



**2020**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**FLORIDA**

*English & Spanish (state-added only)*

**January 21, 2020**

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## OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p><b>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).</b></p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021</p> <p>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 <a href="mailto:ivk7@cdc.gov">ivk7@cdc.gov</a>.</p>
	<p>HELLO, I am calling for the Florida Department of Health. My name is (name). We are gathering information about the health of US 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.</p>	

## Landline Introduction

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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**(DO NOT  
READ  
UNLESS  
OTHERWISE  
NOTED)**

<b>LL01.</b>	Is this [PHONE NUMBER]?	CTELENM1	1 Yes	Go to PVTRES D1		63
			2 No	TERMINATE	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.	
<b>LL02.</b>	Is this a private residence?	PVTRES D1	1 Yes	Go to STATERE1	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: 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.	64
			2 No	Go to COLGHOUS	If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which are also used for personal	

					communication are eligible.	
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE	
<b>LL03.</b>	Do you live in college housing?	COLGHOUS	1 Yes	Go to STATERE1	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	65
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
<b>LL04.</b>	Do you currently live in__Florida__?	STATERE1	1 Yes	Go to CELPHONE		66
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in Florida at this time.	
<b>LL05.</b>	Is this a cell phone?	CELPHONE	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences or	67

					college housing at this time.	
			2 Not a cell phone	Go to LADULT1	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?	LADULT1	1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		68
			2 No	IF COLLEGE HOUSING = "YES," Terminate; OTHERWISE GO TO ADULT RANDOM SELECTION]	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1.		69
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	

<b>LL08.</b>	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	1	Go to LANDSEX	Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household?	70-71
			2-6 or more	Go to NUMMEN		
<b>LL09.</b>	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		72
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
<b>LL10.</b>	How many of these adults are men?	NUMMEN	__ Number 77 Don't know/ Not sure 99 Refused			73-74
<b>LL11.</b>	So the number of women in the household is [X]. Is that correct?	NUMWOME N			Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female].	75-76
<b>LL12</b>	The person in your household that I need to	RESPSLCT	1 Male 2 Female	If person indicates that they are not		77



	<p>speak with is [Oldest/Youngest / Middle//Male /Female]. Are you the [Oldest/Youngest / Middle//Male /Female] in this household?</p>			<p>the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming )</p>		
			<p>7 Don't know/Not sure 9 Refused</p>	<p>TERMINATE</p>	<p>Thank you for your time, your number may be selected for another survey in the future.</p>	
<p><b>Transition to Section 1.</b></p>			<p>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</p>		<p>Do not read: Introductory text may be reread when selected respondent is reached.</p> <p>Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.</p>	

			866-779-6122.			
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## Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?	SAFETIME	1 Yes	Go to CTELNUM1		78
			2 No	[[set appointment if possible]] TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CELLSEX		79
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT1		80
			2 No	TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
CP04.	Are you 18 years of age or older?	CADULT1	1 Yes			81
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
CP05.	Are you male or female?	CELLSEX	1 Male 2 Female			82
			7 Don't Know/ Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be	

					selected for another survey in the future.	
<b>CP06.</b>	Do you live in a private residence?	PVTRES3	1 Yes	Go to CSTATE1	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: 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.	83
			2 No	Go to CCLGHOUS		
<b>CP07.</b>	Do you live in college housing?	CCLGHOUS	1 Yes	Go to CSTATE1	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	84
			2 No	TERMINATE	Read: Thank you very	

					much, but we are only interviewing persons who live in private residences or college housing at this time.	
<b>CP08.</b>	Do you currently live in ___Florida___?	CSTATE1	1 Yes	Go to LANDLINE		85
			2 No	Go to RSPSTAT1		
<b>CP09.</b>	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York			86-87

			37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
<b>CP10.</b>	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read 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	88

					business and personal use.	
<b>CP11.</b>	How many members of your household, including yourself, are 18 years of age or older?	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CCLGHOUS = yes then number of adults is automatically set to 1		89-90
<b>Transition to section 1.</b>			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			

## Core Section 1: Health Status

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHS.01	Would you say that in general your health is—	GENHLTH	Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			101

## Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHD.01</b>	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?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			102-103
<b>CHD.02</b>	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?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			104-105
				Skip POORHLTH if, PHYSHLTH is 88 and MENTHLTH, is 88		
<b>CHD.03</b>	During the past 30 days, for about how many days did poor physical or mental health keep you from doing	POORHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			106-107



	your usual activities, such as self-care, work, or recreation?					
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### Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHCA.01</b>	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?	HLTHPLN1	1 Yes	ASK MEDICARE if STATERES=1		108
			2 No 7 Don't know/Not Sure 9 Refused	GO TO PERSDOC2		

FL State-Added 7: Healthcare Access (First question 2017, second question is 2019 Module 14)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
FL07Q01	Do you have Medicare?  ¿Tiene Medicare?	FL07Q01	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Only asked if respondent is a Florida state resident (stateres=1) and hlthpln=1. If not, go to next section.		930
FL07Q02	What is the primary source of your health care coverage? Is it...  ¿Cuál es su PRINCIPAL seguro de cobertura médica? Es ...	FL07Q02	01 A plan purchased through an employer or union (including 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			931-932

			<p>TRICARE (formerly CHAMPUS), VA, or Military</p> <p>06 Alaska Native, Indian Health Service, Tribal Health Services</p> <p>Or</p> <p>07 Some other source</p> <p>08 None (no coverage)</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p> <p>01 Un plan adquirido a través de un empleador o sindicato (incluidos los planes adquiridos a través del empleador de otra persona)</p> <p>02 Un plan que usted u otro miembro de su familia paga por su cuenta</p> <p>03 Medicare</p> <p>04 Medicaid u otro programa estatal</p> <p>05 TRICARE (antiguamente llamado CHAMPUS), VA, o el plan de las Fuerzas Armadas</p>			
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			06 Servicios para los nativos de Alaska, Servicio de Salud Indígena (Indian Health Service), servicios de salud tribales U 07 Otra fuente de cobertura o 08 Ninguno (no tiene cobertura médica)			
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Core Section 3: Health Care Access (continued)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHCA.02</b>	Do you have one person you think of as your personal doctor or health care provider?	PERSDOC2	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If No, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?	109
<b>CHCA.03</b>	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	MEDCOST	1 Yes 2 No 7 Don't know / Not sure 9 Refused			110
<b>CHCA.04</b>	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	111

			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			
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### Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CEX.01</b>	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?	EXERANY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	112

## Core Section 5: Inadequate Sleep

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIS.01	On average, how many hours of sleep do you get in a 24-hour period?	SLEPTIM1	__ Number of hours [01-24] 77 Don't know / Not sure 99 Refused		Do not read: 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.	113-114

## FL State-Added 5: Hypertension (2019, Section 4)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
FL05Q01	Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?  ¿ALGUNA VEZ un médico, una enfermera u otro profesional de la salud le dijo que tenía presión arterial alta o hipertensión?	BPHIGH3	1 Yes  2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive 7 Don't know / Not sure 9 Refused  1 Sí 2 Sí, pero la encuestada dijo que solo	Go to next section	If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"  "¿Esto fue únicamente durante su embarazo?"  Read only if necessary: By other health professional we mean nurse practitioner, a physician assistant, or some other	925

			durante el embarazo 3 No 4 Le dijeron que estaba en el límite de tener presión arterial alta o prehipertensión		licensed health professional.  Por "otro profesional de la salud" nos referimos a una enfermera especializada, un auxiliar médico o algún otro profesional de la salud con licencia para ejercer.	
FL05Q02	Are you currently taking prescription medicine for your high blood pressure?  ¿Toma actualmente algún medicamento para controlar la presión arterial alta?	BPMEDS	1 Yes 2 No 7 Don't know / Not sure 9 Refused			926

### FL State-Added 6: Cholesterol Awareness (2019, section 5)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>FL06Q01</b>	About how long has it been since you last had your	5_1	Read only if necessary:  1 Never	If response = 1, 9.  GOTO Next section.	Blood cholesterol is a fatty substance	927



	<p>blood cholesterol checked?</p> <p>El colesterol sanguíneo es una sustancia grasa que se encuentra en la sangre. ¿Cuánto hace aproximadamente que le hicieron su último análisis de colesterol en la sangre?</p>		<p>2 Within the past year (anytime less than 12 months ago)</p> <p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 Within the past 3 years (2 years but less than 3 years ago)</p> <p>5 Within the past 4 years (3 years but less than 4 years ago)</p> <p>6 Within the past 5 years (4 years but less than 5 years ago)</p> <p>8 5 or more years ago</p> <p>7 Don't know/ Not sure</p> <p>9 Refused</p>		<p>found in the blood.</p>	
<b>FL06Q02</b>	<p>Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?</p>	TOLDHI2	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	<p>If response = 2, 7, 9 GO TO next section.</p>	<p>By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.</p>	928

	¿ALGUNA VEZ le ha dicho un médico, una enfermera u otro profesional de la salud que su nivel de colesterol en la sangre es alto?				Por "otro profesional de la salud" nos referimos a un enfermero especializado, un asociado médico o algún otro profesional de la salud con licencia para ejercer.	
<b>FL06Q03</b>	Are you currently taking medicine prescribed by your doctor for your blood cholesterol?  ¿Está tomando en la actualidad medicamentos recetados por un médico para controlar el colesterol en la sangre?	5_3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			929

## Core Section 6: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CCHC.01</b>	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. Ever told) you that you had a heart attack also called a myocardial infarction?	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			115
<b>CCHC.02</b>	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			116
<b>CCHC.03</b>	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			117
<b>CCHC.04</b>	(Ever told) (you had) asthma?	ASTHMA3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to ASTHNOW		118
<b>CCHC.05</b>	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			119

<b>CCHC.06</b>	(Ever told) (you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			120
<b>CCHC.07</b>	(Ever told) (you had) any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			121
<b>CCHC.08</b>	(Ever told) (you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?	CHCCOPD2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			122
<b>CCHC.09</b>	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, 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,	123

					polyarteritis nodosa)	
<b>CCHC.10</b>	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			124
<b>CCHC.11</b>	Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?	CHCKDNY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	125
<b>CCHC.12</b>	(Ever told) (you had) diabetes?	DIABETE4	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	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.	If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	126

## Module 1: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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UNLESS OTHERWISE NOTED)						
				Skip if DIABETE4 is coded 1		
<b>MPDB.01</b>	Have you had a test for high blood sugar or diabetes within the past three years?	PDIABTST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			264
				Skip PREDIAB1 if DIABETE4 is coded 1; If DIABETE4 is coded 4 automatically code PREDIAB1, equal to 1 (yes);		
<b>MPDB.02</b>	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes and respondent is female, ask: Was this only when you were pregnant?	265

Core Section 6: Chronic Health Conditions (continued)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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<b>CCHC.13</b>	How old were you when you were told you have diabetes?	DIABAGE3	__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		127-128
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## Module 2: Diabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				To be asked following Core DIABAGE3 if response to DIABETE3 is Yes (code = 1) and STATERES=1 (Florida resident)		
<b>MDIA.01</b>	Are you now taking insulin?	INSULIN1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			266
<b>MDIA.02</b>	About how often do you check your blood for glucose or sugar?	BLDSUGAR	1 __ __ Times per day 2 __ __ Times per week 3 __ __ Times per month  4 __ __ Times per year  888 Never		Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional.  Do not read: If the respondent uses a continuous glucose monitoring	267-269

			777 Don't know / Not sure 999 Refused		system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'	
<b>MDIA.03</b>	Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?	FEETCHK3	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month  4 _ _ Times per year 555 No feet  888 Never  777 Don't know / Not sure 999 Refused			270-272
<b>MDIA.04</b>	About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?	DOCTDIAB	_ _ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			273-274
<b>MDIA.05</b>	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	CHKHEMO3	_ _ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	275-276



				If FEETCHK3 = 555 (No feet), go to EYEEXAM1		
<b>MDIA.06</b>	About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?	FEETCHK	__ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			277-278
<b>MDIA.07</b>	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEEXAM1	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			279
<b>MDIA.08</b>	Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	DIABEYE	1 Yes 2 No 7 Don't know/ not sure 9 Refused			280

<b>MDIA.09</b>	Have you ever taken a course or class in how to manage your diabetes yourself?	DIABEDU	1 Yes 2 No 7 Don't know/ not sure 9 Refused			281
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## Core Section 7: Oral Health

