BRFSS

2018 Florida

22513

**Behavioral Risk Factor Surveillance System
Questionnaire**

January 3, 2018

Behavioral Risk Factor Surveillance System
Florida 22513
2018 Questionnaire Table of Contents

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Interviewer's Script Sample

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

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Interviewer's Script

HELLO, I am calling for the __Florida department of health__. My name is_____ **(name)**___. We are gathering information about the health of __Florida__ 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.

ABT SRBI MASTER QUESTIONNAIRE NOTE (remove from state questionnaires): For 2018, We will ask the screener questions in the order the CDC has set for each frame.

Landline Sample Screener

CATI: (ASK LANDLINE SAMPLE SCREENER IF FRAME=1); IF FRAME=2; GO TO CELL PHONE SCREENER

CTELENUM Is this __(phone number)__ ?
(LL.1)

>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.   Is this a private residence?
(LL.2)

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

INTERVIEWER NOTE: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

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

Thank you very much but we are only interviewing persons on residential phone lines at this time.

College Housing

COLGHOUS   Do you live in college housing?
(LL.3)

READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement 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**

State of Residence

STATERES   Do you currently live in ____Florida____?
(LL.4)

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

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

Cellular Phone

CELLPH   Is this a cell telephone?
(LL.5)

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

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

      1. Yes
      2. No

CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO 'CELLFON'. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (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.
THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE
TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING AT THIS TIME.
(STOP)**

<mark>CATI VARIABLE, SET BRF3200=1.</mark>

CATI NOTE:
- **IF COLGHOUS=1 (College Housing = Yes) continue;**
- **Otherwise go to Adult Random Selection**

CADULT   Are you 18 years of age or older?
(LL.6)

INTERVIEWER NOTE: 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

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

Adult Random Selection

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

IF FRAME=1, ASK: I need to randomly select one adult who lives in your household to be interviewed.
Excluding adults living away from home, such as students away at college. How many members of your
household, including yourself, are 18 years of age or older?

NUMADULT   __   Number of adults
(LL.7)

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

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[**INTERVIEWER**: Sex WILL BE ASKED AGAIN DEMOGRAPHICS SECTION]

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

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 " To the 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**

CATI VARIABLE, SET BRF2111=1.

NUMMEN   How many of these adults are men?
(LL.8)

    __   Number of men

NUMWOMEN How many of these adults are women?
(LL.9)

    __   Number of women

CATI VARIABLE, SET BRF2112=1.

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 **Florida department of health**. My name is **(name)**. We are gathering information about the health of **Florida** 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.

Cell Phone Sample Screener

Form Approved

OMB No. 0920-1213

Exp. Date 2/28/2018

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

CATI: (ASK CELL PHONE SAMPLE SCREENER IF FRAME=2); IF FRAME=1; GOTO CORE

IF FRAME=2 (CELL PHONE) ASK SAFE

SAFE   Is this a safe time to talk with you?
(CP.1)

 Yes   **[GO TO CTELENUM]**
 No   **CALLBACK**

 [CATI NOTE: IF "NO": THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

Phone

CTELENUM   Is this ___(phone number)___ ?
(CP.2)

 1   Yes   [GO TO CELLPH]
 2   No   INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER
 7   (VOL) Don't Know/Not Sure
 9   (VOL) Refused

[CATI NOTE: IF "NO","Don't Know" or "REFUSED": 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]

CATI VARIABLE, SET BRF3200=1.

Cellular Phone

CELLPH   Is this a cell telephone?
(CP.3)

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

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

　　　1. Yes
　　　2. No

CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO 'CELLFON'. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).

[CATI NOTE: IF "NO": THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELLULAR TELEPHONES. STOP]

CELLFON

　　　1　　　No, not a cellular telephone.
　　　2　　　Yes

CATI: 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 CADULT.

Adult

CADULT   Are you 18 years of age or older?
(CP.4)

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

INTERVIEWER: Sex WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION

　　　　　1　　Yes, male respondent　　**[GO TO PRIVATE RESIDENCE]**
　　　　　2　　Yes, female respondent　**[GO TO PRIVATE RESIDENCE]**
　　　　　3　　No　　　　　　　　　　　**[GO TO SOCOLAD]**

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

PVTRESID .   Do you live in a private residence?
1(CP.5)

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

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

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

Thank you very much but we are only interviewing persons on residential phone lines at this time.

College Housing

COLGHOUS   Do you live in college housing?
(CP.6)

READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement 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**

State of Residence

STATERES   Do you currently live in ____Florida____?
(CP.7)

                Yes   **[Go to LANDLINE]**
                No   **[Go to RSPSTATE]**

RSPSTATE   In what state do you currently live?

(CP.8)

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

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

(CP.9)

        READ ONLY IF NECESSARY: "By landline telephone, we mean a "regular" telephone in your home that 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.).

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

[CATI NOTE: IF COLLEGE HOUSING = "YES", DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]

NUMADULT.   How many members of your household, including yourself, are 18 years of age or older?

(CP.10)

___   Number of adults

[CATI NOTE: IF COLLEGE HOUSING = "YES" THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

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Core Sections

[INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ]

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 not be connected to any personal information.. If you have any questions about the survey, please call 866-779-6122.

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

Qualified Level 1

CATI VARIABLE, SET BRF2120=1.

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
88   None
77   Don't know / Not sure
99   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
88 None **[If PHYSHLTH and MENTHLTH = 88 (None), go to next section]**
77 Don't know / Not sure
99 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
88 None
77 Don't know / Not sure
99 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
2 No
7 Don't know / Not sure
9 Refused

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

INTERVIEWER NOTE: 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

CHECKUP1 About how long has it been since you last visited a doctor for a routine checkup?

INTERVIEWER NOTE: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

READ 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

Section 4: Exercise

EXERANY3 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?

