

**Adult and Child Asthma Call-back Surveys  
Spanish Questionnaires  
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*Spanish translation provided by [Survey Research Group](#)  
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**BRFSS/ASTHMA SURVEY  
SPANISH ADULT QUESTIONNAIRE – 2006/7**

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## Section 1. Introduction

### **Introduction to the BRFSS Asthma Call-Back Survey for Adult respondents with asthma:**

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the {state name} health department and the Centers for Disease Control and Prevention about an asthma {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.

Hola, mi nombre es \_\_\_\_\_. Estoy llamando de parte {state health department}, acerca de un estudio sobre el asma. Durante una entrevista telefónica {sample person's first name or initials} indico que {el/ella} estaría dispuesto(a) a participar en este estudio.

### **ALTERNATE (no reference to asthma):**

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the {state name} health department and the Centers for Disease Control and Prevention about a health study we are doing in your state. During a recent phone interview {sample person first name or initials} indicated {he/she} would be willing to participate in this study.

Hola, mi nombre es \_\_\_\_\_. Estoy llamando de parte {state health department} acerca de un estudio que estamos haciendo en su estado. Durante una entrevista telefónica {sample person first name or initials} indico que {el/ella} estaría dispuesto(a) a participar en este estudio.

1.1 Are you {sample person's name}?

¿Es usted {sample person's first name or initials}?

- (1) YES (go to informed consent)
- (2) NO

1.2 May I speak with {sample person's name}?

¿Me permite hablar con {sample person first name}?

- (1) YES (go to 1.3 when sample person comes to phone)
- (2) NO If not available set time for return call

1.3 Hello, my name is \_\_\_\_\_. I'm calling on behalf of the {state name} state health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview you indicated that you had asthma and would be able to complete the follow-up interview on asthma at this time.

Hola, mi nombre es \_\_\_\_\_. Estoy llamando de parte {state health department}, acerca de un estudio que estamos haciendo en su estado. Durante una entrevista telefónica, que usted hizo anteriormente, usted indicó que tenía asma y que estaría dispuesto(a) ahora para hacer esta entrevista referente al asma.

### **ALTERNATE (no reference to asthma):**

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the {state name} state health department and the Centers for Disease Control and Prevention about a health study we are doing in your state. During a recent phone interview you indicated that you would be able to complete the follow-up interview at this time.

Hola, mi nombre es \_\_\_\_\_. Estoy llamando de parte {state health department}, acerca de un estudio que estamos haciendo en su estado. Durante una entrevista telefónica, usted indico que estaría dispuesto(a) ahora, para terminar esta entrevista.

## Section 2: Informed Consent

### **INFORMED CONSENT**

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

**Antes de continuar, Me gustaría que usted sepa, que esta encuesta esta autorizada por el Acto de Servicios de Salud Publica de Los Estados Unidos.**

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

**Usted fue elegido(a) para participar en este estudio acerca del asma, por sus repuestas a preguntas en una encuesta anterior.**

**[If “yes” to lifetime (“Have you ever been told by a doctor, nurse, or other health professional that you had asthma?) and “no” to current (“Do you still have asthma?”) in core BRFSS survey, read:]**

Your answers to the asthma questions during the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, but you do not have it now. Is that correct?

**Sus respuestas a las preguntas sobre el asma en una encuesta anterior, indicaron que un médico u otro profesional de salud, le dijo que usted tenia asma en alguna ocasión en su vida, pero usted ahora, ya no la tiene. ¿Correcto?**

**(IF “YES,” READ TEXT BELOW; IF “NO,” Go to REPEAT (2.0))**

Since you no longer have asthma, your interview will be very brief (about 5 minutes). You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

**[Go to section 3]**

**Como usted ya no tiene asma, su entrevista será muy breve (como 5 minutos). Usted puede optar a no contestar ninguna pregunta que no quiera contestar o parar en cualquier momento. Para evaluar mi trabajo, puede que mi supervisora escuche mientras le hago las preguntas.**

**[If “yes” to lifetime and “yes” to current in core BRFSS survey, read:]**

Your answers to the asthma questions in the earlier survey indicated that that a doctor or other health professional told you that you had asthma sometime in your life, and that you still have asthma. Is that correct?

**Sus respuestas a las preguntas sobre el asma en una encuesta anterior, indicaron que un médico u otro profesional de salud, le dijo que usted tenia asma en alguna ocasión en su vida, y usted todavía tiene asma, ¿Correcto?**

**(IF “YES,” READ TEXT BELOW; IF “NO,” Go to REPEAT (2.0))**

Since you have asthma now, your interview will last about 15 minutes. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

**[Go to section 3]**

**\*\*Como usted todavía tiene asma, su entrevista durará como unos 15 minutos. Usted puede optar a no contestar ninguna pregunta que no quiera contestar o parar en cualquier momento. Para evaluar mi trabajo, puede ser que mi supervisora escuche mientras le hago las preguntas.**

**REPEAT (2.0)**

**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?” If yes, continue. If not the correct respondent, ask to speak to that person, and start over at section 1.**

**I would like to repeat the questions from the previous survey now to make sure you qualify for this study.**

**Me gustaría preguntarle otra vez unas preguntas de la encuesta anterior, para asegurar(nos) que usted califica para este estudio.**

**EVER\_ASTH (2.1)** **Have you ever been told by a doctor or other health professional that you have asthma?**  
**¿Alguna vez le ha dicho algún médico u otro profesional de la salud que usted tiene asma?**

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

**CUR\_ASTH (2.2)** **Do you still have asthma?**  
**¿Todavía tiene usted asma?**

- (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

**Usted si califica para este estudio. Me gustaría continuar ahora, al menos de que usted tenga algunas preguntas. Usted puede optar a no contestar ninguna pregunta que no quiera contestar o parar en cualquier momento. Para evaluar mi trabajo, puede que mi supervisora escuche mientras le hago las preguntas.**

**[If YES to 2.2 read:]**

Since you have asthma now, your interview will last about 15 minutes. **[Go to section 3]**

**Como usted todavía tiene asma, su entrevista durara como unos 15 minutos.**

**[If NO to 2.2 read:]**

Since do not have asthma now, your interview will last about 5 minutes. **[Go to section 3]**

**Como usted ya no tiene asma, su entrevista durara como unos 5 minutos.**

**[If (7) "don't know" or (9) "refused" to 2.2, read:]**

Since you are not sure if you have asthma now, your interview will probably last about 10 minutes. **[Go to section 3]**

**Como usted no esta seguro(a) si todavía tiene usted asma, su entrevista durara como unos 10 minutos.**

**Some states may require the following section:**

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

**Alguna de la información que usted compartió con nosotros cuando llamamos anteriormente, podría ser útil para este estudio.**

**PERMISS (2.3)** **May we combine your answers to this survey with your answers from the survey you did a few weeks ago?**

**¿Podríamos combinar sus respuestas de esta encuesta, con sus respuestas de la encuesta que usted completó, hace unas semanas?**

- (1) YES [Skip to Section 3]
- (2) NO [GO TO TERMINATE]
  
- (7) DON'T KNOW [GO TO TERMINATE]
- (9) REFUSED [GO TO TERMINATE]

**TERMINATE:**

**Upon survey termination, READ:**

Those are all the questions I have. I'd like to thank you on behalf of the {state name} Health Department and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at {1-XXX-XXX-XXXX}. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at {1-XXX-XXX-XXXX}. Thanks again. Goodbye.

Esas son todas las preguntas que tengo. Me gustaría agradecerle en nombre del {state health department} por responder a nuestras preguntas. Si usted tiene preguntas acerca de esta encuesta, usted puede llamar a mi Supervisora sin costo al: {1-XXX-XXX-XXXX}. Si usted tiene preguntas acerca de sus derechos como participante de esta encuesta, usted puede llamar al presidente de la Junta Institucional de Revisión al {1-XXX-XXX-XXXX}. Una vez más gracias y Adiós.

**Section 3. Recent History**

**AGEDX (3.1)**      **How old were you when you were first told by a doctor or other health professional that you had asthma?**  
**¿Qué edad tenía cuando le dijo por primera vez un médico u otro profesional de la salud que usted tenía asma?**

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

- (777) DON'T KNOW
- (888) UNDER ONE YEAR OLD
- (999) REFUSED

**INCIDENT (3.2)**      **How long ago was that? Was it...**  
**¿Cuánto tiempo tiene de eso?**

**[Please read categories]**

- |     |                           |                              |
|-----|---------------------------|------------------------------|
| (1) | WITHIN THE PAST 12 MONTHS | DURANTE LOS ÚLTIMOS 12 MESES |
| (2) | 1-5 YEARS AGO             | DESDE HACE 1-5 AÑOS          |
| (3) | MORE THAN 5 YEARS AGO     | HACE MAS DE 5 AÑOS           |

**[Do not read]**

- (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 asthma? This could have been in your doctor's office, the hospital, an emergency room or urgent care center.**  
**¿Cuánto tiempo tiene desde la última vez que usted habló con un médico u otro profesional de la salud acerca de su asma? Esto pudo haber sido en el consultorio de su doctor, hospital, sala de emergencias o centro de urgencias.**

**[Please read response options if necessary]**

- |      |                                 |                               |
|------|---------------------------------|-------------------------------|
| (88) | NEVER                           | NUNCA                         |
| (04) | WITHIN THE PAST YEAR            | DURANTE EL AÑO PASADO         |
| (05) | 1 YEAR TO LESS THAN 3 YEARS AGO | HACE UN AÑO Á MENOS DE 3 AÑOS |
| (06) | 3 YEARS TO 5 YEARS AGO          | HACE 3 AÑOS - 5 AÑOS          |
| (07) | MORE THAN 5 YEARS AGO           | HACE MÁS DE 5 AÑOS            |

**[Do not read]**

- (77) DON'T KNOW
- (99) REFUSED

**LAST\_MED (3.4) How long has it been since you last took asthma medication?**  
**¿Cuánto tiempo tiene desde la última vez que usted tomó medicamento para el asma?**

**[Please read response options if necessary]**

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| (88) NEVER                            | NUNCA                             |
| (01) LESS THAN ONE DAY AGO            | HACE MENOS DE UN DÍA              |
| (02) 1-6 DAYS AGO                     | HACE DE 1 Á 6 DÍAS                |
| (03) 1 WEEK TO LESS THAN 3 MONTHS AGO | HACE UNA SEMANA Á MENOS DE UN AÑO |
| (04) 3 MONTHS TO LESS THAN 1 YEAR AGO | HACE 3 MESES Á MENOS DE 1 AÑO     |
| (05) 1 YEAR TO LESS THAN 3 YEARS AGO  | HACE 1 AÑO Á MENOS DE 3 AÑOS      |
| (06) 3 YEARS TO 5 YEARS AGO           | HACE 3 AÑOS Á 5 AÑOS              |
| (07) MORE THAN 5 YEARS AGO            | HACE MÁS DE 5 AÑOS                |

**[Do not read]**

- (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 not** have a cold or respiratory infection.

Los síntomas del asma incluyen tos, resollar, falta de aire, opresión en el pecho y producción de flemas cuando **usted no tiene** un resfriado ni una infección respiratoria.

