BRFSS

2014

Behavioral Risk Factor Surveillance System Questionnaire

MARYLAND

February 11, 2014

Behavioral Risk Factor Surveillance System
2014 Questionnaire – Maryland

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SAMPLE READ-IN: FRAME

1. Landline
2. Cell Phone

Interviewer's Script

HELLO, I am calling for the **Maryland Department of Health and Mental Hygiene.**   My name is **(name)   .** We are gathering information about the health of   **Maryland**   residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

CATI NOTE: Don't Know and Refused answer codes should be present only where specified in this script; do not add codes for Don't Know or Refused.

IF FRAME=2 (CELL PHONE) ASK SAFE, IF FRAME=1 SKIP TO CTELENUM
SAFE   Is this a safe time to talk with you?

> Yes   **[Go to CTELENUM]**
> No   **CALLBACK**

CTELENUM Is this   **(phone number)**   ?

1. Yes **GO TO PVTRESID**
2. No
7. (VOL) Don't Know/Not Sure
9. (VOL) Refused

> **If "No", "Don't Know", "Refused"**
> **SOCTEL**   Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

PVTRESID
IF FRAME=1, ASK: Is this a private residence?
IF FRAME=2, ASK: Do you live in a private residence?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

1. Yes **GO TO STATERES**
2. No   **GO TO COLGHOUS**
3. No, business phone only   **THANK & END**

COLGHOUS   Do you live in college housing?

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

    1. Yes **GO TO STATERES**
    2. No

        If "No,"
        SOPVTRES   Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

STATERES   Do you reside in ____(state)____?

    Yes   **[Go to CELLPH]**
    No   **[Go to state]**

IF FRAME=1 (landline) SCREEN-OUT AT 'STATE'. IF FRAME=2 (cell phone), GO TO RSPSTATE.
STATE   Thank you very much, but we are only interviewing persons who live in the state of
     __(state)____ at this time. **STOP**

RSPSTATE   In what state do you live?

    _____   ENTER STATE
    99   REFUSED   **[THANK & END]**

CELLPH Is this a cellular telephone?

[Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

    1. Yes
    2. No

CELLFON
    1   No, not a cellular telephone.
    2   Yes

CATI: **IF FRAME=1 (landline) and CELLFON=1 (not a cell phone), GO TO RESPONDENT SELECTION.**
        IF FRAME=1 (landline) and CELLFON=2 (yes cell phone), THANK & END.
        IF FRAME=2 (cell phone) and CELLFON=1 (not a cell phone), THANK & END.
        IF FRAME=2 (cell phone) and CELLFON=2 (yes cell phone), ASK LANDLINE.

LANDLINE   Do you also have a landline telephone in your home that is used to make and receive calls?

    READ ONLY IF NECESSARY: "By landline telephone, we mean a "regular" telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use."

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

      1   YES
      2   NO
      7   DON'T KNOW / NOT SURE
      9   REFUSED

RESPONDENT SELECTION

CATI NOTE:
- **IF CELLPH=1 (is a cell phone) or COLGHOUS=1 (College Housing = Yes) continue;**
- **Otherwise go to Adult Random Selection**

CADULT   Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

      1   YES, Male Respondent
      2   YES, Female Respondent**]**
      3   NO
      7   DON'T KNOW / NOT SURE
      9   REFUSED

      SOCOLAD   Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

CATI NOTE:
- **IF COLGHOUS=1, Set NUMADULT=1 and Skip to [Core Section Introduction]**

<u>**Adult Random Selection**</u>

IF FRAME=1, ASK: I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?
IF FRAME=2, ASK: How many members of your household, including yourself, are 18 years of age or older?

NUMADULT   __   Number of adults

IF (FRAME=2 AND NUMADULT=0), WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO CADULT:

[INTERVIEWER: NUMBER OF ADULTS CANNOT BE ZERO IF RESPONDENT IS 18 OR OLDER: PLEASE RE-ASK QUESTIONS.]

IF FRAME=2, SKIP TO [CORE SECTION INTRODUCTION]

> **If NUMADULT = 1, ASK:**
> **NMADLT1** Are you the adult?
>
> **If "yes,"**
> Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).
>
> **If "no,"**
> Is the adult a man or a woman? Enter 1 man (in NUMMEN) or 1 woman (in NUMWOMEN) below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent".**

- **IF NUMADULT=2, 3, or 4, GO TO NUMMEN**

- **IF NUMADULT>4, ASK**

     PNMADULT
     Are they all 18 years of age or older, and all are currently living in the household, and the household is not a group home or institution.

     1 Yes   **GO TO NUMMEN**
     2 No   **GO BACK TO NUMADULT AND RE-ASK IT**
     9 (VOL) Refused **GO TO NUMMEN**

NUMMEN   How many of these adults are men?

     __   Number of men

NUMWOMEN How many of these adults are women?

     __   Number of women

     IF NUMMEN+NUMWOMEN DOES NOT EQUAL NUMADULT, WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO NUMMEN:

     [INTERVIEWER: THE TOTAL NUMBER OF ADULTS IS NOT EQUAL TO NUMBER OF MEN AND WOMEN. PLEASE RE-ASK QUESTIONS.]

     1. Continue   **GO BACK TO NUMMEN**

- **IF NUMADULT<5 AND NUMWOMEN<3 AND NUMMEN<3, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

     RNAME The person in your household that I need to speak with is the (first/second) (male/female) adult.

          [CATI: this should display as a text screen and then go to INTRO1]

- **IF NUMADULT>4 OR NUMMEN>2 OR NUMWOMEN>2, ASK "ALLNA" TO GET THE NAMES OF EACH ADULT IN THE HOUSEHOLD. REFER TO NUMMEN AND NUMWOMEN TO DETERMINE HOW MANY OF EACH SEX TO ASK FOR A NAME (0 TO 10).**

  (IF NUMMEN=1-10) ASK FOR THE NAME OF THE "OLDEST MALE", THEN THE "SECOND OLDEST MALE, THEN "THIRD OLDEST MALE", ETC.

  (IF NUMWOMEN=1-10) ASK FOR THE NAME OF THE "OLDEST FEMALE", THEN THE "SECOND OLDEST FEMALE, THEN "THIRD OLDEST FEMALE", ETC.

ALLNA   Could you please name all the (male/female) members of the household from oldest to youngest?

[ENTER NAME OF ___ OLDEST (MALE/FEMALE) ADULT]

AFTER ALL NAMES HAVE BEEN ENTERED, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:

RNAME   The person in your household that I need to speak with is (display name of selected adult).
[CATI: this should display as a text screen and then go to INTRO1]

INTRO1   May I speak with (him/her)?

  1   Continue
  2   Callback
  3   (VOL) Refused
  4   Not available duration
  5   Language barrier / not Spanish
  6   Physical / Mental incapacity / health / deaf
  7   Screen out location

To the correct respondent:

HELLO, I am calling for the __**Maryland Department of Health and Mental Hygiene**__. My name is **(name)**. We are gathering information about the health of __**Maryland**__ residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **1-877-473-1212.** If you would like to contact the Department of Health about this study, please call (410) 767-6781 or 1-866-616-5086. <mark>This call may be monitored for quality control purposes</mark>.

Section 1: Health Status

GENHLTH   Would you say that in general your health is—

Please read:

1   Excellent
2   Very good
3   Good
4   Fair

Or

5   Poor

Do not read:

7   Don't know / Not sure
9   Refused

Section 2: Healthy Days — Health-Related Quality of Life

PHYSHLTH   Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

_ _   Number of days
8 8   None
7 7   Don't know / Not sure
9 9   Refused

MENTHLTH   Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

_ _   Number of days
8 8   None   **[If PHYSHLTH and MENTHLTH = 88 (None), go to next section]**
7 7   Don't know / Not sure
9 9   Refused

POORHLTH   During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

      _ _   Number of days
      8 8   None
      7 7   Don't know / Not sure
      9 9   Refused

Section 3: Health Care Access

HLTHPLN1   Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

1	Yes	**If PPHF state, ASKMEDICARE**
2	No	**GO TO PERSDOC2**
7	Don't know / Not sure	**GO TO PERSDOC2**
9	Refused	**GO TO PERSDOC2**

Module 4: Health Care Access MD

ASK MEDICARE AND HLTHCVRG IF HLTHPLN1=1 AND STATERES=1 (MARYLAND RESIDENT)

MEDICARE　　　　Do you have Medicare?

    1   Yes
    2   No
    7   Don't know/Not sure
    9   Refused

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

NEW IN 2014
HLTHCVRG What is the primary source of your health care coverage? Is it…

    Please Read

    01   A plan purchased through an employer or union **[includes plans purchased through another person's employer)**
    02   A plan that you or another family member buys on your own
    03   Medicare
    04   Medicaid or Medical Assistance or MA
    05   TRICARE (formerly CHAMPUS), VA, or Military
    06   Alaska Native, Indian Health Service, Tribal Health Services
    07   Some other source or
    08   None (no coverage)

Do not read:

77 Don't know/Not sure

99 Refused

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (Maryland Health Connection), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

PERSDOC2   Do you have one person you think of as your personal doctor or health care provider?

If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

1   Yes, only one
2   More than one
3   No
7   Don't know / Not sure
9   Refused

MEDCOST   Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

ASK DELAYMED IF STATERES=1 (MARYLAND RESIDENT), ELSE SKIP TO CHECKUP1

DELAYMED   Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

Please read

1   You couldn't get through on the telephone.
2   You couldn't get an appointment soon enough.
3   Once you got there, you had to wait too long to see the doctor.
4   The (clinic/doctor's) office wasn't open when you got there.
5   You didn't have transportation.

Do not read:
6   Other (specify) _____

      8   No, I did not delay getting medical care/did not need medical care
      7   Don't know/Not sure
      9   Refused

CHECKUP1   About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

      1   Within the past year (anytime less than 12 months ago)
      2   Within the past 2 years (1 year but less than 2 years ago)
      3   Within the past 5 years (2 years but less than 5 years ago)
      4   5 or more years ago

      7   Don't know / Not sure
      8   Never
      9   Refused

IF STATERES=1 (MARYLAND RESIDENT) CONTINUE, ELSE SKIP TO SECTION 4.

CATI Note: If HLTHPLN1 = 1 (Yes) continue, else go to LASTCOVRG
NOCOV12   In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

      1   Yes   **Go to DRVISITS**
      2   No   **Go to DRVISITS**
      7   Don't know/Not sure   **Go to DRVISITS**
      9   Refused   **Go to DRVISITS**

CATI Note: If HLTHPLN1 = 2, 7, or 9 continue, else go to next question DRVISITS

LSTCOVRG   About how long has it been since you last had health care coverage?

      1   6 months or less
      2   More than 6 months, but not more than 1 year ago
      3   More than 1 year, but not more than 3 years ago
      4   More than 3 years
      5   Never
      7   Don't know/Not sure
      9   Refused

DRVISITS   How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

      _ _   Number of times
      8 8   None
      7 7   Don't know/Not sure
      9 9   Refused

MEDCOSTS Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.

     1   Yes
     2   No

     Do not read:
     3   No medication was prescribed.
     7   Don't know/Not sure
     9   Refused

CARERCVD In general, how satisfied are you with the health care you received? Would you say—

     READ LIST:

     1   Very satisfied
     2   Somewhat satisfied
     3   Not at all satisfied

     Do not read
     8   Not applicable
     7   Don't know/Not sure
     9   Refused

MEDBILLS Do you currently have any health care bills that are being paid off over time?

INTERVIEWER NOTE:
This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

INTERVIEWER NOTE: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

     1   Yes
     2   No
     7   Don't know/Not sure
     9   Refused

Section 4: Exercise

EXERANY2 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

     1   Yes
     2   No
     7   Don't know / Not sure
     9   Refused

Section 5: Inadequate Sleep

I would like to ask you about your sleep pattern.