<b>Question Number</b>	<b>Question text</b>	<b>Variable names</b>	<b>Responses (DO NOT READ UNLESS OTHERWISE NOTED)</b>	<b>SKIP INFO/ CATI Note</b>	<b>Interviewer Note (s)</b>	<b>Column(s)</b>
<b>COH.01</b>	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?	LASTDEN4	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			129
<b>COH.02</b>	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been	RMVTETH4	Read if necessary: 1 1 to 5 2 6 or more but not all 3 All 8 None		Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included	130

	removed because of tooth decay or gum disease?		Do not read: 7 Don't know / Not sure 9 Refused		in the count for lost teeth.	
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## Core Section 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDEM.01</b>	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			131-132
<b>CDEM.02</b>	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	133-136
<b>CDEM.03</b>	Which one or more of the following would you say is your race?	MRACE1	Please read: 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 Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused	If more than one response to MRACE1; continue. Otherwise, go to MARTIAL.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	137-164
<b>CDEM.04</b>	Which one of these	ORACE3	Please read: 10 White		If 40 (Asian) or 50 (Pacific Islander) is	165-166

	groups would you say best represent your race?		<p>20 Black or African American</p> <p>30 American Indian or Alaska Native</p> <p>40 Asian</p> <p>41 Asian Indian</p> <p>42 Chinese</p> <p>43 Filipino</p> <p>44 Japanese</p> <p>45 Korean</p> <p>46 Vietnamese</p> <p>47 Other Asian</p> <p>50 Pacific Islander</p> <p>51 Native Hawaiian</p> <p>52 Guamanian or Chamorro</p> <p>53 Samoan</p> <p>54 Other Pacific Islander</p> <p>Do not read:</p> <p>60 Other</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>		<p>selected read and code subcategories underneath major heading.</p> <p>If respondent has selected multiple races in previous and refuses to select a single race, code refused</p>	
				If using Sex at Birth Module, insert here		
<b>CDEM.05</b>	Are you...	MARITAL	<p>Please read:</p> <p>1 Married</p> <p>2 Divorced</p> <p>3 Widowed</p> <p>4 Separated</p> <p>5 Never married</p> <p>Or</p> <p>6 A member of an unmarried couple</p> <p>Do not read:</p> <p>9 Refused</p>			167
<b>CDEM.06</b>	What is the highest grade or year of school you completed?	EDUCA	<p>Read if necessary:</p> <p>1 Never attended school or only attended kindergarten</p> <p>2 Grades 1 through 8 (Elementary)</p> <p>3 Grades 9 through 11 (Some high school)</p> <p>4 Grade 12 or GED (High school graduate)</p>			168

			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			
<b>CDEM.07</b>	Do you own or rent your home?	RENTHOM1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	169
<b>CDEM.08</b>	In what county do you currently live?	CTYCODE2	_ _ _ANSI County Code 777 Don't know / Not sure 999 Refused			170-172
<b>CDEM.09</b>	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			173-177

				If cell interview go to CPDEMO1 B		
<b>CDEM.10</b>	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?	NUMHHOL3	1 Yes			178
			2 No 7 Don't know / Not sure 9 Refused	Go to CPDEMO1 B		
<b>CDEM.11</b>	How many of these telephone numbers are residential numbers?	NUMPHON3	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			179
<b>CDEM.12</b>	How many cell phones do you have for personal use?	CPDEMO1B	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	180
<b>CDEM.13</b>	Have you ever served on active duty in the United	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves	181

	States Armed Forces, either in the regular military or in a National Guard or military reserve unit?				or National Guard, but DOES include activation, for example, for the Persian Gulf War.	
<b>CDEM.14</b>	Are you currently ...?	EMPLOY1	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		If more than one, say "select the category which best describes you".	182

## Module 18: Industry and Occupation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If EMPLOY1 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue. If EMPLOY1 = 4 (Out of work for less than 1 year) ask, "What kind of work did you		



				do? For example, registered nurse, janitor, cashier, auto mechanic.” Also, stateres=1 to continue. Else go to next module		
<b>MIO.01</b>	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____ Record answer 99 Refused		If respondent is unclear, ask: What is your job title?  If respondent has more than one job ask: What is your main job?	350-449
<b>MIO.02</b>	What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant	TYPEINDS	_____ Record answer 99 Refused	If EMPLOY1 = 4 (Out of work for less than 1 year) ask, “What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.”		450-549

Core Section 8: Demographics (continued)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDEM.15</b>	How many children less than 18 years of age live in your	CHILDREN	_ _ Number of children 88 None 99 Refused			183-184

	household?					
<b>CDEM.16</b>	Is your annual household income from all sources—	INCOME2	<p>Read if necessary:</p> <p>04 Less than \$25,000 If no, ask 05; if yes, ask 03 (\$20,000 to less than \$25,000)</p> <p>03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000)</p> <p>02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than \$15,000)</p> <p>01 Less than \$10,000 If no, code 02</p> <p>05 Less than \$35,000 If no, ask</p> <p>06 (\$25,000 to less than \$35,000)</p> <p>06 Less than \$50,000 If no, ask</p> <p>07 (\$35,000 to less than \$50,000)</p> <p>07 Less than \$75,000 If no, code 08 (\$50,000 to less than \$75,000)</p> <p>08 \$75,000 or more</p> <p>Do not read:</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>		If respondent refuses at ANY income level, code '99' (Refused)	185-186
<b>CDEM.17</b>	To your knowledge, are you now pregnant?	PREGNANT	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	If SEX=1, go to WEIGHT2, if female respondent is 50 years old or older, go to WEIGHT2]		187
<b>CDEM.18</b>	About how much do you weigh without shoes?	WEIGHT2	<p>_ _ _ _ Weight (pounds/kilograms)</p> <p>7777 Don't know / Not sure</p> <p>9999 Refused</p>		If respondent answers in metrics, put 9 in first column. Round fractions up	188-191

<b>CDEM.19</b>	About how tall are you without shoes?	HEIGHT3	_ _ / _ _ Height (ft / inches/meters/centimeters ) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	192-195

## Core Section 9: Disability

<b>Question Number</b>	<b>Question text</b>	<b>Variable names</b>	<b>Responses (DO NOT READ UNLESS OTHERWISE NOTED)</b>	<b>SKIP INFO/ CATI Note</b>	<b>Interviewer Note (s)</b>	<b>Column(s)</b>
<b>CDIS.01</b>	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			196
<b>CDIS.02</b>	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			197
<b>CDIS.03</b>	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			198
<b>CDIS.04</b>	Do you have serious difficulty	DIFFWALK	1 Yes 2 No			199

	walking or climbing stairs?		7 Don't know / Not sure 9 Refused			
<b>CDIS.05</b>	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			200
<b>CDIS.06</b>	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			201

## Core Section 10: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CTOB.01</b>	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, JUUL, Vuse, Suorin, MarkTen, and blu. njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes	202
			2 No 7 Don't know/Not Sure 9 Refused	Go to USENOW3		

<b>CTOB.02</b>	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day			203
			2 Some days			
			3 Not at all	Go to LASTSMK2		
			7 Don't know / Not sure	Go to USENOW3		
			9 Refused			
<b>CTOB.03</b>	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Go to USENOW3	204
<b>CTOB.04</b>	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	Read 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)			205-206

			07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused			
<b>CTOB.05</b>	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	207

## Core Section 11: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CALC.01	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?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days		Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	208-210
			888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section		
CALC.02	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?	AVEDRNK3	__ Number of drinks 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	211-212
CALC.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women		213-214
CALC.04	During the past 30 days, what is the largest number of	MAXDRNKS	__ Number of drinks			215-216

	drinks you had on any occasion?		77 Don't know / Not sure 99 Refused			
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## Core Section 12: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CIMM.01</b>	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	FLUSHOT7	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to SHINGLE2	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.	217
<b>CIMM.02</b>	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	FLSHTMY3	___ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			218-223
				If age <50 GOTO PNEUVAC4.		
<b>CIMM.03</b>	Have you ever had the shingles or zoster vaccine?	SHINGLE2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.	224



<b>CIMM.04</b>	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	225
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## Core Section 13: Falls

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip Section if AGE, coded 18-44		
<b>CFAL.01</b>	In the past 12 months, how many times have you fallen?	FALL12MN	__ Number of times 88 None 77 Don't know / Not sure 99 Refused	Go to Next Section	Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.	226-227
<b>CFAL.02</b>	How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?	FALLINJ4	__ Number of falls [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			228-229

Core Section 14: Seat Belt Use and Drinking and Driving

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CSBD.01	How often do you use seat belts when you drive or ride in a car? Would you say—	SEATBELT	Read: 1 Always 2 Nearly always 3 Sometimes 4 Seldom 5 Never Do not read: 7 Don't know / Not sure			230
			8 Never drive or ride in a car	Go to next section		
			9 Refused			
				If ALCDAY5 = 888 (No drinks in the past 30 days); go to next section.		
CSBD.02	During the past 30 days, how many times have you driven when you've had perhaps too much to drink?	DRNKDRI2	__ Number of times 88 None 77 Don't know / Not sure 99 Refused			231-232

Core Section 15: Breast and Cervical Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip section if male.		
<b>CBCC.01</b>	The next questions are about breast and cervical cancer. Have you ever had a mammogram?	HADMAM	1 Yes		A mammogram is an x-ray of each breast to look for breast cancer.	233
			2 No 7 Don't know/ not sure 9 Refused	Go to HADPAP2		
<b>CBCC.02</b>	How long has it been since you had your last mammogram?	HOWLONG	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			234

<b>CBCC.03</b>	Have you ever had a Pap test?	HADPAP2	1 Yes	Go to HPVTEST	A Pap test is a test for cancer of the cervix.	235
			2 No 7 Don't know / Not sure 9 Refused			
<b>CBCC.04</b>	How long has it been since you had your last Pap test?	LASTPAP2	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			236
<b>CBCC.05</b>	An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?	HPVTEST	1 Yes	Go to HADHYST2	Human papillomavirus (pap-uh-loh-muh virus)	237
			2 No 7 Don't know / Not sure 9 Refused			

<b>CBCC.06</b>	How long has it been since you had your last H.P.V. test?	HPLSTTST	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			238
<b>CBCC.07</b>	Have you had a hysterectomy?	HADHYST2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If response to Core CDEM.17 = 1 (is pregnant); then go to next section.	Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	239

### Core Section 16: Prostate Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If respondent is ≤39 years of age, or female, go to next section.		

<b>CPCS.01</b>	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?	PCPSAAD3	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.	240
<b>CPCS.02</b>	Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?	PCPSADI1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			241
<b>CPCS.03</b>	Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?	PCPSARE1	1 Yes 2 No  7 Don't know / Not sure 9 Refused			242
<b>CPCS.04</b>	Have you ever had a P.S.A. test?	PSATEST1	1 Yes  2 No  7 Don't know / Not sure 9 Refused	Go to next section		243
<b>CPCS.05</b>	How long has it been since you had your last P.S.A. test?	PSATIME	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)			244

			<p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
<b>CPCS.06</b>	What was the main reason you had this P.S.A. test – was it ...?	PCPSARS1	<p>Read:</p> <p>1 Part of a routine exam</p> <p>2 Because of a prostate problem</p> <p>3 Because of a family history of prostate cancer</p> <p>4 Because you were told you had prostate cancer</p> <p>5 Some other reason</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			245



## Core Section 17: Colorectal Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				CATI note: If respondent is < 45 years of age, go to next section.		
<b>Prologue</b>	The next questions are about the five different types of tests for colorectal cancer screening.					
<b>CRC.01</b>	A colonoscopy checks the entire colon. 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. Have you ever had a colonoscopy?	COLNSCPY	1 Yes		Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach.	246
			2 No 7 Don't know / Not sure 9 Refused	Go to SIGMSCPY		
<b>CRC.02</b>	How long has it been since you had this test?	COLNTEST	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)			247

			<p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
<b>CRC.03</b>	A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?	SIGMSCPY	1 Yes			248
			<p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	Go to BLDSTOL1		
<b>CRC.04</b>	How long has it been since you had this test?	SIGMTEST	<p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 s ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			249

<b>CRC.05</b>	Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?	BLDSTOL1	1 Yes		This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.	250
			2 No 7 Don't know / Not sure 9 Refused	Go to STOOLDNA		
<b>CRC.06</b>	How long has it been since you had this test?	LSTBLDS4	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 Do not read:			251

			7 Don't know / Not sure 9 Refused			
<b>CRC.07</b>	Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?	STOOLDNA	1 Yes		This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.	252
			2 No 7 Don't know / Not sure 9 Refused	Go to VIRCOLON		
<b>CRC.08</b>	How long has it been since you had this test?	SDNATEST	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 Do not read: 7 Don't know / Not sure 9 Refused			253
<b>CRC.09</b>	For a virtual colonoscopy, your colon is filled with air and you are moved through a donut	VIRCOLON	1 Yes		Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.	254

	shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?		2 No 7 Don't know / Not sure 9 Refused	Go to next section		
<b>CRC.10</b>	How long has it been since you had this test?	VCLNTEST	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 Do not read: 7 Don't know / Not sure 9 Refused			255

Core Section 18: H.I.V./AIDS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHIV.01	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?	HIVTST6	1 Yes		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.	256
			2 No 7 Don't know/ not sure 9 Refused	Go to HIVRISK5		
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: 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.	257-262
CHIV.03	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.  <b>You have injected any drug other than those prescribed for you in the past year.</b>	HIVRISK5	1 Yes 2 No  7 Don't know / Not sure  9 Refused			263

	<p><b>You have been treated for a sexually transmitted disease or STD in the past year.</b></p> <p><b>You have given or received money or drugs in exchange for sex in the past year.</b></p> <p><b>You had anal sex without a condom in the past year.</b></p> <p><b>You had four or more sex partners in the past year.</b></p> <p>Do any of these situations apply to you?</p>					
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Closing Statement/ Transition to Modules

<b>Read if necessary</b>	<b>Read</b>	<b>CATI instructions (not read)</b>
<b>That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.</b>		Read if no optional modules follow, otherwise continue to optional modules.