**LASTSYMP (3.5) How long has it been since you last had any symptoms of asthma?**  
**¿Cuánto tiempo tiene desde que tuvo algún síntoma de asma?**

**[Read response options if necessary]**

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| (88) NEVER                            | NUNCA                             |
| (01) LESS THAN ONE DAY AGO            | HACE MENOS DE UN DÍA              |
| (02) 1-6 DAYS AGO                     | HACE DE 1 Á 6 DÍAS                |
| (03) 1 WEEK TO LESS THAN 3 MONTHS AGO | HACE UNA SEMANA Á MENOS DE UN AÑO |
| (04) 3 MONTHS TO LESS THAN 1 YEAR AGO | HACE 3 MESES Á MENOS DE 1 AÑO     |
| (05) 1 YEAR TO LESS THAN 3 YEARS AGO  | HACE 1 AÑO Á MENOS DE 3 AÑOS      |
| (06) 3 YEARS TO 5 YEARS AGO           | HACE 3 AÑOS Á 5 AÑOS              |
| (07) MORE THAN 5 YEARS AGO            | HACE MÁS DE 5 AÑOS                |

**[Do not read]**

- (77) DON'T KNOW  
(99) REFUSED

**IF AN ADULT AND THEY DO NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED “NEVER” OR “MORE THAN ONE YEAR AGO” TO EACH OF 1) SEEING A DOCTOR ABOUT ASTHMA, 2) TAKING ASTHMA MEDICATION, AND 3) SHOWING SYMPTOMS OF ASTHMA, THEN SKIP SECTION 4.**

**IF CUR\_ASTH (2.2) = 2 AND LAST\_MD (3.3) = 88, 05, 06, or 07 AND LAST\_MED (3.4) = 88, 05, 06, or 07, AND LASTSYMP (3.5) = 88, 05, 06, or 07, THEN SKIP TO INS1 (Section 5).**



**Yes to “still,” do section 4**

**No to “still” and nothing within a year, skip all of section 4 because all questions reference 2 weeks to 1 year**

**No to “still,” and something within a year, do parts of Section 4**

**DON'T KNOW/REFUSED to current asthma, do Section 4**

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

**IF LAST SYMPTOMS (3.5) WERE WITHIN THE PAST 3 MONTHS CONTINUE. IF LAST SYMPTOMS WERE 3 MONTHS TO 1 YEAR AGO, SKIP TO EPISODE INTRODUCTION (EPIS\_INT - BETWEEN QUESTIONS 4.4 AN 4.5); IF SYMPTOMS WERE 1-5+ YEARS AGO, SKIP TO SECTION 5; IF NEVER HAD SYMPTOMS, SKIP TO SECTION 5; IF DON'T KNOW/REFUSED 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 have any symptoms of asthma?  
Durante los últimos 30 días, ¿en cuántos días tuvo usted algún síntoma de asma?**

\_\_ \_\_ DAYS

**[SKIP TO 4.3 ASLEEP30]**

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

**[SKIP TO EPIS\_INT]  
[CONTINUE]**

(77) DON'T KNOW  
(99) REFUSED

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

**DUR\_30D (4.2) Do you have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.  
¿Tiene usted síntomas de asma, todo el tiempo? Todo el tiempo quiere decir síntomas que continúan a través del día. No nos referimos a síntomas que son a ratitos cada día.**

(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 to stay asleep?  
Durante los últimos 30 días, ¿en cuantos días le causaron los síntomas de asma dificultades para permanecer dormido(a)?**

\_\_ \_\_ DAYS/NIGHTS

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

SYMPFREE (4.4)

If LASTSYMP = 88 (never) or = 04, 05, 06, or 07 (more than 3 months ago) then SYMPFREE = 14

If SYMP\_30D = 88 (no symptoms in the past 30 days) then SYMPFREE = 14

During the past two weeks, on how many days were you completely symptom-free, that is, no coughing, wheezing, or other symptoms of asthma?

¿Durante las últimas dos semanas, en cuántos días estuvo usted completamente libre de síntomas, esto es decir, sin toser, resollar u otros síntomas de asma?

\_\_\_ \_\_\_ Number of days

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

EPIS\_INT

IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP = 4)  
PICK UP HERE; SYMPTOMS WITHIN THE PAST 3 MONTHS CONTINUE  
HERE AS WELL

**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.

Ataques de asma, a veces llamados episodios, se refieren a periodos cuando los síntomas del asma empeoran y limitan su actividad mas de lo usual o causan que usted solicite atención médica.

EPIS\_12M (4.5)

During the past 12 months, have you had an episode of asthma or an asthma attack?  
Durante los pasados 12 meses, ¿ha tenido usted un episodio o ataque de asma?

- (1) YES
- (2) NO [SKIP TO INS1 (section 5)]
- (7) DON'T KNOW [SKIP TO INS1 (section 5)]
- (9) REFUSED [SKIP TO INS1 (section 5)]

EPIS\_TP (4.6)

During the past three months, how many asthma episodes or attacks have you had?  
Durante los pasados 3 meses, ¿cuántos episodios de asma o ataques ha tenido usted?

\_\_\_ \_\_\_

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

DUR\_ASTH (4.7)

How long did your most recent asthma episode or attack last?  
¿Cuánto duro su más reciente episodio o ataque de asma?

- 1 \_\_\_ MINUTES
- 2 \_\_\_ HOURS

3\_\_ \_\_ DAYS  
4\_\_ \_\_ WEEKS

(555) NEVER  
(777) DON'T KNOW / NOT SURE  
(999) REFUSED

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

**Comparando con otros episodios o ataques, ¿ fue este más reciente ataque, mas prolongado o como lo usual?**

- (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** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?  
**¿Tiene usted alguna cobertura de salud? Incluyendo seguro de salud, planes prepagados tales como los de HMO o planes del gobierno como Medicare, Medicaid.**

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

**INS2** During the past 12 months was there any time that you did not have any health insurance or coverage?  
**Durante los pasados 12 meses, ¿estuvo usted sin seguro o cobertura de salud?**

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

**[IF SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED “NEVER “ OR “MORE THAN ONE YEAR AGO” TO SEEING A DOCTOR ABOUT ASTHMA, TAKING ASTHMA MEDICATION, AND SHOWING SYMPTOMS OF ASTHMA, SKIP TO SECTION 6]**

**[IF LAST\_MD (3.3) = 88, 05, 06, 07; SKIP TO MISS\_DAY]**

**NER\_TIME (5.1)** During the past 12 months how many times did you see a doctor or other health professional for a routine checkup for your asthma?  
**Durante los últimos 12 meses, ¿cuántas veces vio a un médico u otro profesional de la salud, para un examen de rutina para su asma?**

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

- (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 had to visit an emergency room or urgent care center because of your asthma?  
**Un centro (sala) de urgencias, trata a gente con enfermedades o heridas que tienen que ser atendidas inmediatamente y no pueden esperar para una cita medica usual. Durante los pasados 12 meses, ¿ha tenido usted que visitar una sala de emergencias o centro de urgencias por causa de su asma?**

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

**ER\_TIMES (5.3)** During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?  
**Durante los últimos 12 meses, ¿cuántas veces visitó usted una sala de emergencia centro de urgencias por causa de su asma?**

\_\_ \_\_ \_\_ ENTER NUMBER  
(777) DON'T KNOW  
(999) REFUSED

**URG\_TIME (5.4)** [IF ONE OR MORE ER VISITS (ER\_TIMES (5.3) INSERT “Besides those emergency room or urgent care center visits,”] [**“Aparte de esas visitas a la sala de emergencia o centro de urgencias”**]

During the past 12 months, how many times did you see a doctor or other health professional for urgent treatment of worsening asthma symptoms or for an asthma episode or attack?  
**Durante los últimos 12 meses, ¿cuántas veces vio usted a un médico u otro profesional de la salud, para tratamiento urgente por el empeoramiento de síntomas del asma o por un episodio o ataque de asma?**

\_\_ \_\_ \_\_ ENTER NUMBER  
(888) NONE  
(777) DON'T KNOW  
(999) REFUSED

[ IF LASTSYMP  $\geq$  5 AND  $\leq$  7, SKIP TO MISS\_DAY  
IF LASTSYMP=88 (NEVER), SKIP TO MISS\_DAY]

**HOSP\_VST (5.5)** During the past 12 months, that is since {1 YEAR AGO TODAY}, have you had to stay overnight in a hospital because of your asthma? Do not include an overnight stay in the emergency room.

**Durante los últimos 12 meses, es decir, desde {hace un año a hoy}, ¿ha tenido que pasar usted la noche en un hospital por causa de su asma? No incluya noches pasadas en la sala de emergencia.**

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

**HOSPTIME (5.6A)** During the past 12 months, how many different times did you stay in any hospital overnight or longer because of your asthma?

**Durante los últimos 12 meses, ¿en cuántas ocasiones diferentes pasó usted la noche o noches en algún hospital por causa de su asma?**

\_\_ \_\_ \_\_ TIMES

- (777) DON'T KNOW
- (999) REFUSED

**HOSPPLAN (5.7)** The last time you left the hospital, did a health professional talk with you about how to prevent serious attacks in the future?

**La última vez que usted dejó el hospital, habló con usted un profesional de la salud sobre como puede prevenir ataques serios en el futuro?**

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

**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?

**Durante los últimos 12 meses, ¿en cuántos días estuvo usted sin poder trabajar o hacer sus actividades usuales por causa de su asma?**

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

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

- (888) ZERO
- (777) DON'T KNOW
- (999) REFUSED

**ACT\_DAYS (5.9)**

**During the past 12 months, would you say you limited your usual activities due to asthma not at all, a little, a moderate amount, or a lot?**

**Durante los últimos 12 meses, ¿diría usted que limitó sus actividades usuales por causa del asma? De ninguna manera, un poco, moderadamente, o mucho.**

- (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...**  
**¿Alguna vez le ha enseñado un medico u otro profesional de la salud...**
- a. ...how to recognize early signs or symptoms of an asthma episode?  
...como reconocer las señales o síntomas tempranas de un episodio de asma?
- (1) YES  
(2) NO
- (7) DON'T KNOW  
(9) REFUSED
- 
- TCH\_RESP (6.2)**      **Has a doctor or other health professional ever taught you....**  
**¿Alguna vez le ha enseñado un medico u otro profesional de la salud...**
- b. ...what to do during an asthma episode or attack?  
...que hacer durante un episodio o ataque de asma?
- (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...**  
**Un medidor de flujo máximo, es un aparato manual que mide que rápido puede usted soplar el aire de sus pulmones. ¿Alguna vez le ha enseñado un medico u otro profesional de la salud...**
- c. ...how to use a peak flow meter to adjust your daily medications?  
...como usar un medidor de flujo máximo para ajustar sus medicamentos diarios?
- (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.**  
**Un plan de acción para el asma o plan para el control del asma, es un formulario con instrucciones cómo cambiar la cantidad o clase de medicina, cuando llamar al médico para un consejo y cuando ir a la sala de emergencias.**

**Has a doctor or other health professional EVER given you an asthma action plan?**  
**Algún médico u otro profesional de la salud, ¿ALGUNA VEZ le ha dado un plan de acción para el asma?**

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

**MGT\_CLAS (6.5)**

**Have you ever taken a course or class on how to manage your asthma?**  
**¿Alguna vez ha tomado un curso o clase acerca de cómo controlar su asma?**

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

## Section 7. Modifications to Environment

**HH\_INT** **READ:** The following questions are about your household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.  
Las próximas preguntas son acerca de su hogar y su medio ambiente. Le preguntare sobre varias cosas que pueden ser relacionadas a que usted sienta síntomas del asma.