SLEPTIM1   On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

_ _   Number of hours [01-24]
7 7   Don't know / Not sure
9 9   Refused

Section 6: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

CVDINFR4   (Ever told) you that you had a heart attack also called a myocardial infarction?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

CVDCRHD4   (Ever told) you had angina or coronary heart disease?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

CVDSTRK3   (Ever told) you had a stroke?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

ASTHMA3   (Ever told) you had asthma?

1	Yes	
2	No	**[Go to CHCSCNCR]**
7	Don't know / Not sure	**[Go to CHCSCNCR]**
9	Refused	**[Go to CHCSCNCR]**

ASTHNOW   Do you still have asthma?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

CHCSCNCR   (Ever told) you had skin cancer?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

CHCOCNCR   (Ever told) you had any other types of cancer?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

CHCCOPD   (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

HAVARTH3   (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

ADDEPEV2 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

    1   Yes
    2   No
    7   Don't know / Not sure
    9   Refused

IF STATERES=1 (MARYLAND RESIDENT) CONTINUE, ELSE SKIP TO CHCKIDNY.

State-Added 3: Anxiety Disorder

ADANXEV Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder?

MD3_1

    1   Yes
    2   No
    7   Don't know / Not sure
    9   Refused

CHCKIDNY (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

    1   Yes
    2   No
    7   Don't know / Not sure
    9   Refused

DIABETE3 (Ever told) you have diabetes?

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

If respondent says pre-diabetes or borderline diabetes, use response code 4.

1	Yes
2	Yes, but female told only during pregnancy
3	No
4	No, pre-diabetes or borderline diabetes
7	Don't know / Not sure
9	Refused

CATI note: If DIABETE3 = 1 (Yes), go to next question (DIABAGE2). If any other response to DIABETE3, go to Pre-Diabetes Optional Module 1

DIABAGE2   How old were you when you were told you have diabetes?

     _ _   Code age in years **[97 = 97 and older]**
9 8   Don't know / Not sure
9 9   Refused

CATI: IF DIABAGE2>52 AND DIABAGE2<98, CONFIRM; ELSE Go to Section 7 [Oral Health]

CNFDBAG   INTERVIEWER: Is [DISPLAY RESPONSE TO DIABAGE2] the correct age when respondent was diagnosed with diabetes?

1 Yes, age is correct   **CONTINUE**
2 No   **GO TO DIABAGE2**

CATI NOTE: Go to Section 7 [ORAL Health]

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code = 1) to DIABETE3 (Diabetes awareness question) and STATERES=1 (MARYLAND RESIDENT)

PDIABTST   Have you had a test for high blood sugar or diabetes within the past three years?

1	Yes
2	No
7	Don't know / Not sure
9	Refused

CATI note: If DIABETE3 = 4 (No, pre-diabetes or borderline diabetes); answer PREDIAB1 "Yes" (code = 1).

PREDIAB1   Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

    If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

1	Yes
2	Yes, during pregnancy

3 No
7 Don't know / Not sure
9 Refused

Section 7: Oral Health

LASTDEN3 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Read only if necessary:

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago

Do not read:

7 Don't know / Not sure
8 Never
9 Refused

RMVTETH3 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

1 1 to 5
2 6 or more but not all
3 All
8 None
7 Don't know / Not sure
9 Refused

Section 8: Demographics

AGE What is your age?

_ _ Code age in years
0 7 Don't know / Not sure
0 9 Refused

{CATI: if (DIABAGE2 = 01-97 and AGE = 18-99) AND (DIABAGE2 > AGE), continue; else go to HISPANC3}

UPDTAGDI   I'm sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and were first diagnosed with Diabetes at age **{CATI: fill-in response from DIABAGE2}**. What was your age when you were FIRST diagnosed with diabetes?

Update age   **GO TO AGE**
Update diabetes age **GO TO DIABAGE2**

HISPANC3   Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you…

Interviewer Note: *One or more categories may be selected.*

1   Yes, Mexican, Mexican American, Chicano/a
2   Yes, Puerto Rican
3   Yes, Cuban
4   Yes, Another Hispanic, Latino/a, or Spanish origin (specify)

Do not read:
5   No
8   No additional choices (DP code only)
7   Don't know / Not sure
9   Refused

MRACEA   Which one or more of the following would you say is your race?

Interviewer Note: Select all that apply.

Please read:
10   White
20   Black or African American
30   American Indian or Alaska Native
40   Asian
50   Pacific Islander

Do not read:
60   Other (specify)
88   No additional choices (DP code only)
77   Don't know / Not sure
99   Refused

IF MRACEA=40 OR 50, ASK MRACEB. ELSE SKIP TO MRACE2
CATI: IF MRACEA=40, SHOW CODES 41-47, 99. IF MRACEA=50, SHOW CODES 51-54, 99.
MRACEB   Would you say you are . . . [READ LIST, MULTIPLE RECORD]?

41   Asian Indian
42   Chinese
43   Filipino
44   Japanese
45   Korean
46   Vietnamese
47   Other Asian
51   Native Hawaiian
52   Guamanian or Chamorro
53   Samoan

54   Other Pacific Islander

99   (VOL) Refused

MRACE2: CATI dummy variable to hold the respondent race.
CATI CODE RESPONSES FROM MRACEA AND MRACEB. IF MRACEA=40 AND MRACEB=99, CODE MRACE2=40. IF MRACEA=0 AND MRACEB=90, CODE MRACE2=50.

10   White
20   Black or African American
30   American Indian or Alaska Native
40   Asian
50   Pacific Islander
60   Other
77   (VOL) Don't know/Not sure
88   No additional choices (DP code only)
99   (VOL) Refused
41   Asian Indian
42   Chinese
43   Filipino
44   Japanese
45   Korean
46   Vietnamese
47   Other Asian
51   Native Hawaiian
52   Guamanian or Chamorro
53   Samoan
54   Other Pacific Islander

CATI note: If more than one response to MRACE2; continue. Otherwise, go to VETERAN3.

SHOW RESPONSES IN MRACE2
ORACE3   Which one of these groups would you say best represents your race?

10   White
20   Black or African American
30   American Indian or Alaska Native
40   Asian
41   Asian Indian
42   Chinese
43   Filipino
44   Japanese
45   Korean
46   Vietnamese
47   Other Asian

50   Pacific Islander
51   Native Hawaiian
52   Guamanian or Chamorro
53   Samoan
54   Other Pacific Islander

60   Other
77   (VOL) Don't know/Not sure
88   No additional choices (DP code only)
99   (VOL) Refused

VETERAN3   Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1   Yes
2   No

Do not read:

7   Don't know / Not sure
9   Refused

MARITAL   Are you…?

Please read:

1   Married
2   Divorced
3   Widowed
4   Separated
5   Never married

Or

6   A member of an unmarried couple

Do not read:

9   Refused

CHILDREN   How many children less than 18 years of age live in your household?

_ _   Number of children
8 8   None
9 9   Refused

EDUCA   What is the highest grade or year of school you completed?

Read only if necessary:

1   Never attended school or only attended kindergarten
2   Grades 1 through 8 (Elementary)
3   Grades 9 through 11 (Some high school)
4   Grade 12 or GED (High school graduate)
5   College 1 year to 3 years (Some college or technical school)
6   College 4 years or more (College graduate)

Do not read:

9   Refused

EMPLOY1   Are you currently…?

Please read:

1   Employed for wages
2   Self-employed
3   Out of work for 1 year or more
4   Out of work for less than 1 year
5   A Homemaker
6   A Student
7   Retired

Or

8   Unable to work

Do not read:

9   Refused

Module 14: Industry and Occupation

If Core [EMPLOY1 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed)] AND STATERES=1 (Maryland resident) , continue else go to next module.

Now I am going to ask you about your work.

TYPEWORK   What kind of work [**IF EMPLOY1=1 or 2, READ** "do"./ **IF EMPLOY1=4, READ** "did"] you do**?** (for example, registered nurse, janitor, cashier, auto mechanic)

INTERVIEWER NOTE: If respondent is unclear, ask "What [is/was] your job title?"

INTERVIEWER NOTE: If respondent has more than one job then ask, "What [is/was] your main job?"

[Record answer] _____
99 Refused

TYPEINDS   What kind of business or industry [**IF EMPLOY1=1 or 2, READ** "do"./ **IF EMPLOY1=4, READ** "did"] you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

[Record answer] _____
99 Refused

INCOME2   Is your annual household income from all sources—

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

0 4   Less than $25,000   **If "no," ask 05; if "yes," ask 03**
            ($20,000 to less than $25,000)

0 3   Less than $20,000   **If "no," code 04; if "yes," ask 02**
            ($15,000 to less than $20,000)

0 2   Less than $15,000   **If "no," code 03; if "yes," ask 01**
            ($10,000 to less than $15,000)

0 1   Less than $10,000   **If "no," code 02**

0 5   Less than $35,000   **If "no," ask 06**
            ($25,000 to less than $35,000)

0 6   Less than $50,000   **If "no," ask 07**
            ($35,000 to less than $50,000)

0 7   Less than $75,000   **If "no," code 08**
            ($50,000 to less than $75,000)

0 8 $75,000 or more

Do not read:

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

WEIGHT2   About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put "9" in 1st column.

Round fractions up

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

HEIGHT3   About how tall are you without shoes?

NOTE: If respondent answers in metrics, put "9" in 1st column

Round fractions down

_ _ **/** _ _   Height
(f t / inches/meters/centimeters)
7 7/ 7 7   Don't know / Not sure
9 9/ 9 9   Refused

CTYCODE1   What county do you live in?

_ _ _   ANSI County Code (formerly FIPS county code)
7 7 7   Don't know / Not sure
9 9 9   Refused

ZIPCODE   What is the ZIP Code where you live?

_ _ _ _ _   ZIP Code
7 7 7 7 7   Don't know / Not sure
9 9 9 9 9   Refused

IF FRAME 2, SKIP TO INTERNET

NUMHHOL2   Do you have more than one telephone number in your household? Do not include
cell phones or numbers that are only used by a computer or fax machine.

1   Yes
2   No   **[Go to CPDEMO1]**
7   Don't know / Not sure   **[Go to CPDEMO1]**
9   Refused   **[Go to CPDEMO1]**

Qualified Level 2
NUMPHON2   How many of these telephone numbers are residential numbers?

_   Residential telephone numbers **[6 = 6 or more]**
7   Don't know / Not sure
9   Refused

CPDEMO1   Do you have a cell phone for personal use? Please include cell phones used for
both business and personal use.

1   Yes   **[Go to INTERNET]**
2   No   **[Go to INTERNET]**
7   Don't know / Not sure   **[Go to INTERNET]**
9   Refused   **[Go to INTERNET]**

INTERNET   Have you used the internet in the past 30 days?
1   Yes
2   No
7   Don't know/Not sure
9   Refused

RENTHOM1   Do you own or rent your home?

    1   Own
    2   Rent
    3   Other arrangement
    7   Don't know / Not sure
    9   Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

SEX   Indicate sex of respondent. **Ask only if necessary.**

    1   Male   **[Go to QLACTLM2]**
    2   Female   **[If respondent is 45 years old or older, go to QLACTLM2]**

PREGNANT   To your knowledge, are you now pregnant?

    1   Yes
    2   No
    7   Don't know / Not sure
    9   Refused

The following questions are about health problems or impairments you may have.

QLACTLM2   Are you limited in any way in any activities because of physical, mental, or emotional problems?

    1   Yes
    2   No
    7   Don't know / Not Sure
    9   Refused

USEEQUIP   Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

        NOTE: Include occasional use or use in certain circumstances.

    1   Yes
    2   No
    7   Don't know / Not Sure
    9   Refused

BLIND   Are you blind or do you have serious difficulty seeing, even when wearing glasses?

    1   Yes
    2   No
    7   Don't know / Not Sure
    9   Refused

DECIDE   Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

       1   Yes
       2   No
       7   Don't know / Not sure
       9   Refused

DIFFWALK   Do you have serious difficulty walking or climbing stairs?