## Optional Modules

### Module 7: Caregiver

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>MCG.01</b>	During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?	CAREGIV1	1 Yes		If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss	299
			2 No	Go to MCG.09		
			7 Don't know/Not sure			
			8 Caregiving recipient died in past 30 days	Go to MCG.09		
			9 Refused	Go to MCG.09		
<b>MCG.02</b>	What is his or her relationship to you?	CRGVREL4	01 Mother 02 Father 03 Mother-in-law 04 Father-in-law 05 Child 06 Husband 07 Wife 08 Live-in partner 09 Brother or brother-in-law 10 Sister or sister-in-law 11 Grandmother 12 Grandfather 13 Grandchild 14 Other relative 15 Non-relative/ Family friend 77 Don't know/Not sure 99 Refused		If more than one person, say: Please refer to the person to whom you are giving the most care.	300-301

<b>MCG.03</b>	For how long have you provided care for that person? Would you say...	CRGVLNG1	Read: 1 Less than 30 days 2 1 month to less than 6 months 3 6 months to less than 2 years 4 2 years to less than 5 years 5 5 years or more Do not read: 7 Don't Know/ Not Sure 9 Refused			302
<b>MCG.04</b>	In an average week, how many hours do you provide care or assistance? Would you say...	CRGVHRS1	Read: 1 Up to 8 hours per week 2 9 to 19 hours per week 3 20 to 39 hours per week 4 40 hours or more Do not read: 7 Don't know/Not sure 9 Refused			303
<b>MCG.05</b>	What is the main health problem, long-term illness, or disability that the person you care for has?	CRGVPRB3	01 Arthritis/ rheumatism 02 Asthma 03 Cancer 04 Chronic respiratory conditions such as emphysema or COPD 05 Alzheimer's disease, dementia or other cognitive impairment disorder 06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida 07 Diabetes			304-305

			08 Heart disease, hypertension, stroke 09 Human Immunodeficiency Virus Infection (H.I.V.) 10 Mental illnesses, such as anxiety, depression, or schizophrenia 11 Other organ failure or diseases such as kidney or liver problems 12 Substance abuse or addiction disorders 13 Injuries, including broken bones 14 Old age/ infirmity/frailty 15 Other 77 Don't know/Not sure 99 Refused			
				If MCG.05=5, go to MCG.07		
<b>MCG.06</b>	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?	CRGVALZD	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			306
<b>MCG.07</b>	In the past 30 days, did you provide care for this person by managing	CRGVVERS	1 Yes 2 No 7 Don't know/ not sure 9 Refused			307

	personal care such as giving medications, feeding, dressing, or bathing?					
<b>MCG.08</b>	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?	CRGVHOUS	1 Yes 2 No 7 Don't know/ not sure 9 Refused			308
<b>MCG.09</b>	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?	CRGVEXPT	1 Yes 2 No 7 Don't know/ not sure 9 Refused			309

## Module 8: E-Cigarettes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note Only asked if respondent is a Florida state resident (stateres=1)	Interviewer Note (s)	Column(s)
<b>MECIG.01</b>	Have you ever used an e-cigarette or other	ECIGARET	1 Yes 2 No	Go to next module	Read if necessary: Electronic cigarettes (e-cigarettes) and	310

	electronic vaping product, even just one time, in your entire life?		7 Don't know/Not sure 9 Refused		<p>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.</p> <p>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. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.</p>	
<b>MECIG.02</b>	Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?	ECIGNOW	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		<p>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.</p>	311

## Module 21: Adverse Childhood Experiences

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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		<b>(DO NOT READ UNLESS OTHERWISE NOTED)</b>			<b>Only asked if respondent is a Florida state resident (stateres=1)</b>	
<b>Prologue</b>	I'd like to ask you some questions about events that happened during your childhood. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.				Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.	
<b>MACE.01</b>	Now, looking back before you were 18 years of age---. 1) Did you live with anyone who was depressed, mentally ill, or suicidal?	ACEDEPRS	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			554
<b>MACE.02</b>	Did you live with anyone who was a problem drinker or alcoholic?	ACEDRINK	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			555
<b>MACE.03</b>	Did you live with anyone who used illegal street drugs or who abused prescription medications?	ACEDRUGS	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			556

<b>MACE.04</b>	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	ACEPRISN	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			557
<b>MACE.05</b>	Were your parents separated or divorced?	ACEDIVRC	1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused			558
<b>MACE.06</b>	How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it...	ACEPUNCH	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			559
<b>MACE.07</b>	Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it—	ACEHURT1	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			560
<b>MACE.08</b>	How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...	ACESWEAR	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			561

<b>MACE.09</b>	How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...	ACETOUCH	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			562
<b>MACE.10</b>	How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...	ACETTHEM	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			563
<b>MACE.11</b>	How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...	ACEHVSEX	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			564
<b>Epilogue</b>	As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. You can dial 1-800-4-A-CHILD (1-800-422-4453) to reach a referral service to locate an agency in your area.					



## Module 22: Random Child Selection

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note Only asked if respondent is a Florida state resident (stateres=1) and CHILDREN>0 AND NOT 88 OR 99	Interviewer Note (s)	Column(s)
				If CHILDREN = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.		
				If CHILDREN = 1 and CHILDREN does not equal 88 or 99, read into text 1		
<b>Intro text 1</b>	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.					
				If CHILDREN is >1 and CHILDREN does not equal 88 or 99, read intro text 2		

<b>Intro text 2</b>	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.		
<b>MRCS.01</b>	What is the birth month and year of the [Xth] child?	RCSBIRTH	__/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			565-570
<b>MRCS.02</b>	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 9 Refused			571
<b>MRCS.03</b>	Is the child Hispanic, Latino/a, or Spanish origin?	RCHISLA1	Read if response is yes: Are they 1 Mexican, Mexican			572-575

			American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused			
<b>MRC.S.04</b>	Which one or more of the following would you say is the race of the child?	RCSRACE1	10 White 20 Black or African American 30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure		Select all that apply  If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	576-603

			88 No additional choices 99 Refused			
				[CATI NOTE: IF MORE THAN ONE RESPONSE TO RCSRACE1; CONTINUE. OTHERWISE, GO TO RCSRLTN2.]		
<b>MRC5.05</b>	Which one of these groups would you say best represents the child's race?	RCSBRAC2	10 White 20 Black or African American 30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	604-605
<b>MRC5.06</b>	How are you related to the	RCSRLTN2	Please read: 1 Parent (include			606

	child? Are you a....		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			
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## Module 23: Childhood Asthma Prevalence

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Only asked if respondent is a Florida state resident (stateres=1) and CHILDREN>0 AND NOT 88 OR 99		
				If response to CHILDREN = 88 (None) or 99 (Refused), go		

				to next module.		
<b>MCAP.01</b>	The next two questions are about the Xth child.  Has a doctor, nurse or other health professional EVER said that the child has asthma?	CASTHDX2	1 Yes  2 No 7 Don't know/ not sure 9 Refused	Fill in correct [Xth] number.  Go to next module		607
<b>MCAP.02</b>	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			608

### FL State-Added 1: E-Cigarettes (NEW)

Question Number	Question text	Variable names	Responses  (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>FL01Q01</b>	The last time you tried to quit smoking, did you switch to e-cigarettes or other electronic 'vaping' products?  La última vez que intento de fumar, ¿Cambio a cigarrillos	FL01Q01	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Only asked if (STOPSMK2=1 AND ECIGARET=1) and respondent is a Florida state resident (stateres=1)		901

	electrónicos u otros productos electrónicos de “vapeo”?					
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FL State-Added 2: Oral Health (2018, FL State-added 12)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>FL02Q01</b>	<p>Do you have any kind of dental care coverage, including dental insurance, prepaid plans, government plans such as Medicaid, or Indian Health Services?</p> <p>¿Tiene algún tipo de cobertura de atención dental, incluido seguro dental, planes prepagos como HMO, planes gubernamentales como Medicaid o Indian Health Service?</p>	FL02Q01	<p>1 Yes 2 No 7 Don't know/ not sure 9 Refused</p>	Only asked if respondent is a Florida state resident (stateres=1)		902

FL State-Added 3: Family Planning (2019, Module 23)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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**(DO NOT READ  
UNLESS  
OTHERWISE  
NOTED)**

<b>Introduction Screen</b>	<p>The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.</p> <p>El siguiente conjunto de preguntas son sobre la planificación familiar. Recuerde que todas sus respuestas se mantendrán confidenciales.</p>			<p>If respondent is female and greater than 49 years of age, has had a hysterectomy (M09.07=1), is pregnant, not a state resident (stateres=2) or if respondent is male go to the next module.</p>		
<b>FL03Q01</b>	<p>Did you or your partner do anything to keep you from getting pregnant?</p> <p>¿usted o su pareja hicieron algo para evitar que quedara embarazada?</p>	FL03Q01	<p>1 Yes</p> <p>2 No</p> <p>3 No partner/ not sexually active 4 Same sex partner 7 Don't know / Not sure 9 Refused</p>	<p>Continue</p> <p>Go to FL03Q03</p> <p>Go to next section</p>		903



