

# BRFSS/ASTHMA SURVEY CHILD QUESTIONNAIRE - 2020

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**Section 1. Introduction**

*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.*

## 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.*

**Section 3. Recent History**

**AGEDX (3.1)                      How old was {child's name} when a doctor or other health professional first said {he/she} had asthma**

\_\_\_\_\_ (ENTER AGE IN YEARS)

- (777) DON'T KNOW
- (888) Under 1 year old
- (999) REFUSED

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

- (1) Within the past 12 months
- (2) 1-5 years ago
- (3) more than 5 years ago
  
- (7) DON'T KNOW
- (9) REFUSED

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

**[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]**

- (88) NEVER
- (04) WITHIN THE PAST YEAR
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO
  
- (77) DON'T KNOW
- (99) REFUSED

**LAST\_MED (3.4)                      How long has it been since {he/she} last took asthma medication?**

**[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]**

- (88) NEVER
- (01) LESS THAN ONE DAY AGO
- (02) 1-6 DAYS AGO
- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO
  
- (77) DON'T KNOW
- (99) REFUSED

**INTRODUCTION FOR LASTSYMP:**

**READ:** Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when {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

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

[SKIP: If the response to last symptoms (LASTSYMP, question 3.5) was 3 months to 1 year ago, then the respondent skips to episode introduction (EPIS\_INT between question 4.4 and 4.5).]

[SKIP: If the response to last symptoms (LASTSYMP) was 1-5+ years ago or “never,” then the respondent skips to Section 5.]

[CONTINUE: If the response to last symptoms (LASTSYMP) was within the past 3 months, “Don’t know” or “Refused” then the respondent continues.]

**SYMP\_30D (4.1) During the past 30 days, on how many days did {child’s name} have any symptoms of asthma?**

\_\_ \_\_ DAYS

[1-29, 77, 99]

[SKIP TO 4.3 ASLEEP30]

(88) NO SYMPTOMS IN THE PAST 30 DAYS  
(30) EVERY DAY

[SKIP TO EPIS\_INT]  
[CONTINUE]

(77) DON’T KNOW  
(99) REFUSED

[SKIP TO 4.3 ASLEEP30]  
[SKIP TO 4.3 ASLEEP30]

**DUR\_30D (4.2) Does { he/she } have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.**

(1) YES  
(2) NO

(7) DON’T KNOW  
(9) REFUSED

**ASLEEP30 (4.3) During the past 30 days, on how many days did symptoms of asthma make it difficult for { him/her } to stay asleep?**

\_\_ \_\_ DAYS/NIGHTS

(88) NONE  
(30) Every day

(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

(88) NONE

(77) DON'T KNOW

(99) REFUSED

[**RESUME:** If the response to last symptoms (question 3.5) was 3 months to 1 year ago (LASTSYMP = 4) respondent resumes interview here.]

[**CONTINUE:** If the response to last symptoms was within the past 3 months, don't know or refused (LASTSYMP = 1, 2, 3, 77 or 99) respondent continues. (Respondents with no symptoms in the past year were skipped to section 5.)]

**EPIS\_INT 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

(9) REFUSED

[SKIP TO INS1 in Section 5]

[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?**

\_\_ \_\_

(888) NONE

(777) DON'T KNOW

(999) REFUSED

**DUR\_ASTH (4.7) How long did {his/her} MOST RECENT asthma episode or attack last?**

1\_\_ Minutes

2\_\_ Hours

3\_\_ Days

4\_\_ Weeks

5 5 5 Never

7 7 7 Don't know / Not sure

9 9 9 Refused

**COMPASTH (4.8)**

**Compared with other episodes or attacks, was this most recent attack shorter, longer, or about the same?**

- (1) SHORTER
- (2) LONGER
- (3) ABOUT THE SAME
- (4) THE MOST RECENT ATTACK WAS ACTUALLY THE FIRST ATTACK
  
- (7) DON'T KNOW
- (9) REFUSED

**Section 5. Health Care Utilization**

[RESUME: All respondents continue the interview 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

**FLU\_SPRAY (5.5)**      **A flu vaccine that is sprayed in the nose is called FluMist™. During the past 12 months, did {he/she} have a flu vaccine that was sprayed in his/her nose?**

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

[**SKIP:** If the child does not currently have asthma (response of “no,” “don’t know” or “refused” to the ACBS question CUR\_ASTH, if asked, or if not asked, to the BRFSS child module question “Does the child still have asthma?”) and has not seen a doctor (LAST\_MD), has not had asthma symptoms (LASTSYMP) and has not taken asthma medication (LAST\_MED) in the past year, the respondent skips to section 6.]