**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.**

**Un limpiador de aire o purificador de aire, puede filtrar la contaminación como polvo, polen, moho y químicos. Se le puede poner al calentador o puede ser un aparato aparte. Sin embargo, no es lo mismo que un filtro normal de un calentador.**

**Is an air cleaner or purifier regularly used inside your home?**

**¿Se usa regularmente un limpiador o purificador de aire adentro de su casa?**

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

**DEHUMID (7.2)** **Is a dehumidifier regularly used to reduce moisture inside your home?**

**Se usa regularmente un deshumidificador para reducir la humedad a dentro de su casa?**

- (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 kitchen?**

**¿Se usa un extractor regularmente que ventila hacia fuera cuando se cocina?**

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

**COOK\_GAS (7.4)** **Is gas used for cooking?**

**¿Usa gas para cocinar?**

- (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 home? Do not include mold on food.**  
**¿En los últimos 30 días, alguien ha visto u olido moho o humedad adentro de su casa?**

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

**ENV\_PETS (7.6)**      **Does your household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?**  
**¿Tiene su hogar mascotas tales como perros, gatos, hámsteres, pájaros u otras mascotas de plumas o peludos que pasan tiempo adentro de la casa?**

- (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)**      **[SKIP THIS QUESTION IF ENV\_PETS = 2, 7, 9]**  
**Are pets allowed in your bedroom?**  
**¿Son permitidas las mascotas en su recamara?**

- (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 home?**  
**En los últimos 30 días ¿alguien ha visto una cucaracha adentro de su casa?**

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

**C\_RODENT (7.9)**      **In the past 30 days, has anyone seen mice or rats inside your home? Do not include mice or rats kept as pets.**  
**En los últimos 30 días, ¿alguien ha visto ratones o ratas adentro de su casa? No incluya ratones o ratas que tiene como mascotas.**

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

**WOOD\_STOVE (7.10)**      **Is a wood burning fireplace or wood burning stove used in your home?**  
**¿Se usa una chimenea de leña o una estufa de leña en su casa?**

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

**GAS\_STOVE (7.11)**      **Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in your home?**  
**¿Se usan los troncos de gas sin ventilación o chimeneas sin ventilación, o estufas de gas sin ventilación en su hogar?**

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

**S\_INSIDE (7.12)**      **In the past week, has anyone smoked inside your home?**  
**Durante la semana pasada, ¿ha fumado alguien adentro de casa?**

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

**INTERVIEWER READ:** Now, back to questions specifically about you.  
**Ahora regresaremos a preguntas mas especificas acerca de usted.**

**MOD\_ENV (7.13)**      **Has a health professional ever advised you to change things in your home, school, or work to improve your asthma?**  
**Alguna vez ¿le ha aconsejado un profesional de la salud que cambiara cosas en su hogar, escuela o trabajo para mejorar su asma?**

- (1) YES
- (2) NO

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

**MATTRESS (7.14)**      **Do you use a mattress cover that is made especially for controlling dust mites?**  
**¿Usa usted, una cubierta para su colchón de cama, hecha especialmente para controlar los parásitos (ácaros) de polvo?**

**[Read 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.]**

**[Esto no incluye las cubiertas normales de colchones que se usan para acolchonar o higiene (humedecimiento). Estas cubiertas son para el propósito de controlar los alérgenos (como parásitos de polvo) de habitar en el colchón. Están hechas de una tela especial, completamente cubren el colchón y tienen sierres.]**

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

**E\_PILLOW (7.15)**      **Do you use a pillow cover that is made especially for controlling dust mites?**  
**¿Usa usted, una cubierta para su almohada, hecha especialmente para controlar los parásitos (ácaros) de polvo?**

**[Read 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.]**

**[Esto no incluye las fundas (cubiertas) normales de almohada (cojín) que se usan para proteger. Estas fundas (cubiertas) son para el propósito de controlar los alérgenos (como parásitos de polvo) de habitar en la almohada (el cojín). Están hechas de una tela especial, completamente cubren la almohada y tienen sierres. ]**

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

**CARPET (7.16)**      **Do you have carpeting or rugs in your bedroom? This does not include throw rugs small enough to be laundered.**  
**¿Tiene usted alfombra o tapetes en su recámara? Esto no incluye tapetes lo suficientemente chicos para lavarse.**

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

**HOTWATER (7.17)**

**Are your sheets and pillowcases washed in cold, warm, or hot water?**  
**¿Se lavan sus sábanas y fundas de almohada con agua?**

**[Please read]**

- |          |          |
|----------|----------|
| (1) COLD | FRÍA     |
| (2) WARM | TIBIA    |
| (3) HOT  | CALIENTE |

**[Do not read]**

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

**BATH\_FAN (7.18)**

**In your bathroom, do you regularly use an exhaust fan that vents to the outside?**  
**En su baño, ¿usa regularmente un extractor de aire que ventila hacia fuera?**

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

## Section 8. Medications

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

**READ:** The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to your medication use.

**Las siguientes preguntas se refieren de los medicamentos para el asma. Las primeras preguntas son muy generalizadas, pero después las preguntas se vuelven muy específicas acerca de su uso de medicamentos.**

**OTC (8.1)** Over-the-counter medication can be bought without a doctor's order. Have you ever used over-the-counter medication for your asthma?  
**Uno puede comprar medicamentos, sin la orden de un doctor. Alguna vez ha usado usted un medicamento para su asma sin receta de un doctor?**

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

**INHALERE (8.2)** Have you ever used a prescription inhaler?  
**¿Alguna vez ha usado un inhalador recetado por un doctor?**

- (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 how to use the inhaler?  
**¿Le enseñó un médico o profesional de la salud, como usar el inhalador?**

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

**INHALERW (8.4)** Did a doctor or other health professional watch you use the inhaler?  
**¿Le vio un médico u otro profesional de la salud usar el inhalador?**

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



SCR\_MED1 (8.5)

[IF LAST\_MED = 88, 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9]

Now I am going to ask questions about specific prescription medications you may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often you take each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

Ahora le voy hacer preguntas mas especificas sobre medicamentos que son recetados y que quizá usted haya tomado para el asma en los **ÚLTIMOS 3 MESES**. Yo le preguntare por los nombres, cantidades y que seguido tomo cada medicina. Le voy a preguntar por separado por cada medicamento tomado en diversas formas: pastilla o jarabe, inhalador y nebulizador.

It will help to get your medicines so you can read the labels. Are your asthma medicines handy?

Ayudara traer sus medicinas para que usted pueda leer las etiquetas. ¿Están sus medicinas del asma a la mano?

- |                               |                   |
|-------------------------------|-------------------|
| (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\_MED2 (8.6)

Can you please go get the asthma medicines while I wait on the phone?

Podría usted por favor traer sus medicinas para el asma mientras yo la espero en el teléfono.

[Read if necessary]

- |         |                   |
|---------|-------------------|
| (1) YES |                   |
| (2) NO  | [SKIP TO INH_SCR] |

[Do not read]

- |                |                   |
|----------------|-------------------|
| (7) DON'T KNOW | [SKIP TO INH_SCR] |
| (9) REFUSED    | [SKIP TO INH_SCR] |

SCR\_MED3 (8.7)

Am I correct that you have all the medications?

¿Estoy en lo correcto, usted tiene todos sus medicamentos?

[Read if necessary]

- |  |  |
|--|--|
| (1) YES I HAVE ALL THE MEDICATIONS                 |  |
| (2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL |  |
| (3) NO   |  |

[Do not read]

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

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

**INH\_SCR (8.8)**

**In the past 3 months have you taken prescription asthma medicine using an inhaler?  
En los últimos 3 meses, ¿ha tomado usted medicina para el asma usando un inhalador?**

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

**INH\_MEDS (8.9)**

**In the past 3 months, what medications did you take by inhaler? [MARK ALL THAT APPLY. PROBE: Any other inhaler medications?]  
En los últimos 3 meses, ¿cuales medicamentos recetados para el asma tomo usted por medio de un inhalador?**

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

	<b>Brand Name</b>
01	Advair (17 + 26)
02	Aerobid (16)
03	<u>Albuterol</u>
04	Alupent (21)
05	Atrovent (19)
06	Azmacort (31)
07	<u>Beclomethasone dipropionate</u>
08	Beclovent (07)
09	<u>Bitolterol</u>
10	Brethaire (28)
11	<u>Budesonide</u>
12	Combivent (19 + 03)
13	<u>Cromolyn</u>
14	Flovent (17)
15	Flovent Rotadisk (17)
16	<u>Flunisolide</u>
17	<u>Fluticasone</u>
34	Foradil (35)

35	<u>Formoterol</u>
18	Intal (13)
19	<u>Ipratropium Bromide</u>
20	Maxair (23)
21	<u>Metaproteronol</u>
22	<u>Nedocromil</u>
23	<u>Pirbuterol</u>
24	Proventil (03)
25	Pulmicort Turbuhaler (11)
36	QVAR (07)
26	<u>Salmeterol</u>
27	Serevent (26)
28	<u>Terbutaline</u>
29	Tilade (22)
30	Tornalate (09)
31	<u>Triamcinolone acetonide</u>
32	Vanceril (08)
33	Ventolin (03)
66	Other, Please Specify [SKIP TO OTH_I1]

**[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP01]**

- (88) NO PRESCRIPTION INHALERS [SKIP TO PILLS]
- (77) DON'T KNOW [SKIP TO PILLS]
- (99) REFUSED [SKIP TO PILLS]

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

**[LOOP BACK TO ILP01 AS NECESSARY TO ADMINSTER QUESTIONS ILP01 THRU ILP10 FOR EACH MEDICINE REPORTED IN INH\_MEDS**

**[FOR FILL [MEDICINE FROM INH\_MEDS SERIES] FOR QUESTIONS ILP01 THROUGH ILP10]**

**[IF {MEDICINE FROM INH\_MEDS SERIES} IS 03, 04, 21, 24, OR 33 ASK ILP01 ELSE SKIP TO ILP02]**

**ILP01 (8.11) Are there 80, 100, or 200 puffs in the [MEDICINE FROM INH\_MEDS SERIES] inhaler that you use?**

**¿Hay 80, 100, o 200 inhaladas de la(s) [MEDICINE FROM INH\_MEDS SERIES] en el inhalador que usted usa?**

- (1) 80 PUFFS
- (2) 100 PUFFS
- (3) 200 PUFFS
- (4) OTHER NUMBER OF PUFFS
- (5) USED DIFFERENT SIZES OF THIS MEDICATION IN PAST 3 MONTHS
  
- (7) DON'T KNOW
- (9) REFUSED

**ILP02 (8.12) How long have you been taking [MEDICINE FROM INH\_MEDS SERIES]? Would you say less than 6 months, 6 months to 1 year, or longer than 1 year?**

**¿Por cuánto tiempo ha estado tomando [MEDICINE FROM INH\_MEDS SERIES]? ¿Diría usted, menos de 6 meses, 6 meses a un año o más de un año?**

- (1) LESS THAN 6 MONTHS
- (2) 6 MONTHS TO 1 YEAR
- (3) LONGER THAN 1 YEAR
  
- (7) DON'T KNOW
- (9) REFUSED

**IF [MEDICINE FROM INH\_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15) SKIP TO 8.14**

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

**Un separador es un anexo pequeño que facilita usar un inhalador. ¿utilizó usted un separador con el [MEDICINE FROM INH\_MEDS SERIES]?**

- (1) YES
- (2) NO
- (3) MEDICATION IS A DISK INHALER NOT A CANISTER INHALER
  
- (7) DON'T KNOW
- (9) REFUSED

**ILP04 (8.14)** In the past 3 months, did you take [MEDICINE FROM INH\_MEDS SERIES] when you had an asthma episode or attack?  
En los últimos 3 meses, ¿tomó usted [MEDICINE FROM INH\_MEDS SERIES] cuando usted tuvo un episodio o ataque de asma?

- (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 take [MEDICINE FROM INH\_MEDS SERIES] before exercising?  
En los últimos 3 meses, ¿tomó usted [MEDICINE FROM INH\_MEDS SERIES] antes de hacer ejercicio?

- (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 take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday?  
En los últimos 3 meses, ¿tomó usted [MEDICINE FROM INH\_MEDS SERIES] á un horario usual todo los días?

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

**ILP07 (8.17)** On average, how many puffs do you take each time you use [MEDICINE FROM INH\_MEDS SERIES]?  
En promedio, ¿Cuántas inhalaciones toma usted cada vez que usa [MEDICINE FROM INH\_MEDS SERIES]?

\_\_ \_\_ PUFFS EACH TIME

- (77) DON'T KNOW
- (99) REFUSED

**ILP08 (8.18)** How many times per day or per week do you use [MEDICINE FROM INH\_MEDS SERIES]?  
¿Cuántas veces por día o por semana usa usted [MEDICINE FROM INH\_MEDS SERIES]?

3\_\_ \_\_ DAYS

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

[ASK ILP10 ONLY IF INH\_MEDS = 3, 4, 9, 10, 20, 21, 23, 24, 28, 30, or 33;  
 OTHERWISE SKIP TO PILLS (8.20)]

**ILP10 (8.19)** How many canisters of [MEDICINE FROM INH\_MEDS SERIES] have you used in the past 3 months?  
 ¿Cuántos botes de [MEDICINE FROM INH\_MEDS SERIES] ha usado usted in los últimos 3 meses?

[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

**PILLS (8.20)** In the past 3 months, have you taken any medicine in pill form for your asthma?  
 En los últimos 3 meses, ¿ha tomado usted cualquier medicina recetada para su asma en (forma de) pastille?

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

**PILLS\_MD (8.21)** What medications do you take in pill form? [MARK ALL THAT APPLY. PROBE: Any other pills?]  
 ¿Cuáles son los medicamentos recetados para asma que usted toma en (forma de) pastilla? [MARK ALL THAT APPLY. PROBE: ¿Alguna otra pastilla recetada para el asma?]