       1   Yes
       2   No
       7   Don't know / Not sure
       9   Refused

DIFFDRES   Do you have difficulty dressing or bathing?

       1   Yes
       2   No
       7   Don't know / Not sure
       9   Refused

DIFFALON   Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

       1   Yes
       2   No
       7   Don't know / Not sure
       9   Refused

Section 9: Tobacco Use

SMOKE100   Have you smoked at least 100 cigarettes in your entire life?

       NOTE: 5 packs = 100 cigarettes

       1   Yes
       2   No   **[Go to USENOW3]**
       7   Don't know / Not sure **[Go to USENOW3]**
       9   Refused   **[Go to USENOW3]**

INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana."

SMOKDAY2   Do you now smoke cigarettes every day, some days, or not at all?

        1   Every day
        2   Some days
        3   Not at all   **[Go to LASTSMK2]**
        7   Don't know / Not sure   **[Go to USENOW3]**
        9   Refused   **[Go to USENOW3]**

STOPSMK2   During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

        1   Yes   **[Go to USENOW3]**
        2   No   **[Go to USENOW3]**
        7   Don't know / Not sure   **[Go to USENOW3]**
        9   Refused   **[Go to USENOW3]**

LASTSMK2   How long has it been since you last smoked a cigarette, even one or two puffs?

        0 1   Within the past month (less than 1 month ago)
        0 2   Within the past 3 months (1 month but less than 3 months ago)
        0 3   Within the past 6 months (3 months but less than 6 months ago)
        0 4   Within the past year (6 months but less than 1 year ago)
        0 5   Within the past 5 years (1 year but less than 5 years ago)
        0 6   Within the past 10 years (5 years but less than 10 years ago)
        0 7   10 years or more
        7 7   Don't know / Not sure
        9 9   Refused

USENOW3   Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

1   Every day
2   Some days
3   Not at all

Do not read:
7   Don't know / Not sure
9   Refused

IF STATERES=1 (MARYLAND RESIDENT) CONTINUE, ELSE SKIP TO ALCDAY5 (Section 10)

State-Added 4: Tobacco Related Questions

ALL RESPONDENTS

CIGARS   Cigar products come in a wide variety of sizes, ranging from large traditional cigars, to blunts, to cigarillos, and even smaller cigars that are about the same size and shape as cigarettes. Some common brand names include Black and Mild's, Phillies, Swisher Sweets, and Winchester. **In the past 30 days, did you smoke any cigars?**

MD4_1	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

OTHERPRD   Do you currently use any tobacco products other than cigarettes, cigars, or chewing tobacco, such as pipes, hookah, bidis, kreteks, or dissolvable tobacco products?

NOTE: Bidis are small, brown, hand-rolled cigarettes from India and other southeast Asian countries. Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.

MD4_2	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

IF SMOKDAY2=1 OR 2 (Current smoker) ASK PLANSTOP, ELSE SKIP TO AGEFIRST.

PLANSTOP   Are you seriously planning to quit smoking cigarettes . . . [READ LIST]

MD4_3	1	Within the next 30 days,
	2	Within the next 3 months,
	3	Within the next 6 months,
	4	Within the next year,
	5	Within the next 5 years,
	6	Sometime after 5 years, OR

8   You are not planning on quitting

7   Don't Know / Not Sure
9   Refused

IF AGE =< 30, ASK AGEFIRST, ELSE SKIP TO OTHRSMKR.

AGEFIRST   How old were you the first time you smoked a cigarette, even one or two puffs?

)

--- Age   [RANGE 1, 2, 10-77, 99]

MD4_4

01 I never smoked a cigarette, not even one or two puffs **GO TO OTHRSMKR**
77 Don't know / Not sure
99 Refused

CATI: if (AGEFIRST=10-76 and AGE=18-99) AND (AGEFIRST>AGE), continue; else go to AGEREGLR

UPDTAGF   I'm sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and you stated you first smoked a cigarette at age **{CATI: fill-in response from AGEFIRST}**. Can you help me resolve this difference?

Update age   **GO TO AGE**
Update smoking age   **GO TO AGEFIRST**

AGEREGLR   About how old were you when you first started smoking cigarettes <u>regularly</u>?

--- Age [RANGE 1, 2, 10-77, 99] –
**CATI: IF AGEREGLR=10-76 AND AGEFIRST=10-76, THEN AGEREGLR
MUST BE >= AGEFIRST.**

MD4_5

01 I never smoked a cigarette, not even one or two puffs
02 Have never smoked cigarettes regularly
77 Don't know / Not sure
99 Refused

CATI: if (AGEREGLR=03-76 and AGE=18-99) AND (AGEREGLR>AGE), continue; else go to OTHRSMKR

UPDTAGRG   I'm sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and you stated you first started smoking regularly at age **{CATI: fill-in response from AGEREGLR}**. Can you help me resolve this difference?

Update age   **GO TO AGE**
Update smoking age   **GO TO AGEREGLR**

OTHRSMKR   Does any other adult age 18 or older living in the household smoke cigarettes now?

MD4_6	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

State-Added 5: e-Cigarette Smoking

[All Respondents]

ECIGFREQ   Do you now use **e-cigarettes or other electronic smoking devices** every day, some days, rarely, or not at all?

1   Every day
2   Some days
3   Rarely
4   Not at all   **[Go to next section]**
7   Don't know / Not sure   **[Go to next section]**
9   Refused   **[Go to next section]**

ECIGNOW1   Are you now using e-cigarettes or another type of electronic smoking device
because you like trying new kinds of products?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

ECIGNOW2   (Are you now using e-cigarettes or another type of electronic smoking device…)
because you can use them in places where smoking is prohibited?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

ECIGNOW3   (Are you now using e-cigarettes or another type of electronic smoking device…)
To cut down how much you smoke some type of tobacco product?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

ECIGNOW4   (Are you now using e-cigarettes or another type of electronic smoking device…)
To completely replace smoking some type of tobacco product?

1   Yes
2   No
7   Don't know / Not sure
9   Refused
ECIGNOW5   (Are you now using e-cigarettes or another type of electronic smoking device…)

To completely quit using nicotine?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

In the past 30 days, which of the following types of flavors of e-cigarettes or electronic smoking devices did you use?

ECIFLVR1   Tobacco flavor?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

ECIFLVR2   Fruit or candy-like flavor, such as peach, apple, chocolate, etc.?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

ECIFLVR3   Spice flavor, such as vanilla, cinnamon, etc.?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

ECIFLVR4   Alcoholic drink flavor?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

ECIFLVR5   Menthol, wintergreen, or mint flavor?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

ECIFLVR6   Some other flavor or something else?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

ALCDAY5   During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

   1 _ _   Days per week
   2 _ _   Days in past 30 days
   8 8 8   No drinks in past 30 days   **[Go to next section]**
   7 7 7   Don't know / Not sure   **[Go to next section]**
   9 9 9   Refused   **[Go to next section]**

AVEDRNK2   One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

   NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

   _ _   Number of drinks
   7 7   Don't know / Not sure
   9 9   Refused

DRNK3GE5   Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion?

   _ _   Number of times
   8 8   None
   7 7   Don't know / Not sure
   9 9   Refused

MAXDRNKS   During the past 30 days, what is the largest number of drinks you had on any occasion?

   _ _   Number of drinks
   7 7   Don't know / Not sure
   9 9   Refused

Section 11: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

FLUSHOT6   During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1	Yes	
2	No	**[Go to PNEUVAC3]**
7	Don't know / Not sure	**[Go to PNEUVAC3]**
9	Refused	**[Go to PNEUVAC3]**

FLSHTMY2   During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

    _ _ / _ _ _ _   Month / Year
    7 7 / 7 7 7 7   Don't know / Not sure
    9 9 / 9 9 9 9   Refused

PNEUVAC3   A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

    1   Yes
    2   No
    7   Don't know / Not sure
    9   Refused

CATI NOTE: If respondent is ≤ 49 years of age, go to next section.

The next question is about the Shingles vaccine.

SHINGLE1   Have you ever had the shingles or zoster vaccine?

    1   Yes
    2   No
    7   Don't know / Not sure
    9   Refused

INTERVIEWER NOTE (Read if necessary): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.

Section 12: Falls

If respondent is 45 years or older continue, otherwise go to next section.

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

FALL12MN   In the past 12 months, how many times have you fallen?

_ _	Number of times	**[76 = 76 or more]**
8 8	None	**[Go to next section]**
7 7	Don't know / Not sure	**[Go to next section]**
9 9	Refused	**[Go to next section]**

FALLINJ2   **[Fill in "Did this fall (from FALL12MN) cause an injury?"]. If only one fall from FALL12MN and response is "Yes" (caused an injury); code 01. If response is "No," code 88**.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

_ _	Number of falls	**[76 = 76 or more]**
8 8	None	
7 7	Don't know / Not sure	
9 9	Refused	

CATI: If FALLINJ2>0 and FALLINJ2<77 and FALLINJ2> FALL12MN, CONFIRM RESPONSE; OTHERWISE GO TO NEXT SECTION.

CNFFAL   **INTERVIEWER:** Number of falls causing an injury [DISPLAY RESPONSE TO FALLINJ2] cannot exceed number of falls [DISPLAY RESPONSE TO FALL12MN].

1 Correct number of falls   **GO TO FALL12MN** (and then re-ask FALLINJ2)
2 Correct number of falls causing injury **GO TO FALLINJ2**

Section 13: Seatbelt Use

SEATBELT   How often do you use seat belts when you drive or ride in a car? Would you say—

Please read:

1   Always
2   Nearly always
3   Sometimes
4   Seldom
5   Never

Do not read:

7   Don't know / Not sure
8   Never drive or ride in a car
9   Refused

CATI note: If SEATBELT = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.

Section 14: Drinking and Driving

CATI note: If ALCDAY5= 888 (No drinks in the past 30 days); go to next section.

The next question is about drinking and driving.

DRNKDRI2   During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

     _ _   Number of times
     8 8   None
     7 7   Don't know / Not sure
     9 9   Refused

Section 15: Breast and Cervical Cancer Screening

CATI note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

HADMAM   A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

     1   Yes
     2   No   **[Go to PROFEXAM]**
     7   Don't know / Not sure   **[Go to PROFEXAM]**
     9   Refused   **[Go to PROFEXAM]**

HOWLONG   How long has it been since you had your last mammogram?

     Read only if necessary:

     1   Within the past year (anytime less than 12 months ago)
     2   Within the past 2 years (1 year but less than 2 years ago)
     3   Within the past 3 years (2 years but less than 3 years ago)
     4   Within the past 5 years (3 years but less than 5 years ago)
     5   5 or more years ago

     Do not read:

7   Don't know / Not sure
9   Refused

PROFEXAM   A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

1   Yes
2   No   **[Go to HADPAP2]**
7   Don't know / Not sure   **[Go to HADPAP2]**
9   Refused   **[Go to HADPAP2]**

LENGEXAM   How long has it been since your last breast exam?
Read only if necessary:

1   Within the past year (anytime less than 12 months ago)
2   Within the past 2 years (1 year but less than 2 years ago)
3   Within the past 3 years (2 years but less than 3 years ago)
4   Within the past 5 years (3 years but less than 5 years ago)
5   5 or more years ago

Do not read:

7   Don't know / Not sure
9   Refused

HADPAP2   A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

1   Yes
2   No   **[Go to HADHYST2]**
7   Don't know / Not sure   **[Go to HADHYST2]**
9   Refused   **[Go to HADHYST2]**

LASTPAP2   How long has it been since you had your last Pap test?

Read only if necessary:

1   Within the past year (anytime less than 12 months ago)
2   Within the past 2 years (1 year but less than 2 years ago)
3   Within the past 3 years (2 years but less than 3 years ago)
4   Within the past 5 years (3 years but less than 5 years ago)
5   5 or more years ago

Do not read:
7   Don't know / Not sure
9   Refused

CATI note: If response to PREGNANT = 1 (is pregnant); then go to next section.