[**CONTINUE:** If the child does not currently have asthma (response of “no,” “don’t know” or “refused” to ACBS question CUR\_ASTH, if asked, or if not asked, to the BRFSS child module question “Does the child still have asthma?”) and has had asthma symptoms (LASTSYMP), taken asthma medication (LAST\_MED), or seen a doctor for asthma (LAST\_MD) in the past year, the respondent continues with question 5.6.]

[**CONTINUE:** If the child does currently have asthma (response of “yes” to the ACBS question CUR\_ASTH if asked, or if not asked, to the BRFSS child module question “Does the child still have asthma?”), the respondent continues with question 5.6.]

**ACT\_DAYS (5.6)**      **During just the past 30 days, would you say {child’s name} limited {his/her} usual activities due to asthma not at all, a little, a moderate amount, or a lot?**

[**NOTE: the wording for this question was changed in 2012 and is no longer comparable to ACT\_DAYS from prior survey years.**]

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

[**SKIP:** If the child has not seen a doctor (LAST\_MD) in the past year, the respondent skips to section 6.]

**NER\_TIME (5.7)**      **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?**  
[**NOTE: formerly NR\_Times**]

\_\_ \_\_ \_\_ ENTER NUMBER

- (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?**

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

**ER\_TIMES (5.9) During the past 12 months, how many times did { he/she } visit an emergency room or urgent care center because of {his/her} asthma?**

\_\_ \_\_ \_\_ ENTER NUMBER

- (888) ZERO (skip back to 5.8)
- (777) DON'T KNOW
- (999) REFUSED

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

**URG\_TIME (5.10) [IF ONE OR MORE ER VISITS (ER\_VISIT (5.8) = 1) INSERT "Besides those emergency room or urgent care center visits,"]**

**During the past 12 months, how many times did {child's name} see a doctor or other health professional for urgent treatment of worsening asthma symptoms or an asthma episode or attack?**

\_\_ \_\_ \_\_ ENTER NUMBER

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

**[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.]**



**Section 6. Knowledge of Asthma/Management Plan**

[RESUME: All respondents continue the interview here.]

**TCH\_SIGN (6.1) Has a doctor or other health professional ever taught you or {child's name}...**

**a. How to recognize early signs or symptoms of an asthma episode?**

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

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

**TCH\_RESP (6.2) Has a doctor or other health professional ever taught you or {child's name}...**

**b. What to do during an asthma episode or attack?**

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

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

**TCH\_MON (6.3) A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you or {child's name}...**

**c. How to use a peak flow meter to adjust his/her daily medications?**

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

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

**MGT\_PLAN (6.4)**

**An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.**

**Has a doctor or other health professional EVER given you 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

## Section 7. Modifications to Environment

[All respondents continue the interview.]

**HH\_INT**      **READ:** The following questions are about {child's name} household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.

**AIRCLEANER (7.1)**      **An air cleaner or air purifier can filter out pollutants like dust, pollen, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.**

**Is an air cleaner or purifier regularly used inside {child's name} home?**

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

**DEHUMID (7.2)**      **A dehumidifier is a small, portable appliance which removes moisture from the air.**

**Is a dehumidifier regularly used to reduce moisture inside {his/her} home?**

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

**KITC\_FAN (7.3)**      **Is an exhaust fan that vents to the outside used regularly when cooking in the kitchen in {his/her} home?**

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

**COOK\_GAS (7.4)**      **Is gas used for cooking in {his/her} home?**

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

**ENV\_MOLD (7.5)**      **In the past 30 days, has anyone seen or smelled mold or a musty odor inside in {his/her} home? Do not include mold on food.**

- (1) YES
- (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?**

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

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

**GAS\_STOVE (7.11) Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in {his/her} home?**

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

**[HELP SCREEN: "Unvented" means no chimney or the chimney flue is kept closed during operation.]**

**S\_INSIDE (7.12) In the past week, has anyone smoked inside {his/her} home?**

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

**[HELP SCREEN: "The intent of this question is to measure smoke resulting from tobacco products (cigarettes, cigars, pipes) or illicit drugs (cannabis, marijuana) delivered by smoking (inhaling intentionally). Do not include things like smoke from incense, candles, or fireplaces, etc."]**

**MOD\_ENV (7.13) INTERVIEWER READ: Now, back to questions specifically about {child's name}.**

**Has a health professional ever advised you to change things in {his/her} home, school, or work to improve his/her asthma?**

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

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

- MATTRESS (7.14)** Does {he/she} use a mattress cover that is made especially for controlling dust mites?
- [INTERVIEWER: If needed: This does not include normal mattress covers used for padding or sanitation (wetting). These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the mattress. They are made of special fabric, entirely enclose the mattress, and have zippers.]**
- (1) YES  
(2) NO
- (7) DON'T KNOW  
(9) REFUSED
- E\_PILLOW (7.15)** 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. ]**



[SKIP: If respondent has not taken asthma medication in the past 3 months (LAST\_MED = 4, 5, 6, 7, 77, or 99), respondent skips to Section 9.]