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

	Medication
01	Accolate
02	Aerolate
03	<u>Albuterol</u>
04	Alupent
05	choledyl
06	
07	Deltasone
08	Elixophyllin

09	
10	Marax
11	Medrol
12	Metaprel
13	<u>Metaproteronol</u>
14	<u>Methylprednisolone</u>
15	<u>Montelukast</u>
16	
17	Pediapred

18	<u>Prednisolone</u>
19	<u>Prednisone</u>
20	Prelone
21	Proventil
22	Quibron
23	Respid
24	Singulair
25	Slo-phyllin
26	Slo-bid
27	Sustaire
28	Theo-24
29	Theobid
30	Theochron
31	Theoclear
32	Theodur
33	Theo-Dur

34	Theolair
35	<u>Theophylline</u>
36	Theo-Sav
37	Theospan
38	Theox
39	
40	T-Phyl
41	Unidur
42	Uniphyll
43	Ventolin
44	Volmax
45	<u>Zafirlukast</u>
46	Zileuton
47	Zyflo Filmstab
66	Other, Please Specify: [SKIP TO OTH_P1]

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-47, SKIP TO PILLX]

(88) NO PILLS

[SKIP TO SYRUP]

(77) DON'T KNOW

[SKIP TO SYRUP]

(99) REFUSED

[SKIP TO SYRUP]

**OTH\_P1**

**ENTER OTHER MEDICATION IN TEXT FIELD**

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

[REPEAT QUESTION PILLX AS NECESSARY FOR EACH PILL REPORTED IN PILLS\_MD]

**PILLX (8.22)** How long have you been taking [MEDICATION LISTED IN PILLS\_MD]? Would you say less than 6 months, 6 months to 1 year, or longer than 1 year?

¿Por cuánto tiempo ha estado tomando usted [MEDICATION LISTED IN PILLS\_MD]?

¿Dirá menos de 6 meses, 6 meses a un año o más de un año?

(1) LESS THAN 6 MONTHS

(2) 6 MONTHS TO 1 YEAR

(3) LONGER THAN 1 YEAR

(7) DON'T KNOW

(9) REFUSED

**SYRUP (8.23)**

**In the past 3 months, have you taken any prescription asthma medication in syrup form?**

**En los últimos 3 meses, ¿ha usted tomado cualquier medicamento recetado para asma en forma de jarabe?**

(1) YES

(2) NO

[SKIP TO NEB\_SCR]

(7) DON'T KNOW  
(9) REFUSED

[SKIP TO NEB\_SCR]  
[SKIP TO NEB\_SCR]

**SYRUP\_ID (8.24)** What prescriptions medications have you taken as a syrup? [MARK ALL THAT APPLY. PROBE: Any other syrup medications?]  
**¿Cuáles son los medicamentos recetados para asma que usted toma en forma de jarabe? [MARK ALL THAT APPLY. PROBE: ¿Algún otro (medicamento) jarabe recetado para asma?]**

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

	Medication
01	Aerolate (09)
02	Albuterol
03	Alupent (04)
04	Metaproteronol
05	Prednisolone
06	Prelone (05)

07	Proventil (02)
08	Slo-Phyllin (09)
09	Theophylline
10	Ventolin (02)
66	Other, Please Specify: [SKIP TO OTH_S1]

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB\_SCR]

(88) NO SYRUPS

[SKIP TO NEB\_SCR]

(77) DON'T KNOW  
(99) REFUSED

[SKIP TO NEB\_SCR]  
[SKIP TO NEB\_SCR]

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

**Read:** A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously.

**Read:** Un nebulizador es una máquina pequeña con un tubo y máscara (antifaz) o boquilla en la que usted respira continuamente.

**NEB\_SCR (8. 25)** In the past 3 months, were any of your asthma medicines used with a nebulizer?  
**¿En los últimos 3 meses, utilizó un nebulizador para algunas de sus medicinas recetadas para asma?**

(1) YES  
(2) NO

[SKIP TO Section 9]

(7) DON'T KNOW  
(9) REFUSED

[SKIP TO Section 9]  
[SKIP TO Section 9]

NEB\_PLC (8. 26)

I am going to read a list of places where you might have used a nebulizer. Please answer yes if you have used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did you use a nebulizer...

Le voy a leer una lista de lugares, en donde usted pudiera haber usado un nebulizador. Por favor responda con un si, SI usted ha usado un nebulizador en el lugar que yo mencione, de otra manera responda con un no. En los últimos 3 meses, ¿usó usted un nebulizador...

- (8.26a) (1) ...AT HOME CASA YES NO DK
- (8.26b) (2) ...AT A DOCTOR'S OFFICE YES NO DK  
CONSULTORIO DE UN DOCTOR
- (8.26c) (3) ...IN AN EMERGENCY ROOM YES NO DK  
SALA DE EMERGENCIAS
- (8.26d) (4) ...AT WORK OR AT SCHOOL YES NO DK  
EN EL TRABAJO OR ESCUELA
- (8.26e) (5) ...AT ANY OTHER PLACE YES NO DK  
EN CUALQUIER OTRO LUGAR

NEB\_ID (8.27)

In the past 3 months, what prescription medications have you taken using a nebulizer? [MARK ALL THAT APPLY. PROBE: Have you taken any other prescription medications with your nebulizer in the past 3 months?]

En los últimos 3 meses, ¿Cuáles medicamentos recetados para asma, ha tomado usted utilizando un nebulizador? [MARK ALL THAT APPLY. PROBE: ¿Ha tomado usted algunos otros medicamentos recetados para asma con su nebulizador en los últimos 3 meses?]

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

	Medication
01	<u>Albuterol</u>
02	Alupent (11)
03	Atrovent (09)
04	<u>Bitolterol</u>
05	<u>Budesonide</u>
06	<u>Cromolyn</u>
07	Duoneb (01 + 09)
08	Intal (06)
09	<u>Ipratropium bromide</u>
10	<u>Levalbuterol</u>
11	<u>Metaproteronol</u>
12	Proventil (01)
13	Pulmicort (05)
14	Tornalate (04)
15	Ventolin (01)
16	Xopenex (10)
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**

**ENTER OTHER MEDICATION**

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

## Section 9. Cost of Care

If **No, Don't Know, or Refused** to “still” from BRFSS core or CUR\_ASTH (2.2) [or either are missing] skip to section 10.

If **Yes** to “still” from BRFSS core or CUR\_ASTH (2.2), continue

**ASMDCOST (9.1)** Was there a time in the past 12 months when you needed to see your primary care doctor for your asthma but could not because of the cost?  
**¿Hubo alguna ocasión en los últimos 12 meses, cuando usted necesitó ver a su medico encargado de su salud, para su asma, pero no pudo debido al costo?**

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

**ASSPCOST (9.2)** Was there a time in the past 12 months when you were referred to a specialist for asthma care but could not go because of the cost?  
**¿Hubo alguna ocasión en los últimos 12 meses cuando a usted lo(a) refirieron con un especialista para el cuidado del asma, pero no pudo ir debido al costo?**

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

**ASRXCOST (9.3)** Was there a time in the past 12 months when you needed to buy medication for your asthma but could not because of the cost?  
**¿Hubo alguna ocasión en los últimos 12 meses, cuando a usted necesitaba comprar medicamentos para su asma, pero no pudo debido al costo?**

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

**Section 10. Work Related Asthma**

**EMP\_STAT (10.1)** Next, we are interested in things that affect asthma in the workplace. However, first I'd like to ask how you would describe your current employment status? Would you say...

**Estamos interesados en cosas que afectan el asma en el lugar del trabajo. Sin embargo, primero me gustaría preguntarle ¿cómo describiría usted, su estado actual de empleo? Diría usted,**

**[USE APPROPRIATE GENDER FOR RESPONDENT]**

- |                        |                          |                    |
|------------------------|--------------------------|--------------------|
| (1) EMPLOYED FULL-TIME | EMPLEADO TIEMPO COMPLETO | [SKIP TO WORKENV1] |
| (2) EMPLOYED PART-TIME | EMPLEADO TIEMPO PARCIAL  | [SKIP TO WORKENV1] |
| (3) NOT EMPLOYED       | SIN EMPLEO               |                    |

(7) DON'T KNOW [SKIP TO EMPL\_EVER (10.3)]

(9) REFUSED [SKIP TO EMPL\_EVER (10.3)]

**UNEMP\_R (10.2)** What is the main reason you are not now employed?

**¿Cuál es la razón principal, por la cual usted ahora esta sin empleo?**

- |  |  |
|--|--|
| (01) KEEPING HOUSE                           | EL ASEÓ (LIMPIEZA) DE LA CASA                  |
| (02) GOING TO SCHOOL                         | YENDO A LA ESCUELA                             |
| (03) RETIRED                                 | JUBILADO(A)                                    |
| (04) DISABLED                                | INCAPACITO(A)                                  |
| (05) UNABLE TO WORK FOR OTHER HEALTH REASONS | INCAPAZ de TRABAJAR POR OTRAS RAZONES de SALUD |
| (06) LOOKING FOR WORK                        | BUSCANDO TRABAJO                               |
| (07) LAID OFF                                | SUSPENDIDO(A) DEL TRABAJO                      |
| (08) OTHER                                   |  |

(77) DON'T KNOW

(99) REFUSED

**EMPL\_EVER (10.3)** Have you ever been employed outside the home?

**¿Alguna vez ha estado usted empleado(a) fuera del hogar?**

(1) YES [SKIP TO WORKENV3]

(2) NO [SKIP TO SECTION 11]

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

(9) REFUSED [SKIP TO SECTION 11]

**WORKENV1 (10.4)** Was your asthma caused by chemicals, smoke, fumes or dust in your current job?  
**¿FUE CAUSADA su asma por sustancias químicas, humo, vapores o por polvo en su trabajo ACTUAL?**

(1) YES

(2) NO

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

If **No, Don't Know, or Refused** to "still" from BRFSS core or CUR\_ASTH (2.2) [or either are missing], skip to 10.6

If **Yes** to "still" from BRFSS core or CUR\_ASTH (2.2) continue

**WORKENV2 (10.5)** Is your asthma made worse by chemicals, smoke, fumes or dust in your current job?  
**¿EMPEORA su asma por sustancias químicas, humo, vapores o polvo en su trabajo ACTUAL?**

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

[IF WORKENV1 (10.4) = 1 (yes) skip to WORKSEN1]

**WORKENV3 (10.6)** Was your asthma CAUSED by chemicals, smoke, fumes or dust in any previous job you ever had job?  
**¿FUE CAUSADA su asma por sustancias químicas, humo, vapores o polvo en cualquier trabajo ANTERIOR que usted haya tenido?**

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

**WORKENV4 (10.7)** Was your asthma MADE WORSE by chemicals, smoke, fumes or dust in any previous job you ever had?  
**¿EMPEORÓ su asma por sustancias químicas, humo, vapores o polvo en cualquier trabajo ANTERIOR que usted haya tenido?**

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

[ASK 10.75 ONLY IF:

**WORKENV2 (10.5) = 1 (YES) OR WORKENV3 (10.6) = 1 (YES) OR WORKENV4 (10.7) = 1 (YES) OTHERWISE SKIP TO WORKSENS1 (10.8)]**

**WORKQUIT (10.75)** **Did you ever change or quit a job because chemicals, smoke, fumes, or dust caused your asthma or made your asthma worse?**  
**Alguna vez, ¿cambió usted o renunció a un empleo, por que las sustancias químicas, humo, vapores o polvo le ocasionaron su asma o hicieron que su asma empeorara?**

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

**WORKSEN1 (10.8)** **Were you ever told by a doctor or other health professional that your asthma was related to any job you ever had?**  
**¿Alguna vez le ha dicho un doctor u otro profesional de la salud A USTED, que su asma estaba relacionada con algún empleo que usted alguna vez tuvo?**

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

**WORKSEN2 (10.9)** **Did you ever tell a doctor or other health professional that your asthma was related to any job you ever had?**  
**¿Alguna vez USTED le dijo a un doctor u otro profesional de la salud que su asma estaba relacionada con algún empleo que usted alguna vez tuvo?**

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

## Section 11. Comorbid Conditions

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

Tenemos unas pocas preguntas más. Aparte del asma, nosotros estamos interesados en ciertas condiciones médicas que usted pueda tener.