INTERVIEWER NOTE: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do

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

Section 5: Inadequate Sleep

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

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

CHCKIDNY   Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

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?

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

INTERVIEWER NOTE: 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 (if used). Otherwise, go to next section.

Module 1: Pre-Diabetes

IF STATERES=1 (FLORIDA RESIDENT) CONTINUE, ELSE SKIP TO NEXT SECTION.

[CATI NOTE: Only asked of those not responding "Yes" (code = 1) to DIABETE3 (Diabetes awareness question).]

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 6: Chronic Health Conditions, Continued

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

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 Diabetes Optional Module (if used). Otherwise, go to next section

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

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

Section 7: Oral Health

LASTDEN3   Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

        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   Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

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

READ IF NECESSARY:

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

SEX   (What was your sex at birth? Was it…) **[READ LIST]**
               (What is your sex?) …

CATI NOTE: STATES MAY ADOPT ONE OF THE TWO FORMATS OF THE QUESTION. IF FIRST FORMAT IS USED, READ OPTIONS.

1   Male
2   Female
9   Refused

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   Mexican, Mexican American, Chicano/a
2   Puerto Rican
3   Cuban
4   Another Hispanic, Latino/a, or Spanish origin
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.

INTERVIEWER NOTE: IF 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. **(NOTE FOR ALEC: THIS IS CORRECT THAT IT IS NOT IN THE PROGRAM)**

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
88   No additional choices
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 MARITAL.

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

Interviewer note: If respondent has selected multiple races in previous and refuses to select a single
race, code refused

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

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

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

RENTHOM1   Do you own or rent your home?

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

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

INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: We ask this question in order to compare health indicators among people with different housing situations.

Read only if necessary:

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

CTYCODE1   In what county do you currently live?

_ _ _	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 currently live?

_ _ _ _ _	ZIP Code **[RANGE 32002 TO 349999]**
7 7 7 7 7	Don't know / Not sure
8 8 8 8 8	Other State Zip Code (SPECIFY)
9 9 9 9 9	Refused

CATI NOTE: IF FRAME 2, SKIP TO VETERAN3 (QSTVER GE 20)

NUMHHOL2   Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

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

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   How many cell phones do you have for personal use?

INTERVIEWER NOTE: Include cell phone used for both business and personal use.

> __   Enter number (1-5)
>
> 6   Six or more
>
> 7   Don't know / Not sure
> 8   None
> 9   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
> 7   Don't know / Not sure
> 9   Refused

EMPLOY1   Are you currently…?

INTERVIEWER NOTE: If more than one, say: "Select the category which best describes you."

> **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 20: Industry and Occupation

IF STATERES=1 (Florida Resident) CONTINUE, ELSE SKIP TO CHILDREN.

CATI NOTE: If **EMPLOY1**= 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed) and Florida state resident continue else go to next module.

Now I am going to ask you about your work.

[CATI NOTE: IF CORE EMPLOY1 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK,]

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

Section 8: Demographics Continued

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

　　　　_ _　　Number of children
　　　　8 8　　None
　　　　9 9　　Refused

CATI VARIABLE, SET BRF1200=1.

Qualified Level 2

INCOME2 Is your annual household income from all sources—

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

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

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

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

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

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

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

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

08     $75,000 or more

Do not read:

77   Don't know / Not sure
99   Refused

WEIGHT2   About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 183.

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?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 187.

ROUND FRACTIONS DOWN

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

If SEX=1, go to S8.22, if female respondent is 50 years old or older, go to text screen prior to S8.21]

PREGNANT   To your knowledge, are you now pregnant?

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

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

S8.22   Are you deaf or do you have serious difficulty hearing?

        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?

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."

INTERVIEWER 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]**

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

Do not read:
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?

Read only if necessary:

01   Within the past month (less than 1 month ago)
02   Within the past 3 months (1 month but less than 3 months ago)
03   Within the past 6 months (3 months but less than 6 months ago)
04   Within the past year (6 months but less than 1 year ago)
05   Within the past 5 years (1 year but less than 5 years ago)
06   Within the past 10 years (5 years but less than 10 years ago)
07   10 years or more
08   Never smoked regularly
Do not read:
77   Don't know / Not sure
99   Refused

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

INTERVIEWER NOTE: Snus (rhymes with 'goose')

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

Do not read:
1   Every day
2   Some days
3   Not at all
7   Don't know / Not sure
9   Refused

Section 10: Alcohol Consumption

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?

INTERVIEWER 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

[if AVEDRNK2 > 9 AND < 77 ASK:]
CHKAVEDRNK2 I would like to confirm that during the past 30 days, on the days you drank, you drank on average **[insert # from AVEDRNK2]** drinks. Is that correct?

     1   Yes   **[Go to DRNK3GE5]**
     2   No   **[Go back to AVEDRNK2]**

DRNK3GE5   Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI NOTE: 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

CATI: IF DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.

[if MAXDRNKS > 9 AND < 77 ASK:]
CHKMXDRNKS   I would like to confirm that during the past 30 days, the largest number of drinks you had was **//INSERT # FROM MAXDRNKS//** drinks. Is that correct?
     1   Yes   **[Go to NEXT SECTION]**
     2   No   **[Go back to MAXDRNKS]**

Section 11: Immunization

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

IMFVPLAC.   At what kind of place did you get your last flu shot or vaccine?

INTERVIEWER NOTE: If respondent is unsure, probe with "How would you describe the place where you went to get your most recent flu vaccine"?

Read only if necessary:

01	A doctor's office or health maintenance organization (HMO)
02	A health department
03	Another type of clinic or health center (a community health center)
04	A senior, recreation, or community center
05	A store (supermarket, drug store)
06	A hospital (inpatient)
07	An emergency room
08	Workplace
09	Some other kind of place
11	A school

Do not read:
10	Received vaccination in Canada/Mexico
77	Don't know / Not sure
99	Refused

PNEUVAC3   Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER NOTE: If respondent is confused read: There are two types of pneuomina shots: Polysaccharide (poly-sack-ah-ride), also known as Pneuomovax, and conjugate, also known as prevnar.