**SCR\_MED1 (8.5)**      **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

**[IF I[SKIP: If the child has never used an inhaler, (8.2 INHALERE= 2 NO) the respondent skips to PILLS]**

**INH\_SCR (8.8)**      **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]

**INH\_MEDS (8.9)**      **In the past 3 months, what prescription asthma medications did {he/she} take by inhaler**

**[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION. MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]**

[Note: For the following inhalers the respondent can report up to eight medications; each medication can only be reported once. When 66 (Other) is selected as a response, the series of questions ILP03 (8.13) to ILP10 (8.19) is not asked for that response. Numbers 37, 38, 39, 40, 41, and 42 are medications that were added in 2008. Number 25 was changed from Pulmicort Turbuhaler to Pulmicort Flexhaler in 2012. Numbers 43 and 44 were added in 2013. Brethaire, Intal and Tilade were dropped in 2013.]

	<b>Medication</b>	<b>Pronunciation</b>
01	Advair (+ A. Diskus)	ăd-vâr (or <b>add</b> -vair)
02	Aerobid	â-rŏ"bĭd (or <b>air</b> -row-bid)
03	<u>Albuterol</u> (+ A. sulfate or salbutamol)	ăl'- <b>bu</b> 'ter-ŏl (or al- <b>BYOO</b> -ter-ole) sāl-byū'tă-môl'
04	Alupent	<b>al</b> -u-pent
43	Alvesco (+ <u>Ciclesonide</u> )	<b>al</b> -ves-co
40	Asmanex (twisthaler)	<b>as</b> - <i>muh</i> -neks <b>twist</b> -hey-ler
05	Atrovent	At-ro-vent
06	Azmacort	<b>az</b> -ma-cort
07	<u>Beclomethasone dipropionate</u>	bek"lo- <b>meth</b> 'ah-son dĭ' <b>pro</b> 'pe-o-nāt (or be-kloe- <b>meth</b> -a-sonē)
08	Beclovent	be' klo-vent" (or <b>be</b> -klo-vent)
09	<u>Bitolterol</u>	bi-tŏl'ter-ŏl (or bye- <b>tole</b> -ter-ole)
11	<u>Budesonide</u>	byoo- <b>des</b> -oh-nide
12	Combivent	<b>com</b> -bi-vent
13	<u>Cromolyn</u>	<b>kro</b> 'mŏ-lin (or <b>KROE</b> -moe-lin)
44	Dulera	<b>do</b> -lair-a
14	Flovent	<b>flow</b> -vent
15	Flovent Rotadisk	<b>flow</b> -vent <b>row</b> -ta-disk
16	<u>Flunisolide</u>	floo- <b>nis</b> 'o-lĭd (or floo- <b>NISS</b> -oh-lide)
17	<u>Fluticasone</u>	flue- <b>TICK</b> -uh-zone
34	Foradil	<i>FOUR</i> -a-dil
35	<u>Formoterol</u>	for moh' te rol
19	<u>Ipratropium Bromide</u>	ĭp-rah- <b>tro</b> 'pe-um bro'mĭd (or ip-ra- <b>TROE</b> -pee-um)
37	<u>Levalbuterol tartrate</u>	lev-al- <b>BYOU</b> -ter-ohl
20	Maxair	<b>măk</b> -sâr
21	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ĕ-nŏl (or met-a-proe- <b>TER</b> -e-nole)
39	<u>Mometasone furoate</u>	<b>moe</b> - <b>MET</b> -a-sonē
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pĕr- <b>bu</b> 'ter-ŏl (or peer- <b>BYOO</b> -ter-ole)
41	Pro-Air HFA	<b>proh</b> -air HFA
24	Proventil	pro"ven-til' (or pro-vent-il)
25	Pulmicort Flexhaler	<b>pul</b> -ma-cort <b>Flex</b> -hail-er
36	QVAR	<b>q</b> -vâr (or q-vair)
03	<u>Salbutamol</u> (or Albuterol)	sāl-byū'tă-môl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	<b>Sair</b> -a-vent
42	Symbicort	<b>sim</b> - <i>buh</i> -kohrt
28	<u>Terbutaline</u> (+ T. sulfate)	ter- <b>bu</b> 'tah-lĕn (or ter- <b>BYOO</b> -ta-leen)
30	Tornalate	<b>tor</b> -na-late
31	<u>Triamcinolone acetanide</u>	tri"am- <b>sin</b> 'o-lŏn as"ĕ-tŏ-nĭd' (or trye-am- <b>SIN</b> -oh-lone)
32	Vanceril	<b>van</b> -sir-il
33	Ventolin	<b>vent</b> -o-lin
38	Xopenex HFA	<i>ZOH</i> -pen-ecks
66	Other, Please Specify	[SKIP TO OTH_I1]