- 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?  
¿Alguna vez le ha dicho un doctor u otro profesional de la salud que usted tiene obstrucción pulmonar crónica también conocido como COPD?  
(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?  
¿Alguna vez le ha dicho un doctor u otro profesional de la salud que usted tiene enfisema?  
(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?  
¿Alguna vez le ha dicho un doctor u otro profesional de la salud que usted tiene Bronquitis Cónica?  
(1) YES  
(2) NO  
  
(7) DON'T KNOW  
(9) REFUSED
- DEPRESS (11.4)** Have you ever been told by a doctor or other health professional that you were depressed?  
¿Alguna vez le ha dicho un doctor u otro profesional de la salud que usted estaba deprimido(a)?  
(1) YES  
(2) NO  
  
(7) DON'T KNOW  
(9) REFUSED

**Section 12. Complimentary and Alternative Therapy**

If **No, Don't Know, or Refused** to “still” from BRFSS core or CUR\_ASTH (2.2) [or either are missing] skip to CWEND

If **Yes** to “still” from BRFSS core or CUR\_ASTH (2.2), continue

**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 used it to control your own asthma in the past 12 months. Answer “no” if you have not used it in the past 12 months.

**A veces la gente usa métodos aparte de los medicamentos recetados por un médico, para controlar su asma. Estos métodos se llaman, no-tradicionales, complementarios o métodos alternativos para el cuidado de salud. Yo le voy a leer una lista de estos métodos alternativos. Por cada uno que yo mencione, por favor responda con un “sí”, si usted lo ha usado para controlar su propia asma en los últimos 12 meses. Responda con un “no”, si usted no lo ha usado en los últimos 12 meses.**

**In the past 12 months, have you used ... to control your asthma?  
[interviewer: repeat prior phrasing as needed]**

CAM_HERB (12.1)	herbs hierbas	(1) YES	(2) NO	(7) DK (9) REF
CAM_VITA (12.2)	vitamins vitaminas	(1) YES	(2) NO	(7) DK (9) REF
CAM_PUNC (12.3)	acupuncture acupuntura	(1) YES	(2) NO	(7) DK (9) REF
CAM_PRES (12.4)	acupressure acupresión	(1) YES	(2) NO	(7) DK (9) REF
CAM_AROM (12.5)	aromatherapy aromaterapia	(1) YES	(2) NO	(7) DK (9) REF
CAM_HOME (12.6)	homeopathy homeopatía	(1) YES	(2) NO	(7) DK (9) REF
CAM_REFL (12.7)	reflexology reflexología	(1) YES	(2) NO	(7) DK (9) REF
CAM_YOGA (12.8)	yoga yoga	(1) YES	(2) NO	(7) DK (9) REF
CAM_BR (12.9)	breathing techniques técnicas de respiración	(1) YES	(2) NO	(7) DK (9) REF
CAM_NATR (12.10)	naturopathy naturopatía	(1) YES	(2) NO	(7) DK (9) REF

**CAM\_OTHR (12.11) Besides the types I have just asked about, have you used any other type of alternative care for your asthma in the past 12 months?  
Aparte de los métodos alternativos que le acabo de preguntar, ¿ha usado usted cualquier otra clase de cuidados alternativos para su asma?**

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

CAM\_TEXT (12.13)      What else have you used?  
¿Qué más ha usado usted?

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

CWEND

Those are all the questions I have. I'd like to thank you on behalf of the {state name} Health Department and the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at {1-XXX-XXX-XXXX}. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at {1-XXX-XXX-XXXX}. Thanks again.

Esas son todas las preguntas que tengo. Quiero darle las gracias en nombre {state health department}, por el tiempo y esfuerzo que usted ha tomado contestando estas preguntas. Si usted tiene cualquier pregunta acerca de esta encuesta, puede llamar a mi supervisor, sin costo al: {1-XXX-XXX-XXXX}. Si usted tiene preguntas acerca de sus derechos como participante de esta encuesta, usted puede llamar al presidente de la Junta Institucional de Revisión al {1-XXX-XXX-XXXX}. Muchas gracias.

**The Spanish Adult Asthma Call-back survey was used by the following states in 2006:** Arizona, California, Colorado, Connecticut, Kansas, Massachusetts, Texas, Washington

**The Spanish Adult Asthma Call-back survey was used by the following states in 2007:** Arizona, California, Florida, Kansas, Illinois, Maryland, Nevada, New York, Oregon, Texas, Utah, Washington (*unverified*)



**BRFSS/ASTHMA SURVEY  
SPANISH CHILD QUESTIONNAIRE – 2006/7**

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## Section 1. Introduction

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

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the {state name} health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview {sample person's first name or initials} indicated {he/she} would be willing to participate in this study about {sample child's} asthma.

Hola, mi nombre es \_\_\_\_\_. Estoy llamando de parte {state health department}, acerca de un estudio sobre el asma. Durante una entrevista telefónica {sample person's first name or initials} indico que {el/ella} estaría dispuesto(a) a participar en este estudio.

### **ALTERNATE (no reference to asthma):**

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the {state name} health department and the Centers for Disease Control and Prevention about a health study we are doing in your state. During a recent phone interview {sample person's first name or initials} indicated {he/she} would be willing to participate in this study about {sample child}.

Hola, mi nombre es \_\_\_\_\_. Estoy llamando de parte {state health department} acerca de un estudio que estamos haciendo en su estado. Durante una entrevista telefónica {sample person first name or initials} indico que {el/ella} estaría dispuesto(a) a participar en este estudio.

**1.3 Are you {sample person's first name or initials}? ¿Es usted {sample person's first name or initials}?**

- (1) YES (go to informed consent)
- (2) NO

**1.4 May I speak with {sample person first name or initials}? ¿Me permite hablar con {sample person first name}?**

- (1) YES (go to 1.3 when person comes to phone)
- (2) NO

If not available set time for return call

**1.5 Hello, my name is \_\_\_\_\_. I'm calling on behalf of the {state name} state health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview you indicated that {sample child's name} had asthma and that you would be able to complete the follow-up interview on {sample child's name} asthma at this time.**

Hola, mi nombre es \_\_\_\_\_. Estoy llamando de parte {state health department}, acerca de un estudio que estamos haciendo en su estado. Durante una entrevista telefónica, que usted hizo anteriormente, usted indicó que tenía asma y que estaría dispuesto(a) ahora para hacer esta entrevista referente al asma.

### **ALTERNATE (no reference to asthma):**

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the {state name} state health department and the Centers for Disease Control and Prevention about a health study we are doing in your state. During a recent phone interview you indicated that you would be able to complete a follow-up interview on {sample child's name} at this time.

Hola, mi nombre es \_\_\_\_\_. Estoy llamando de parte {state health department}, acerca de un estudio que estamos haciendo en su estado. Durante una entrevista telefónica, usted indico que estaría dispuesto(a) ahora, para terminar esta entrevista.

**If respondent requests transfer to another person (parent/guardian) who is more knowledgeable about the child's asthma use code 2 below:**

- (1) BRFSS respondent will continue
- (2) Alternate respondent will continue

## Section 2. Informed Consent

### **INFORMED CONSENT**

**Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act**  
**Antes de continuar, Me gustaría que usted sepa, que esta encuesta esta autorizada por el Acto de Servicios de**  
**Salud Publica de Los Estados Unidos.**

**{Child's name} was selected to participate in this study about asthma because of your responses to questions about his or her asthma in a prior survey.**

**{Child's name} fue elegido(a) para participar en este estudio sobre el asma, por sus repuestas a preguntas que usted contestó referente al asma de el/ella en la encuesta anterior.**

**[If responses for sample child were "yes" to lifetime ("Have you ever been told by a doctor, nurse, or other health professional that you had asthma?) and "no" to current ("Do you still have asthma?") in core BRFSS survey, read:]**

Your answers to the asthma questions during the earlier survey indicated that a doctor or other health professional said that {child's name} had asthma sometime in {his/her} life, but does not have it now. Is that correct?

Las respuestas a las preguntas sobre el asma en una encuesta anterior, indicaron que un médico u otro profesional de la salud, dijo que {child's name} tenia asma en alguna ocasión en su vida, pero ahora, ya no la tiene, ¿correcto?

**(IF "YES," READ TEXT BELOW; IF "NO," Go to REPEAT (2.0))**

Since {child's name} no longer has 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.

Como {child's name} ya no tiene asma, su entrevista será muy breve (como 5 minutos). Usted puede optar a no contestar ninguna pregunta que no quiera contestar o parar en cualquier momento. Para evaluar mi trabajo, puede que mi supervisora escuche mientras le hago las preguntas. Me gustaría comenzar ahora, al menos de que usted tenga alguna pregunta.

**[Go to section 3]**

**[If responses for sample child were "yes" to lifetime and "yes" to current in core BRFSS survey, read:]**

Your answers to the asthma questions in the earlier survey indicated that that a doctor or other health professional told you that {child's name} had asthma sometime in his or her life, and that {child's name} still has asthma. Is that correct?

Respuestas a las preguntas sobre el asma en una encuesta anterior, indicaron que un médico u otro profesional de la salud, dijo que {child's name} tenia asma en alguna ocasión en su vida, y que él/ella todavía tiene asma, ¿correcto?

**(IF "YES," READ TEXT BELOW; IF "NO," Go to REPEAT (2.0))**

Since {child's name} has 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.

Como {child's name} tiene asma, su entrevista durará como 15 minutos. Usted puede optar a no contestar ninguna pregunta que no quiera contestar o parar en cualquier momento. Para evaluar mi trabajo, puede ser que mi supervisora escuche mientras le hago las preguntas. Me gustaría comenzar ahora, al menos de que usted tenga alguna pregunta.

**[Go to section 3]**

**REPEAT (2.0)**

**If BRFSS core respondent: 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." If yes, continue. If not the correct respondent, ask to speak to that person, and start over at section 1.**

If alternate adult (from 1.3) or correct BRFSS respondent read: I would like to repeat the questions from the previous survey now to make sure {sample child's name} qualifies for this study.

Me gustaría hacerle una vez más, algunas preguntas de la encuesta anterior, para asegurarnos que {sample child's name} califica para este estudio.

EVER\_ASTH (2.1)

Have you ever been told by a doctor or other health professional that {child's name} had asthma?

¿En alguna ocasión, algún médico u otro profesional de la salud le informó que {child's name} tenía asma?

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

CUR\_ASTH (2.2)

Does {child's name} still have asthma?

¿Todavía tiene {child's name} asma?

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

RELATION (2.3)

What is your relationship to {child's name}?

¿Y como está usted relacionado(a) (parentesco) á {child's name}?

- (1) MOTHER (BIRTH/ADOPTIVE/STEP) [go to Intro for eligibility]  
MADRE (NATURAL/ADOPTIVA/MADRASTRA)
- (2) FATHER (BIRTH/ADOPTIVE/STEP) [go to Intro for eligibility]  
PADRE (NATURAL/ADOPTIVO/PADRASTRO)
- (3) BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE)  
HERMANO(A) (HERMANASTRO(A)/MEDIO  
HERMANO(A)/ADOPTIVO/CRianza TEMPORAL)
- (4) GRANDPARENT (FATHER/MOTHER)  
ABUELO(A)
- (5) OTHER RELATIVE  
OTRO PARIENTE
- (6) UNRELATED  
NINGUNA RELACIÓN
  
- (7) DON'T KNOW
- (9) REFUSED

**GUARDIAN (2.4)**

Are you the legal guardian for {child's name}  
¿Es usted el guardián legal de {child's name}?

- (1) YES
- (2) NO

[go to TERMINATE if BRFSS respondent; continue if alternate from 1.3]

- (7) DON'T KNOW

[go to TERMINATE if BRFSS respondent; continue if alternate from 1.3]

- (9) REFUSED

[go to TERMINATE if BRFSS respondent; continue if alternate from 1.3]

**Intro for eligibility: READ:** {child's name} does 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  
**{child's name} si califica para este estudio.** Me gustaría continuar ahora, al menos de que usted tenga algunas preguntas. Usted puede optar a no contestar ninguna pregunta que no quiera contestar o parar en cualquier momento. Para evaluar mi trabajo, puede que mi supervisora escuche mientras le hago las preguntas.