HADHYST2   Have you had a hysterectomy?

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

1   Yes
2   No
7   Don't know / Not sure
9   Refused

Section 16: Prostate Cancer Screening

CATI note: If respondent is ≤39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

PCPSAREC   A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?

1   Yes
2   No
7   Don't Know / Not sure
9   Refused

PCPSADI1   Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?

1   Yes
2   No
7   Don't Know / Not sure
9   Refused

PCPSARE1   Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?

1   Yes
2   No
7   Don't Know / Not sure
9   Refused

PSATEST1   Have you EVER HAD a PSA test?

1   Yes
2   No   **[Go to next section]**
7   Don't Know / Not sure   **[Go to next section]**
9   Refused   **[Go to next section]**

PSATIME   How long has it been since you had your last PSA test?

Read only if necessary:

1   Within the past year (anytime less than 12 months ago)
2   Within the past 2 years (1 year but less than 2 years ago)
3   Within the past 3 years (2 years but less than 3 years ago)
4   Within the past 5 years (3 years but less than 5 years ago)
5   5 or more years ago

Do not read:

7   Don't know / Not sure
9   Refused

PCPSARSN   What was the MAIN reason you had this PSA test – was it …?

Please read:

1   Part of a routine exam
2   Because of a prostate problem
3   Because of a family history of prostate cancer
4   Because you were told you had prostate cancer
5   Some other reason

Do Not Read:
7   Don't know / Not sure
9   Refused

Section 17: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

BLDSTOOL   A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

1   Yes
2   No   **[Go to HADSIGM3]**
7   Don't know / Not sure   **[Go to HADSIGM3]**
9   Refused   **[Go to HADSIGM3]**

LSTBLDS3   How long has it been since you had your last blood stool test using a home kit?
)

Read only if necessary:

        1   Within the past year (anytime less than 12 months ago)
        2   Within the past 2 years (1 year but less than 2 years ago)
        3   Within the past 3 years (2 years but less than 3 years ago)
        4   Within the past 5 years (3 years but less than 5 years ago)
        5   5 or more years ago

        Do not read:

        7   Don't know / Not sure
        9   Refused

HADSIGM3   Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

        1   Yes
        2   No   **[Go to next section]**
        7   Don't know / Not sure   **[Go to next section]**
        9   Refused   **[Go to next section]**

HADSGCO1   For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

        1   Sigmoidoscopy
        2   Colonoscopy
        7   Don't know / Not sure
        9   Refused

LASTSIG3   How long has it been since you had your last sigmoidoscopy or colonoscopy?

        Read only if necessary:

        1   Within the past year (anytime less than 12 months ago)
        2   Within the past 2 years (1 year but less than 2 years ago)
        3   Within the past 3 years (2 years but less than 3 years ago)
        4   Within the past 5 years (3 years but less than 5 years ago)
        5   Within the past 10 years (5 years but less than 10 years ago)
        6   10 or more years ago

        Do not read:

        7   Don't know / Not sure
        9   Refused

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

HIVTST6   Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

1 Yes
2 No   **[Go to optional module transition]**
7 Don't know / Not sure   **[Go to optional module transition]**
9 Refused   **[Go to optional module transition]**

HIVTSTD3   Not including blood donations, in what month and year was your last HIV test?

NOTE: If response is before January 1985, code "Don't know."
CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

_ _/_ _ _ _   Code month and year
7 7/ 7 7 7 7   Don't know / Not sure
9 9/ 9 9 9 9   Refused / Not sure

WHRTST10   Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

0 1   Private doctor or HMO office
0 2   Counseling and testing site
0 9   Emergency room
0 3   Hospital inpatient
0 4   Clinic
0 5   Jail or prison (or other correctional facility)
0 6   Drug treatment facility
0 7   At home
0 8   Somewhere else
7 7   Don't know / Not sure
9 9   Refused

IF STATERES=1 (MARYLAND RESIDENT) CONTINUE, ELSE SKIP TO CLOSING STATEMENT

Transition to modules and state-added questions

Please read:

Finally, I have just a few questions left about some other health topics.

Optional Modules

Module 16: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

SOGI1   Do you consider yourself to be:

Please read:

1   1 - Straight
2   2 - Lesbian or gay
3   3 - Bisexual

Do not read:

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

SOGI2   Do you consider yourself to be transgender?

If yes, ask "Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?

[INTERVIEWER NOTE: Please say the number before the "yes" text response. Respondent can answer with either the number or the text/words.]

1   1 - Yes, Transgender, male-to-female
2   2 - Yes, Transgender, female to male
3   3 - Yes, Transgender, gender nonconforming
4   4 - No

7   Don't know/not sure
9   Refused

INTERVIEWER NOTE: If asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

Module 17: Random Child Selection

CATI note: If CHILDREN = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If CHILDREN = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to RCSBIRTH]**

If CHILDREN is >1 and Core CHILDREN does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.

INTERVIEWER PLEASE READ:
I have some additional questions about one specific child. The child I will be referring to is the "Xth" **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the "Xth" **[CATI: please fill in]** child.

RCSBIRTH   What is the birth month and year of the "**Xth**" child?

         _ _ **/**_ _ _ _   Code month and year
         7 7/ 7 7 7 7   Don't know / Not sure
         9 9/ 9 9 9 9   Refused

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

RCSGENDR   Is the child a boy or a girl?

        1   Boy
        2   Girl
        9   Refused

RCHISLAT1   Is the child Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are they…

Interviewer Note: *One or more categories may be selected*

        1   Yes, Mexican, Mexican American, Chicano/a
        2   Yes, Puerto Rican
        3   Yes, Cuban
        4   Yes, Another Hispanic, Latino/a, or Spanish origin (specify)

Do not read:
5   No
8   No additional choices (DP code only)
7   Don't know / Not sure
9   Refused

RCSRACEA   Which one or more of the following would you say is the race of the child?

(Select all that apply)

Please read:
10   White
20   Black or African American
30   American Indian or Alaska Native
40   Asian
50   Pacific Islander

Do not read:
60   Other (specify)
88   No additional choices (DP code only)
77   Don't know / Not sure
99   Refused

IF RCSRACEA=40 OR 50, ASK RCSRACEB. ELSE SKIP TO RCSRACE2
CATI: IF RCSRACEA=40, SHOW CODES 41-47, 99. IF RCSRACEA=50, SHOW CODES 51-54, 99.
RCSRACEB   Would you say the child is . . . [READ LIST, MULTIPLE RECORD]?

41   Asian Indian
42   Chinese
43   Filipino
44   Japanese
45   Korean
46   Vietnamese
47   Other Asian
51   Native Hawaiian
52   Guamanian or Chamorro
53   Samoan
54   Other Pacific Islander

99   (VOL) Refused

RCSRACE2: CATI dummy variable to hold the selected child's race.

CATI CODE RESPONSES FROM RCSRACEA AND RCSRACEB. IF RCSRACEA=40 AND RCSRACEB=99, CODE RCSRACE2=40. IF RCSRACEA=50 AND RCSRACEB=99, CODE RCSRACE2=50.
10   White
20   Black or African American
30   American Indian or Alaska Native
40   Asian
50   Pacific Islander
60   Other
70   (VOL) Don't know/Not sure

88   No additional choices (DP code only)
99   (VOL) Refused
41   Asian Indian
42   Chinese
43   Filipino
44   Japanese
45   Korean
46   Vietnamese
47   Other Asian
51   Native Hawaiian
52   Guamanian or Chamorro
53   Samoan
54   Other Pacific Islander

CATI note: If more than one response to RCSRACE2; continue. Otherwise, go to RCSRLTN2.

SHOW RESPONSES IN RCSRACE2
RCSBRACE2   Which one of these groups would you say best represents the child's race?

10   White
20   Black or African American
30   American Indian or Alaska Native
40   Asian
41   Asian Indian
42   Chinese
43   Filipino
44   Japanese
45   Korean
46   Vietnamese
47   Other Asian

50   Pacific Islander
51   Native Hawaiian
52   Guamanian or Chamorro
53   Samoan
54   Other Pacific Islander

60   Other (specify)
77   (VOL) Don't know/Not sure
88   No additional choices (DP code only)
99   (VOL) Refused

RCSRLTN2   How are you related to the child?

Please read:

1   Parent (include biologic, step, or adoptive parent)
2   Grandparent
3   Foster parent or guardian
4   Sibling (include biologic, step, and adoptive sibling)
5   Other relative
6   Not related in any way

Do not read:

7   Don't know / Not sure
9   Refused

Module 18: Childhood Asthma Prevalence

CATI note: If response to Core CHILDREN = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the "Xth" **[CATI: please fill in correct number]** child.

CASTHDX2   Has a doctor, nurse or other health professional EVER said that the child has asthma?

1   Yes
2   No   **[Go to next module]**
7   Don't know / Not sure   **[Go to next module]**
9   Refused   **[Go to next module]**

CASTHNO2   Does the child still have asthma?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

State-Added 1: Childhood Immunization

CATI note: If CHILDREN = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

CATI note: If selected child's age is ≥ 6 months, continue. Otherwise, go to next module.

FLUSHCH2   Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has **[Fill: he/she]** had a seasonal flu vaccination?

| MD1_1 |

1   Yes
2   No   **[Go to next module]**
7   Don't know / Not sure   **[Go to next module]**
9   Refused   **[Go to next module]**

RCVFVCH4   The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did **[Fill: he/she]** receive **[Fill: his/her]** most recent seasonal flu vaccination?

| MD1_2 |

_ _ / _ _ _ _   Month / Year
7 7 / 7 7 7 7   Don't know / Not sure
9 9 / 9 9 9 9   Refused

State-Added 2: Childhood HPV

If selected child is between ages 9 and 17 years; continue. Otherwise, go to next module.

NOTE: Human Papillomavirus (Human Pap·uh·loh·muh-virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)

I have two additional questions about a vaccination the selected child may have had.

HPVCHVC   A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female "GARDASIL or CERVARIX"; if male "or GARDASIL"].** Has this child EVER had an HPV vaccination?

| MD2_1 |

1   Yes
2   No   **[Go to next module]**
3   Doctor refused when asked   **[Go to next module]**
7   Don't know / Not sure   **[Go to next module]**
9   Refused   **[Go to next module]**

HPVCHSHT   How many HPV shots did **[Fill: he/she]** receive?

MD2_2	_ _	Number of shots
	0 3	All shots
	7 7	Don't know / Not sure
	9 9	Refused

State-Added 6: Periodontal Disease

The next few questions are about the health of your teeth and gums.

PERIGUM   Do you think you might have gum disease?

MD6_1	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

PERIRATE   Overall, how would you rate the health of your teeth and gums?

[Read List]
MD6_2	1	Excellent
	2	Very Good
	3	Good
	4	Fair
	5	Poor
	7	Don't know / Not sure
	9	Refused

PERITRET   Have you ever had treatment for gum disease such as scaling and root planning, sometimes called "deep cleaning?"

MD6_3	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

PERIBONE   Have you ever been told by a dental professional that you lost bone around your teeth?

MD6_4	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

PERIFLOS   Aside from brushing your teeth with a toothbrush, in the last seven days, how many days did you use dental floss or any other device to clean between your teeth?

MD6_5	_ _	(Number of days) Range 0-7
	7 7	Don't know / Not sure
	9 9	Refused

State-Added 7: Oral Cancer Screening

ORALTST

(MD7_1)

Have you ever had a test or exam for oral or mouth cancer in which the doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?

1	I think so	
2	Yes	
3	No	**{Go to next module}**
7	Don't know/Not sure	**{Go to next module}**
9	Refused	**{Go to next module}**

State-Added 8: Skin Cancer Prevention

SUNDVICE   DURING THE PAST 12 MONTHS, how many times have you used any of the following indoor tanning devices---a sunlamp, sunbed or tanning booth EVEN ONE TIME? Do NOT include times you have gotten a spray-on tan.