**[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP03]**

(88) NO PRESCRIPTION INHALERS [SKIP TO PILLS]

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

(99) REFUSED [SKIP TO PILLS]

**OTH\_I1 (8.10) ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD  
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS  
ON ONE LINE.**

[NOTE: Questions ILP01, ILP02 and ILP07 from years before 2012 are no longer asked. Question ILP03 was revised in 2012 and is no longer comparable to previous survey years]

[NOTE: QUESTIONS ILP03 THRU ILP10 ARE ADMINSTERED FOR UP TO EIGHT INHALED MEDICATIONS REPORTED IN INH\_MEDS, BUT NOT FOR 66 (OTHER). THE SPECIFIC MEDICATION NAME IS REFFERED TO IN EACH QUESTION, ILP03 THROUGH ILP10]

[SKIP: IF [MEDICINE FROM INH\_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15) OR MOMETASONE FUROATE (39) OR ASMANEX (40) OR FORADIL (34) OR MAZAIR (20) OR PULMICORT (25) OR SEREVENT (27) OR SYMBICORT (42) SKIP TO 8.14. These inhalers are not used with spacers.]

**ILP03 (8.13) A spacer is a small attachment for an inhaler that makes it easier to use. Does {he/she} use a spacer with [MEDICINE FROM INH\_MEDS SERIES]?**

- (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

[HELP SCREEN: A spacer is a device that attaches to a metered dose inhaler. It holds the medicine in its chamber long enough for you to inhale it in one or two slow, deep breaths. The spacer makes it easy to take the medicines the right way.]

[HELP SCREEN: The response category 3 (disk or dry powder) and 4 (built in spacer) are primarily intended for medications Beclomethosone (7) Beclovent (08), Budesonide (11) and QVAR (36), which are known to come in disk or breathe activated inhalers (which do not use a spacer). However, new medications may come on the market that will need either category, so 3 or 4 can be used for other medications as well.]

**ILP04 (8.14) In the past 3 months, did {child's name} take [MEDICINE FROM INH\_MEDS SERIES] when he/she had an asthma episode or attack?**

- (1) YES
- (2) NO
- (3) NO ATTACK IN PAST 3 MONTHS

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

**ILP05 (8.15)**                    **In the past 3 months, did {he/she} take [MEDICINE FROM INH\_MEDS SERIES] before exercising?**

- (1) YES
- (2) NO
- (3) DIDN'T EXERCISE IN PAST 3 MONTHS
  
- (7) DON'T KNOW
- (9) REFUSED

**ILP06 (8.16)**                    **In the past 3 months, did {he/she} take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday?**

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

**ILP08 (8.18)**                    **How many times per day or per week did {he/she} use [MEDICINE FROM INH\_MEDS SERIES]?**

- 3 \_\_    Times per DAY
- 4 \_\_    Times per WEEK
- 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

[SKIP: 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). These are SABA inhalers.]

**ILP10 (8.19)**                    **How many canisters of [MEDICINE FROM INH\_MEDS SERIES] has {child's name} used in the past 3 months?**

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

\_\_ CANISTERS

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

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

**PILLS (8.20) In the past 3 months, has {he/she} taken any PRESCRIPTION medicine in pill form for his/her asthma?**

(1) YES

(2) NO

[SKIP TO SYRUP]

(7) DON'T KNOW

[SKIP TO SYRUP]

(9) REFUSED

[SKIP TO SYRUP]

**PILLS\_MD (8.21) What PRESCRIPTION asthma medications does {child's name} take in pill form?**

**[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION. MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]**

[Note: For the following pills the respondent can report up to five medications; each medication can only be reported once. Number 48 and 49 were added in 2008.]

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

46	Zileuton	zye- <b>loo</b> -ton
47	Zyflo Filmtab	zye-flow <b>film</b> tab
66	Other, please specify	[SKIP TO OTH_P1]

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-49, SKIP TO PILL01]

(88) NO PILLS [SKIP TO SYRUP]

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

(99) REFUSED [SKIP TO SYRUP]

**OTH\_P1**

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

[NOTE: Question PILLX was dropped and replaced with PILL01 in 2012]

[QUESTION PILL01 IS ADMINISTERED FOR UP TO FIVE PILLS 01-49 REPORTED IN PILLS\_MD, BUT NOT FOR 66 (OTHER). THE REPORTED MEDICINE NAME FROM PILLS\_MD SERIES IS INSERTED INTO PILL01]

**PILL01 (8.22)**

**In the past 3 months, did {child's name} take [MEDICATION LISTED IN  
PILLS\_MD] on a regular schedule every day?**

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**SYRUP (8.23)**

**In the past 3 months, has {he/she} taken prescription medicine in syrup form?**

(1) YES

(2) NO

[SKIP TO NEB\_SCR]

(7) DON'T KNOW

[SKIP TO NEB\_SCR]

(9) REFUSED

[SKIP TO NEB\_SCR]

**SYRUP\_ID (8.24)**

**What PRESCRIPTION asthma medications has {child's name} taken as a syrup?**

**[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE  
NAME OF THE MEDICATION. MARK ALL THAT APPLY. PROBE: Any other  
prescription syrup medications for asthma?]**

[For the following syrups the respondent can report up to four medications; each medication can only be reported once.]