**[If YES to 2.2 read:]**

Since {child's name} does have asthma now, your interview will last about 15 minutes. **[Go to section 3]**

Como \_\_\_\_\_, tiene asma, su entrevista durará como 15 minutos.

**[If NO to 2.2 read:]**

Since {child's name} does not have asthma now, your interview will last about 5 minutes. **[Go to section 3]**

Como \_\_\_\_\_, ya no tiene asma, su entrevista durará como 5 minutos.

**[If Don't know or refused to 2.2 read:]**

Since you are not sure if {child's name} has asthma now, your interview will probably last about 10 minutes.

Como usted no está seguro(a) si \_\_\_\_\_, tiene asma, su entrevista probablemente durará 10 minutos.

**[Go to section 3]**

**Some states may require the following section:**

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

**Alguna de la información que usted compartió con nosotros cuando llamamos anteriormente, podría ser útil para este estudio**

**PERMISS (2.5)** May we combine your answers to this survey with your answers from the survey you did a few weeks ago?

¿Podríamos combinar sus respuestas de esta encuesta, con sus respuestas de la encuesta que usted completó, hace unas semanas?

- (1) YES (Skip to Section 3)
- (2) NO (GO TO TERMINATE)
  
- (7) DON'T KNOW (GO TO TERMINATE)
- (9) REFUSED (GO TO TERMINATE)

**TERMINATE:**

**Upon survey termination, READ:**

Those are all the questions I have. I'd like to thank you on behalf of the {state name} Health Department and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at {1-XXX-XXX-XXXX}. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at {1-XXX-XXX-XXXX}. Thanks again. Goodbye

Esas son todas las preguntas que tengo. Me gustaría agradecerle en nombre del {state health department} por responder a nuestras preguntas. Si usted tiene preguntas acerca de esta encuesta, usted puede llamar a mi Supervisora sin costo al: {1-XXX-XXX-XXXX}. Si usted tiene preguntas acerca de sus derechos como participante de esta encuesta, usted puede llamar al presidente de la Junta Institucional de Revisión al {1-XXX-XXX-XXXX}. Una vez más gracias y Adiós.

**Section 3. Recent History**

**AGEDX (3.1)**      **How old was {child's name} when a doctor or other health professional first said {child's name} had asthma?**  
**¿Qué edad tenía {child's name} cuando un médico u otro profesional de la salud le informó por primera vez que {child's name} tenía asma?**

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

(777) DON'T KNOW

(888) UNDER 1 YEAR OLD

(999) REFUSED

**INCIDNT (3.2)**      **How long ago was that? Was it...**  
**¿Hace cuánto tiempo tiene de eso?**

**[Please read categories]**

(4) WITHIN THE PAST 12 MONTHS      DURANTE LOS ÚLTIMOS 12 MESES

(5) 1-5 YEARS AGO      DESDE HACE 1-5 AÑOS

(6) MORE THAN 5 YEARS AGO      HACE MAS DE 5 AÑOS

**[Do not read]**

(8) DON'T KNOW

(9) REFUSED

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

**¿Cuánto tiempo tiene desde la ultima vez que usted habló con un médico u otro profesional de la salud acerca del asma de {child's name}? Esto pudo haber sido en un consultorio de un doctor, hospital, sala de emergencia o centro de urgencias.**

**[Please read response options if necessary]**

(88) NEVER      NUNCA

(04) WITHIN THE PAST YEAR      DURANTE EL AÑO PASADO

(05) 1 YEAR TO LESS THAN 3 YEARS AGO      HACE UN AÑO Á MENOS DE 3 AÑOS

(06) 3 YEARS TO 5 YEARS AGO      HACE 3 AÑOS - 5 AÑOS

(07) MORE THAN 5 YEARS AGO      HACE MÁS DE 5 AÑOS

**[Do not read]**

(77) DON'T KNOW

(99) REFUSED

**LAST\_MED (3.4) How long has it been since {child's name} last took asthma medication?  
¿Cuánto tiempo tiene desde la última vez que {child's name} tomo medicamento para el asma?**

**[Please read response options if necessary]**

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| (88) NEVER                            | NUNCA                             |
| (01) LESS THAN ONE DAY AGO            | HACE MENOS DE UN DÍA              |
| (02) 1-6 DAYS AGO                     | HACE DE 1 Á 6 DÍAS                |
| (03) 1 WEEK TO LESS THAN 3 MONTHS AGO | HACE UNA SEMANA Á MENOS DE UN AÑO |
| (04) 3 MONTHS TO LESS THAN 1 YEAR AGO | HACE 3 MESES Á MENOS DE 1 AÑO     |
| (05) 1 YEAR TO LESS THAN 3 YEARS AGO  | HACE 1 AÑO Á MENOS DE 3 AÑOS      |
| (06) 3 YEARS TO 5 YEARS AGO           | HACE 3 AÑOS Á 5 AÑOS              |
| (07) MORE THAN 5 YEARS AGO            | HACE MÁS DE 5 AÑOS                |

**[Do not read]**

- (77) DON'T KNOW  
(99) REFUSED

#### **INTRODUCTION FOR LASTSYMP:**

**READ:** Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when {child's name} **did not** have a cold or respiratory infection.

Los síntomas de asma incluyen tos, resollar, falta de aire, opresión en el pecho y producción de flemas cuando {child's name} no-tenia un resfriado ni una infección respiratoria.

**LASTSYMP (3.5) How long has it been since {child's name} last had any symptoms of asthma?  
¿Cuánto tiempo tiene desde que {child's name} tuvo algún síntoma de asma?**

**[Read response options if necessary]**

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| (88) NEVER                            | NUNCA                             |
| (01) LESS THAN ONE DAY AGO            | HACE MENOS DE UN DÍA              |
| (02) 1-6 DAYS AGO                     | HACE DE 1 Á 6 DÍAS                |
| (03) 1 WEEK TO LESS THAN 3 MONTHS AGO | HACE UNA SEMANA Á MENOS DE UN AÑO |
| (04) 3 MONTHS TO LESS THAN 1 YEAR AGO | HACE 3 MESES Á MENOS DE 1 AÑO     |
| (05) 1 YEAR TO LESS THAN 3 YEARS AGO  | HACE 1 AÑO Á MENOS DE 3 AÑOS      |
| (06) 3 YEARS TO 5 YEARS AGO           | HACE 3 AÑOS Á 5 AÑOS              |
| (07) MORE THAN 5 YEARS AGO            | HACE MÁS DE 5 AÑOS                |

**[Do not read]**

- (77) DON'T KNOW  
(99) REFUSED

**IF CHILD DOES NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED “NEVER” OR “MORE THAN ONE YEAR AGO” TO EACH OF 1) SEEING A DOCTOR ABOUT ASTHMA, 2) TAKING ASTHMA MEDICATION, AND 3) SHOWING SYMPTOMS OF ASTHMA THEN SKIP SECTION 4.**

**IF question #2 from BRFS module 11 is no (2) or CUR\_ASTH (2.2) = 2 AND LAST\_MD (3.3) = 88, 05, 06, 07 AND LAST\_MED (3.4) = 88, 05, 06, 07, AND LASTSYMP (3.5) = 88, 05, 06, 07, THEN SKIP TO INS1 (Section 5).**



**Yes to “still,” do section 4**

**No to “still” and nothing within a year, skip all of section 4 because all questions reference 2 weeks to 1 year**

**No to “still,” and something within a year, do parts of Section 4**

**DON'T KNOW/REFUSED to current asthma, do Section 4**

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

IF LAST SYMPTOMS (3.5) WERE WITHIN THE PAST 3 MONTHS CONTINUE. IF LAST SYMPTOMS WERE 3 MONTHS TO 1 YEAR AGO, SKIP TO EPISODE INTRODUCTION (EPIS\_INT - BETWEEN 4.4 AN 4.5); IF SYMPTOMS WERE 1-5+ YEARS AGO, SKIP TO SECTION 5; IF NEVER HAD SYMPTOMS, SKIP TO SECTION 5; IF DON'T KNOW/REFUSED, CONTINUE.

IF LASTSYMP = 1, 2, 3 then continue  
IF LASTSYMP = 4 SKIP TO EPIS\_INT (between 4.4 and 4.5)  
IF LASTSYMP = 88, 5, 6, 7 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 {child's name} have any symptoms of asthma?  
*¿En cuantos de los últimos 30 días tuvo {child's name} algún síntoma de asma?*

\_\_ \_\_ DAYS [SKIP TO 4.3 ASLEEP30]  
(88) NO SYMPTOMS IN THE PAST 30 DAYS [SKIP TO EPIS\_INT]  
(30) EVERY DAY [CONTINUE]  
(77) DON'T KNOW [SKIP TO 4.3 ASLEEP30]  
(99) REFUSED [SKIP TO 4.3 ASLEEP30]

**DUR\_30D (4.2)** Does {child's name} 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.  
*¿Tuvo{child's name} síntomas todo el tiempo? "Todo el tiempo" quiere decir, síntomas que son continuos durante todo el día. No quiere decir, síntomas por un ratito cada día.*

(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 {child's name} to stay asleep?  
*Durante los últimos 30 días, ¿en cuantos días causaron los síntomas de asma dificultades para que {child's name} permaneciera dormido(a)?*

\_\_ \_\_ DAYS/NIGHTS  
(88) NONE  
(30) Every day  
(77) DON'T KNOW  
(99) REFUSED

**SYMPFREE (4.4)** If LASTSYMP = 88 (never) or = 04, 05, 06, or 07 (more than 3 months ago) then SYMPFREE = 14

If SYMP\_30D = 88 (no symptoms in the past 30 days) SYMPFREE = 14

During the past two weeks, on how many days was {child's name} completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?

**Durante las últimas dos semanas, ¿en cuantos días estuvo {child's name} completamente libre de síntomas, esto es decir, sin toser, resollar u otros síntomas de asma?**

\_\_\_ \_\_\_ Number of days

(88) NONE

(77) DON'T KNOW

(99) REFUSED

**EPIS\_INT**

**IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP = 4)  
PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS CONTINUE  
HERE AS WELL**

**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.

**Ataques de asma, a veces llamados episodios, se refieren a periodos cuando los síntomas del asma empeoran y limitan su actividad más de lo usual o causan que usted solicite atención médica.**

**EPIS\_12M (4.5)** During the past 12 months' has {child's name} had an episode of asthma or an asthma attack?

**Durante los últimos 12 meses, ¿ha tenido {child's name} un episodio o ataque de asma?**

(1) YES

(2) NO

[SKIP TO INS1 in Section 5]

(7) DON'T KNOW

[SKIP TO INS1 in Section 5]

(9) REFUSED

[SKIP TO INS1 in Section 5]

**EPIS\_TP (4.6)**

During the past three months, how many asthma episodes or attacks has {child's name} had?