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

Section 12: Falls

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

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

INTERVIEWER NOTE: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

_ _	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**) that limited your regular activities for at least a day?

        INTERVIEWER NOTE: 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.

        How many of these falls caused an injury that limited your regular activities for at least a day?

_ _	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: Seat Belt Use and Drinking and Driving

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 14; otherwise continue.

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

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 14: 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   Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

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

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

READ 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
    7   Don't know / Not sure
    9   Refused

HADPAP2   Have you ever had a Pap test?

INTERVIEWER NOTE: A Pap test is a test for cancer of the cervix.

    1   Yes
    2   No   **[Go to PRE HPVTST1]**
    7   Don't know / Not sure   **[Go to PRE HPVTST1]**
    9   Refused   **[Go to PRE HPVTST1]**

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
    7   Don't know / Not sure
    9   Refused

HPVTST1   An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

INTERVIEWER NOTE: HUMAN PAPILLOMAVIRUS (PAP-UH-LOH-MUH VIRUS)

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

HPVTST2   How long has it been since you had your last H.P.V. 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
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 15: Prostate Cancer Screening

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

PCPSAREC　　Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

　　　　　　INTERVIEWER NOTE: A prostate-specific antigen test, also called a P.S.A. Test, is a blood test used to check men for prostate cancer.

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 P.S.A. 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 P.S.A. test?

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

PSATEST1   Have you EVER HAD a P.S.A. 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 P.S.A. 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)
      3   Within the past 3 years (2 years but less than 3 years)
      4   Within the past 5 years (3 years but less than 5 years)
      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 P.S.A. 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 16: Colorectal Cancer Screening

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

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

Section 17: HIV/AIDS

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 HIVRISK3]**
7   Don't know / Not sure   **[Go to HIVRISK3]**
9   Refused   **[Go to HIVRISK3]**

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

HIVRISK3   I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have injected any drug other than those prescribed for you in the past year.

You have been treated for a sexually transmitted disease or STD in the past year.

You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

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

Transition to Modules and/or State-Added Questions

BRFSS™

Optional Modules

Module 6: E-Cigarettes

S10.1 Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic "vaping" products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

1	Yes	
2	No	**[go to M7_1next section]**
7	Don't know / Not sure	**[go to M7_1next section]**
9	Refused	**[go to M7_1next section]**

S10.2 Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

1	Every day
2	Some days
3	Not at all
7	Don't know / Not sure
9	Refused

Florida State-Added 1: E-Cigarette

CATI NOTE: If core STOPSMK2=1 , continue, if not, go to next module.

FL01Q01.   The last time you tried to quit smoking, did you switch to e-cigarettes or other electronic 'vaping' products?

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic "vaping" products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

1	Yes
2	No

Module 7: Marijuana Use

M7_1   During the past 30 days, on how many days did you use marijuana or cannabis?

		_ _	01-30 Number of Days	
	8 8.	None	**[Go to next module]**
	7 7.	Don't know/not sure	**[Go to next module]**
	9 9.	Refused	**[Go to next module]**

M7_2   During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually…

INTERVIEW NOTE: If respondent provides more than one say: which way did you use it most often

PLEASE READ:

	1	Smoke it? (for example: in a joint, bong, pipe, or blunt)
	2	Eat it? (for example, in brownies, cakes, cookies, or candy)
	3	Drink it? (for example, in tea, cola, alcohol)
	4	Vaporize it? (for example in an e-cigarette-like vaporizer or another vaporizing device)
	5	Dab it? (for example using waxes or concentrates)
		or
	6	Use it some other way?

Do not read:

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

M7_3

| | | When you used marijuana or cannabis during the past 30 days, was it usually: |

Please Read:

	1	For medical reasons (like to treat or decrease symptoms of a health condition);
	2	For non-medical reasons (like to have fun or fit in), or
	3	For both medical and non-medical reasons;

Do not read:

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

Module 16: Clinical Breast Exam

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

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 next module]**
7	Don't know / Not sure	**[Go to next module]**
9	Refused	**[Go to next module]**

LENGEXAM   How long has it been since your last breast exam?

READ 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
7	Don't know / Not sure
9	Refused

Module 21: Sexual Orientation and Gender Identity

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

(CATI NOTE: ASK SOMALE IF SEX=1)

SOMALE   Which of the following best represents how you think of yourself?

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.

Please read:

1	1 - Gay
2	2 - Straight, that is, not gay
3	3 - Bisexual

Do not read:

4	Something else
7	Don't know/Not sure

> **Commented [DD3]:** Add number before text

9   Refused

(CATI NOTE: ASK SOMALE IF SEX=2)

SOFEMALE   Which of the following best represents how you think of yourself?

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.

Please read:
            1   1 - Lesbian or Gay
            2   2 - Straight, that is, not gay
            3   3 - Bisexual
Do not read:
            4   Something else
            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/word.

Please read:
            1   1 - Yes, Transgender, male-to-female
            2   2 - Yes, Transgender, female to male
            3   3 - Yes, Transgender, gender nonconforming
            4   4 - No
Do not read:
            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 transgender. 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 22: 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*

Please read:

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

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?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

(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?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

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

RCSRLTN2   How are you related to the child? Are you a…

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 23: 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 NOTE: 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

Florida State-Added 1: E-Cigarette
CATI NOTE: If core STOPSMK2=1, continue, if not, go to next module.

FL01Q01.   The last time you tried to quit smoking, did you switch to e-cigarettes or other electronic 'vaping' products?

Florida State-Added 2: Child Car Seat Use

CATI NOTE: If Core CHILDREN>0 and not 88 (none) or 99 (refused), continue, if not, go to next module.