MD8_1	1	None
	2	1-365 times
	7	Don't know / Not sure
	9	Refused

State-Added 9: Colorectal Cancer Screening

IF RESPONDENT IS < 49 YEARS OF AGE, GO TO NEXT MODULE.
IF LSTBLDS3=1 (had blood stool test within last year)**, GO TO NEXT MODULE.**
IF HADSGCO1=1 AND LASTSIG3 <4 (had sigmoidoscopy in past 5 years)**, GO TO NEXT MODULE.**
IF HADSGCO1=2 AND LASTSIG3 <5 (had colonoscopy in past 10 years)**, GO TO NEXT MODULE.**
IF HADSGCO1=7 or 9 AND LASTSIG3 <4 (DK/Ref test, but had the test in past 5 years)**, GO TO NEXT MODULE.**

COLOSCRN

(MD9_1)

What is the most important reason why you are not current with any kind of test to look for problems in your colon or rectum? [READ LIST]

1	No reason/never thought about it
2	Didn't need it/didn't know I needed this type of test
3	Doctor didn't order it/didn't say I needed it

4   Haven't had any problems
5   Put it off/Didn't get around to it
6   Too expensive/no insurance/cost
7   Too painful, unpleasant, or embarrassing
8   Had another type of colorectal exam
9   Don't have doctor
10   Other (SPECIFY _____)
77   Don't know
99   Refused

Asthma Survey Continuation Script

CATI: IF ASTHMA3 = 1 or CASTHDX2 = 1, continue; Else go to CLOSING STATEMENT

Qualified Level 3

DUMMY VARIABLE: Asthma Selection
IF ASTHMA3=1 AND CASTHDX2 NE 1, SELECT ADULT.
IF ASTHMA3 NE 1 AND CASTHDX2= 1, SELECT CHILD.
IF ASTHMA3 = 1 AND CASTHDX2 = 1, CONTINUE;.
      CATI IF KEY IS AN EVEN NUMBER, SELECT CHILD
      CATI IF KEY IS AN ODD NUMBER, SELECT ADULT

ASTELIG = 1

ADLTCHLD   Which person in the household was selected as the focus of the asthma call-back?

        1   Adult
        2   Child

RECRUIT   Thank you for your participation. You qualify for a follow-up survey that is being conducted to better understand **(your/your child's)** experiences with asthma. The information will be used to help develop and improve the asthma programs in **MARYLAND**. Again your answers are completely confidential and used only for statistical purposes.

        <mark>If you don't have any questions we can get started now.</mark>

        1 Yes - Continue now **[Go to Pre CHILDName]**
        2 No   **[Go to CALLBACK]**

CALLBACK   **[INTERVIEWER, SAY IF NECESSARY:** I understand your time is valuable and you may be tired from having completed the first interview.]

        If you prefer, we could call you again within the next 2 weeks and ask the additional asthma-related questions at that time. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back at a later time?

        1   Yes
        2   No   **[Go to CLOSING STATEMENT]**

ASTCB = 1 (IF CALLBACK=1)
ASTCB = 2 (IF CALLBACK=2)
ASTSTAT = 3 (IF CALLBACK=2)
STAT = 2 (IF ASTELIG=1)

Pre CHILDName: If CASTHDX2 = 1; ask CHILDName; else go to ADULTName.

CHILDName   **Can I please have your child's first name, initials or nickname** <mark>**[IF CALLBACK=1**</mark> **display "*so we can ask about the right child when we call back*"]? This is the *{CHILDAGE}* year old child which is the {AGESEL.} 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: _____
Refused 99

Pre ADULTName: ASTHMA3 = 1 or CASTHDX2 = 1 ASK ADULTName, else go to CLOSING.
ADULTName   Can I please have your first name, initials or nickname <mark>**[IF CALLBACK=1 display**</mark> **"*so we know who to ask for when we call back*"]?**

Enter respondent's first name, initials or nickname: _____
Refused 99

<mark>**BRFSSTAT (BRFSCOMP) = 1**</mark>

CATI: IF RECRUIT=1, Go to CATI instruction prior to 1.5

CATI: IF CALLBACK=1, THEN READ BELOW:

ASTCLBK Thank you very much for your time and cooperation. We will be in touch regarding [your/the child's] asthma within the next several days. Is there specific day and time that would be best for you?

[INTERVIEWER NOTE: Upon call back, select option 3 to continue survey]

1. Yes   **CALLBACK MENU**
2. No (schedule for one week from today, current time)   **CALLBACK MENU**

3. CONTINUE SURVEY   **GO TO Section 1: Introduction**

BRFSS/ASTHMA SURVEY
ADULT & CHILD QUESTIONNAIRE - 2014
CATI SPECIFICATIONS

ASTSTAT = 2

SAMPLE ELEMENTS

    PATIENT TYPE
        1. Adult
        2. Child
    ADULT NAME
    ADULT SEX
        1. Male
        2. Female
    CHILD NAME
    CHILD SEX
        1. Male
        2. Female
    BRFSS 'ASTHNOW'
        1. Yes
        2. No
        5. SYSTEM MISSING
        7. Don't Know
        9. Refused
    BRFSS 'CASTHNO2'
        1. Yes
        2. No
        5. SYSTEM MISSING
        7. Don't Know
        9. Refused

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

MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code "4471 Respondent was misdiagnosed; never had asthma" as a final code and terminate the interview.

Section 1. Introduction

INTRODUCTION TO THE BRFSS Asthma call back for Adult respondents with asthma:

Hello, my name is _____. I'm calling on behalf of the MARYLAND Department of Public Health 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.

IF FRAME=2 (CELL PHONE) ASK SAFE, IF FRAME=1 SKIP TO CTELENUM
SAFE   Is this a safe time to talk with you?

Yes   **[Go to 1.1]**
No   **CALLBACK**

1.1 Are you {ADULT name}?

1.   Yes (go to Pre-1.5)
2.   No

1.2 May I speak with {ADULT name}?

1.   Yes (go to 1.4 when sample person comes to phone)
2.   No
                    If not available set time for return call in 1.3

1.3 Enter time/date for return call _____

1.4 Hello, my name is _____. I'm calling on behalf of the MARYLAND Department of Public Health 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/child's name) had asthma and would be able to complete the follow-up interview on asthma at this time.

CATI: IF PATIENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO SECTION 2: Informed Consent.

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 MARYLAND Department of Public Health 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. {Should we allow the alternate to hand it back to the original person or even someone else? We could find ourselves in an infinite loop.}

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]

1.5.1 **Hello, my name is _____. I'm calling on behalf of the MARYLAND Department of Public Health and the Centers for Disease Control and Prevention about an asthma 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 <u>MARYLAND Department of Public Health </u>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]

<div style="border:1px solid black; background:yellow; text-align:center">Section 2: Informed Consent</div>

<u>INFORMED CONSENT</u>

    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 ==earlier== responses to ==questions about Asthma.==

    [CATI: IF RECRUIT=1, READ: "I know we have already discussed (your/the child's) asthma, but as part of this continuation, I will need to validate some of your earlier answers."]

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

S1.   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?

1. Yes   **CONTINUE**
2. No   **GO TO REPEAT**

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 PRE-PERMISS (2.3)]**

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

S2.   Your answers to the asthma questions in the earlier survey indicated 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?

1. Yes   **CONTINUE**
2. No   **GO TO REPEAT**

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 PRE-PERMISS (2.3)]**

CHILD CONSENT

[If responses for sample child were "yes" (1) to CASTHDX2 and "no" (2) to CASTHNO2 in core BRFSS interview:]

Q2.0A   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?

1. Yes   **CONTINUE**
2. No   **GO TO REPEAT**

Since {CHILDName} no longer has asthma, your interview will be very brief (about 5 minutes). **[GO TO Pre-PERMISS (2.3)]**

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

Q2.0B   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?

1. Yes   **CONTINUE**

2. No	**GO TO REPEAT**

Since {child's name} has asthma now, your interview will last about 15 minutes. **[GO TO Pre-PERMISS (2.3)]**

THE FOLLOWING QUESTIONS ARE ASKED IF THE RESPONDENT DID NOT AGREE WITH THE STATUS OF HIS/HER/THE CHILD'S ASTHMA

IF PATIENT TYPE=1 (ADULT), ASK REPEAT. IF PATIENT TYPE=2 (CHILD), GO TO EVER_ASTH (2.1)

REPEAT (2.0)	**(Respondent did not agree with previously BRFSS recorded asthma status so double check if correct person from core survey is on phone.)**

Ask:
Is this {sample person's name} and are you {sample person's age} years old?

1. Yes **[continue to EVER_ASTH (2.1)]**
2. No
     a. Correct person is available and can come to phone **[return to question 1.1]**
     b. Correct person is not available [return to question 1.3 to set call date/time]
     c. Correct person unknown, interview ends [disposition code 4306 is assigned **[GO TO CLOSING STATEMENT]**

EVER_ASTH (2.1)	I would like to repeat the questions from the previous survey now to make sure you qualify for this study.

Have you ever been told by a doctor or other health professional that [IF PATIENT TYPE=ADULT "you have" / PATIENT TYPE=CHILD "Child Name has "] asthma?

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

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

CUR_ASTH (2.2) IF PATIENT TYPE=ADULT: Do you still have asthma?
               IF PATIENT TYPE=CHILD: Does {he/she} still have asthma?
               (1) YES
               (2) NO

               (7) DON'T KNOW
               (9) REFUSED

IF PATIENT TYPE=2 (CHILD), ASK RELATION; IF PATIENT TYPE=2 (ADULT), GO TO "READ".
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: You do qualify for this study, I'd like to continue unless you have any questions.
You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions

[If YES to 2.2 read:]
Since [IF PATIENT TYPE=ADULT "you" / IF PATIENT TYPE=CHILD "Child Name does"] have asthma now, your interview will last about 15 minutes. **[Go to Pre-PERMISS (2.3)]**

[If NO to 2.2 read:]
Since [IF PATIENT TYPE=ADULT "you do" / IF PATIENT TYPE=CHILD "Child Name does"] not have asthma now, your interview will last about 5 minutes. **[Go to Pre-PERMISS (2.3)]**

[If Don't know or refused to 2.2 read:]
Since you are not sure if [IF PATIENT TYPE=ADULT "you" / IF PATIENT TYPE=CHILD "Child Name does"] have asthma now, your interview will probably last about 10 minutes. **[Go to Pre-PERMISS (2.3)]**

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

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

PERMISS (2.3)   May we combine your answers to this survey with your answers from the survey you did a few weeks ago?
(1) YES **(Skip to Section 3)**
(2) NO **(GO TO TERMINATE)**

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

TERMINATE:
Upon survey termination, READ:

Those are all the questions I have. I'd like to thank you on behalf of the <mark>[state DoH]</mark> 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 – 888-772-4269. Thanks again. Goodbye

Note: Disposition code is automatically assigned here by CATI as <mark>"2211 Sel. Resp. ref. combine ans." Selected Respondent refused combining responses with BRFSS"</mark> and the survey will end. This disposition code will only be needed if the optional question PERMISS (2.3) is asked.

Qualified Level 4

AGEDX (3.1)   **IF PATIENT TYPE=ADULT**: How old were you when you were first told by a doctor or other health professional that you had asthma?
IF PATIENT TYPE=CHILD: How old was {child's name} when a doctor or other health professional first said {he/she} had asthma?

[INTERVIEWER: ENTER 888 IF LESS THAN ONE YEAR OLD]

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

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

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

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

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

(7) DON'T KNOW
(9) REFUSED

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

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

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

(77) DON'T KNOW
(99) REFUSED

LAST_MED (3.4)   How long has it been since [you/ 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 [**YOU DO/CHILD NAME DOES**] NOT have a cold or respiratory infection.