	Medication	Pronunciation
01	Aerolate	<b>air</b> -o-late
02	<u>Albuterol</u>	ăl'- <b>bu</b> 'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	<b>al</b> -u-pent
04	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ě-nōl (or met-a-proc-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	<b>pre</b> -loan
07	Proventil	Pro- <b>ven</b> -til
08	Slo-Phyllin	<b>slow</b> -fil-in
09	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	<b>vent</b> -o-lin
66	Other, Please Specify:	<b>[SKIP TO OTH_S1]</b>

(88) NO SYRUPS [SKIP TO NEB\_SCR]

(77) DON'T KNOW [SKIP TO NEB\_SCR]  
(99) REFUSED [SKIP TO NEB\_SCR]

**OTH\_S1** **ENTER OTHER MEDICATION.**  
**IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.**

**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) **In the past 3 months, what prescription ASTHMA medications has {he/she} taken using a nebulizer?**

**[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION. [MARK ALL THAT APPLY. PROBE: Has your child taken any other prescription asthma medications using a nebulizer in the past 3 months?]**

[For the following nebulizers the respondent can report up to five medications; each medication can only be used once. Medication numbers 17 and 18 were added in 2013.]

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

(88) NONE [SKIP TO Section 9]

(77) DON'T KNOW [SKIP TO Section 9]

(99) REFUSED [SKIP TO Section 9]

**OTH\_N1** **ENTER OTHER MEDICATION**  
**IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.**

[NOTE: QUESTIONS NEB01, NEB02, AND NEB03 WERE ADDED IN 2012. QUESTIONS NEB01 THRU NEB03 ARE ADMINISTERED FOR UP TO FIVE NEBULIZER MEDICATIONS REPORTED IN NEB\_ID, BUT NOT FOR 66 (OTHER). THE SPECIFIC MEDICATION NAME IS REFERED TO IN EACH QUESTION, NEB01 THROUGH NEB03]

**NEB01 (8.28)**                    **In the past 3 months, did {child's name} take [MEDICINE FROM NEB\_ID SERIES] when he/she had an asthma episode or attack?**

- (1) YES
- (2) NO
- (3) NO ATTACK IN PAST 3 MONTHS
  
- (7) DON'T KNOW
- (9) REFUSED

**NEB02 (8.29)**                    **In the past 3 months, did he/she take [MEDICINE FROM NEB\_ID SERIES] on a regular schedule every day?**

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

**NEB03 (8.30)**                    **How many times per day or per week does he/she use [MEDICINE FROM NEB\_ID SERIES]?**

- 3 \_\_\_ DAYS
- 4 \_\_\_ WEEKS
  
- (555) NEVER
- (666) LESS OFTEN THAN ONCE A WEEK
  
- (777) DON'T KNOW / NOT SURE
- (999) REFUSED

## Section 9. Cost of Care

[NOTE: The skip pattern for this section changed in 2010. Previously only those who responded “yes” to the question “Does the child still have asthma?” were asked questions in this section. Beginning in 2010, respondents who reported the child had symptoms, medication use, or a physician visit in the past year, are asked questions in this section even if they did not respond “yes” to the question “Does the child still have asthma?”]

[SKIP: If the child does not currently have asthma (response of “no,” “don’t know” or “refused” to the ACBS question CUR\_ASTH, if asked, or if not asked, to the BRFSS child module question “Does the child still have asthma?”) and has not seen a doctor (LAST\_MD), has not had asthma symptoms (LASTSYMP) and has not taken asthma medication (LAST\_MED) in the past year, the respondent skips to section 10.]

[CONTINUE: If the child does not currently have asthma (response of “no,” “don’t know” or “refused” to ACBS question CUR\_ASTH, if asked, or if not asked, to the BRFSS child module question “Does the child still have asthma?”) and has had asthma symptoms (LASTSYMP), taken asthma medication (LAST\_MED), or seen a doctor for asthma (LAST\_MD) in the past year, the respondent continues with section 9.]