FL02Q01   How many children under 9 years old live in the household?

_   number of children

9   Refused

CATI NOTE: FL02Q02 should loop for each child based on answer from FL02Q01. Only four children at maximum. Use (xth child) to indicate each child.

CATI NOTE: Continue to FL02Q02 if FL02Q01>0 and not refused (9). If not, then go to next module.

FL02Q02   In the past 30 days, how often would you say the youngest child in the household used a child safety seat, booster seat, or seat belt when riding in a car, van, sports utility vehicle, or truck?

INTERVIEWER NOTE: If there is more than one child in the household, repeat the question with specific reference to the next youngest child between the ages of newborn to 8. Repeat as appropriate for up to four children in household aged 0-8 years.

Please read:

1   Always
2   Nearly always
3   Sometimes
4   Seldom
5   Never

Do not read:

7   Don't know / Not sure
9   Refused

BRFSS

Florida State-Added 3: Injury and Occupation

CATI NOTE: Continue if EMPLOY1= 1, 2, or 4. If not, go to next module.

FL03Q01.   During the past 12 months, that is since (INSERT CURRENT MONTH) were you injured seriously enough while performing your job that you got medical advice or treatment?

1	Yes	
2	No	**[GO TO NEXT MODULE]**
7	Don't know / Not sure	**[GO TO NEXT MODULE]**
9	Refused	**[GO TO NEXT MODULE**]

FL03Q02.   For your most recent work-related injury, who paid for your treatment?

Read only if necessary:

1.   Workers compensation
2.   Private insurance
3.   Medicare, Medicaid
4.   Indian Health Service/Alaska Native Health Service
5.   The military, Veteran's Administration, or Champus
6.   Federal Government
7.   You or Your family; out of pocket
8.   Your employer through a workers' compensation claim
9.   Your employer without a workers' compensation claim and through on-site
10. Workers' compensation claim filed, still in process or not resolved
11. The union
12. Other source
13. (VOL) No one paid; no treatment

77.(VOL)Don't know/Not sure

99. (VOL) Refused

Florida State-Added 4: Lupus

CATI NOTE: If HAVARTH3=1, continue, if not then go to next module.

FL04Q01.   Have you EVER been told by a doctor, nurse, or other health professional that you have lupus?

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

BRFSS

Florida State-Added 5: Cholesterol

FL05Q01. Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

Read only if necessary:

    1   Never   **[GO TO NEXT MODULE]**
    2   Within the past year (anytime less than 12 months ago)
    3   Within the past 2 years (1 year but less than 2 years ago)
    4   Within the past 5 years (2 years but less than 5 years ago)
    5   5 or more years ago

  Do not read:

    7   Don't know / Not sure
    9   Refused **[GO TO NEXT MODULE]**

FL05Q02. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

    1   Yes
    2   No   **[GO TO NEXT MODULE]**
    7   Don't know / Not sure   **[GO TO NEXT MODULE]**
    9   Refused   **[GO TO NEXT MODULE**]

FL05Q03. Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

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

Florida State-Added 6: Hypertension Awareness

FL06Q01   Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

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

    1   Yes
    2   Yes, but female told only during pregnancy **[GO TO NEXT SECTION]**
    3   No   **[GO TO NEXT SECTION]**
    4   Told borderline high or pre-hypertensive **[GO TO NEXT SECTION]**
    7   Don't know / Not sure   **[GO TO NEXT SECTION]**
    9   Refused   **[GO TO NEXT SECTION]**

FL06Q02   Are you currently taking medicine for your high blood pressure?

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

Florida State-Added 7: Epilepsy

<mark>(FL BRFSS 2017, STATE-ADDED 1 just for FL07Q01)</mark>

FL07Q01.   Have you ever been told by a doctor that you have a seizure disorder or epilepsy?

    1   Yes
    2   No   **[GO TO NEXT MODULE]**
    7   Don't know / Not sure **[GO TO NEXT MODULE]**
    9   Refused   **[GO TO NEXT MODULE]**

FL07Q02.   Today is (insert todays date). Think back to last year about the same time. About how many seizures of any type have you had in the past year?

Read if necessary: Some people may call it "convulsion," "fit," "falling out spell," "episode," "attack," "drop attack," "staring spell," or "out-of-touch".

Instructions to interviewer: If the respondent mentions and counts "auras" as seizures accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.

    1. None
    2. One
    3. Two or three
    4. Between four and ten
    5. More than 10

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

FL07Q03. In the past year have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

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

Florida State-Added 8: Social Determinants of Health

FL08Q01   During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

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

FL08Q02   In the last 12 months, how many times have you moved from one home to another?

_ _   Number of moves in past 12 months **[Range: 01-52]**
88   None (Did not move in past 12 months)
77   Don't know/Not sure
99   Refused

FL08Q03   How safe from crime do you consider your neighborhood to be? Would you say…

Please read:
1   Extremely safe
2   Safe
3   Unsafe
4   Extremely unsafe
Do not read:
7   Don't know/Not sure
9   Refused

For the next two statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months (that is, since last **[CATI NOTE: NAME OF CURRENT MONTH]**)

FL08Q04   The first statement is, "The food that I bought just didn't last, and I didn't have money to get more."   Was that often, sometimes, or never true for you in the last 12 months?

        1   Often true,
        2   Sometimes true, or
        3   Never true
    Do not read:
        7   Don't Know/Not sure
        9   Refused

FL08Q05   "I couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months?

        1   Often true,
        2   Sometimes true, or
        3   Never true
    Do not read:
        7   Don't Know/Not sure
        9   Refused

FL08Q06   In general, how do your finances usually work out at the end of the month? Do you find that you usually:

    Please read:
        1   End up with some money left over,
        2   Have just enough money to make ends meet, or
        3   Do not have enough money to make ends meet
    Do not read:
        7   Don't Know/Not sure
        9   Refused

FL08Q07   Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?