LASTSYMP (3.5)   How long has it been since [you / 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)

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

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

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

   __ __DAYS
   [RANGE CHECK: (01-30, 77, 88, 99)]

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

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

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

DUR_30D (4.2)   [Do you/ 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 [you / him/her] to stay asleep?

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

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

(77) DON'T KNOW
(99) REFUSED

SYMPFREE (4.4)   During the <u>past two weeks</u>, on how many days [were you / was Child name] completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?

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

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

EPIS_INT   **IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP (3.5) = 4) PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS PLUS DK AND REFUSED (LASTSYMP (3.5) = 1, 2, 3, 77, 99) CONTINUE HERE AS WELL**
                                 7/7/2009

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

EPIS_12M (4.5)   During the past 12 months, [have you / has Child name] had an episode of asthma or an asthma attack?

(1) YES
(2) NO   **[SKIP TO INS1 (section 5)]**

(7) DON'T KNOW   **[SKIP TO INS1 (section 5)]**
(9) REFUSED   **[SKIP TO INS1 (section 5)]**

EPIS_TP (4.6)   During the past <u>three months,</u> how many asthma episodes or attacks [have you / has he/she] had?

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

(888) NONE

(777) DON'T KNOW
(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999

DUR_ASTH (4.7)   How long did [your / 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

Interviewer note:
          If answer is #.5 to #.99 round up
          If answer is #.01 to #.49 ignore fractional part
          ex.   1.5   should be recorded as 2
             1.25   should be recorded as 1

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

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

    (7)   DON'T KNOW
    (9)   REFUSED

Section 5. Health Care Utilization

All respondents continue here:

INS1 (5.01)   [Do you / Does Child 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 PRE-C.54]**

    (7) DON'T KNOW   **[SKIP TO PRE-C.54]**
    (9) REFUSED   **[SKIP TO PRE-C.54]**

ASK C5.2 IF PATIENT TYPE=2 (CHILD); ELSE GO TO INS2.
INS_TYP (C5.2)   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 (5.02) During the past 12 months was there any time that [you / he/she] did not have any health insurance or coverage?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

ASK C5.4 IF PATIENT TYPE=2 (CHILD); ELSE GO TO LOGIC BELOW.
FLU_SHOT (C5.4) 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 (C5.5) 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

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

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

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

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused))
                AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO Section 6; otherwise continue with Section 5.

The above "if" Statement can also be reStated in different words as:

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused))
AND
((LAST_MD = 4) OR
(LAST_MED = 1, 2, 3 or 4) OR
(LASTSYMP = 1, 2, 3 or 4)
THEN Continue with Section 5 otherwise skip to Section 6)

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 1 (Yes) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 1 (Yes)) continue with Section 5.

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

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

The above "if" Statement can also be reStated in different words as:

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

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

ASK ACT_DAYS30 (5.6) IF PATIENT TYPE=2 (CHILD); ELSE GO TO NER_TIME (5.1).

ACT_DAYS30 (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?**

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

　　　(7) DON'T KNOW
　　　(9) REFUSED

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

During the past 12 months how many times did [you / he/she] see a doctor or other health professional for a routine checkup for [your / his/her] asthma?

__ __ __ ENTER NUMBER
[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any value >50]

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

(888) NONE

(777) DON'T KNOW
(999) REFUSED

ER_VISIT (5.2)   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 / has Child name] had to visit an emergency room or urgent care center because of [your / 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 (5.3)   During the past 12 months, how many times did [you / he/she] visit an emergency room or urgent care center because of [your / his/her] asthma?

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

(888) NONE (Skip back to 5.2)
(777) DON'T KNOW
(999) REFUSED

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

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

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

URG_TIME (5.4)   **[IF ONE OR MORE ER VISITS (ER_TIMES (5.3)) INSERT "Besides those emergency room or urgent care center visits,"]**

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

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

(888) NONE

(777) DON'T KNOW
(999) REFUSED

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

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

HOSP_VST (5.5)   **[IF LASTSYMP > 5 AND < 7, SKIP TO MISS_DAY**
IF LASTSYMP=88 (NEVER), SKIP TO MISS_DAY]

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

(1) YES
(2) NO   **[SKIP TO MISS_DAY]**

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

HOSPTIME (5.6A)   During the past 12 months, how many different times did [you / he/she] stay in any hospital overnight or longer because of [your / his/her] asthma?

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

(777) DON'T KNOW
(999) REFUSED
[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

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

HOSPPLAN (5.7)   The last time {you /he/she} left the hospital, did a health professional TALK with you (IF PATIENT TYPE=CHILD, INSERT "or Child name") about how to prevent serious attacks in the future?

    (1) YES
    (2) NO

    (7) DON'T KNOW
    (9) REFUSED

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

IF PATIENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO SECTION 6

MISS_DAY (5.8A)   During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

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

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

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

    (888) ZERO

    (777) DON'T KNOW
    (999) REFUSED

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

ACT_DAYS30 (5.9)   **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?**

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

    (7) DON'T KNOW
    (9) REFUSED

TCH_SIGN (6.1) **Has a doctor or other health professional ever taught you (IF PATIENT TYPE=CHILD, INSERT "or Child 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 (IF PATIENT TYPE=CHILD, INSERT "or Child 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 (IF PATIENT TYPE=CHILD, INSERT "or Child name") …**

c. How to use a peak flow meter to adjust {your / 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 (IF PATIENT TYPE=CHILD, INSERT "or Child 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 (IF PATIENT TYPE=CHILD, INSERT "or Child name") ever taken a course or class on how to manage [your / his/her] asthma?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

Section 7. Modifications to Environment

HH_INT   **READ:** The following questions are about [your / Child name's] household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.

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

Is an air cleaner or purifier regularly used inside [your/ Child name's] home?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

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

Is a dehumidifier regularly used to reduce moisture inside [your / Child name's] home?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

KITC_FAN (7.3)   Is an exhaust fan that vents to the outside used regularly when cooking in [your / Child name's] kitchen?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

COOK_GAS (7.4)   Is gas used for cooking (IF PATIENT TYPE=CHILD, INSERT "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 [your / his/her] home? Do not include mold on food.

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

ENV_PETS (7.6)   Does [your / Child name's] household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?

(1) YES
(2) NO   **(SKIP TO 7.8)**

(7) DON'T KNOW   **(SKIP TO 7.8)**
(9) REFUSED   **(SKIP TO 7.8)**

PETBEDRM (7. 7)   Are pets allowed in [your / his/her] bedroom?

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

(1) YES
(2) NO
(3) SOME ARE/SOME AREN'T

(7) DON'T KNOW
(9) REFUSED

C_ROACH (7.8)   In the past 30 days, has anyone seen a cockroach inside [your / his/her] home?

        (1) YES
        (2) NO

        (7) DON'T KNOW
        (9) REFUSED

HELP SCREEN: Studies have shown that cockroaches may be a cause of asthma. Cockroach droppings and carcasses can also cause symptoms of asthma.

C_RODENT (7.9)   In the past 30 days, has anyone seen mice or rats inside [your / 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 [your / Child name's] home?

        (1) YES
        (2) NO

        (7) DON'T KNOW
        (9) REFUSED

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

GAS_STOVE (7.11)   Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in [your / 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 [your / 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 [you / Child name].

Has a health professional ever advised you to change things in [your / his/her] home, school, or work to improve [your / 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)   [Do you / 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)   [Do you / 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)   [Do you / Does Child name] have carpeting or rugs in [your / 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 [your / 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 [your / Child name's] bathroom, do you regularly use an exhaust fan that vents to the outside?

(1) YES
(2) NO OR "NO FAN"

(7) DON'T KNOW
(9) REFUSED

HELP SCREEN: IF RESPONDENT INDICATES THEY HAVE MORE THAN ONE BATHROOM, THIS QUESTION REFERS TO THE BATHROOM THEY USE MOST FREQUENTLY FOR SHOWERING AND BATHING.

Section 8. Medications

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

The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to [your / Child name's] medication use.

Over-the-counter medication can be bought without a doctor's order. [Have you / Has Child name] ever used over-the-counter medication for [your / his/her] asthma?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

INHALERE (8.2)   [Have you / Has he/she] ever used a prescription inhaler?

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

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

INHALERH (8.3)   Did a doctor or other health professional show [you / him/her] how to use the inhaler?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

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

INHALERW (8.4)   Did a doctor or other health professional watch [you / him/her] use the inhaler?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

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

Now I am going to ask questions about specific prescription medications [you / Child name] may have taken for asthma <u>in the past 3 months</u>. I will be asking for the names, amount, and how often [you / he/she] 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 / Child name's] 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 INHALERE (8.2) = 2 (NO) SKIP TO PILLS]

INH_SCR (8.8)   In the past 3 months [have you / has Child 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)

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

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

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

Note: CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

	Medication	**Pronunciation**
01	**Advair** (+ A. Diskus)	**ăd**-vâr (or **add**-vair)
02	Aerobid	â-**rō'**bĭd (or **air**-row-bid)
03	**Albuterol** (+ A. sulfate or salbutamol)	ăl'-**bu**'ter-ōl (or al-**BYOO-**ter-ole) săl-byū'tə-môl'
04	Alupent	**al**-u-pent
43	Alvesco(+ Ciclesonide)	**al-ves-co**
40	Asmanex (twisthaler)	**as**-m*uh*-neks **twist**-hey-ler
05	**Atrovent**	At-ro-vent
06	**Azmacort**	**az**-ma-cort
07	Beclomethasone dipropionate	bek"lo-**meth'**ah-son dĭ' **pro'**pe-o-nāt (or be-kloe-**meth**-a-sone)
08	Beclovent	be' klo-vent" (or **be**-klo-vent)
09	Bitolterol	bi-tōl'ter-ōl (or bye-**tole-**ter-ole)
10		
11	Budesonide	byoo-**des**-oh-nide
12	**Combivent**	**com**-bi-vent
13	Cromolyn	**kro'**mŏ-lin (or **KROE**-moe-lin)
44	**Dulera**	**du-le-ra**
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
18		
19	Ipratropium Bromide	ĭp-rah-**tro'**pe-um bro'mĭd (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)
03	Salbutamol (or Albuterol)	săl-byū'tə-môl'
26	Salmeterol	sal-ME-te-role
27	**Serevent**	**Sair**-a-vent
42	Symbicort	**sim**-b*uh*-kohrt
28	Terbutaline (+ T. sulfate)	ter-**bu'**tah-lēn (or ter-**BYOO**-ta-leen)
29		
30	Tornalate	**tor-**na-late
31	Triamcinolone acetonide	tri"am-**sin'**o-lōn as"ĕ-tō-nīd' (or trye-am-**SIN**-oh-lone)
32	Vanceril	**van**-sir-il
33	Ventolin	**vent**-o-lin
38	Xopenex HFA	*ZOH-pen-ecks*
66	Other, Please Specify	**[SKIP TO OTH_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]**

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

**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.**

**CATI programmers note that the text for 66 (other) should be checked to make sure one of
the medication names above was not entered. If the medication entered is on the list above,
then an error message should be shown.**

**[LOOP BACK TO ILP03 AS NECESSARY TO ADMINSTER QUESTIONS ILP03 THRU ILP10 FOR
EACH MEDICINE 01 – 44 REPORTED IN INH_MEDS, BUT NOT FOR 66 (OTHER).]**

[FOR FILL [MEDICINE FROM INH_MEDS SERIES] FOR QUESTIONS ILP03 THROUGH ILP10]

SKIP before ILP03
        **IF [MEDICINE FROM INH_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15)
        OR MOMETASONE FUROATE (39) OR ASMANEX (40) OR FORADIL (34) OR MAXAIR (20)
        OR PULMICORT (25) OR SEREVENT (27) OR SYMBICORT (42) SKIP TO 8.14**

ILP03 (8.13) **A spacer is a small attachment for an inhaler that makes it easier to use. Do you / 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 [you / Child name] take [MEDICINE FROM INH_MEDS SERIES] when [you / 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 [you / 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 [you / 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 you / did he/she] use [MEDICINE FROM INH_MEDS SERIES]?