[CONTINUE: If the child does currently have asthma (response of “yes” to the ACBS question CUR\_ASTH if asked, or if not asked, to the BRFSS child module question “Does the child still have asthma?”), the respondent continues 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?**

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

**ASRXCOST (9.3)      Was there a time in the past 12 months when {he/she} needed medication for his/her asthma but you could not buy it because of the cost?**

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



**[NOTE: The skip pattern for this section changed in 2010. Previously only those who responded “yes” to the question “Does the child still have asthma?” were asked question 10.5 to 10.7. Beginning in 2010, respondents who reported the child had symptoms, medication use, or a physician visit in the past year, are asked question 10.5 to 10.7 even if they did not respond “yes” to the question “Does the child still have asthma?”]**

**[SKIP: If the child does not currently have asthma (response of “no,” “don’t know” or “refused” to the ACBS question CUR\_ASTH, if asked, or if not asked, to the BRFSS child module question “Does the child still have asthma?”) and has not seen a doctor (LAST\_MD), has not had asthma symptoms (LASTSYMP) and has not taken asthma medication (LAST\_MED) in the past year, the respondent skips to question 10.8.]**

**[CONTINUE: If the child does not currently have asthma (response of “no,” “don’t know” or “refused” to ACBS question CUR\_ASTH, if asked, or if not asked, to the BRFSS child module question “Does the child still have asthma?”) and has had asthma symptoms (LASTSYMP), taken asthma medication (LAST\_MED), or seen a doctor for asthma (LAST\_MD) in the past year, the respondent continues with question 10.5.]**

**[CONTINUE: If the child does currently have asthma (response of “yes” to the ACBS question CUR\_ASTH if asked, or if not asked, to the BRFSS child module question “Does the child still have asthma?”), the respondent continues with question 10.5.]**

**MISS\_SCHL (10.5)      During the past 12 months, about how many days of school did {he/she} miss because of {his/her} asthma?**

\_\_ \_\_ \_\_ ENTER NUMBER DAYS

(888) ZERO

(777) DON’T KNOW

(999) REFUSED

**[SKIP: If child is home schooled (NO\_SCHL = 2) 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

**SKIP:** IF NO\_SCHL = 2 (HOME SCHOOLED) SKIP TO SECTION 11

**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

[

**SKIP:** IF CHLDAGE2 > 10 YEARS OR 131 MONTHS SKIP TO SECTION 11

**DAYCARE (10.10)** Does {child's name} go to day care outside his/her home?

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

**DAYCARE1 (10.11)** Has {he/she} gone to daycare in the past 12 months?

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

[NOTE: The skip pattern for this section changed in 2010. Previously only those who responded “yes” to the question “Does the child still have asthma?” were asked question 10.12 and 10.13. Beginning in 2010, respondents who reported the child had symptoms, medication use, or a physician visit in the past year, are asked question 10.2 and 10.13 even if they did not respond “yes” to the question “Does the child still have asthma?”]

**MISS\_DCAR (10.12)** [SKIP: If the child does not currently have asthma (response of “no,” “don’t know” or “refused” to the ACBS question CUR\_ASTH, if asked, or if not asked, to the BRFSS child module question “Does the child still have asthma?”) and has not seen a doctor (LAST\_MD), has not had asthma symptoms (LASTSYMP) and has not taken asthma medication (LAST\_MED) in the past year, the respondent skips to question 10.14.]

[CONTINUE: If the child does not currently have asthma (response of “no,” “don’t know” or “refused” to ACBS question CUR\_ASTH, if asked, or if not asked, to the BRFSS child module question “Does the child still have asthma?”) and has had asthma symptoms (LASTSYMP), taken asthma medication (LAST\_MED), or seen a doctor for asthma (LAST\_MD) in the past year, the respondent continues with question 10.12.]

[CONTINUE: If the child does currently have asthma (response of “yes” to the ACBS question CUR\_ASTH if asked, or if not asked, to the BRFSS child module question “Does the child still have asthma?”), the respondent continues with question 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

(888) ZERO

(777) DON’T KNOW

(999) REFUSED

**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?**

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

**Section 11. Complimentary and Alternative Therapy**

[NOTE: The skip pattern for this section changed in 2010. Previously only those who responded “yes” to the question “Does the child still have asthma?” were asked section 11. Beginning in 2010, respondents who reported the child had symptoms, medication use, or a physician visit in the past year, are asked section 11 even if they did not respond “yes” to the question “Does the child still have asthma?”]

[SKIP: If the child does not currently have asthma (response of “no,” “don’t know” or “refused” to the ACBS question CUR\_ASTH, if asked, or if not asked, to the BRFSS child module question “Does the child still have asthma?”) and has not seen a doctor (LAST\_MD), has not had asthma symptoms (LASTSYMP) and has not taken asthma medication (LAST\_MED) in the past year, the respondent skips to section 12.]

[CONTINUE: If the child does not currently have asthma (response of “no,” “don’t know” or “refused” to ACBS question CUR\_ASTH, if asked, or if not asked, to the BRFSS child module question “Does the child still have asthma?”) and has had asthma symptoms (LASTSYMP), taken asthma medication (LAST\_MED), or seen a doctor for asthma (LAST\_MD) in the past year, the respondent continues with section 11.]