**Durante los últimos 3 meses, ¿cuántos episodios de asma o ataques ha tenido {child's name}?**

\_\_\_ \_\_\_

(888) NONE

(777) DON'T KNOW

(999) REFUSED

**DUR\_ASTH (4.7)**

**How long did {child's name} most recent asthma episode or attack last?**

**¿Cuánto duró el más reciente episodio o ataque de asma de {child's name}?**

1\_\_ \_\_ MINUTES

2\_\_ \_\_ HOURS

3\_\_ \_\_ DAYS

4\_\_ \_\_ WEEKS

(555) NEVER

(777) DON'T KNOW / NOT SURE

(999) REFUSED

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

**Comparado con otros episodios o ataques (asma), este ataque más reciente, fue más corto, prolongado (largo) o como lo usual?**

(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 (5.1) Does {child's name} have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?**

**¿Tiene {child's name} alguna cobertura de salud? Incluyendo seguro de salud, planes prepagados tales como los de HMO o planes del gobierno como Medicare, Medi-Cal.**

- |                |                    |
|----------------|--------------------|
| (1) YES        | [continue]         |
| (2) NO         | [SKIP TO FLU_SHOT] |
| (7) DON'T KNOW | [SKIP TO FLU_SHOT] |
| (9) REFUSED    | [SKIP TO FLU_SHOT] |

**INS\_TYP (5.2) What kind of health care coverage does {child's name} 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?**

**¿Que clase de cobertura de salud (seguro médico) tiene {child's name}? Se paga a través del empleador de los padres, o es Medicaid, Medicare, Programa de Seguro de Salud para Niños (CHIP), u otra clase de seguro?**

- |   |  |
|---|--|
| (1) PARENT'S EMPLOYER                       |  |
| (2) MEDICAID/ MEDICARE                      |  |
| (3) CHIP {REPLACE WITH STATE SPECIFIC NAME} |  |
| (4) OTHER                                   |  |
| (7) DON'T KNOW                              |  |
| (9) REFUSED                                 |  |

**INS2 (5.3) During the past 12 months was there any time that {child's name} did not have any health insurance or coverage?**

**Durante los últimos 12 meses, ¿hubo alguna ocasión cuando {child's name} no tuvo algún seguro de salud o cobertura de salud (seguro médico)?**

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

**FLU\_SHOT (5.4)** A flu shot is an influenza vaccine injected in your arm. During the past 12 months, did {CHILD’S NAME} have a flu shot?  
**La vacuna contra la gripe es una inmunización contra el virus de la influenza inyectada en el brazo. En los últimos 12 meses, ¿ha tenido {CHILD’S NAME}, una inyección contra la gripe?**

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

**FLU\_SPRAY (5.5)** A flu vaccine that is sprayed in the nose is called FluMist™. During the past 12 months, did {child’s name} have a flu vaccine that was sprayed in his/her nose?  
**Durante los últimos 12 meses, ¿ha tenido \_\_\_\_\_ una vacuna contra la gripe en forma de spray (roció) nasal? INTERVIEWER: La vacuna contra la gripe en forma de spray nasal se conoce también como FluMist.**

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

**[IF SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED “NEVER” OR “MORE THAN ONE YEAR AGO” TO ALL THREE - SEEING A DOCTOR ABOUT ASTHMA, TAKING ASTHMA MEDICATION, AND SHOWING SYMPTOMS OF ASTHMA, SKIP TO HH\_INT – Section 6]**

**ACT\_DAYS (5.6)** During the past 12 months, 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?  
**Durante los últimos 12 meses, ¿diría usted que {child’s name} limitó sus actividades usuales por causa del asma? ¿Diría... de ninguna manera, un poco, moderadamente o mucho?**

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

**[IF LAST\_MD= 88, 05, 06, 07 (have not seen a doctor in the past 12 months), SKIP TO Section 6]**

**NR\_TIMES (5.7)** During the past 12 months how many times did {child's name} see a doctor or other health professional for a routine checkup for {his/her} asthma?  
**Durante los últimos 12 meses, ¿cuántas veces vio {child's name} a un médico u otro profesional de la salud, para un examen de rutina para su asma?**

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

(888) NONE

(777) DON'T KNOW

(999) REFUSED

**ER\_VISIT (5.8)** An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, has {child's name} had to visit an emergency room or urgent care center because of {his/her} asthma?

**Un centro (sala) de urgencias, trata a gente con enfermedades o heridas que tienen que ser atendidas inmediatamente y no pueden esperar para una cita médica usual. Durante los últimos 12 meses, ¿ha tenido {child's name} que visitar una sala de emergencia o centro de urgencias por causa de su asma?**

(1) YES

(2) NO

[SKIP TO URG\_TIME]

(7) DON'T KNOW

[SKIP TO URG\_TIME]

(9) REFUSED

[SKIP TO URG\_TIME]

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

**Durante los últimos 12 meses, ¿cuántas veces visitó {child's name} una sala de emergencia o centro de urgencias por causa de su asma?**

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

(777) DON'T KNOW

(999) REFUSED

**URG\_TIME (5.10)** [IF ONE OR MORE ER VISITS (ER\_VISIT (5.4) = 1) INSERT "Besides those emergency room or urgent care center visits,"] ["Aparte de esas visitas a la sala de emergencia o centro de urgencias,"]

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

**Durante los últimos 12 meses, ¿cuántas veces vio \_\_\_\_\_ á un médico u otro profesional de la salud, para tratamiento urgente por el empeoramiento de síntomas del asma o por un episodio o ataque de asma?**

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

(888) NONE

(777) DON'T KNOW  
(999) REFUSED

**HOSP\_VST (5.11)** During the past 12 months, that is since {1 YEAR AGO TODAY}, has {child's name} had to stay overnight in a hospital because of {his/her} asthma? Do not include an overnight stay in the emergency room.  
**Durante los últimos 12 meses, es decir, {desde hoy, á hace un año} ¿ha tenido que pasar {child's name} la noche en un hospital por causa de su asma? No incluya noches pasadas en la sala de emergencia.**

- (1) YES  
(2) NO [SKIP TO Section 6]  
(7) DON'T KNOW [SKIP TO Section 6]  
(9) REFUSED [SKIP TO Section 6]

**HOSPTIME (5.12)** During the past 12 months, how many different times did {child's name} stay in any hospital overnight or longer because of {his/her} asthma?  
**Durante los últimos 12 meses, ¿en cuántas ocasiones diferentes pasó {child's name} la noche o tiempo más largo en algún hospital por causa de su asma?**

\_\_\_ \_\_ \_\_ TIMES

(777) DON'T KNOW  
(999) REFUSED

**HOSPPLAN (5.13)** The last time {child's name} left the hospital, did a health professional talk with you or {child's name} about how to prevent serious attacks in the future?  
**La última vez que {child's name} dejó el hospital, habló un profesional de la salud con {child's name}, sobre como puede prevenir ataques serios en el futuro?**

- (1) YES  
(2) NO  
(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 or {child's name}...**  
**¿Alguna vez le ha enseñado un médico u otro profesional de la salud, á usted o á {child's name}...**
- a. ...how to recognize early signs or symptoms of an asthma episode?  
...como reconocer las señales o síntomas tempranas de un episodio de asma?
- (1) YES  
(2) NO
- (7) DON'T KNOW  
(9) REFUSED
- 
- TCH\_RESP (6.2)**      **Has a doctor or other health professional ever taught you or {child's name}...**  
**¿Alguna vez le ha enseñado un médico u otro profesional de la salud, á usted o á {child's name}...**
- b. ...what to do during an asthma episode or attack?  
...que hacer durante un episodio o ataque de asma?
- (1) YES  
(2) NO
- (7) DON'T KNOW  
(9) REFUSED
- 
- TCH\_MON (6.3)**      **A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you or {child's name}...**  
**Un medidor de flujo máximo, es un aparato manual que mide que rápido puede usted soplar el aire de sus pulmones.¿Alguna vez le ha enseñado un médico u otro profesional de la salud, á usted o á {child's name}...**
- c. ...how to use a peak flow meter to adjust your daily medications?  
...como usar un medidor de flujo máximo para ajustar sus medicamentos diarios?
- (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.**

**Un plan de acción para el asma o plan para el control del asma, es un formulario con instrucciones para cambiar la cantidad o clase de medicina, cuando llamar al médico para un consejo y cuando ir a la sala de emergencia.**

**Has a doctor or other health professional EVER given you or {child's name} an asthma action plan?**

**¿ALGUNA VEZ, algún médico u otro profesional de la salud, le ha dado a usted o a {child's name}, un plan de acción para el asma?**

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

**MGT\_CLAS (6.5)**

**Have you or {child's name} ever taken a course or class on how to manage {his/her} asthma?**

**¿Alguna vez ha tomado usted o {child's name} un curso o clase acerca de cómo controlar su asma?**

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

## Section 7. Modifications to Environment

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

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

**Las próximas preguntas son acerca de su hogar y su medio ambiente. Le preguntaré sobre varias cosas que pueden ser relacionadas a que usted sienta los síntomas de asma. Un limpiador de aire o purificador de aire, puede filtrar la contaminación como polvo, polen, moho y químicos. Se le puede poner al calentador o puede ser un aparato aparte. Sin embargo, no es lo mismo que un filtro normal de un calentador.**

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

**¿Se usa regularmente un limpiador o purificador de aire adentro en el hogar de {child's name}?**

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

**DEHUMID (7.2)**      **Is a dehumidifier regularly used to reduce moisture inside {child's name} home?**

**¿Se usa regularmente un deshumidificador para reducir la humedad á dentro en el hogar de {child's name}?**

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

**KITC\_FAN (7.3)**      **Is an exhaust fan that vents to the outside used regularly when cooking in the kitchen in {child's name} home?**

**¿Se usa un extractor regularmente que ventila hacia fuera, cuando se cocina en el hogar de {child's name}?**

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

**COOK\_GAS (7.4)**      **Is gas used for cooking in {child's name} home?**

**¿Se usa gas para cocinar en el hogar de {child's name}?**

- (1) YES
- (2) NO

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

**ENV\_MOLD (7.5)**      **In the past 30 days, has anyone seen or smelled mold or a musty odor inside in {child's name} home? Do not include mold on food.**  
**¿En los últimos 30 días, ha visto u oído alguien moho o humedad adentro del hogar de {child's name}? No incluya el moho en la comida**

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

**ENV\_PETS (7.6)**      **Does {child's name} home have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?**  
**¿Tiene el hogar de {child's name} mascotas tales como perros, gatos, hámsteres, pájaros u otras mascotas de plumas o peludos que pasan tiempo adentro de la casa?**

- (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)**      **[SKIP THIS QUESTION IF ENV\_PETS = 2, 7, 9]**  
**Is the pet allowed in {child's name} bedroom?**  
**¿Sé permiten las mascotas en la recámara de {child's name}?**

- (1) YES
- (2) NO
- (3) SOME ARE/SOME AREN'T
  
- (7) DON'T KNOW
- (9) REFUSED

**C\_ROACH (7.8)**      **In the past 30 days, has anyone seen cockroaches inside {child's name} home?**  
**En los últimos 30 días ¿ha visto alguien cucarachas adentro del hogar de {child's name}?**

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

**C\_RODENT (7.9)** In the past 30 days, has anyone seen mice or rats inside {child's name} home? Do not include mice or rats kept as pets.  
**En los últimos 30 días, ¿ha visto alguien ratones o ratas adentro del hogar de {child's name}? No incluya ratones o ratas que tiene como mascotas.**

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

**WOOD\_STOVE (7.10)** Is a wood burning fireplace or wood burning stove used in {child's name} home?  
**¿Se usa una chimenea de leña o una estufa de leña en el hogar de {child's name}?**

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

**GAS\_STOVE (7.11)** Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in {child's name} home?  
**¿Se usan los troncos de gas sin ventilación o chimeneas sin ventilación, o estufas de gas sin ventilación en el hogar de {child's name}?**

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

**S\_INSIDE (7.12)** In the past week, has anyone smoked inside {child's name} home?  
**Durante la semana pasada, ¿ha fumado alguien adentro del hogar de {child's name}?**

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

**INTERVIEWER READ:** Now, back to questions specifically about {child's name}.  
**Ahora regresemos a preguntas más específicas acerca de {child's name}.**

**MOD\_ENV (7.13)** Has a health professional ever advised you to change things in {child's name} home, school, or work to improve his/her asthma?  
**Alguna vez ¿le ha aconsejado un profesional de la salud que cambiara las cosas en su hogar, escuela o trabajo, para mejorar su asma?**

- (1) YES
- (2) NO

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

**MATTRESS (7.14)** Does {child's name} use a mattress cover that is made especially for controlling dust mites?  
**¿Usa {child's name}, una cubierta para su colchón de cama, hecha especialmente para controlar los parásitos (ácaros) de polvo?**

[Read 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.]

[Esto no incluye las cubiertas normales de colchones que se usan para acolchonar o higiene (humedecimiento). Estas cubiertas son para el propósito de controlar los alérgenos (como parásitos de polvo) de habitar en el colchón. Están hechas de una tela especial, completamente cubren el colchón y tienen sieres.]

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

**E\_PILLOW (7.15)** Does {child's name} use a pillow cover that is made especially for controlling dust mites?  
**¿Usa {child's name}, una cubierta para su almohada, hecha especialmente para controlar los parásitos (ácaros) de polvo?**

[Read 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.]