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

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

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

<mark>**[ASK ILP10 ONLY IF INH_MEDS = 3, 4, 9, 20, 21, 23, 24, 28, 30, 33, 37, 38, 41 OTHERWISE SKIP TO PILLS (8.20)]**</mark>

ILP10 (8.19)	How many canisters of [MEDICINE FROM INH_MEDS SERIES] [have you / has Child 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
[RANGE CHECK: (01-76, 77, 88, 99)]

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

PILLS (8.20)	In the past 3 months, [have you / has he/she] taken any prescription medicine in pill form for [your / 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)	**For the following pills the respondent can choose up to five medications; however, each medication can only be used once (in the past, errors such as 232723 were submitted in the data file).**

What prescription asthma medications [do you / does Child name] take in pill form?
[MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]

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

Note: the yellow numbered items below are new medications added in 2008. Also, CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

	Medication	Pronunciation
01	**Accolate**	**ac**-o-late
02	Aerolate	**air**-o-late
03	**Albuterol**	ăl'-**bu**'ter-ōl (or al-**BYOO**-ter-all)
04	Alupent	**al**-u-pent
49	Brethine	**breth-een**
05	Choledyl (oxtriphylline)	**ko-**led-il
07	Deltasone	**del**-ta-sone
08	Elixophyllin	e-licks**-o-**fil-in
11	Medrol	**Med**-rol
12	Metaprel	**Met**-a-prell
13	Metaproteronol	met"ah-pro-**ter**'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
25	Slo-phyllin	**slow**- fil-in
26	Slo-bid	**slow**-bid
48	Terbutaline (+ T. sulfate)	ter byoo' ta leen
28	Theo-24	**thee**-o-24
30	Theochron	**thee** -o-kron
31	Theoclear	**thee**-o-clear
32	**Theodur**	**thee**-o-dur
33	**Theo-Dur**	**thee**-o-dur
35	**Theophylline**	thee-**OFF**-i-lin
37	Theospan	**thee**-o-span
40	T-Phyl	**t**-fil
42	**Uniphyl**	**u**-ni-fil
43	Ventolin	**vent**-o-lin
44	Volmax	**vole**-max
45	Zafirlukast	za-**FIR**-loo-kast
46	Zileuton	zye-**loo**-ton
47	Zyflo Filmtab	**zye**-flow **film** tab
66	Other, please specify	**[SKIP TO OTH_P1]**

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

(88) NO PILLS **[SKIP TO SYRUP]**

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

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_P1

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

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

[REPEAT QUESTION PILL01 AS NECESSARY FOR EACH PILL 01-49 REPORTED IN PILLS_MD, BUT NOT FOR 66 (OTHER).]

FOR FILL [MEDICATION LISTED IN PILLS_MD] FOR QUESTION PILL01]

PILL01 (8.22) **In the past 3 months, did [you / 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, [have you / has he/she] taken any prescription asthma medication in syrup form?

(1) YES
(2) NO   **[SKIP TO NEB_SCR]**

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

SYRUP_ID (8.24) **For the following syrups the respondent can choose up to four medications; however, each medication can only be used once (in the past, errors such as 020202 were submitted in the data file).**

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

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

	Medication	Pronunciation
01	Aerolate	**air**-o-late
02	Albuterol	ăl'-**bu**'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	**al**-u-pent
04	Metaproteronol	met"ah-pro-**ter**'ĕ-nōl (or met-a-proe-TER-e-nole)
05	Prednisolone	pred-NISS-oh-lone
06	Prelone	**pre**-loan
07	Proventil	Pro-**ven-**til

08	Slo-Phyllin	**slow**-fil-in
09	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	**vent**-o-lin
66	Other, Please Specify:	**[SKIP TO OTH_S1]**

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

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

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_S1

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

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

NEB_SCR (8. 25)   **Read:** A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of [your / Child name's] prescription asthma medicines used with a nebulizer?

        (1) YES
        (2) NO   **[SKIP TO Section 9]**

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

NEB_PLC (8.26)   I am going to read a list of places where [you / your child] might have used a nebulizer. Please answer yes if [you have / your child has] used a nebulizer in the place I mention, otherwise answer no.

    In the past 3 months did [you / Child name] use a nebulizer…

    (8.26a)   AT HOME
               (1) YES   (2) NO   (7) DK   (9) REF

    (8.26b)   AT A DOCTOR'S OFFICE
               (1) YES   (2) NO   (7) DK   (9) REF

    (8.26c)   IN AN EMERGENCY ROOM
               (1) YES   (2) NO   (7) DK   (9) REF

    (8.26d)   AT WORK OR AT SCHOOL
               (1) YES   (2) NO   (7) DK   (9) REF

    (8.26e)   AT ANY OTHER PLACE
               (1) YES   (2) NO   (7) DK   (9) REF

NEB_ID (8.27)   For the following nebulizers the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 0101 were submitted in the data file).

In the past 3 months, what prescriptions asthma medications [have you / 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: Have you taken any other prescription asthma medications with your nebulizer in the past 3 months?]

	Medication	**Pronunciation**
01	Albuterol	ăl'-**bu'**ter-ōl (or al-BYOO-ter-ole)
02	Alupent	**al**-u-pent
03	Atrovent	At-ro-vent
04	Bitolterol	bi-tōl'ter-ōl (or bye-**tole-**ter-ole)
05	Budesonide	byoo-**des**-oh-nide
17	Combivent Inhalation Solution	**com-be-vent**
06	Cromolyn	**kro'**mŏ-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	**in**-tel
09	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-foro-mist/for-MOE-ter-ol
12	Proventil	Pro-**ven**-til
13	Pulmicort	**pul**-ma-cort
14	Tornalate	**tor-**na-late
15	Ventolin	**vent**-o-lin
16	Xopenex	*ZOH-pen-ecks*
66	Other, Please Specify:	**[SKIP TO OTH_N1]**

(88) NO Nebulizers   **[SKIP TO Section 9]**
(77) DON'T KNOW   **[SKIP TO Section 9]**
(99) REFUSED   **[SKIP TO Section 9]**

OTH_N1

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]
ENTER OTHER MEDICATION
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

LOOP BACK TO NEB01 AS NECESSARY TO ADMINISTER QUESTIONS NEB01 THROUGH NEB03 FOR EACH MEDICINE 01 THROUGH 18 (NEB_01 to NEB_16)

FOR FILL [MEDICATION LISTED IN NEB_ID] FOR QUESTION NEB01 to NEB03]

NEB01 (8.28)   In the past 3 months, did [you/he/she] take [MEDICINE FROM NEB_ID SERIES] when [you / 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 [you/he/she] take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

NEB03 (8.30)   How many times per day or per week [adult: do you / child: 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

Qualified Level 5

Section 9. Cost of Care

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

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

   IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have

asthma?" = 2 (No), 7 (DK), or 9 (Refused))
    AND
        (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
        (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
        (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
    THEN SKIP TO Section 10; otherwise continue with Section 9

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 1 (Yes) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 1 (Yes)) , then continue with section 9.

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

    IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)
    AND
        (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
        (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
        (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
    THEN SKIP TO Section 10; otherwise continue with Section 9

    IF CUR_ASTH (2.2) = 1 (Yes) then continue with section 9.

ASMDCOST (9.1)   Was there a time in the past 12 months when [you / Child name] needed to see [your / his/her] primary care doctor <u>for [your / his/her] asthma</u> 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/he/she was) referred to a specialist <u>for (IF PATIENT TYPE=CHILD, INSERT "(his/her)") asthma care</u> but could not go because of the cost?

        (1) YES
        (2) NO

        (7) DON'T KNOW
        (9) REFUSED

ASRXCOST (9.3)   **IF PATIENT TYPE=ADULT, ASK:** Was there a time in the past 12 months when you needed to buy medication <u>for your asthma</u> but could not because of the cost?

        IF PATIENT TYPE=CHILD, ASK: Was there a time in the past 12 months when {he/she} needed medication <u>for his/her asthma</u> but you could not buy it because of the cost?

        (1) YES
        (2) NO

        (7) DON'T KNOW
        (9) REFUSED

IF RESPONDENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO SECTION 10C.

EMP_STAT (10.1)   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 …

[INTERVIEWER: Include self employed as employed. Full time is 35+ hours per week.]

   (1) EMPLOYED FULL-TIME   **[SKIP TO WORKENV5 (10.4)]**
   (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)]**

UNEMP_R (10.2)   What is the main reason you are not now employed?

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

   (77) DON'T KNOW
   (99) REFUSED

EMP_EVER1 (10.3)   Have you ever been employed?

[INTERVIEWER: Code self employed as "YES".]

   (1) YES   **[SKIP TO WORKENV7 (10.6)]**
   (2) NO   **[SKIP TO SECTION 11]**

   (7) DON'T KNOW   **[SKIP TO SECTION 11]**
   (9) REFUSED   **[SKIP TO SECTION 11]**

//WORKENV1 (10.4) WAS MOVED TO AFTER THE SKIP PATTERNS BELOW AND RENAMED TO WORKENV5//

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

question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.

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

IF BRFSS core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) **AND**
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO 10.5; otherwise continue with 10.4

IF BRFSS core value for ASTHNOW, "Do you still have asthma?" = 1 (Yes) **then** continue with **question 10.4.**

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

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)
AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO 10.5; otherwise continue with 10.4

IF CUR_ASTH (2.2) = 1 (Yes) **continue with question 10.4.**

WORKENV5 (10.4) 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, smoke, dust or mold in your CURRENT job?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[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."]

WORKENV6 (10.5) Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in your CURRENT job?

(1) YES   [SKIP TO WORKTALK (10.9)]
(2) NO

(7) DON'T KNOW
(9) REFUSED

[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."]

WORKENV7 (10.6)   [READ THIS INTRO TO 10.6 ONLY IF EMP_EVER1 (10.3) = 1 (yes); OTHERWISE SKIP INTRO AND JUST READ THE QUESTION]
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?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[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."]

WORKENV8 (10.7)   Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[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."]

SKIP before 10.8   [ASK 10.8 ONLY IF:
WORKENV7 (10.6) = 1 (YES) <u>OR</u>
WORKENV8 (10.7) = 1 (YES)
OTHERWISE SKIP TO WORKTALK (10.9)]

WORKQUIT1 (10.8)　　Did you ever lose or quit a job because things in the workplace, like chemicals, smoke, dust or mold, caused your asthma or made your asthma symptoms worse?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[INTERVIEWER: RESPONDENTS WHO WERE FIRED BECAUSE THINGS IN THE WORKPLACE AFFECTED THEIR ASTHMA SHOULD BE CODED AS "YES".]

WORKTALK (10.9)　　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?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

WORKSEN3 (10.10)　　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?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

WORKSEN4 (10.11)　　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?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

IF RESPONDENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO SECTION 11.

SCH_STAT (C10.1)   Next, we are interested in things that might affect {child's name} asthma when he/she is not at home.

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

(1) YES   **[SKIP TO SCHGRADE]**
(2) NO

(7) DON'T KNOW
(9) REFUSED

NO_SCHL (C10.2)   What is the main reason {he/she} is not now in school? **READ RESPONSE CATEGORIES**

(1) NOT OLD ENOUGH   **[SKIP TO DAYCARE]**
(2) HOME SCHOOLED   **[SKIP TO SCHGRADE]**
(3) UNABLE TO ATTEND FOR HEALTH REASONS
(4) ON VACATION OR BREAK
(5) OTHER

(7) DON'T KNOW
(9) REFUSED

SCHL_12 (C10.3)   Has {child's name} gone to school in the past 12 months?