<p><b>FL03Q02</b></p>	<p>What did you or your partner do the last time to keep you from getting pregnant?</p> <p>¿qué hizo usted o su pareja para evitar que quedara embarazada?</p>	<p>FL03Q02</p>	<p>Read if necessary:</p> <p>01 Female sterilization (ex. Tubal ligation, Essure, Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon) 04 IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylena) 05 IUD, Copper-bearing (ex. ParaGard) 06 IUD, type unknown 07 Shots (ex. Depo-Provera or DMPA) 08 Birth control pills, any kind 09 Contraceptive patch (ex. Ortho Evra, Xulane) 10 Contraceptive ring (ex. NuvaRing)</p>	<p>Go to next module</p>	<p>If respondent reports using more than one method, please code the method that occurs first on the list.</p> <p>If respondent reports using “condoms,” probe to determine if “female condoms” or “male condoms.”</p> <p>If respondent reports using an “I.U.D.” probe to determine if “levonorgestrel I.U.D.” or “copper-bearing I.U.D.”</p> <p>If respondent reports “other method,” ask respondent to</p>	<p>904-905</p>
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		<p>11 Male condoms  12 Diaphragm, cervical cap, sponge  13 Female condoms  14 Not having sex at certain times (rhythm or natural family planning)  15 Withdrawal (or pulling out)  16 Foam, jelly, film, or cream  17 Emergency contraception (morning after pill)  18 Other method  Do not read:  77 Don't know/  Not sure  99 Refused</p> <p>01  Esterilizaci  ón femenina (p. ej.,  ligadura de  trompas, Essure,  Adiana)</p> <p>02  Esterilizaci  ón masculina  (vasectomía)</p> <p>03 Implante  anticonceptivo (p.  ej., Nexplanon,  Jadelle, Sino  Implant ,  Implanon)</p> <p>04 DIU o  dispositivo  intrauterino de  Levonorgestrel  (LEE-voe-nor-JES-  tre) (LNG) u DIU  hormonal (p. ej.,  Mirena, Skyla,  Liletta, Kylena)</p>		<p>“please specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.</p>	
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			<p>05 DIU de alambre de cobre (p. ej., ParaGard)</p> <p>06 DIU de tipo desconocido</p> <p>07 Inyecciones (p. ej., Depo-Provera o DMPA )</p> <p>08 Pastillas anticonceptivas de cualquier tipo</p> <p>09 Parche anticonceptivo (p. ej., Ortho Evra, Xulane )</p> <p>10 Anillo anticonceptivo (p. ej., NuvaRing)</p> <p>11 Condones para hombres</p> <p>12 Diafragma, capuchón cervical o esponja</p> <p>13 Condones para mujeres</p> <p>14 No tiene relaciones sexuales en ciertos días (método de ritmo o método anticonceptivo natural)</p> <p>15 Retiro antes de la eyaculación (eyacula afuera)</p> <p>16 Espuma, gel, película o crema anticonceptiva</p> <p>Anticonceptivos de emergencia (pastilla de la "mañana siguiente")</p> <p>18 Otro método</p>		
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<p><b>FL03Q03</b></p>	<p>Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant. What was your main reason for not using a method to prevent pregnancy the LAST TIME YOU HAD SEX with a man?</p> <p>Algunas razones para no hacer nada para evitar quedar embarazada la última vez que tuvo relaciones sexuales pueden incluir el querer un embarazo, no poder pagar por el control de la natalidad o no pensar que podría quedar embarazada. ¿Cuál fue su razón principal</p>	<p>FL03Q03</p>	<p>Read if necessary:</p> <p>01 You didn't think you were going to have sex/no regular partner  02 You just didn't think about it  03 Don't care if you get pregnant  04 You want a pregnancy  05 You or your partner don't want to use birth control  06 You or your partner don't like birth control/side effects  07 You couldn't pay for birth control  08 You had a problem getting birth control when you needed it  09 Religious reasons  10 Lapse in use of a method  11 Don't think you or your partner can get pregnant (infertile or too old)  12 You had tubes tied (sterilization)  13 You had a hysterectomy  14 Your partner had a vasectomy (sterilization)  15 You are currently breast-feeding  16 You just had a baby/postpartum  17 You are pregnant now</p>		<p>If respondent reports "other reason," ask respondent to "please specify" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.</p>	<p>906-907</p>
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	<p>para no usar un método para prevenir el embarazo la última vez que tuvo relaciones sexuales con un hombre?</p>		<p>18 Same sex partner  19 Other reasons  Do not read:  77 Don't know/Not sure  99 Refused</p> <p>01 No pensaba que iba a tener una relación sexual/no tiene una pareja fija  02 Simplemente no lo pensó  03 No le importaba si quedaba embarazada  04 Quería quedar embarazada  05 Usted o su pareja no quieren usar métodos anticonceptivos  06 A usted o a su pareja no les gustan los métodos anticonceptivos o sus efectos secundarios  07 No tenía dinero para comprar un método anticonceptivo  08 Tuvo un problema para conseguir un método anticonceptivo cuando lo necesitaba  09 Razones religiosas  10 Interrumpió brevemente el</p>			
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			uso de un método anticonceptivo 11 No cree que usted o su pareja puedan tener hijos (infértil o edad avanzada) 12 Tenía las trompas ligadas (esterilización) 13 Le hicieron una histerectomía 14 A su pareja le hicieron una vasectomía (esterilización) 15 Está amamantando actualmente 16 Acababa de tener un bebé/posparto 17 Está embarazada ahora 18 Su pareja es del mismo sexo 19 Otra razón			
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FL State-Added 4: Preconception Health (2019, FL State-Added 5)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Introduction Screen</b>	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.			CATI: If age > 18 and age<45 and 7.1 sex=2 and stateres=1 then continue, else go to next section		

	La siguiente pregunta es acerca de las discusiones que tuvieron lugar como parte de una visita de atención médica de rutina. NO incluya visitas durante el embarazo, también conocidas como visitas de atención prenatal.					
<b>FL04Q01</b>	<p>Did the doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby?</p> <p>¿Alguna vez el médico, la enfermera u otro profesional de la salud le hablaron sobre las formas de prepararse para un embarazo y un bebé saludables?</p>	FL04Q01	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>	<p>If FL04Q01=2,7, or 9, go to next module</p>		908

<b>Introduction Screen 2</b>	<p>The next question asks you about your thoughts and experiences. Please remember that all of your answers will be kept confidential.</p> <p>Las siguientes preguntas son sobre sus pensamientos y experiencias con la planificación familiar. Por favor, recuerde que todas sus respuestas son confidenciales.</p>			Respondent gets this screen and FL04Q02 if FL04Q01=1		
<b>FL04Q02</b>	<p>Did the doctor, nurse, or other health care worker talk with you about the following ways to prepare for a healthy pregnancy and baby?</p> <p>¿El médico, la enfermera y otro profesional de la salud hablaron con usted sobre las siguientes formas de</p>	FL04Q02	<p>Check all that apply</p> <p>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</p>			909-924



	<p>prepararse para un embarazo y un bebé saludables?</p>		<p>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  88 Did not discuss any of these topics with me</p>			
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			<p>77 DON'T KNOW/NOT SURE</p> <p>99 Refused</p> <p>01 Tomar vitaminas con ácido fólico antes del embarazo</p> <p>02 Tener un peso saludable antes del embarazo</p> <p>03 Uso de métodos anticonceptivos para planificar cuándo quiere quedar embarazada</p> <p>04 Actualizando sus vacunas antes del embarazo</p> <p>05 Visitar a un dentista o higienista dental antes del embarazo</p> <p>06 Obtener asesoramiento para cualquier enfermedad genética que está presente en su familia</p> <p>07 Controlar cualquier condición médica como la diabetes y la presión arterial alta</p> <p>08 Obtener asesoramiento o tratamiento para la depresión o la ansiedad</p>			
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			<p>09 Seguridad en el uso de medicamentos recetados o de venta libre durante el embarazo</p> <p>10 Cómo fumar durante el embarazo puede afectar a un bebé</p> <p>11 Cómo el consumo de alcohol durante el embarazo puede afectar a un bebé</p> <p>12 Cómo el uso de drogas ilegales durante el embarazo puede afectar a un bebé</p>			
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FL State-Added 8: Cancer Survivorship (2019, Module 13)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
FL08Q01	<p>At what age were you told that you had cancer?</p> <p>¿Qué edad tenía cuando le dijeron que tenía cáncer?</p>	FL08Q01	<p>__ Age in Years (97 = 97 and older)</p> <p>98 Don't know/Not sure</p> <p>99 Refused</p>	<p>If CHCSCNCR or CHCOCNCR = 1 (Yes) or PCPSARS1 = 4 (Because you were told you had prostate cancer) and STATERES=1, continue, else go to next module</p>		933-934

FL08Q02	<p>What type of cancer was it?</p> <p>¿Qué tipo de cáncer era?</p>	FL08Q02	<p>01 Breast cancer  <b>Female reproductive (Gynecologic)</b>  02 Cervical cancer (cancer of the cervix)  03 Endometrial cancer (cancer of the uterus)  04 Ovarian cancer (cancer of the ovary)  <b>Head/Neck</b>  05 Head and neck cancer  06 Oral cancer  07 Pharyngeal (throat) cancer  08 Thyroid  09 Larynx  <b>Gastrointestinal</b>  10 Colon (intestine) cancer  11 Esophageal (esophagus)  12 Liver cancer  13 Pancreatic (pancreas) cancer  14 Rectal (rectum) cancer  15 Stomach  <b>Leukemia/Lymphoma (lymph nodes and bone marrow)</b>  16 Hodgkin's Lymphoma (Hodgkin's disease)  17 Leukemia (blood) cancer  18 Non-Hodgkin's Lymphoma  <b>Male reproductive</b>  19 Prostate cancer  20 Testicular cancer  Skin  21 Melanoma  22 Other skin cancer  <b>Thoracic</b>  23 Heart  24 Lung  <b>Urinary cancer</b>  25 Bladder cancer</p>		<p>Please read list only if respondent needs prompting for cancer type (i.e., name of cancer)</p>	935-936
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			<p>26 Renal (kidney) cancer</p> <p><b>Others</b></p> <p>27 Bone</p> <p>28 Brain</p> <p>29 Neuroblastoma</p> <p>30 Other</p> <p>Do not read:</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p> <p>Aparato reproductor femenino (cáncer ginecológico)</p> <p>02 Cáncer de cuello uterino (cáncer cervical)</p> <p>03 Cáncer endometrial (cáncer de útero)</p> <p>04 Cáncer ovárico (cáncer de ovario)</p> <p>Cabeza/cuello</p> <p>05 Cáncer de cabeza y cuello</p> <p>06 Cáncer bucal</p> <p>07 Cáncer faríngeo (cáncer de garganta)</p> <p>08 Cáncer de la tiroides</p> <p>09 Cáncer de laringe</p> <p>Gastrointestinal</p> <p>10 Cáncer de colon (cáncer de intestino)</p> <p>11 Cáncer esofágico (cáncer de esófago)</p> <p>12 Cáncer hepático (cáncer de hígado)</p> <p>13 Cáncer pancreático (cáncer de páncreas)</p> <p>14 Cáncer rectal (cáncer de recto)</p> <p>15 Cáncer de estómago</p> <p>Leucemia/linfoma (ganglios linfáticos y médula ósea)</p> <p>16 Linfoma de Hodgkin (enfermedad de Hodgkin)</p> <p>17 Leucemia (cáncer de la sangre)</p>			
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			18 Linfoma no hodgkiniano Aparato reproductor masculino 19 Cáncer de próstata 20 Cáncer testicular Piel 21 Melanoma 22 Otro tipo de cáncer de piel Tórax 23 Cáncer de corazón 24 Cáncer de pulmón Cáncer de las vías urinarias 25 Cáncer de la vejiga 26 Cáncer renal (cáncer de riñón) Otros 27 Cáncer de huesos 28 Cáncer de cerebro 29 Neuroblastoma 30 Otro			
FL08Q03	Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.  Actualmente, ¿está recibiendo tratamiento para el cáncer? Por tratamiento nos referimos a operación, radioterapia, quimioterapia o píldoras para la	FL08Q03	Read if necessary: 1 Yes 2 No, I've completed treatment 3 No, I've refused treatment 4 No, I haven't started treatment 7 Don't know / Not sure 9 Refused  1 Sí 2 No, ya completé el tratamiento 3 No, rechacé el tratamiento 4 No, no he comenzado con el tratamiento			937

	quimioterapia.					
<b>FL08Q04</b>	<p>What type of doctor provides the majority of your health care? Is it a...?</p> <p>¿Qué tipo de doctor le proporciona la mayor parte de su atención médica? ¿Es ...</p>	FL08Q04	<p>Please read:</p> <p>01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist 05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other</p> <p>Do not read:</p> <p>77 Don't know / Not sure 99 Refused</p> <p>01 Cirujano especialista en cáncer 02 Médico de familia 03 Cirujano general 04 Oncólogo ginecólogo 05 Médico general o internista 06 Cirujano plástico o de cirugía reconstructiva 07 Oncólogo 08 Oncólogo radiólogo 09 Urólogo 10 Otro</p>		<p>INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."</p> <p>Queremos saber qué tipo de doctor ve con más frecuencia si se enferma o para consultas médicas regulares (por ejemplo: exámenes anuales o físicos, tratamiento de resfriados, etc.).</p>	938-939
<b>FL08Q05</b>	Have you EVER received instructions from a doctor, nurse, or other	FL08Q05	<p>1 Yes 2 No 7 Don't know/ not sure 9 Refused</p>			940

	<p>health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?</p> <p>¿ALGUNA VEZ un médico, un enfermero u otro profesional de la salud le dio instrucciones sobre a qué lugar debería volver o a quién debería consultar para que le hicieran chequeos rutinarios de cáncer después de completar su tratamiento contra esa enfermedad?</p>					
FL08Q06	<p>With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?</p> <p>Cuando le diagnosticaron el cáncer más</p>	FL08Q06	<p>1 Yes 2 No 7 Don't know/ not sure 9 Refused</p>		<p>Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.</p> <p>“Seguro médico” también</p>	941



	reciente, ¿tenía un seguro médico que pagara todo o parte de su tratamiento?				incluye Medicare, Medicaid u otro tipo de programas de seguro médico estatales.	
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FL State-Added 9: Nearest Cross Street (2019, FL State-Added 11)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note  Only asked if respondent is a Florida state resident (stateres=1)	Interviewer Note (s)	Column(s)
FL09Q01	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	FL09Q01	ENTER FIRST STREET NAME: _____ ENTER SECOND STREET NAME: _____ 7 Don't know/Not sure 9 Refused		(Interviewer Note: Be sure to confirm street spelling and directionals (N, S, E, W, NW, NE, SW, SE)	942