    Please read:
        1   None of the time,
        2   A little of the time,
        3   Some of the time,
        4   Most of the time, or
        5   All of the time
    Do not read:
        7   Don't know/not sure
        9   Refused

Florida State-Added 9: Diabetes Self-Management Education

CATI NOTE: If DIABETE3=1, continue, if not then go to next module.

(BRFSS 2017, MODULE 2, DIABEDU)

FL09Q01   Have you ever taken a course or class in how to manage your diabetes yourself?

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

Florida State-Added 10: Preconception Health

CATI NOTE: If AGE <46 and respondent is female (SEX=2), continue, else go to next module

The next question is about discussions that occurred as part of a routine health care visit. DO NOT include visits while pregnant, also called prenatal care visits.

FL10Q01   Did the doctor, nurse or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby?

    1   Yes
    2   No   **[GO TO NEXT MODULE]**
    7   Don't know/not sure   **[GO TO NEXT MODULE]**
    9   Refused   **[GO TO NEXT MODULE]**

The next questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

FL10Q02   Did the doctor, nurse, other health care worker talk with you about the following ways to prepare for a healthy pregnancy and baby?

CATI NOTE: Respondent CAN CHOOSE MULTIPLE RESPONSES

Please read:
    01   Taking vitamins with folic acid before pregnancy
    02   Being a healthy weight before pregnancy
    03   Using birth control methods to plan when you want to become pregnant
    04   Getting your vaccines updated before pregnancy
    05   Visiting a dentist or dental hygienist before pregnancy
    06   Getting counseling for any genetic diseases that run in your family
    07   Controlling any medical conditions such as diabetes and high blood pressure
    08   Getting counseling or treatment for depression or anxiety
    09   Safety of using prescription or over-the-counter medicines during pregnancy

10   How smoking during pregnancy can affect a baby
11   How drinking alcohol during pregnancy can affect a baby
12   How using illegal drugs during pregnancy can affect a baby

Do not read:
88   Did not discuss any of these topics with me
77   Don't know/Not sure
99   Refused

Florida State-Added 11: Health Care Access

(BRFSS 2017, MODULE 10, HLTHCVRG)

FL11Q01   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 other state program
05   TRICARE (formerly CHAMPUS), VA, or Military
06   Alaska Native, Indian Health Service, Tribal Health Services
      Or
07   Some other source
08   None (no coverage)
Do not read:
77   Don't know/Not sure
99   Refused

Florida State-Added 12: Oral Health

FL12Q01   Do you have any kind of dental care coverage, including dental insurance, prepaid plans such as HMOs, government plans such as Medicaid, or Indian Health Service?

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

Florida State-Added 13: Prescription Pain Medication

The next few questions are about prescription pain medication …

| Commented [DD5]: Add intro comment prior to FL13Q01 |

FL13Q01   In the past year, did you use any pain medications that were prescribed to you by a doctor?

1   Yes
2   No   **[GO TO FL13Q08]**
7   Don't know/not sure   **[GO TO FL13Q08]**
9   Refused   **[GO TO FL13Q08]**

FL13Q02   In the past year, what prescription pain medications were prescribed to you by a doctor?

Interview note: Do not read responses, please record all and ask "anything else?" after initial answer

Do not read:
01 Codeine
02 Darvocet
03 Darvon
04 Demerol
05 Dilaudid
06 Fentanyl
07 Hydrocodone
08 Hydromorphone
09 Lortab
10 Lorcet
11 Meperidine
12 Methadone
13 Morphine
14 Oxycodone
15 Oxycontin
16 Percocet
17 Percodan
18 Propoxyphene
19 Roxicet
20 Tramadol
21 Tylenol with codeine (Tylenol #3)
22 Tylox
23 Ultram
24 Ultracet
25 Vicodin
26 Other (specify) _____   **[GO TO FL13Q07 if other is only response]**
77 Don't know / not sure
99 Refused   **[GO TO FL13Q07]**

FL13Q03   The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?

1   Yes
2   No   **[GO TO FL13Q05]**
7   Don't know/not sure   **[GO TO FL13Q05]**
9   Refused   **[GO TO FL13Q05]**

FL13Q04   We want to understand why people use prescription medication other than prescribed. What were the reasons you use the medication differently than prescribed?

Interviewer note: Do not read responses, check all that apply and ask the respondent "anything else" after initial response:

Do not read:

    1   To relieve pain
    2   To relieve other physical symptoms
    1   To relieve anxiety or depression
    2   For fun, good feeling, getting high, peer pressure (friends were doing it)
    3   To prevent or relieve withdrawal symptoms
    4   Other (specify) _____
    7   Don't know/not sure
    9   Refused

FL13Q05   The last time you filled a prescription for pain medication, was there any medication leftover?

    1   Yes
    2   No   **[GO TO FL13Q07]**
    7   Don't know/not sure   **[GO TO FL13Q07]**
    9   Refused   **[GO TO FL13Q07]**

FL13Q06   What did you do with the leftover prescription pain medication?

Do not read:

    1   Kept it
    2   Disposed of it
    3   Gave it to someone else
    4   Sold it
    5   Other (specify) _____
    7   Don't know/not sure
    9   Refused

FL13Q07   This question asks about pain. SHORT-TERM PAIN is from an injury or surgery, and is expected to resolve after a few days, weeks or months. LONG-TERM PAIN lasts over a prolonged period and may never be fully cured. The last time you used a prescription pain medication that was prescribed for you by a doctor, was it to relieve SHORT-TERM pain, or LONG-TERM PAIN, or both?