[CONTINUE: If the child does currently have asthma (response of “yes” to the ACBS question CUR\_ASTH if asked, or if not asked, to the BRFSS child module question “Does the child still have asthma?”), the respondent continues 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
CAM_VITA (11.2)	vitamins	(1) YES	(2) NO	(7) DK (9) REF
CAM_PUNC (11.3)	acupuncture	(1) YES	(2) NO	(7) DK (9) REF
CAM_PRES (11.4)	acupressure	(1) YES	(2) NO	(7) DK (9) REF
CAM_AROM (11.5)	aromatherapy	(1) YES	(2) NO	(7) DK (9) REF
CAM_HOME (11.6)	homeopathy	(1) YES	(2) NO	(7) DK (9) REF
CAM_REFL (11.7)	reflexology	(1) YES	(2) NO	(7) DK (9) REF
CAM_YOGA (11.8)	yoga	(1) YES	(2) NO	(7) DK (9) REF
CAM_BR (11.9)	breathing techniques	(1) YES	(2) NO	(7) DK (9) REF
CAM_NATR (11.10)	naturopathy	(1) YES	(2) NO	(7) DK (9) REF

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

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

**CAM\_OTHR (11.11) Besides the types I have just asked about, has {child’s name} used any other type of alternative care for asthma in the past 12 months?**

- (1) YES
- (2) NO [SKIP TO SECTION 12]
- (7) DON’T KNOW [SKIP TO SECTION 12]
- (9) REFUSED [SKIP TO SECTION 12]

**CAM\_TEXT (11.13) What else has {he/she} used?**

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

**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

**[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

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

**BIRTHW1 (12.3)            How much did {he/she} weigh at birth (in pounds)?**

\_\_\_\_\_            Weight (pounds/kilograms)

7 7 7 7 7 7            Don’t know / Not sure

9 9 9 9 9 9            Refused

**[SKIP: If birth weight is provided, skip to the end of the interview (CWEND).]**

**[CONTINUE: If birth weight is not provided (12.3 BIRTHW1 is DON’T KNOW or REFUSED) ask 12.4 BIRTHRF.]**

**BIRTHRF (12.4)            At birth, did {child’s name} weigh less than 5 ½ pounds?**

**[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS]**

(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: Language for Identifying Most Knowledgeable Person during the BRFSS interview

**Consent scripts for use during BRFSS 2011 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?**

- (1) Yes [CATI SET MKPName = ADULTName]

- (2) No (GO TO ALTName)
- (7) Don't know/Not Sure (GO TO ALTName)
- (9) Refused (GO TO ALTName)

**CBTIME:** What is a good time to call you back? For example, evenings, days, weekends?

Enter day/time: \_\_\_\_\_

**READ:** The information you gave us today and will give us when we call back will be kept confidential. We will keep identifying information like your child's name and your name and phone number on file, separate from the answers collected today. Even though you agreed today, you may refuse to participate in the future.

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

**LINKING CONSENT**

**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)

**ALTName** Can I please have the first name, initials or nickname of the person who knows the most about {CHILDName}'s asthma so we will know who to ask for when we call back?

Alternate's Name: \_\_\_\_\_  
 [CATI SET MKPName = ALTName]

**ALTCBTime:**

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

Enter day/time: \_\_\_\_\_

**READ:** The information you gave us today and that {ALTName} will give us when we call back will be kept confidential. We will keep their name and phone number, and your child's name on file, separate from the answers collected today. Even though you agreed today, {ALTName} may refuse to participate in the future.

[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)

## Introduction and consent sections for use during the Child Asthma Call-Back when the most knowledgeable adult is identified during the BRFSS interview:

[CATI: CHILDName, ADULTName, ALTName, MKPName, CASTHDX2, and CASTHNO2, RCSGENDR, calculated child's age, are from the BRFSS child asthma module and must be carried to the asthma call-back]

[CATI: BRFSS Respondent's SEX also should be carried to the Asthma call-back]

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

### Section 1. Introduction

#### INTRODUCTION TO THE BRFSS Asthma call back for Adult parent/guardian of child with asthma:

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

ALTERNATE (no reference to asthma):

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

#### 1.1 Are you {MKPName}?

1. Yes (GO TO 1.5)
2. No

#### 1.2 May I speak with {MKPName}?

1. Yes (GO TO 1.4 when person comes to phone)
2. Person not available

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

Enter day/time: \_\_\_\_\_

**READ:** Thank you we will call again later to speak with {MKPName}.

[CATI: Start over at introduction at next call.]