	<p>neighborhood . Your identity and privacy are protected.</p> <p>Please name the two nearest cross-streets (intersection).</p> <p>Con el fin de ayudarnos a aprender más acerca de los factores ambientales en su área, nos gustaría saber cuál es la intersección más cercana, o en la esquina, a su casa. Por ejemplo, es posible vivir más cerca de la intersección de la Main Street y Orange Lane. Esta información sólo será utilizada para agrupar sus respuestas con otras personas de su vecindario. Su identidad y la privacidad están protegidas. Por favor nombre las dos cruces de</p>					
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	calles más cercanas (intersección).					
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FL County-Added 1: Monroe County (2019, Monroe County)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Introduction Screen</b>	Hurricane Irma had a direct impact on residents of Monroe County, Florida. The next question few questions are about how you and your family were affected by this hurricane.			<b>IF STATERES=1 AND COUNTY=Monroe (CTYCODE=87), continue, else skip to closing statement.</b>		
<b>MO01Q01</b>	How much damage was done to the place where you live?  ¿Cuánto daño tuvo el lugar donde vive?	MO01Q01	Please read: 1 None 2 Minor damage (livable, less than \$500 damage) 3 Moderate damage (livable, no more than \$1,000 damage) 4 Severe damage (more than \$1,000 damage; difficult to live there during repairs) 5 Catastrophic damage (residence not livable; requires extensive repairs) Do not read: 7 Don't know/Not sure 9 Refused  1 Ninguno 2 Daños menores (habitable, daños menores a \$500)			943

			<p>3 Daño moderado (habitabile, no más de \$1,000 de daños)</p> <p>4 Daño severo (más de \$1,000 de daños; difícil vivir allí durante las reparaciones)</p> <p>5 Daños catastróficos (residencia no habitable; requiere reparaciones extensas)</p>			
<b>MO01Q02</b>	<p>Since Hurricane Irma, has depression, stress, or grief interfered with your ability to function on a daily basis ...a great deal, some, moderately, a little, or not at all?</p> <p>Desde el huracán Irma, ¿de qué manera interfirieron la depresión, el estrés o la aflicción con su capacidad para funcionar diariamente... mucho, algo, moderadamente, un poco, o nada?</p>	MO01Q02	<p>1 A great deal</p> <p>2 Some</p> <p>3 Moderately</p> <p>4 A little</p> <p>5 Not at all</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p> <p>1 Mucho</p> <p>2 Algo</p> <p>3 Moderadamente</p> <p>4 Un poco</p> <p>5 Nada</p>	If MO01Q02 = 5,7, or 9, go to MO01Q05		944
<b>MO01Q03</b>	<p>Did you seek any type of help for your depression, stress, or grief?</p>	MO01Q03	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p>			945

	¿Buscó algún tipo de ayuda para su depresión, estrés o aflicción?					
<b>MO01Q04</b>	Did you receive the help that you required?  ¿Recibió la ayuda que necesitaba?	MO01Q04 4	1 Yes 2 No 7 Don't know/ not sure 9 Refused			946
<b>Introduction Screen</b>	The next four questions ask about your risk for possible suicide. To be able to develop helpful suicide interventions, we need to understand how many people in our county are at risk. Although this is a sensitive topic, we ask that you answer the following questions to the best of your ability. We also want to assure you again that the answers to these questions are completely confidential.					

	<p>Las siguientes cuatro preguntas se refieren a su riesgo de posible suicidio. Para poder desarrollar intervenciones útiles contra el suicidio, debemos entender cuántas personas en nuestro condado están en riesgo. Aunque este es un tema delicado, le pedimos que responda las siguientes preguntas lo mejor que pueda. También queremos asegurarle una vez más que las respuestas a estas preguntas son completamente confidenciales.</p>					
<b>MO01Q05</b>	<p>Have you seriously thought about trying to kill yourself?</p> <p>¿Ha pensado seriamente en</p>	MO01Q05	<p>1 Yes 2 No 7 Don't know/ not sure 9 Refused</p>			947

	intentar suicidarse?					
<b>MO01Q06</b>	Have you attempted to kill yourself?  ¿Ha intentado suicidarse?	MO01Q06	<p>1 Yes, I have attempted to kill myself, but did not want to die</p> <p>2 Yes, I have attempted to kill myself, and really hoped to die</p> <p>3 Never</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p> <p>1 Sí, he intentado suicidarme, pero no quería morir.</p> <p>2 Sí, he intentado suicidarme, y realmente esperaba morir.</p> <p>3 Nunca</p>			948
<b>MO01Q07</b>	How often have you thought about killing yourself in the past year?  ¿Con qué frecuencia ha pensado en matarse en el último año?	MO01Q07	<p>1 Never</p> <p>2 Rarely (1 time)</p> <p>3 Sometimes (2 times)</p> <p>4 Often (3-4 times)</p> <p>5 Very often (5 or more times)</p> <p>1 Nunca</p> <p>2 Raramente (1 vez)</p> <p>3 Algunas veces (2 veces)</p> <p>4 A menudo (3-4 veces)</p> <p>5 Muy a menudo (5 o más veces)</p>			949
<b>MO01Q08</b>	How likely is it that you will attempt suicide someday?  ¿Qué tan probable es que intente suicidarse algún día?	MO01Q08	<p>1 Never</p> <p>2 Unlikely</p> <p>3 Likely</p> <p>4 Very likely</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p> <p>1 Nunca</p> <p>2 Improbable</p> <p>3 Probable</p> <p>4 Muy probable</p>			950

<p><b>MO01Q09</b></p>	<p>Next, please answer the following two questions using the scale of strongly disagree, disagree, undecided, agree, or strongly agree. Treatment can help people with mental illness lead normal lives.</p> <p>A continuación, responda las siguientes dos preguntas utilizando la escala de totalmente en desacuerdo, en desacuerdo, indeciso, de acuerdo o totalmente de acuerdo. Tratamiento puede ayudar a personas con problemas de salud mental a llevar una vida normal.</p>	<p>MO01Q09</p>	<p>Please read:</p> <p>1 Strongly disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly agree Do not read: 7 Don't know/Not sure 9 Refused</p> <p>1 Totalmente en desacuerdo 2 En desacuerdo 3 Indeciso 4 De acuerdo 5 Totalmente de acuerdo</p>			<p>951</p>
<p><b>MO01Q10</b></p>	<p>People are generally caring and sympathetic to people with mental illness.</p>	<p>MO01Q10</p>	<p>Please read:</p> <p>1 Strongly disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly agree Do not read:</p>			<p>952</p>



	Las personas generalmente son atentas y comprensivas con las personas que tienen enfermedades mentales.		<p>7 Don't know/Not sure</p> <p>9 Refused</p> <p>1 Totalmente en desacuerdo</p> <p>2 En desacuerdo</p> <p>3 Indeciso</p> <p>4 De acuerdo</p> <p>5 Totalmente de acuerdo</p>			
<b>MO01Q11</b>	<p>Was there a time in the past 12 months when you needed to see a mental health professional for care, but could not because of cost?</p> <p>¿Hubo un momento en los últimos 12 meses en los que necesitó la atención de un profesional de la salud mental, pero no pudo debido al costo?</p>	MO01Q11	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p>			953
<b>Ending statement for section</b>	<b>I realize this can be a sensitive topic and some people may feel uncomfortable with these questions. If you or anyone you know would ever like to talk to someone about suicide</b>					

	<p><b>you can call the National Suicide Prevention Lifeline at 1-800-273-8255 or the National Hopeline Network at 1-800-784-2433. If you serve in the armed forces, are a veteran or family member you can call the Veterans Crisis Hotline 1-800-273-8255 and Press “1”. You may also call Helpline of the Keys at 305-296-4357 or 211. Would you like me to repeat any of these numbers?</b></p> <p><b>Tengo presente de que esto puede ser un tema delicado y algunas personas pueden sentirse incómodas con estas preguntas. Si a usted o a alguien que conoce le gustaría hablar con alguien sobre el suicidio, puede llamar a la Línea Nacional de</b></p>					
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	<p><b>Prevención del Suicidio al 1-800-273-8255 o a la Red Nacional Hopeline al 1-800-784-2433. Si sirve en las fuerzas armadas, si es un veterano o un miembro de su familia, puede llamar a la línea directa para crisis de veteranos al 1-800-273-8255 y presionar "1". También puede llamar a la Línea de ayuda de los Cayos al 305-296-4357 o al 211. ¿Desea que repita alguno de estos números?</b></p>					
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FL County-Added 2: Miami-Dade County (2019, Miami-Dade County)

Question Number	Question text	Variable	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer	Column(s)
Introduction Screen	Hurricane Irma had a direct impact on residents of Miami-Dade County, Florida. The next question few questions are			IF STATERES=1 AND COUNTY=Miami-Dade (CTYC		

	<p>about how you and your family were affected by this hurricane.</p> <p>El huracán Irma tuvo un impacto directo para los residentes del Condado de Miami-Dade, Florida. Las siguientes preguntas son acerca de cómo usted y su familia fueron afectados por este huracán.</p>			ODE= 86), continue, else skip to closing statement.	
<b>MD01Q01</b>	<p>How much damage was done to the place where you live?</p> <p>¿Cuánto daño tuvo el lugar donde vive?</p>	MD01Q01	<p>Please read:</p> <p>1 None</p> <p>2 Minor damage (livable, less than \$500 damage)</p> <p>3 Moderate damage (livable, no more than \$1,000 damage)</p> <p>4 Severe damage (more than \$1,000 damage; difficult to live there during repairs)</p> <p>5 Catastrophic damage (residence not livable; requires extensive repairs)</p> <p>Do not read:</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p> <p>1 Ninguno</p> <p>2 Daños menores (habitabile, daños menores a \$500)</p> <p>3 Daño moderado (habitabile, no más de \$1,000 de daños)</p> <p>4 Daño severo (más de \$1,000 de daños; difícil vivir allí durante las reparaciones)</p> <p>5 Daños catastróficos (residencia no habitabile; requiere reparaciones extensas)</p>		954
<b>MD01Q02</b>	<p>Since Hurricane Irma, has depression, stress, or grief interfered with your ability to function on a daily basis ...a</p>	MD01Q02	<p>1 A great deal</p> <p>2 Some</p> <p>3 Moderately</p> <p>4 A little</p> <p>5 Not at all</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>	<p>If MD01 Q02 = 5,7, or 9, go to</p>	955

	<p>great deal, some, moderately, a little, or not at all?</p> <p>Desde el huracán Irma, ¿de qué manera interfirieron la depresión, el estrés o la aflicción con su capacidad para funcionar diariamente...mucho, algo, moderadamente, un poco, o nada?</p>		<p>1 Mucho 2 Algo 3 Moderadamente 4 Un poco 5 Nada</p>	MD01 Q05		
<b>MD01Q03</b>	<p>Did you seek any type of help for your depression, stress, or grief?</p> <p>¿Buscó algún tipo de ayuda para su depresión, estrés o aflicción?</p>	MD01Q03	<p>1 Yes 2 No 7 Don't know/ not sure 9 Refused</p>			956
<b>MD01Q04</b>	<p>Did you receive the help that you required?</p> <p>¿Recibió la ayuda que necesitaba?</p>	MD01Q04	<p>1 Yes 2 No 7 Don't know/ not sure 9 Refused</p>			957
<b>Introduction Screen</b>	<p>The next four questions ask about your risk for possible suicide. To be able to develop helpful suicide interventions,</p>					

<p>we need to understand how many people in our county are at risk. Although this is a sensitive topic, we ask that you answer the following questions to the best of your ability. We also want to assure you again that the answers to these questions are completely confidential.</p> <p>Las siguientes cuatro preguntas se refieren a su riesgo de posible suicidio. Para poder desarrollar intervenciones útiles contra el suicidio, debemos entender cuántas personas en nuestro condado están en riesgo. Aunque este es un tema delicado, le pedimos que responda las siguientes preguntas lo mejor que pueda. También queremos asegurarle una vez más que las respuestas a estas preguntas son</p>				
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	completamente confidenciales.					
<b>MD01Q 05</b>	Have you seriously thought about trying to kill yourself?  ¿Ha pensado seriamente en intentar suicidarse?	M D 01 Q 05	1 Yes 2 No 7 Don't know/ not sure 9 Refused			958
<b>MD01Q 06</b>	Have you attempted to kill yourself?  ¿Ha intentado suicidarse?	M D 01 Q 06	1 Yes, I have attempted to kill myself, but did not want to die 2 Yes, I have attempted to kill myself, and really hoped to die 3 Never 7 Don't know/Not sure 9 Refused  1 Sí, he intentado suicidarme, pero no quería morir. 2 Sí, he intentado suicidarme, y realmente esperaba morir. 3 Nunca			959
<b>MD01Q 07</b>	How often have you thought about killing yourself in the past year?  ¿Con qué frecuencia ha pensado en matarse en el último año?	M D 01 Q 07	1 Never 2 Rarely (1 time) 3 Sometimes (2 times) 4 Often (3-4 times) 5 Very often (5 or more times)  1 Nunca 2 Raramente (1 vez) 3 Algunas veces (2 veces) 4 A menudo (3-4 veces) 5 Muy a menudo (5 o más veces)			960
<b>MD01Q 08</b>	How likely is it that you will attempt suicide someday?  ¿Qué tan probable es que intente suicidarse algún día?	M D 01 Q 08	1 Never 2 Unlikely 3 Likely 4 Very likely 7 Don't know/Not sure 9 Refused  1 Nunca 2 Improbable 3 Probable 4 Muy probable			961