    1   Short-term pain
    2   Long-term pain
    3   Both
    7   Don't know/not sure
    9   Refused

FL13Q08   Now I would like to ask you some questions about prescription pain medication that was NOT prescribed specifically to you by a doctor. Please remember that your answers are

strictly confidential and you do not have to answer any question you don't want to. In the past year, did you use prescription pain medication that was NOT prescribed specifically to you by a doctor? We only want to know about prescription medication NOT medication that is available over the counter.

1	Yes	
2	No	**[GO TO NEXT MODULE]**
7	Don't know/not sure	**[GO TO NEXT MODULE]**
9	Refused	**[GO TO NEXT MODULE]**

FL13Q09 What were the prescription pain medications you took that were not prescribed specifically to you by a doctor?

<u>CATI NOTE:</u> Accept multiple responses

Do not read:
01 Codeine
02 Darvocet
03 Darvon
04 Demerol
05 Dilaudid
06 Fentanyl
07 Hydrocodone
08 Hydromorphone
09 Lortab
10 Lorcet
11 Meperidine
12 Methadone
13 Morphine
14 Oxycodone
15 Oxycontin
16 Percocet
17 Percodan
18 Propoxyphene
19 Roxicet
20 Tramadol
21 Tylenol with codeine (Tylenol #3)
22 Tylox
23 Ultram
24 Ultracet
25 Vicodin
26 Other (specify) _____
77 Don't know / not sure
99 Refused

FL13Q10 We want to understand why people use prescription medication that was not prescribed specifically to them. The last time you used prescription pain medication that was not prescribed to you, what were the reasons?

Interviewer note: This question refers only to medications not available over the counter

Interviewer note: Please probe with "anything else" after initial response.

<u>**CATI NOTE:**</u> ACCEPTS MULTIPLE RESPONSES

Do not read:

    1   To relieve pain
    2   To relieve other physical symptoms
    3   To relieve anxiety or depression
    4   For fun, good feeling, getting high, peer pressure (friends doing it)
    5   To prevent or relieve withdrawal symptoms
    6   Other (SPECIFY) _____
    7   Don't know / Not sure
    9   Refused

FL13Q11   From whom did you obtain the prescription pain medication?

Interviewer note: If the respondent is unsure, please read "referring to the last time you used prescription pain medication not available over the counter and not prescribed for you."

Read only if necessary:

    1   From a friend OR relative
    2   From an acquaintance
    3   From a street dealer or other person I did not know
    4   Online
    5   Other
    7   Don't know/not sure
    9   Refused

FL13Q12   How did you obtain the prescription pain medication from this source?

Interviewer note: If the respondent is unsure, please read "referring to the last time you used prescription pain medication not available over the counter and not prescribed for you."

Please read:
    1   Given to you
    2   Purchased
    3   Took it without person's knowledge or permission
    4   Other
    7   Don't know/not sure
    9   Refused

Florida State-Added 14: Call Back Permission

FL14Q01   May we call you back at a later time to ask you additional questions about important
                  health topics?

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

Florida State-Added 15: Cross-Streets

ASKED OF FLORIDA RESINDENT ONLY (STATERES=1)

<mark>*(FL BRFSS 2017, STATE-ADDED 7)*</mark>

FL15Q01.   In order to help us learn more about environmental factors in your area, we would like to
                 know what the nearest intersection, or corner, to your home is. For example, you might
                 live closest to the intersection of Main Street and Orange Lane. This information will only
                 be used to group your responses with others from your neighborhood. Your identity and
                 privacy are protected. Please name the two nearest cross-streets (intersection).
                 **(Interviewer Note: Be sure to confirm street spelling and directionals (N, S, E, W,
                 NW, NE, SW, SE)**

                 ENTER FIRST STREET NAME: _____

                 ENTER SECOND STREET NAME: _____

            7   Don't know/Not sure
            9   Refused

County Added Questions

MA. Martin County

CATI note: IF COUNTY=MARTIN (CTYCODE=85), else skip to closing statement.

<mark>*(2016 FL BRFSS, STATE ADDED 10, FL10Q04)*</mark>
MA01Q01.   How often do you or anyone in your household check around your house and remove
                  standing water?

            Please read:

            1   Daily
            2   More than once a week
            3   Once or twice a month
            4   Never

            Do not read

            7   Don't know/Not Sure
            9   Refused

MA01Q02   Has your well water been tested in the past 12 months?

1   Not applicable, have public water service
2   Yes
3   No
7   Don't know/not sure
9   Refused

MA01Q03.   When was the last time your septic tank was cleaned or pumped?

1   Not applicable, have public sewer service
2   Within the last 3 years
3   Within the last 3 to 5 years
4   Over 5 years ago
5   Never

Do not read:

7   Don't know / Not sure
9   Refused

MA01Q04.   After handling raw meat or chicken in the kitchen, which one of the following best describes what you usually do next?

Please read:

1   Continue cooking
2   Rinse and/or wipe your hands, then continue cooking
3   Wash your hands with soap and water, then continue cooking
4   You don't handle uncooked meat or chicken

Do not read:

7   Don't know / Not sure
9   Refused

MA01Q05.   Do you eat one hot meal per day, or how often per week? Would you say…?

Please read:

1   Yes, I eat at least one hot meal per day
2   No, but I eat 4-6 hot meals per week
3   No, but I eat 1-3 hot meals per week
4   No, I eat less than 1 hot meal per week

Do not read:

7   Don't know / Not sure
9   Refused

IR: Indian River County

CATI note: IF COUNTY=INDIAN RIVER (CTYCODE=61), else skip to closing statement.

IR01Q01   I am now going to ask about your non-medical use of drugs. Non-medical use means using drugs not prescribed by a doctor or used to get high or for curiosity. I will be referring to cocaine including crack, heroin or drugs like heroin, such as codeine or Demerol marijuana also referred to as pot methamphetamine also known as meth crank or ice hallucinogens, inhalants, prescription painkillers, stimulants, and sedatives. Remember all information on this survey is strictly confidential. Have you ever used any of the drugs I just mentioned?