1.4 Hello, my name is \_\_\_\_\_. I'm calling on behalf of the {STATE NAME} state health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview {"you" 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):

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 BRFS 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) to CASTHDX2 and "yes" (1) to CASTHNO2 in core BRFS survey:]

**READ: Answers to the asthma questions in the earlier survey indicated 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 {*CHILDName*} has asthma now, your interview will last about 15 minutes. [Go to section 3]

**REPEAT (2.0)**

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

**EVER\_ASTH (2.1)      Have you ever been told by a doctor or other health professional that {*CHILDName*} had asthma?**

- (1) YES
- (2) NO [Go to TERMINATE]
- (7) DON'T KNOW [Go to TERMINATE]
- (9) REFUSED [Go to TERMINATE]

**CUR\_ASTH (2.2)      Does {*he/she*} still have asthma?**

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

**RELATION (2.3)      What is your relationship to {*CHILDName*}?**

- (1) MOTHER (BIRTH/ADOPTIVE/STEP) [go to READ]
- (2) FATHER (BIRTH/ADOPTIVE/STEP) [go to READ]
- (3) BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE)
- (4) GRANDPARENT (FATHER/MOTHER)
- (5) OTHER RELATIVE
- (6) UNRELATED
  
- (7) DON'T KNOW
- (9) REFUSED

**GUARDIAN (2.4)      Are you the legal guardian for {*CHILDName*}?**

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

**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.

## **Appendix B:**

### **Language for Identifying Most Knowledgeable Person at the Call-back**

**Consent scripts for use during BRFSS 2011 Child asthma module when the most knowledgeable adult is identified at the call-back interview.**

#### **Child asthma module:**

If BRFSS respondent indicates that the randomly selected child has ever had asthma then arrange for a call-back interview.

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.

CATI: (RCSRELN1 = 1 or 3 and CASTHDX2 = 1 “yes”)

**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 to ask for when we call back?**

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

#### **CBTIME:**

**What is a good time to call you back? For example, evenings, days, weekends?**

Enter day/time: \_\_\_\_\_

**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)

## Introduction and consent sections for use during the Child Asthma Call-Back when the most knowledgeable adult is identified at call-back interview:

[CATI: CHILDName, ADULTName, ALTName, MKPName, CASTHDX2, and CASTHNO2, RCSGENDR, calculated child's age, are from the BRFSS child asthma module and must be carried to the asthma call-back]

[CATI: BRFSS Respondent's SEX also should be carried to the Asthma call-back]

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

### Section 1. Introduction

#### INTRODUCTION TO THE BRFSS Asthma call back for Adult parent/guardian of child with asthma:

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

ALTERNATE (no reference to asthma):

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

#### 1.1 Are you {ADULTName}?

- (1) Yes (go to 1.5 READ)
- (2) No

#### 1.2 May I speak with {ADULTName}?

- (1) Yes (go to 1.4 READ when person comes to phone)
- (2) Person not available

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

Enter day/time: \_\_\_\_\_

**READ: Thank you we will call again later to speak with {ADULTName}.**

[CATI: Start over at introduction at next call.]

ADULTName comes to the phone:

**1.4 READ: Hello, my name is \_\_\_\_\_. I'm calling on behalf of the {STATE} state health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. (GO TO 1.5)**

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 this study about {CHILDName}'s asthma. {ADULTName} has now indicated that you are more knowledgeable about {CHILDName}'s asthma. It would be better if you would complete this interview**

**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 can**

provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

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

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.

**1.7 Are you {ALTName}?**

- (1) Yes (go to 1.10 READ ALT 1)
- (2) No

**1.8 May I speak with {ALTName}?**

- (1) Yes (go to 1.11 READ ALT 2 when person comes to phone)
- (2) Person not available

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

Enter day/time: \_\_\_\_\_

READ: **Thank you we will call again later to speak with {ALTName}.**

[CATI: Start over at 1.6 at next call.]

1.10 READ ALT 1

**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]

1.11 READ ALT 2:

**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.**

EVER\_ASTH (2.1) **Have you ever been told by a doctor or other health professional that {CHILDName} had asthma?**

- (1) YES
- (2) NO [Go to TERMINATE]
- (7) DON'T KNOW [Go to TERMINATE]
- (9) REFUSED [Go to TERMINATE]

CUR\_ASTH (2.2) **Does {he/she} still have asthma?**

- (1) YES
- (2) NO

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

RELATION (2.3)      **What is your relationship to {CHILDName}?**

- (1) MOTHER (BIRTH/ADOPTIVE/STEP) [go to READ]
- (2) FATHER (BIRTH/ADOPTIVE/STEP) [go to READ]
- (3) BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE)
- (4) GRANDPARENT (FATHER/MOTHER)
- (5) OTHER RELATIVE
- (6) UNRELATED
  
- (7) DON'T KNOW
- (9) REFUSED

GUARDIAN (2.4)      **Are you the legal guardian for {CHILDName}**

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

READ: {CHILDName} does qualify for this study.

[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.**