<p><b>MD01Q 09</b></p>	<p>Next, please answer the following two questions using the scale of strongly disagree, disagree, undecided, agree, or strongly agree. Treatment can help people with mental illness lead normal lives.</p> <p>A continuación, responda las siguientes dos preguntas utilizando la escala de totalmente en desacuerdo, en desacuerdo, indeciso, de acuerdo o totalmente de acuerdo. Tratamiento puede ayudar a personas con problemas de salud mental a llevar una vida normal.</p>	<p>M D 01 Q 09</p>	<p>Please read: 1 Strongly disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly agree Do not read: 7 Don't know/Not sure 9 Refused</p> <p>1 Totalmente en desacuerdo 2 En desacuerdo 3 Indeciso 4 De acuerdo 5 Totalmente de acuerdo</p>			<p>962</p>
<p><b>MD01Q 10</b></p>	<p>People are generally caring and sympathetic to people with mental illness.</p> <p>Las personas generalmente son atentas y comprensivas con las personas que tienen</p>	<p>M D 01 Q 10</p>	<p>Please read: 1 Strongly disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly agree Do not read: 7 Don't know/Not sure 9 Refused</p> <p>1 Totalmente en desacuerdo 2 En desacuerdo</p>			<p>963</p>



	enfermedades mentales.		3 Indeciso 4 De acuerdo 5 Totalmente de acuerdo			
<b>MD01Q 11</b>	<p>Was there a time in the past 12 months when you needed to see a mental health professional for care, but could not because of cost?</p> <p>¿Hubo un momento en los últimos 12 meses en los que necesitó la atención de un profesional de la salud mental, pero no pudo debido al costo?</p>	M D 01 Q 11	1 Yes 2 No 7 Don't know/ not sure 9 Refused			964
<b>Ending statement for section</b>	<p><b>I realize this can be a sensitive topic and some people may feel uncomfortable with these questions. If you or anyone you know would ever like to talk to someone about suicide you can call the National Suicide Prevention Lifeline at 1-800-273-8255 or the National Hopeline Network at 1-800-784-2433. If you serve in the armed forces, are a veteran or family member</b></p>					

<p><b>you can call the Veterans Crisis Hotline 1-800-273-8255 and Press “1”. You may also call the Miami-Dade Helpline at 305-358- HELP or 211. Would you like me to repeat any of these numbers?</b></p> <p><b>Me doy cuenta de que esto puede ser un tema delicado y algunas personas pueden sentirse incómodas con estas preguntas. Si a usted o a alguien que conoce le gustaría hablar con alguien sobre el suicidio, puede llamar a la Línea Nacional de Prevención del Suicidio al 1-800-273-8255 o a la Red Nacional Hopeline al 1-800-784-2433. Si sirve en las fuerzas armadas, si es un veterano o un miembro de su familia, puede llamar a la línea directa para Crisis de Veteranos al 1-800-273-8255 y presionar "1". También puede llamar a la línea de ayuda de Miami-Dade al 305-358- HELP</b></p>					
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	o al 211. ¿Desea que repita alguno de estos números?					
--	---	--	--	--	--	--

FL County-Added 3: Nassau County (2019, Nassau County)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Introduction Screen</b>	<p>Hurricane Irma had a direct impact on residents of Nassau County, Florida. The next question few questions are about how you and your family were affected by this hurricane.</p> <p>El huracán Irma tuvo un impacto directo para los residentes del Condado de Nassau, Florida. Las siguientes preguntas son acerca de cómo usted y su familia fueron afectados por este huracán.</p>			<p>IF STATE RES=1 AND COUNTY=Nassau (CTYCODE=89), continue, else skip to closing statement.</p>		

<p><b>NA01Q01</b></p>	<p>How much damage was done to the place where you live?</p> <p>¿Cuánto daño tuvo el lugar donde vive?</p>	<p>NA01Q01</p> <p>1</p>	<p>Please read:</p> <p>1 None</p> <p>2 Minor damage (livable, less than \$500 damage)</p> <p>3 Moderate damage (livable, no more than \$1,000 damage)</p> <p>4 Severe damage (more than \$1,000 damage; difficult to live there during repairs)</p> <p>5 Catastrophic damage (residence not livable; requires extensive repairs)</p> <p>Do not read:</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p> <p>1 Ninguno</p> <p>2 Daños menores (habitabile, daños menores a \$500)</p> <p>3 Daño moderado (habitabile, no más de \$1,000 de daños)</p> <p>4 Daño severo (más de \$1,000 de daños; difícil vivir allí durante las reparaciones)</p> <p>5 Daños catastróficos (residencia no habitabile; requiere reparaciones extensas)</p>			<p>965</p>
<p><b>NA01Q02</b></p>	<p>Since Hurricane Irma, has depression, stress, or grief interfered with your ability to function on a daily basis ...a great deal, some, moderately, a little, or not at all?</p> <p>Desde el huracán Irma, ¿de qué manera interfirieron la depresión, el estrés o la aflicción con su capacidad</p>	<p>NA01Q02</p> <p>2</p>	<p>1 A great deal</p> <p>2 Some</p> <p>3 Moderately</p> <p>4 A little</p> <p>5 Not at all</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p> <p>1 Mucho</p> <p>2 Algo</p> <p>3 Moderadamente</p> <p>4 Un poco</p> <p>5 Nada</p>	<p>If NA01Q02 = 5,7, or 9, go to NA01Q05</p>		<p>966</p>

	para funcionar diariamente... mucho, algo, moderadamente, un poco, o nada?					
<b>NA01Q03</b>	Did you seek any type of help for your depression, stress, or grief?  ¿Buscó algún tipo de ayuda para su depresión, estrés o aflicción?	NA01Q03	1 Yes 2 No 7 Don't know/ not sure 9 Refused			967
<b>NA01Q04</b>	Did you receive the help that you required?  ¿Recibió la ayuda que necesitaba?	NA01Q04	1 Yes 2 No 7 Don't know/ not sure 9 Refused			968
<b>Introduction Screen</b>	The next four questions ask about your risk for possible suicide. To be able to develop helpful suicide interventions, we need to understand how many people in our county are at risk. Although this is a sensitive topic, we ask					

<p>that you answer the following questions to the best of your ability. We also want to assure you again that the answers to these questions are completely confidential.</p> <p>Las siguientes cuatro preguntas se refieren a su riesgo de posible suicidio. Para poder desarrollar intervenciones útiles contra el suicidio, debemos entender cuántas personas en nuestro condado están en riesgo. Aunque este es un tema delicado, le pedimos que responda las siguientes preguntas lo mejor que pueda. También queremos asegurarle una vez más que las respuestas a</p>					
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	estas preguntas son completamente confidenciales .					
<b>NA01Q05</b>	Have you seriously thought about trying to kill yourself?  ¿Ha pensado seriamente en intentar suicidarse?	NA01Q05	1 Yes 2 No 7 Don't know/ not sure 9 Refused			969
<b>NA01Q06</b>	Have you attempted to kill yourself?	NA01Q06	1 Yes, I have attempted to kill myself, but did not want to die 2 Yes, I have attempted to kill myself, and really hoped to die 3 Never 7 Don't know/Not sure 9 Refused  1 Sí, he intentado suicidarme, pero no quería morir. 2 Sí, he intentado suicidarme, y realmente esperaba morir. 3 Nunca			970
<b>NA01Q07</b>	How often have you thought about killing yourself in the past year?  ¿Con qué frecuencia ha pensado en matarse en el último año?	NA01Q07	1 Never 2 Rarely (1 time) 3 Sometimes (2 times) 4 Often (3-4 times) 5 Very often (5 or more times)  1 Nunca 2 Raramente (1 vez) 3 Algunas veces (2 veces) 4 A menudo (3-4 veces) 5 Muy a menudo (5 o más veces)			971
<b>NA01Q08</b>	How likely is it that you will attempt suicide someday?  ¿Qué tan probable es que intente	NA01Q08	1 Never 2 Unlikely 3 Likely 4 Very likely 7 Don't know/Not sure 9 Refused  1 Nunca 2 Improbable			972

	suicidarse algún día?		3 Probable 4 Muy probable			
<b>NA01Q09</b>	<p>Next, please answer the following two questions using the scale of strongly disagree, disagree, undecided, agree, or strongly agree. Treatment can help people with mental illness lead normal lives.</p> <p>A continuación, responda las siguientes dos preguntas utilizando la escala de totalmente en desacuerdo, en desacuerdo, indeciso, de acuerdo o totalmente de acuerdo. Tratamiento puede ayudar a personas con problemas de salud mental a llevar una vida normal.</p>	NA01Q09	<p>Please read: 1 Strongly disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly agree Do not read: 7 Don't know/Not sure 9 Refused</p> <p>1 Totalmente en desacuerdo 2 En desacuerdo 3 Indeciso 4 De acuerdo 5 Totalmente de acuerdo</p>			973



<b>NA01Q10</b>	<p>People are generally caring and sympathetic to people with mental illness.</p> <p>Las personas generalmente son atentas y comprensivas con las personas que tienen enfermedades mentales.</p>	NA01Q10	<p>Please read:</p> <p>1 Strongly disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly agree</p> <p>Do not read:</p> <p>7 Don't know/Not sure 9 Refused</p> <p>1 Totalmente en desacuerdo 2 En desacuerdo 3 Indeciso 4 De acuerdo 5 Totalmente de acuerdo</p>			974
<b>NA01Q11</b>	<p>Was there a time in the past 12 months when you needed to see a mental health professional for care, but could not because of cost?</p> <p>¿Hubo un momento en los últimos 12 meses en los que necesitó la atención de un profesional de la salud mental, pero no pudo debido al costo?</p>	NA01Q11	<p>1 Yes 2 No 7 Don't know/ not sure 9 Refused</p>			975
<b>Ending statement for section</b>	<b>I realize this can be a sensitive topic and some people may feel uncomfortable with these questions. If</b>					

	<p><b>you or anyone you know would ever like to talk to someone about suicide you can call the National Suicide Prevention Lifeline at 1-800-273-8255 or the National Hopeline Network at 1-800-784-2433. If you serve in the armed forces, are a veteran or family member you can call the Veterans Crisis Hotline 1-800-273-8255 and Press "1". You may also call 211. Would you like me to repeat any of these numbers?</b></p> <p><b>Tengo presente de que esto puede ser un tema delicado y algunas personas pueden sentirse incómodas con estas preguntas. Si a usted o a alguien que conoce le gustaría hablar con alguien sobre el suicidio,</b></p>					
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	<p><b>puede llamar a la Línea Nacional de Prevención del Suicidio al 1-800-273-8255 o a la Red Nacional Hopeline al 1-800-784-2433. Si sirve en las fuerzas armadas, si es un veterano o un miembro de su familia, puede llamar a la línea directa para Crisis de Veteranos al 1-800-273-8255 y presionar "1". También puede llamar al 211.</b></p> <p><b>¿Desea que repita alguno de estos números?</b></p>					
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## Asthma Call-Back Permission Script

### Asthma Call-Back Permission Script

#### Asthma Survey Continuation Script

CATI: IF ASTHMA3 = 1 or CASTHDX2 = 1, continue; Else go to ZRHER CALL BACK PERMISSION SCRIPT.

*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 **[THANK AND TERMINATE]**

**ASTCB = 1 (IF CALLBACK=1)**

**ASTCB = 2 (IF CALLBACK=2)**

**ASTSTAT = 3 (IF CALLBACK=2)**

**STAT = 2 (IF ASTELIG=1)**

Pre CHILDName: If ADLTCHLD=2; ask CHILDName; else go to PreADULTName.

**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

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

- (1) YES (GO TO PreADULTName)
- (2) NO (IF CALLBACK=1, GO TO ALTName)
- (7) DON'T KNOW/NOT SURE (IF CALLBACK=1, GO TO ALTName)
- (9) REFUSED (IF CALLBACK=1, GO TO ALTName)

**ALTPRESENT** IF RECRUIT=1, ASK 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] GOTO PreADULTName:
- (2) Person is not available
- (7) DON'T KNOW/NOT SURE [THANK AND TERMINATE]
- (9) REFUSED [THANK AND TERMINATE]

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

- (1) Alternate's Name: \_\_\_\_\_ [GOTO ALTCBTime]
- (7) DON'T KNOW/NOT SURE [THANK AND TERMINATE]
- (9) REFUSED [THANK AND TERMINATE]

**ALTCBTime:**

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

Enter day/time: \_\_\_\_\_ [GOTO ASTCLBK]]

Pre ADULTName: ASTHMA3 = 1 or CASTHDX2 = 1 ASK ADULTName, else go to CLOSING.