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

IR01Q02   In the last 12 months were you ever hungry but didn't eat because you couldn't afford enough food?

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

IR01Q03.   How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage?

Please read:

     1   Always
     2   Usually
     3   Sometimes
     4   Rarely
     5   Never

Do not read:

     7   Don't know / Not sure
     9   Refused

CATI NOTE: If CHILDREN = 88, or 99 (No children under age 18 in the household, or Refused), go to closing statement

CATI NOTE: IF CHILDREN>0 and Core CHILDREN not equal 88 or 99, I have some additional questions about the one specific child we discussed earlier. Once again, 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. [GO TO IR01Q04]

IR01Q04   Does the [Xth child] have any kind of emotional, developmental, or behavioral problem for which [he/she **[CATI: USE FILL IN OF HE/SHE BASED ON RCSGENDR response**] needs treatment or counseling?

<u>**INTERVIEWER NOTE:**</u> READ IF NECESSARY: These are remedies, therapy, or guidance a child may receive for his/her emotional, developmental, or behavioral problem.

    1   Yes
    2   No   **[GO TO CLOSING STATEMENT]**
    7   Don't know/not sure   **[GO TO CLOSING STATEMENT]**
    9   Refused   **[GO TO CLOSING STATEMENT]**

IR01Q05   Has [he/she **[CATI: USE FILL IN OF HIS/HER BASED ON RCSGENDR response**] emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?

<u>**INTERVIEWER NOTE:**</u> IF THE CONDITION, NEED, OR PROBLEM LASTS FOR SHORT PERIODS OF TIME BUT IS EXPECTED TO KEEP COMING BACK FOR 12 MONTHS OR LONGER, THE ANSWER SHOULD BE "YES."

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

PB: Palm Beach County

CATI note: IF COUNTY=PALM BEACH (CTYCODE=99), else skip to closing statement.

PB01Q01   Do you know of, or know where to find information on, mental health and/or suicide prevention in your county?

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

PB01Q02   To what degree would you agree or disagree with the following statement: "It is easy to purchase healthy foods in my neighborhood such as whole grain foods, low fat options, and fruits and vegetables." Would you say you:

Please read:

1   Strongly agree
2   Agree
4   Neither agree nor disagree (neutral)
5   Disagree
6   Strongly disagree

Do not read:

7   Don't know/not sure
9   Refused

PB01Q03.   How often is transportation a problem for you in getting health care? Would you say:

Please read:

1   Always
2   Usually
3   Sometimes
4   Rarely
5   Never

Do not read:

7   Don't know / Not sure
9   Refused

CATI NOTE: Continue with PB01Q04 only if COUNTY=PALM BEACH & CHLDAGE2<4. If not, go to closing statement.

PB01Q04   During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about breastfeeding?

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

BRFSS

GH: Glades and Hendry Counties

CATI note: IF COUNTY=GLADES OR HENDRY (CTYCODE=43 OR 51), continue, else skip to closing statement.

CATI NOTE: Continue with GH01Q01 & GH01Q02 only if COUNTY=GLADES or HENDRY & CHLDAGE2<4. If not, go to GH01Q03.

GH01Q01   In which one position do you most often lay your baby down to sleep now?

    1   On his or her side
    2   On his or her back
    3   On his or her stomach
    7   Don't know/not sure
    9   Refused

GH01Q02   How often does your new baby sleep in the same bed with you or anyone else?

Please read:

    1   Always
    2   Nearly always
    3   Sometimes
    4   Seldom
    5   Never

Do not read:

    7   Don't know / Not sure
    9   Refused

CATI NOTE: Continue with GH01Q03 only if COUNTY=GLADES or HENDRY & CHILDREN>0. If not, go to GH01Q04

GH01Q03   When you are driving how often do children passengers under age 18 riding in the car use seatbelts or child safety seats?

Please read:

    1   Always

2 Nearly always
3 Sometimes
4 Seldom
5 Never

Do not read:

7 Don't know / Not sure
9 Refused

GH01Q04 In enclosed vehicles that you or other individuals who live with you own or lease, is smoking…

Please read:
1 Always allowed in all vehicles
2 Sometimes allowed in at least one vehicle
3 Never allowed in any vehicle

Do not read:
6 Family does not have a vehicle smoking policy
8 Respondent's family does not own or lease a vehicle
7 Don't know/Not sure
9 Refused

GH01Q05 Do you believe it is ever ok to leave a child unattended in a vehicle?

1 Yes
2 No
3 Sometimes
7 Don't know/not sure
9 Refused

OR: Orange County

CATI note: IF COUNTY=ORANGE (CTYCODE=95), else skip to closing statement

OR01Q01. Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things. Would you say this happens…

Please read:

1 Never
2 For several days
3 For more than half the days or
4 Nearly every day

Do not read:

7   Don't know / Not sure
9   Refused

OR01Q02.   Over the last 2 weeks, how often have you been bothered by feeling down, depressed or hopeless? Would you say this happens…

Please read:

1   Never
2   For several days
3   For more than half the days or
4   Nearly every day

Do not read:

7   Don't know / Not sure
9   Refused

OR01Q03.   Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge? Would you say this happens…

Please read:

1   Never
2   For several days
3   For more than half the days or
4   Nearly every day

Do not read:

7   Don't know / Not sure
9   Refused

OR01Q04.   Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying? Would you say this happens…

Please read:

1   Never
2   For several days
3   For more than half the days or
4   Nearly every day

Do not read:

7   Don't know / Not sure
9   Refused

BRFSS™

Asthma Call-Back Permission Script

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, SELECT CHILD;.
ALL RESPONDENTS SELECTED FOR THE ADULT OR CHILD ASTHMA INTERVIEW CONTINUE

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 **[Florida]**. Again your answers are completely confidential and used only for statistical purposes.

    If you don't have any questions we can get started now.

