASTHNOW) is used. If the respondent does not agree with the previous BRFSS (ASTHNOW) in "Informed Consent" of Section 2, and REPEAT (2.0) =1 (Yes), then the value of CUR_ASTH (2.2) is used. SKIP INSTRUCTION: If "Do you still have asthma?" = 1 (Yes), {using BRFSS (ASTHNOW) or (CUR_ASTH (2.2) if REPEAT (2.0) =1)}, CONTINUE WITH WORKENV5 (10.4). If "Do you still have asthma?" = *2 (No), 7 (DK), or 9 (Refused)* {using BRFSS (ASTHNOW) or [CUR_ASTH (2.2) if REPEAT (2.0) =1]} 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 SKIP TO WORKENV6 (10.5); OTHERWISE CONTINUE WITH WORKENV5 (10.4). [HELP SCREEN: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."]				
Q10.4	Things in the workplace such as chemicals, smoke, dust, or mold can make asthma symptoms worse in people who already have asthma or can actually cause asthma in people who have never had asthma before. Are your asthma symptoms made worse by things like chemicals,	WORKENV5	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

	smoke, dust, or mold in your current job?				
Q10.5	Was your asthma first caused by things like chemicals, smoke, dust or mold in your current job?	WORKENV6	(1) YES	[SKIP TO WORKTALK (10.9)]	
			(2) NO		
			(7) DON'T KNOW		
			(9) REFUSED		
Q10.6	INTRO: Things in the workplace such as chemicals, smoke, dust, or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before. Were your asthma symptoms made worse by things like chemicals, smoke, dust, or mold in any PREVIOUS job you ever had?	WORKENV7	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		[READ THIS INTRO TO 10.6 ONLY IF EMP_EVER1 (10.3) = 1 (yes); OTHERWISE SKIP INTRO AND JUST READ THE QUESTION]
Q10.7	Was your asthma first caused by things like chemicals, smoke, dust, or mold in any PREVIOUS job you ever had?	WORKENV8	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
SKIP INSTRUCTION	[IF WORKENV7 (10.6) = 1 (YES) <u>OR</u> WORKENV8 (10.7) = 1 (YES), THEN ASK WORKQUIT1 (10.8); OTHERWISE SKIP TO WORKTALK (10.9)]				
Q10.8	Did you ever lose or quit a job because things in	**WORKQUIT1**	(1) YES (2) NO		[INTERVIEWER NOTES: respondents who

	the workplace, like chemicals, smoke, dust or mold, caused your asthma or made your asthma symptoms worse?		(7) DON'T KNOW (9) REFUSED		were fired because things in the workplace affected their asthma should be coded as "YES".]
Q10.9	Did you and a doctor or other health professional ever discuss whether your asthma could have been caused by, or your symptoms made worse by, any job you ever had?	**WORKTALK**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q10.10	Have you ever been told by a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?	**WORKSEN3**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q10.11	Have you ever told a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?	**WORKSEN4**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

ADULT:

New Section 11 Family History of Asthma and Allergy

Question Number	Question text	**Variable names**	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q11.1	Including living and deceased, were any of your close biological that is, blood relatives including father, mother, sisters, brothers, or children ever told by a health professional that they had asthma?	**RELATE_ASTH**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
	The next set of questions are about different types of allergies.				
Q11.2	Do you get symptoms such as sneezing, runny nose, or itchy or watery eyes due to hay fever, seasonal or year-round allergies?	**CURRESP**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		**Read** if necessary: Hay fever, seasonal or year-round allergies may also be known as environmental allergies, allergic rhinitis, or allergic conjunctivitis.
Q11.3	Have you ever been told by a doctor or other health professional that you had hay fever, seasonal or year-round allergies?	**DXRESP**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q11.4	Question Text: The next question is about food allergies. People with food allergies have reactions such as hives, vomiting, trouble breathing, or throat tightening that occur within two hours of eating a specific food.	**CURFOOD**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		**Read if necessary:** Food allergies are different from food intolerances, such as lactose and gluten intolerance, and other digestive disorders, including

	Do you have an allergy to one or more foods?				irritable bowel syndrome.
Q11.5	Have you ever been told by a doctor or other health professional that you had an allergy to one or more foods?	**DXFOOD**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q11.6	The next question is about an allergic skin condition. Do you get an itchy rash due to eczema or atopic dermatitis?	**CURSKIN**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		Read if necessary: The rash can be dry, scaly, bumpy, or crusty and lasts for several days or longer without treatment. Eczema is different from hives which come and go in a few hours.
Q11.7	Have you ever been told by a doctor or other health professional that you had eczema or atopic dermatitis?	**DXSKIN**	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Section 13 – COVID-19 State add questions (Optional)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Section 13 Q13.1 COVID-19 State add questions	Has a healthcare provider ever told you that you have, or likely have, COVID-19 (Coronavirus)?	COVID_19	(1) YES		
			(2) NO	[SKIP TO Next Section or end of Survey]	
			(7) DON'T KNOW		
			(9) REFUSED		
Q13.2	Have you had to visit an emergency room or urgent care center because of your COVID-19 (Coronavirus) infection?	COVID_ER	1 = Yes 2 = No 7 = Don't know 9 = Refused		
Q13.3	Not including spending the night in an emergency room, have you had to stay overnight in a hospital because of your COVID-19 (Coronavirus) infection?	COVIDHSP	1 = Yes 2 = No 7 = Don't know 9 = Refused		

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:

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 "**4471 R**esp. 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
Singulair	Singular, Cingulair or Cingular
Xopenex	Zopanox or Zopenex
Advair Diskus	Advair or Diskus
Albuterol	Aluterol Sulfate
Maxair	Maxair Autohaler