ADULTName [IF ALTPRESENT=1 display "Hello, my name is \_\_\_\_\_. I have been told that you are more knowledgeable about {CHILDName}'s asthma. It would be better if you would complete this interview.]

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 and KNOWMOST=1, Go to SECTION 2 (Informed Consent)

CATI: IF RECRUIT=1 and ALTPRESENT=1, Go to SECTION 1

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 - 2020 CATI SPECIFICATIONS

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**ASTSTAT = 2**

## SAMPLE ELEMENTS

PATIENT TYPE

1. Adult
2. Child

ADULT NAME

ADULT SEX

1. Male
2. Female

CHILD NAME

CHILD SEX

1. Male
2. Female

BRFSS 'ASTHNOW'

1. Yes
2. No
5. SYSTEM MISSING
7. Don't Know
9. Refused

BRFSS 'CASTHNO2'

1. Yes
2. No
5. SYSTEM MISSING
7. Don't Know
9. Refused

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

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

## Section 1. Introduction

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

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the **Florida Department of Health** and the Centers for Disease Control and Prevention about an asthma {ALTERNATE: a health} study we are doing in your State. During a recent phone interview {sample person first name or initials} indicated {he/she} would be willing to participate in this study [if 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/ALTName}?**

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 {ADULtname/ALTName}?**

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
- (9) REFUSED

**1.3 Enter time/date for return call \_\_\_\_\_**

**1.4 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 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.**



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

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

1.7 Are you {ALTName}?

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

1.8 May I speak with {ALTName}?

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

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

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

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

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

1.10 READ ALT 1

During a recent phone interview {ADULTName} indicated {CHILDName} had asthma and that you were more knowledgeable about {his/her} asthma. It would be better if you would complete this interview about {CHILDName}.

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

[GO TO SECTION 2]

#### 1.11 READ ALT 2:

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the **Florida Department of Health** and the Centers for Disease Control and Prevention about an asthma study we are doing in your State. During a recent phone interview {ADULTName} indicated {CHILDName} had asthma and that you were more knowledgeable about {his/her} asthma. It would be better if you would complete this interview about {CHILDName}.

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

[GO TO SECTION 2]

## Section 2: Informed Consent

### INFORMED CONSENT

[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)]**

### **CHILD CONSENT**

**[If responses for sample child were "yes" (1) to CASTHDX2 and "no" (2) to CASTHNO2 in core BRFS 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 BRFS 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 BRFS 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
  
- (7) DON'T KNOW
- (9) REFUSED

**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

(7) DON'T KNOW

(9) REFUSED

**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 | <b>[SKIP TO EPIS_INT]</b>     |
| (30) EVERY DAY                       | <b>[CONTINUE]</b>             |
| (77) DON'T KNOW                      | <b>[SKIP TO 4.3 ASLEEP30]</b> |
| (99) REFUSED                         | <b>[SKIP TO 4.3 ASLEEP30]</b> |

**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 past two weeks, 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
- (9) REFUSED

**[SKIP TO INS1 (section 5)]**  
**[SKIP TO INS1 (section 5)]**

EPIS\_TP (4.6)

During the past three months, 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

**Section 5. Health Care Utilization**

**All respondents continue here:**

**INS1 (5.01)** [Do you / Does Child name] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

- (1) YES [continue]
- (2) NO [SKIP TO PRE- 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

(9) REFUSED

**[SKIP TO URG\_TIME]**

**[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]

**HOSP TIME (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"]**

**HOSP PLAN (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.

**Section 8. Medications**

**OTC (8.1)**

**[IF LAST\_MED = 88 (NEVER), SKIP TO SECTION 9. ELSE, CONTINUE.]**

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

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

- (1) YES

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

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

- (1) YES
- (2) NO [SKIP TO SCR\_MED1]
- (7) DON'T KNOW [SKIP TO SCR\_MED1]
- (9) REFUSED [SKIP TO SCR\_MED1]

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

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

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

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

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

**SCR\_MED1 (8.5)** **[IF LAST\_MED = 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9] (88 removed)**

Now I am going to ask questions about specific prescription medications [you / Child name] may have taken for asthma in the past 3 months. 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

**INH\_SCR (8.8)**

**[IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]**

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
- (9) REFUSED

**[SKIP TO PILLS]**  
**[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	<b>Advair</b> (+ A. Diskus)	ăd-vâr (or add-vair)
02	Aerobid	â-rō'bīd (or air-row-bid)
03	<b>Albuterol</b> (+ A. sulfate or salbutamol)	ăl'-bu'ter-ōl (or al-BYOO-ter-ole) sāl-byū'tə-môl'
04	Alupent	al-u-pent
43	<b>Alvesco</b> (+ Ciclesonide)	<b>al-ves-co</b>
40	Asmanex (twisthaler)	as-muh-neks twist-hey-ler
05	<b>Atrovent</b>	At-ro-vent
06	<b>Azmacort</b>	az-ma-cort
07	<u>Beclomethasone dipropionate</u>	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	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye-tole-ter-ole)
10		
11	<u>Budesonide</u>	byoo-des-oh-nide
12	<b>Combivent</b>	com-bi-vent
13	<u>Cromolyn</u>	kro'mō-lin (or KROE-moe-lin)
44	<b>Dulera</b>	<b>du-le-ra</b>
14	<b>Flovent</b>	flow-vent
15	Flovent Rotadisk	flow-vent row-ta-disk
16	<u>Flunisolide</u>	floo-nis'o-līd (or floo-NISS-oh-lide)
17	<u>Fluticasone</u>	flue-TICK-uh-zone
34	Foradil	FOUR-a-dil
35	<u>Formoterol</u>	for moh' te rol
18		
19	<u>Ipratropium Bromide</u>	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
37	<u>Levalbuterol tartrate</u>	lev-al-BYOU-ter-ohl
20	Maxair	măk-sâr
21	<u>Metaproteronol</u>	met"ah-pro-ter'ë-nōl (or met-a-proe-TER-e-nole)
39	<u>Mometasone furoate</u>	moe-MET-a-sone
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr-bu'ter-ōl (or peer-BYOO-ter-ole)
41	Pro-Air HFA	proh-air HFA
24	<b>Proventil</b>	pro"ven-til' (or pro-vent-il)
25	<b>Pulmicort Flexhaler</b>	pul-ma-cort flex-hail-er
36	<b>QVAR</b>	q -vâr (or q-vair)
03	<u>Salbutamol (or Albuterol)</u>	sāl-byū'tə-môl'
26	<u>Salmeterol</u>	sal-ME-te-role



27	<b>Serevent</b>	<b>Sair-a-vent</b>
42	Symbicort	<b>sim-buh-kohrt</b>
28	<u>Terbutaline (+ T. sulfate)</u>	ter-bu'tah-lēn (or ter-BYOO-ta-leen)
29		
30	Tornalate	<b>tor-na-late</b>
31	<u>Triamcinolone acetonide</u>	tri'am-sin'o-lōn as"ě-tō-nīd' (or trye-am-SIN-oh-lone)
32	Vanceril	<b>van-sir-il</b>
33	Ventolin	<b>vent-o-lin</b>
38	Xopenex HFA	ZOH-pen-ecks
66	Other, Please Specify	<b>[SKIP TO OTH_I1]</b>

**[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 ADMINISTER QUESTIONS ILP03 THRU ILP10 FOR EACH MEDICINE 01 – 44 REPORTED IN INH\_MEDS, BUT NOT FOR 66 (OTHER).]**

**[FOR FILL [MEDICINE FROM INH\_MEDS SERIES] FOR QUESTIONS ILP03 THROUGH ILP10]**

**SKIP before ILP03**

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

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

- (1) YES
- (2) NO
- (3) Medication is a dry powder inhaler or disk inhaler, not a canister inhaler
- (4) Medication has a built-in spacer/does not need a spacer**
- (7) DON'T KNOW
- (9) REFUSED

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

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

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

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

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

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

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

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

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

3 \_\_ Times per DAY **[RANGE CHECK: (>10)]**

4 \_ \_ Times per WEEK [RANGE CHECK: (>75)]  
5 5 5 Never  
6 6 6 LESS OFTEN THAN ONCE A WEEK  
7 7 7 Don't know / Not sure  
9 9 9 Refused

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

**[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)]**

**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

(9) REFUSED

[SKIP TO SYRUP]

[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	<b>Accolate</b>	ac-o-late
02	Aerolate	air-o-late
03	<b>Albuterol</b>	äl'-bu'ter-öl (or al-BYOO-ter-all)
04	Alupent	al-u-pent
49	Brethine	<b>breth-een</b>
05	Choledyl (oxtriphylline)	ko-led-il
07	Deltasone	del-ta-sone
08	Elixophyllin	e-licks-o-fil-in
11	Medrol	<b>Med-rol</b>
12	Metaprel	<b>Met-a-prell</b>
13	<u>Metaproteronol</u>	met"ah-pro-ter'ë-nöl (or met-a-proe-TER-e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred-niss-oh-lone (or meth-il-pred-NIS-oh-lone)
15	<b>Montelukast</b>	mont-e-lu-cast
17	Pediapred	Pee-dee-a-pred
18	<b>Prednisolone</b>	pred-NISS-oh-lone
19	<b>Prednisone</b>	PRED-ni-sone
21	Proventil	pro-ven-til
23	Respid	res-pid
24	<b>Singular</b>	sing-u-lair
25	Slo-phyllin	slow- fil-in
26	Slo-bid	slow-bid
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	<b>thee-o-24</b>
30	Theochron	<b>thee -o-kron</b>
31	Theoclear	<b>thee-o-clear</b>
32	<b>Theodur</b>	<b>thee-o-dur</b>
33	<b>Theo-Dur</b>	<b>thee-o-dur</b>
35	<b>Theophylline</b>	thee-OFF-i-lin
37	Theospan	<b>thee-o-span</b>
40	T-Phyl	t-fil
42	<b>Uniphyl</b>	u-ni-fil
43	Ventolin	<b>vent-o-lin</b>
44	Volmax	<b>vole-max</b>
45	<u>Zafirlukast</u>	za-FIR-loo-kast
46	Zileuton	zye-loo-ton
47	Zyflo Filmtab	<b>zye-flow film tab</b>
66	Other, please specify	<b>[SKIP TO OTH_P1]</b>

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

(88) NO PILLS [SKIP TO SYRUP]

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

**OTH\_P1**

**[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]**

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

**[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	<u>Albuterol</u>	ăl'-bu'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	al-u-pent
03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye-tole-ter-ole)
05	Budesonide	byoo-des-oh-nide
17	<b>Combivent Inhalation Solution</b>	<b>com-be-vent</b>
06	<u>Cromolyn</u>	kro'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	in-tel
09	<u>Ipratropium bromide</u>	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro-ter'ě-nōl (or met-a-proe-TER-e-nole)
18	<b>Perforomist (Formoterol)</b>	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 for [your / his/her] asthma but could not because of the cost?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**ASSPCOST (9.2)** Was there a time in the past 12 months when (you were/he/she was) referred to a specialist for (IF PATIENT TYPE=CHILD, INSERT “(his/her)”) asthma care but could not go because of the cost?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

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

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

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**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 | <b>[SKIP TO WORKENV5 (10.4)]</b>   |
| (2) EMPLOYED PART-TIME | <b>[SKIP TO WORKENV5 (10.4)]</b>   |
| (3) NOT EMPLOYED       |                                    |
| (7) DON'T KNOW         | <b>[SKIP TO EMPL_EVER1 10.3]</b>   |
| (9) REFUSED            | <b>[SKIP TO EMPL_EVER1 (10.3)]</b> |

**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        | <b>[SKIP TO WORKENV7 (10.6)]</b> |
| (2) NO         | <b>[SKIP TO SECTION 11]</b>      |
| (7) DON'T KNOW | <b>[SKIP TO SECTION 11]</b>      |
| (9) REFUSED    | <b>[SKIP TO SECTION 11]</b>      |

//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
- (2) NO

**[SKIP TO WORKTALK (10.9)]**

- (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)]

**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

**Section 10C. School Related Asthma**

**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 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]**

**[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 THIS QUESTION TO ASSIST THE INTERVIEWER]

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

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

DCARE\_APL (C10.13) [IF DAYCARE1 (10.11) = YES (1) THEN READ: “Please answer these next few questions about the daycare {child’s name} went to last. “

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

(1) YES

(2) NO

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

**DCARE\_ANML(C10.14)**

Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} room at daycare?