    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 [IF CALLBACK=1 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 [IF CALLBACK=1 display "*so we know who to ask for when we call back*"]?**

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

BRFSSTAT (BRFSCOMP) = 1

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**

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 **Florida.** Thank you very much for your time and cooperation.

BRFSS/ASTHMA SURVEY
ADULT & CHILD QUESTIONNAIRE - 2017
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
<u>BLANK</u>. 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 <mark>Florida Department of Health</mark> 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 child selected: about //child's name//].

IF CONTINUATION SKIP TO Q1.1
IF FRAME=2 (CELL PHONE) ASK SAFE, IF FRAME=1 SKIP TO Q1.1
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

IF PATIENT TYPE=1 ADULT ASK 1.2, IF PATIENT TYPE=2 CHILD ASK C1.2
1.2 May I speak with {ADULT name}?

1. Yes (go to 1.4 when sample person comes to phone)
2. No, not available now
        If not available set time for return call in 1.3
3. No, not at this number (GET NEW NUMBER)

IF PATIENT TYPE=1 ADULT ASK 1.2, IF PATIENT TYPE=2 CHILD ASK C1.2
C1.2   May I speak with {ADULT name}?

	1.	Yes (go to 1.4 when sample person comes to phone)	
	2.	Person not available now If not available set time for return call in 1.3	
(7)		DON'T KNOW/NOT SURE	GO TO ZIKA CALL BACK PERMISSION SCRIPT
(9)		REFUSED	GO TO ZIKA CALL BACK PERMISSION SCRIPT

1.3 Enter time/date for return call _____

1.4 Hello, my name is _____. I'm calling on behalf of the <mark>Florida Department of Health</mark> 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.

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

1.5 READ: [IF CALLBACK=1 display During a recent phone interview] you gave us permission 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 ZIKA CALL BACK PERMISSION SCRIPT]
    (9) REFUSED [GO TO ZIKA CALL BACK PERMISSION SCRIPT]

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?**

    (1) Alternate's Name:_____
    (7) DON'T KNOW/NOT SURE [SET TIME FOR RETURN CALL]
    (9) REFUSED [SET TIME FOR RETURN CALL]

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 Florida Department of Health and the Centers for Disease Control and Prevention about an asthma study we are doing in Florida. 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]

1.6   Hello, my name is _____. I'm calling on behalf of the <mark>Florida Department of Health</mark> 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 <mark>Florida Department of Health</mark> 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]

INFORMED CONSENT

[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."]

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.

ADULT CONSENT
IF PATIENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO CHILD CONSENT

[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)]**

[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**

(7) DON'T KNOW/NOT SURE **GO TO REPEAT**
(9) REFUSED   **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**

(7) DON'T KNOW/NOT SURE **GO TO REPEAT**
(9) REFUSED   **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
    1. Correct person is available and can come to phone **[return to**

question 1.1]
2. Correct person is not available [return to question 1.3 to set call date/time]
3. 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 ZIKA CALL BACK PERMISSION SCRIPT]**

(7) DON'T KNOW **[GO TO ZIKA CALL BACK PERMISSION SCRIPT]**
(9) REFUSED **[GO TO ZIKA CALL BACK PERMISSION SCRIPT]**

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 [IF CALLBACK=1 display: 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 prior survey?
        (1) YES **(Skip to Section 3)**
        (2) NO (GO TO ZIKA CALL BACK PERMISSION SCRIPT)

        (7) DON'T KNOW (GO TO ZIKA CALL BACK PERMISSION SCRIPT)
        (9) REFUSED **(GO TO ZIKA CALL BACK PERMISSION SCRIPT)**

TERMINATE:
Upon survey termination, READ:

Those are all the questions I have. I'd like to thank you on behalf of the Florida Department of Health 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 877-551-6138. Thanks again. Goodbye

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

Qualified Level 4

Section 3. Recent History

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 a 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 WERE NOT THE INTENT]

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

<div style="background-color:yellow; text-align:center; font-weight:bold">Section 5. Health Care Utilization</div>

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- C5.4]**

(7) DON'T KNOW   **[SKIP TO PRE- C5.4]**
(9) REFUSED   **[SKIP TO PRE- C5.4]**

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

During the past 12 months, that is since [1 YEAR AGO TODAY], [have you / 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

Section 6. Knowledge of Asthma/Management Plan

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.

BRFSS™

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

BRFSS

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 take / he/she takes] each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

It will help to get [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'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]**

[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

BRFSS

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	Theophyllin	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 prescription 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) REPORTED IN NEB_ID, BUT NOT FOR 66 (OTHER).]

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

Section 10A. Work Related Asthma

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) OR
WORKENV8 (10.7) = 1 (YES)
OTHERWISE SKIP TO WORKTALK (10.9)]

BRFSS

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)   KINDERGARTEN
__ __   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

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?

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

Section 12. Complimentary and Alternative Therapy

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

BRFSS

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 <u>in the past 12 months</u>. 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_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 Section 13]**

(7) DON'T KNOW   **[SKIP TO Section 13]**
(9) REFUSED   **[SKIP TO Section 13]**

CAM_TEXT (12.13)   What else [have you / has he/she] used?

    (1)   **[100 ALPHANUMERIC CHARACTER LIMIT]**

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

    (7)   DON'T KNOW
    (9)   REFUSED

<table>
<tr><td>Section 13. Additional Child Demographics</td></tr>
</table>

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]

(INTERVIEWER: IF NEEDED: ASK THE RESPONDENT TO GIVE THEIR BEST GUESS.)

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

[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

BRFSS™

SURVEY THANK AND END

CWEND   **Those are all the questions I have. I'd like to thank you on behalf of the Florida 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 877-551-6138. Thanks again.**

Qualified Level 6

BRFSS™

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 dī' **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'**t**ə-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

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 "**Florida"**, 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