(1) YES
(2) NO   **[SKIP TO DAYCARE]**

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

SCHGRADE (C10.4)   **[IF SCHL_12 = 1]**
What grade was {he/she} in the last time he/she was in school?

[IF SCH_STAT = 1 OR NO_SCHL = 2]
What grade is {he/she} in?

(88)   PRE SCHOOL
(66)   KINDERGARDEN
__ __   ENTER GRADE 1 TO 12

(77) DON'T KNOW
(99) REFUSED

The best known value for whether or not the child "still has asthma" is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey   If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is

used. If the respondent does not agree with the previous BRFSS module value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.

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

    IF BRFSS module value for CASTHNO2, "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused),
        AND
            (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
            (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
            (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
        THEN SKIP TO C10.8; otherwise continue with C10.5

    IF BRFSS module value for CASTHNO2, "Does the child still have asthma?" = 1 (Yes) then continue with C10.5.

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

    IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)
        AND
            (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
            (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
            (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
        THEN SKIP TO C10.8; otherwise continue with C10.5

    IF CUR_ASTH (2.2) = 1 (Yes), then continue with C10.5.

MISS_SCHL (C10.5)   **During the past 12 months, about how many days of school did {he/she} miss because of {his/her} asthma?**

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

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

        (888) ZERO

        (777) DON'T KNOW
        (999) REFUSED

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

[IF NO_SCHL = 2 (HOME SCHOOLED) SKIP TO SECTION 11]

[IF SCHL_12 (10.3) = 1 READ 'PLEASE ANSWER THESE NEXT FEW QUESTIONS ABOUT THE SCHOOL {CHILD'S NAME} WENT TO LAST]

SCH_APL (C10.6)   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 (C10.7)   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

[IF NO_SCHL = 2 (HOME SCHOOLED) SKIP TO SECTION 11] added in 2011

SCH_ANML (C10.8)   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 (C10.9)   Are you aware of any mold problems in {child's name} school?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

DAYCARE (C10.10)   **[IF CHLDAGE2 > 10 YEARS OR 131 MONTHS SKIP TO SECTION 11]**
Does {child's name} go to day care outside his/her home?

(1) YES   **[SKIP TO MISS_DCAR]**
(2) NO

(7) DON'T KNOW   **[SKIP TO SECTION 11]**
(9) REFUSED   **[SKIP TO SECTION 11]**

DAYCARE1 (C10.11)   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]**

The best known value for whether or not the child "still has asthma" is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey   If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.

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

    IF BRFSS module value for CASTHNO2, "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused),
        AND
          (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
          (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
          (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
      THEN SKIP TO C10.14; otherwise continue with C10.12

     IF BRFSS module value for CASTHNO2, "Does the child still have asthma?" = 1 (Yes), then continue with C10.12.

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

 IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)
        AND
          (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
          (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
          (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
      THEN SKIP TO C10.14; otherwise continue with C10.12

   IF CUR_ASTH (2.2) = 1 (Yes), then continue with C10.12.

MISS_DCAR (C10.12)   **During the past 12 months, about how many days of daycare did {he/she} miss because of {his/her} asthma?**

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

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

       (888) ZERO

(777) DON'T KNOW
(999) REFUSED

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

DCARE_APL (C10.13) **[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(C10.14) 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 (C10.15) Are you aware of any mold problems in {his/her} daycare?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

DCARE_SMK (C10.16) Is smoking allowed at {his/her} daycare?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

Section 11. Comorbid Conditions

IF RESPONDENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO SECTION 12.

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

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

[INTERVIEWER NOTE: IN THE BRFSS, WE ASKED ABOUT COPD, EMPHYSEMA, & CHRONIC BRONCHITIS ALL IN ONE QUESTION, WE ARE NOW ASKING 3 SEPARATE QUESTIONS]

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

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

[INTERVIEWER NOTE: IN THE BRFSS, WE ASKED ABOUT COPD, EMPHYSEMA, & CHRONIC BRONCHITIS ALL IN ONE QUESTION, WE ARE NOW ASKING 3 SEPARATE QUESTIONS]

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

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

[INTERVIEWER NOTE: IN THE BRFSS, WE ASKED ABOUT COPD, EMPHYSEMA, & CHRONIC BRONCHITIS ALL IN ONE QUESTION, WE ARE NOW ASKING 3 SEPARATE QUESTIONS]

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

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

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

[INTERVIEWER NOTE: If needed say "As I mentioned earlier, I need to validate some of your earlier answers for this Asthma Study]

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

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

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

    IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused))
        AND
           (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
           (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
           (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
    THEN SKIP TO skip to CWEND; otherwise continue with section 12

    IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 1 (Yes) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 1 (Yes)) continue with section 12.

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

    IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)
        AND
           (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
           (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
           (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
    THEN SKIP TO skip to CWEND; otherwise continue with section 12

    IF CUR_ASTH (2.2) = 1 (Yes) continue with section 12.

READ: Sometimes people use methods other than prescription medications to help treat or control their asthma. These methods are called non-traditional, complementary, or alternative health care. I am going to read a list of these alternative methods.   For each one I mention, please answer "yes" if [you have / Child name has] used it to control (IF PATIENT TYPE=ADULT, INSERT "your own") (IF PATIENT TYPE=CHILD, INSERT "his/her ") asthma in the past 12 months. Answer "no" if [you have / he/she has] not used it in the past 12 months.

                In the past 12 months, [have you / has he/she] used … to control (your/his/her) asthma? [interviewer: repeat prior phasing as needed]

CAM_HERB (12.1)	herbs	(1) YES	(2) NO	(7) DK	(9) REF
CAM_VITA (12.2)	vitamins	(1) YES	(2) NO	(7) DK	(9) REF
CAM_PUNC (12.3)	acupuncture	(1) YES	(2) NO	(7) DK	(9) REF

CAM_PRES (12.4)	acupressure	(1) YES	(2) NO	(7) DK	(9) REF

CAM_PRES (12.4)   acupressure   **(1) YES**   **(2) NO**   **(7) DK**   **(9) REF**

CAM_AROM (12.5)   aromatherapy   **(1) YES**   **(2) NO**   **(7) DK**   **(9) REF**

CAM_HOME (12.6)   homeopathy   **(1) YES**   **(2) NO**   **(7) DK**   **(9) REF**

CAM_REFL (12.7)   reflexology   **(1) YES**   **(2) NO**   **(7) DK**   **(9) REF**

CAM_YOGA (12.8)   yoga   **(1) YES**   **(2) NO**   **(7) DK**   **(9) REF**

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

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

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

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

CAM_OTHR (12.11)   Besides the types I have just asked about, [have you / has Child name] used any other type of alternative care for (IF PATIENT TYPE=ADULT, INSERT "your") **(IF PATIENT TYPE=CHILD, INSERT "his/her ")** asthma in the past 12 months?

       (1) YES
       (2) NO   **[SKIP TO CWEND]**

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

CAM_TEXT (12.13)   What else [have you / has he/she] used?

     [100 ALPHANUMERIC CHARACTER LIMIT]

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

Section 13. Additional Child Demographics

IF RESPONDENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO THANK AND END.

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

HEIGHT1   How tall is {child's name}?

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

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

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

Examples:

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

6 feet = 600 (6 feet, zero inches)
5'3" = 503 (5 feet, 3 inches)

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

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

WEIGHT1

How much does {he/she} weigh?

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

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

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

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

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

BIRTHW1

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

CATI note: If the respondent gives pounds and ounces: from left to right, positions one and two will hold "0 0"; positions three and four will hold the value of pounds from 0 to 30; and the last two positions will hold 00 to 15 ounces.

If the respondent gives kilograms and grams: from left to right, position one will hold "9"; positions two and three will hold the value of kilograms 1-30; and the last three positions will hold the number of grams.

[VALUES OF GREATER THAN 30 POUNDS OR 13.6 KILOGRAMS SHOULD NOT BE ALLOWED]

[IF BIRTH WEIGHT IS DON'T KNOW OR REFUSED ASK BIRTHRF, ELSE SKIP TO CWEND.]

BIRTHRF   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

SURVEY THANK AND END

CWEND   **Those are all the questions I have. I'd like to thank you on behalf of the [state DoH] 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 1-888-772-4269. Thanks again**.

Qualified Level 6

Appendix A:
Coding Notes and Pronunciation Guide

Coding Notes:

1) MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code "4471 Resp. was misdiagnosed; never had asthma" as a final code and terminate the interview.

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

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

Medication	Common misspelling in "Other"
Zyrtec	Zertec, Zertek or Zerteck

	Allegra	Alegra, Allegra or Allegra D
	Claritin	Cleraton, Cleritin or Claritin D
	Singulair	Singular, Cingulair or Cingular
	Xopenex	Zopanox or Zopenex
	Advair	
	Diskus	Advair or Diskus
	Albuterol	Aluterol Sulfate
	Maxair	Maxair Autohaler

Pronunciation Guide:

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

INH_MEDS

	Medication	Pronunciation
01	**Advair** (+ A. Diskus)	**ăd**-vâr (or **add**-vair)
02	Aerobid	â-**rō'**bĭd (or **air**-row-bid)
03	**Albuterol** (+ A. sulfate or salbutamol)	ăl'-**bu'**ter-ōl (or al-**BYOO-**ter-ole) săl-byū'tə-môl'
04	Alupent	**al-**u-pent
43	Alvesco (+ Ciclesonide)	**al-ves-co**
40	Asmanex (twisthaler)	**as**-m*uh*-neks **twist**-hey-ler
05	**Atrovent**	At-ro-vent
06	**Azmacort**	**az**-ma-cort
07	Beclomethasone dipropionate	bek"lo-**meth'**ah-son dĭ' **pro'**pe-o-nāt (or be-kloe-**meth**-a-sone)
08	Beclovent	be' klo-vent" (or **be**-klo-vent)
09	Bitolterol	bi-tōl'ter-ōl (or bye-**tole**-ter-ole)
10		
11	Budesonide	byoo-**des**-oh-nide
12	**Combivent**	**com**-bi-vent
13	Cromolyn	**kro'**mŏ-lin (or **KROE**-moe-lin)
44	**Dulera**	**du-le-ra**
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
18		
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)
03	Salbutamol (or Albuterol)	săl-byū'tə-môl'
26	Salmeterol	sal-ME-te-role
27	**Serevent**	**Sair**-a-vent
42	Symbicort	**sim**-b*uh*-kohrt
28	Terbutaline (+ T. sulfate)	ter-**bu'**tah-lēn (or ter-**BYOO**-ta-leen)
29		
30	Tornalate	**tor-**na-late
31	Triamcinolone acetonide	tri"am-**sin**'o-lōn as"ĕ-tō-nīd' (or trye-am-**SIN**-oh-lone)
32	Vanceril	**van**-sir-il
33	Ventolin	**vent**-o-lin
38	Xopenex HFA	*ZOH-pen-ecks*
66	Other, Please Specify	**[SKIP TO OTH_I1]**

PILLS_MED

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

SYRUP_ID

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

NEB_ID

	Medication	Pronunciation
01	Albuterol	ăl'-**bu'**ter-ōl (or al-BYOO-ter-ole)
02	Alupent	**al**-u-pent
03	Atrovent	At-ro-vent
04	Bitolterol	bi-tōl'ter-ōl (or bye-**tole-**ter-ole)
05	Budesonide	byoo-**des**-oh-nide
17	Combivent Inhalation Solution	**com-be-vent**
06	Cromolyn	**kro'**mŏ-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	**in**-tel
09	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-foro-mist/for-MOE-ter-ol
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]**

Closing Statement

Please read:

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in [IF STATERES=1, DISPLAY "**MARYLAND**", ELSE DISPLAY "this state"]..
Thank you very much for your time and cooperation.

ASTSTAT = 1

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1.　　In what language was this interview completed?
(QSTLANG)
　　　　　　　1　　　　English
　　　　　　　2　　　　Spanish