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

**DCARE\_MLD (C10.15)** Are you aware of any mold problems in {his/her} daycare?

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

**DCARE\_SMK (C10.16)** Is smoking allowed at {his/her} daycare?

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

**Section 11. Comorbid Conditions**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 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.**

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

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

<b>CAM_HERB (12.1)</b>	<b>herbs</b>	<b>(1) YES</b>	<b>(2) NO</b>	<b>(7) DK</b>	<b>(9) REF</b>
<b>CAM_VITA (12.2)</b>	<b>vitamins</b>	<b>(1) YES</b>	<b>(2) NO</b>	<b>(7) DK</b>	<b>(9) REF</b>
<b>CAM_PUNC (12.3)</b>	<b>acupuncture</b>	<b>(1) YES</b>	<b>(2) NO</b>	<b>(7) DK</b>	<b>(9) REF</b>
<b>CAM_PRES (12.4)</b>	<b>acupressure</b>	<b>(1) YES</b>	<b>(2) NO</b>	<b>(7) DK</b>	<b>(9) REF</b>
<b>CAM_AROM (12.5)</b>	<b>aromatherapy</b>	<b>(1) YES</b>	<b>(2) NO</b>	<b>(7) DK</b>	<b>(9) REF</b>
<b>CAM_HOME (12.6)</b>	<b>homeopathy</b>	<b>(1) YES</b>	<b>(2) NO</b>	<b>(7) DK</b>	<b>(9) REF</b>
<b>CAM_REFL (12.7)</b>	<b>reflexology</b>	<b>(1) YES</b>	<b>(2) NO</b>	<b>(7) DK</b>	<b>(9) REF</b>
<b>CAM_YOGA (12.8)</b>	<b>yoga</b>	<b>(1) YES</b>	<b>(2) NO</b>	<b>(7) DK</b>	<b>(9) REF</b>
<b>CAM_BR (12.9)</b>	<b>breathing techniques</b>	<b>(1) YES</b>	<b>(2) NO</b>	<b>(7) DK</b>	<b>(9) REF</b>
<b>CAM_NATR (12.10)</b>	<b>naturopathy</b>	<b>(1) YES</b>	<b>(2) NO</b>	<b>(7) DK</b>	<b>(9) REF</b>

**[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

**Section 13. Additional Child Demographics**

**IF RESPONDENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO THANK AND END.**

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

**HEIGHT1** How tall is {child's name}?

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

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

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

**Examples:**

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

6 feet = 600 (6 feet, zero inches)  
5'3" = 503 (5 feet, 3 inches)

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

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

**WEIGHT1** How much does {he/she} weigh?

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

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

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

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

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

**BIRTHW1**

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

<u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	Weight (pounds/kilograms)
<u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u>	Don't know / Not sure
999999	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

**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**



## 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 BRFS coordinators' upload/download site.

#### INH\_MEDS

	Medication	Pronunciation
01	<b>Advair</b> (+ A. Diskus)	ăd-vâr (or <b>add</b> -vair)
02	Aerobid	â-rŏ'bĭd (or <b>air</b> -row-bid)
03	<b>Albuterol</b> (+ A. sulfate or salbutamol)	ăl'- <b>bu</b> 'ter-ŏl (or al- <b>BYOO</b> -ter-ole) săl-byŭ'tə-mŏl'
04	Alupent	<b>al</b> -u-pent
43	<b>Alvesco</b> (+ Ciclesonide)	<b>al-ves-co</b>
40	Asmanex (twisthaler)	<b>as</b> -muh-neks <b>twist</b> -hey-ler
05	<b>Atrovent</b>	At-ro-vent
06	<b>Azmacort</b>	<b>az</b> -ma-cort
07	<u>Beclomethasone dipropionate</u>	bek''lo- <b>meth</b> 'ah-son dĭ <b>pro</b> 'pe-o-năt (or be-kloe- <b>meth</b> -a-son)
08	Beclovent	be' klo-vent" (or <b>be</b> -klo-vent)
09	<u>Bitolterol</u>	bi-tŏl'ter-ŏl (or bye- <b>tole</b> -ter-ole)
10		
11	<u>Budesonide</u>	byoo- <b>des</b> -oh-nide
12	<b>Combivent</b>	<b>com</b> -bi-vent

13	<u>Cromolyn</u>	<b>kro</b> 'mō-lin (or <b>KROE</b> -moe-lin)
44	<b>Dulera</b>	<b>du-le-ra</b>
14	<b>Flovent</b>	<b>flow</b> -vent
15	Flovent Rotadisk	<b>flow</b> -vent <b>row</b> -ta-disk
16	<u>Flunisolide</u>	floo- <b>nis</b> 'o-līd (or floo- <b>NISS</b> -oh-lide)
17	<u>Fluticasone</u>	flue- <b>TICK</b> -uh-zone
34	Foradil	<i>FOUR</i> -a-dil
35	<u>Formoterol</u>	for moh' te rol
18		
19	<u>Ipratropium Bromide</u>	īp-rah- <b>tro</b> 'pe-um bro'mīd (or ip-ra- <b>TROE</b> -pee-um)
37	<u>Levalbuterol tartrate</u>	<b>lev</b> -al- <b>BYOU</b> -ter-ohl
20	Maxair	<b>māk</b> -sâr
21	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ē-nōl (or met-a-proe- <b>TER</b> -e-nole)
39	<u>Mometasone furoate</u>	<b>moe</b> - <b>MET</b> -a-sone
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr- <b>bu</b> 'ter-ōl (or peer- <b>BYOO</b> -ter-ole)
41	Pro-Air HFA	<b>proh</b> -air HFA
24	<b>Proventil</b>	pro"ven-til' (or pro-vent-il)
25	<b>Pulmicort Flexhaler</b>	<b>pul</b> -ma-cort flex-hail-er
36	<b>QVAR</b>	<b>q</b> -vâr (or q-vair)
03	<u>Salbutamol (or Albuterol)</u>	sāl-byū'tē-mōl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	<b>Serevent</b>	<b>Sair</b> -a-vent
42	<u>Symbicort</u>	<b>sim</b> -buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter- <b>bu</b> 'tah-lēn (or ter- <b>BYOO</b> -ta-leen)
29		
30	Tornalate	<b>tor</b> -na-late
31	<u>Triamcinolone acetonide</u>	tri"am- <b>sin</b> 'o-lōn as"ē-tō-nīd' (or trye-am- <b>SIN</b> -oh-lone)
32	Vanceril	<b>van</b> -sir-il
33	Ventolin	<b>vent</b> -o-lin
38	Xopenex HFA	<i>ZOH</i> -pen-ecks
66	Other, Please Specify	[SKIP TO OTH_I1]

## PILLS\_MED

	<b>Medication</b>	<b>Pronunciation</b>
01	<b>Accolate</b>	<b>ac</b> -o-late
02	Aerolate	<b>air</b> -o-late
03	<b>Albuterol</b>	āl'- <b>bu</b> 'ter-ōl (or al- <b>BYOO</b> -ter-all)
04	Alupent	<b>al</b> -u-pent
49	Brethine	<b>breth</b> -een
05	Choledyl (oxtriphylline)	<b>ko</b> -led-il
07	Deltasone	<b>del</b> -ta-sone
08	Elixophyllin	e-licks- <b>o</b> -fil-in
11	Medrol	<b>Med</b> -rol
12	Metaprel	<b>Met</b> -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ē-nōl (or met-a-proe- <b>TER</b> -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- <b>niss</b> -oh-lone (or meth-il-pred- <b>NIS</b> -oh-lone)
15	<b>Montelukast</b>	mont-e- <b>lu</b> -cast
17	Pediapred	Pee- <b>dee</b> -a-pred

18	<b>Prednisolone</b>	pred-NISS-oh-lone
19	<b>Prednisone</b>	PRED-ni-sone
21	Proventil	pro- <b>ven</b> -til
23	Respid	<b>res</b> -pid
24	<b>Singular</b>	<b>sing</b> -u-lair
25	Slo-phyllin	<b>slow</b> - fil-in
26	Slo-bid	<b>slow</b> -bid
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	<b>thee</b> -o-24
30	Theochron	<b>thee</b> -o-kron
31	Theoclear	<b>thee</b> -o-clear
32	<b>Theodur</b>	<b>thee</b> -o-dur
33	<b>Theo-Dur</b>	<b>thee</b> -o-dur
35	<b>Theophylline</b>	thee- <b>OFF</b> -i-lin
37	Theospan	<b>thee</b> -o-span
40	T-Phyl	<b>t</b> -fil
42	<b>Uniphyll</b>	<b>u</b> -ni-fil
43	Ventolin	<b>vent</b> -o-lin
44	Volmax	<b>vole</b> -max
45	<u>Zafirlukast</u>	za- <b>FIR</b> -loo-kast
46	Zileuton	zye- <b>loo</b> -ton
47	Zyflo Filmtab	<b>zye</b> -flow <b>film</b> tab

#### SYRUP\_ID

	Medication	Pronunciation
01	Aerolate	<b>air</b> -o-late
02	<u>Albuterol</u>	äl'- <b>bu</b> 'ter-öl (or al-BYOO-ter-ole)
03	Alupent	<b>al</b> -u-pent
04	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ë-nöl (or met-a-proe-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	<b>pre</b> -loan
07	Proventil	Pro- <b>ven</b> -til
08	Slo-Phyllin	<b>slow</b> -fil-in
09	<u>Theophyllin</u>	thee- <b>OFF</b> -i-lin
10	Ventolin	<b>vent</b> -o-lin

#### NEB\_ID

	Medication	Pronunciation
01	Albuterol	äl'- <b>bu</b> 'ter-öl (or al-BYOO-ter-ole)
02	Alupent	<b>al</b> -u-pent
03	Atrovent	At-ro-vent
04	Bitolterol	bi-töl'ter-öl (or bye- <b>tole</b> -ter-ole)
05	Budesonide	byoo- <b>des</b> -oh-nide
<b>17</b>	<b>Combivent Inhalation Solution</b>	<b>com-be-vent</b>
06	Cromolyn	<b>kro</b> 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	<b>in</b> -tel

09	<u>Ipratropium bromide</u>	ĭp-rah- <b>tro</b> 'pe-um bro'mĭd (or ip-ra- <b>TROE</b> -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ĕ-nōl (or met-a-proe-TER-e-nole)
<b>18</b>	<b><u>Perforomist/Formoterol</u></b>	per-foro-mist/for-MOE-ter-ol
12	Proventil	Pro- <b>ven</b> -til
13	Pulmicort	<b>pul</b> -ma-cort
14	Tornalate	<b>tor</b> -na-late
15	Ventolin	<b>vent</b> -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>
66	Other, Please Specify:	<b>[SKIP TO OTH_N1]</b>

## ZRHER Call-Back Permission Script

**Pre-ZRHER Recruitment: IF SEX=2 (FEMALE) & AGE=18-49 & STATERES=1 CONTINUE: Else go to CLOSING STATEMENT**

**CATI NOTE:** ASK FOR JUNE-DECEMBER SAMPLE MONTH RESPONDENTS (monthnm 6-12)

**CALLBCKZ** We would like to call you again to talk in more detail about your reproductive health. The information will be used to help develop and improve the programs in Florida. Would it be okay if we called you back to ask questions related to reproductive health at a later time?

Nos gustaría llamarle nuevamente para hablar con usted con más detalle sobre temas relacionados a la salud reproductiva y el virus del Zika, y cuán preparada está usted para otras emergencias de salud pública, como un huracán u otro brote de una enfermedad infecciosa.

La información se usará para ayudar a desarrollar y mejorar la preparación ante emergencias en Florida. La información que nos dio hoy y la que nos provea en el futuro se mantendrá confidencial.

Si usted acepta, mantendremos su nombre o iniciales y número de teléfono en un archivo, separado de las respuestas recopiladas hoy.

Aunque usted esté de acuerdo ahora, puede negarse a participar en el futuro. ¿Estaría bien si te volviéramos a llamar en otro momento para hacer preguntas adicionales?

- 1 Yes [GO TO CALLBCKZNAME]
- 2 No [GO TO CLOSING STATEMENT]

**CALLBCKZNAME** Can I please have either your first name or initials so we will know who to ask for when we call back?

¿Puedo por favor tener su nombre o iniciales para que sepamos con quién hablar cuando lo llamemos?

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

## CLOSING STATEMENT

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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.

## Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

**Lang1.** In what language was this interview completed?  
(QSTLANG)

- 1 English
- 2 Spanish