[Esto no incluye las fundas (cubiertas) normales de almohada (cojín) que se usan para proteger. Estas fundas (cubiertas) son para el propósito de controlar los alérgenos (como parásitos de polvo) de habitar en la almohada (el cojín). Están hechas de una tela especial, completamente cubren la almohada y tienen sieres.]

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

**CARPET (7.16)** Does {child's name} have carpeting or rugs in {his/her} bedroom? This does not include throw rugs small enough to be laundered.  
**¿Tiene {child's name} alfombra o tapetes en su recámara? Esto no incluye tapetes lo suficientemente chicos para lavarse.**

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

**HOTWATER (7.17)**

**Are {child's name} sheets and pillowcases washed in cold, warm, or hot water?  
¿Se lavan las sábanas y fundas de almohada de {child's name} con agua?**

**[Please read]**

- (1) COLD
- (2) WARM
- (3) HOT

FRÍA  
TIBIA  
CALIENTE

**[Do not read]**

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

**BATH\_FAN (7.18)**

**In {child's name} bathroom, does {child's name} regularly use an exhaust fan that vents to the outside?**

**En el baño de {child's name}, ¿se usa regularmente un extractor de aire que ventila hacia fuera?**

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

## Section 8. Medications

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

**READ:** The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to {child's name} medication use.

Las siguientes preguntas se refieren de los medicamentos para el asma. Las primeras preguntas son muy generalizadas, pero después las preguntas se vuelven muy específicas acerca del uso de medicamentos de {child's name}.

**OTC (8.1)** Over-the-counter medication can be bought without a doctor's order. Has {child's name} ever used over-the-counter medication for {his/her} asthma?  
**Uno puede comprar medicamentos, sin la orden de un doctor. ¿Alguna vez ha usado {child's name}, un medicamento para su asma, sin requerir la orden (receta) de un doctor?**

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

**INHALERE (8.2)** Has {child's name} ever used a prescription inhaler?  
**¿Alguna vez ha usado un inhalador recetado por un doctor?**

- (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 health professional show {child's name} how to use the inhaler?  
**¿Le enseñó un médico o profesional de la salud, a {child's name}, como usar el inhalador?**

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

**INHALERW (8.4)** Did a doctor or other health professional watch {child's name} use the inhaler?  
**¿Vio un médico u otro profesional de la salud a {child's name}, usar el inhalador?**

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



SCR\_MED1 (8.5)

[IF LAST\_MED = 88, 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9]

Now I am going to ask questions about specific prescription medications {child's name} may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often {child's name} takes each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

Ahora le voy hacer preguntas sobre medicamentos especificos recetados y que quizá {child's name}, haya tomado para el asma en los últimos 3 meses. Yo le preguntaré por los nombres, cantidades y que seguido toma {child's name}, cada medicina. Le voy a preguntar por separado, cada medicamento tomado en diversas formas: pastilla o jarabe, inhalador y nebulizador.

It will help to get {child's name} medicines so you can read the labels. Are {child's name} asthma medicines handy?

Ayudaria, si usted trae las medicinas de {child's name}, para que (usted) pueda leer las etiquetas.

- (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\_MED2 (8.6)

Can you please go get the asthma medicines while I wait on the phone?

¿Puede usted por favor traer sus medicinas para el asma, mientras yo lo (a) espero aquí en el teléfono?

[Read if necessary]

- (1) YES
- (2) NO [SKIP TO INH\_SCR]

[Do not read]

- (7) DON'T KNOW [SKIP TO INH\_SCR]
- (9) REFUSED [SKIP TO INH\_SCR]

SCR\_MED3 (8.7)

Am I correct that you have all the medications?

¿Tiene usted todos los medicamentos?

[Read if necessary]

- (1) YES I HAVE ALL THE MEDICATIONS
- (2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL
- (3) NO

[Do not read]

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

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

**INH\_SCR (8.8)** In the past 3 months has {child's name} taken prescription asthma medicine using an inhaler?  
 En los últimos 3 meses, ¿ha tomado {child's name} medicina recetada para el asma, usando un inhalador?

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

**INH\_MEDS (8.9)** In the past 3 months, what medications did {child's name} take by inhaler? [MARK ALL THAT APPLY. PROBE: Any other inhaler medications?]  
 En los últimos 3 meses, ¿qué medicina recetada para el asma tomó {child's name} usando un inhalador? [MARK ALL THAT APPLY. PROBE: ¿Algún otro medicamento recetado para asma, usando un inhalador?]

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

	Brand Name
01	Advair (17 + 26)
02	Aerobid (16)
03	Albuterol
04	Alupent (21)
05	Atrovent (19)
06	Azmacort (31)
07	Beclomethasone dipropionate
08	Beclovent (07)
09	Bitolterol
10	Brethaire (28)
11	Budesonide
12	Combivent (19 + 03)
13	Cromolyn
14	Flovent (17)
15	Flovent Rotadisk (17)
16	Flunisolide
17	Fluticasone
34	Foradil (35)

35	Formoterol
18	Intal (13)
19	Ipratropium Bromide
20	Maxair (23)
21	Metaproteronol
22	Nedocromil
23	Pirbuterol
24	Proventil (03)
25	Pulmicort Turbuhaler (11)
36	QVAR (07)
26	Salmeterol
27	Serevent (26)
28	Terbutaline
29	Tilade (22)
30	Tornalate (09)
31	Triamcinolone acetonide
32	Vanceril (08)
33	Ventolin (03)
66	Other, Please Specify

[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP01]

- (88) NO PRESCRIPTION INHALERS [SKIP TO PILLS]
- (77) DON'T KNOW [SKIP TO PILLS]
- (99) REFUSED [SKIP TO PILLS]

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

**[LOOP BACK TO ILP01 AS NECESSARY TO ADMINSTER QUESTIONS ILP01 THRU ILP10 FOR  
EACH MEDICINE REPORTED IN INH\_MEDS]**

**[FOR FILL [MEDICINE FROM INH\_MEDS SERIES] FOR QUESTIONS ILP01 THROUGH ILP10]**

**[IF {MEDICINE FROM INH\_MEDS SERIES} IS 03, 04, 21, 24, OR 33 ASK ILP01 ELSE SKIP TO ILP02]**

**ILP01 (8.11) Are there 80, 100, or 200 puffs in the [MEDICINE FROM INH\_MEDS SERIES] inhaler  
that {child's name} uses?  
¿Hay 80, 100, o 200 inhaladas de [MEDICINE FROM INH\_MEDS SERIES] en el inhalador  
que {child's name} usa?**

- (1) 80 PUFFS
- (2) 100 PUFFS
- (3) 200 PUFFS
- (4) OTHER NUMBER OF PUFFS
- (5) USED DIFFERENT SIZES OF THIS MEDICATION IN PAST 3 MONTHS
  
- (7) DON'T KNOW
- (9) REFUSED

**ILP02 (8.12) How long has {child's name} been taking [MEDICINE FROM INH\_MEDS SERIES]?  
Would you say less than 6 months, 6 months to 1 year, or longer than 1 year?  
¿Por cuánto tiempo ha estado tomando {child's name} [MEDICINE FROM INH\_MEDS  
SERIES]? ¿Diría usted, menos de 6 meses, 6 meses a un año o más de un año?**

- (1) LESS THAN 6 MONTHS
- (2) 6 MONTHS TO 1 YEAR
- (3) LONGER THAN 1 YEAR
  
- (7) DON'T KNOW
- (9) REFUSED

**IF [MEDICINE FROM INH\_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15)  
SKIP TO 8.14**

**ILP03 (8.13) A spacer is a small attachment for an inhaler that makes it easier to use. Does {child's name}  
use a spacer with [MEDICINE FROM INH\_MEDS SERIES]?  
Un separador es un anexo pequeño que facilita usar un inhalador. ¿Usa {child's name} un  
separador con [MEDICINE FROM INH\_MEDS SERIES]?**

- (1) YES
- (2) NO
- (3) MEDICATION IS A DISK INHALER NOT A CANISTER INHALER
  
- (7) DON'T KNOW
- (9) REFUSED

**ILP04 (8.14)** In the past 3 months, did {child's name} take [MEDICINE FROM INH\_MEDS SERIES] when he/she had an asthma episode or attack?  
En los últimos 3 meses, ¿tomó {child's name} [MEDICINE FROM INH\_MEDS SERIES] cuando él/ella tuvo un episodio o ataque de asma?

- (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 {child's name} take [MEDICINE FROM INH\_MEDS SERIES] before exercising?  
En los últimos 3 meses, ¿tomó {child's name} [MEDICINE FROM INH\_MEDS SERIES] antes de hacer ejercicio?

- (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 {child's name} take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday?  
En los últimos 3 meses, ¿tomó {child's name} [MEDICINE FROM INH\_MEDS SERIES] á un horario usual todo los días?

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

**ILP07 (8.17)** On average, how many puffs did {child's name} take each time he/she used [MEDICINE FROM INH\_MEDS SERIES]?  
En promedio, ¿cuántas inhalaciones toma {child's name}, cada vez que usa [MEDICINE FROM INH\_MEDS SERIES]?

\_\_ \_\_ PUFFS EACH TIME

- (77) DON'T KNOW
- (99) REFUSED

**ILP08 (8.18)** How many times per day or per week did {child's name} use [MEDICINE FROM INH\_MEDS SERIES]?  
 ¿Cuántas veces por día o por semana usa {child's name} [MEDICINE FROM INH\_MEDS SERIES]?

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

[ASK ILP10 ONLY IF INH\_MEDS = 3, 4, 9, 10, 20, 21, 23, 24, 28, 30, 33;  
 OTHERWISE SKIP TO PILLS (8.20)]

**ILP10 (8.19)** How many canisters of [MEDICINE FROM INH\_MEDS SERIES] has {child's name} used in the past 3 months?  
 ¿Cuántos botes de [MEDICINE FROM INH\_MEDS SERIES] ha usado {child's name} en los últimos 3 meses?

[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

**PILLS (8.20)** In the past 3 months, has {child's name} taken any medicine in pill form for his/her asthma?  
 En los últimos 3 meses, ¿ha tomado {child's name} cualquier medicina recetada para su asma en (forma de) pastilla?

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

**PILLS\_MD (8.21)** What medications does {child's name} take in pill form?  
 [MARK ALL THAT APPLY. PROBE: Any other pills?]  
 ¿Cuáles son los medicamentos recetados para asma que {child's name} toma en (forma de) pastilla?

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

	Medication
01	Accolate
02	Aerolate
03	<u>Albutero</u>
04	Alupent

05	choledyl
06	
07	Deltasone
08	Elixophyllin
09	

10	Marax
11	Medrol
12	Metaprel
13	<u>Metaproteronol</u>
14	<u>Methylprednisolone</u>
15	<u>Montelukast</u>
16	
17	Pediapred
18	<u>Prednisolone</u>
19	<u>Prednisone</u>
20	Prelone
21	Proventil
22	Quibron
23	Respid
24	Singular
25	Slo-phyllin
26	Slo-bid
27	Sustaire
28	Theo-24
29	Theobid

30	Theochron
31	Theoclear
32	Theodur
33	Theo-Dur
34	Theolair
35	<u>Theophylline</u>
36	Theo-Sav
37	Theospan
38	Theox
39	
40	T-Phyl
41	Unidur
42	Uniphyl
43	Ventolin
44	Volmax
45	<u>Zafirlukast</u>
46	Zileuton
47	Zyflo Filmtab
66	Other, Please Specify: <b>[SKIP TO OTH_P1]</b>

**[IF RESPONDENT SELECTS ANY ANSWER FROM 01-47, SKIP TO PILLX]**

(88) NO PILLS

**[SKIP TO SYRUP]**

(77) DON'T KNOW

**[SKIP TO SYRUP]**

(99) REFUSED

**[SKIP TO SYRUP]**

**OTH\_P1 ENTER OTHER MEDICATION IN TEXT FIELD  
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE  
LINE.**

**[REPEAT QUESTION PILLX AS NECESSARY FOR EACH PILL REPORTED IN  
PILLS\_MD**

**PILLX (8.22) How long has {child's name} been taking [MEDICATION LISTED IN PILLX\_MD]?  
¿Por cuánto tiempo ha estado {child's name} tomando [MEDICATION LISTED IN  
PILLX\_MD]?**

(1) LESS THAN 6 MONTHS

**MENOS DE 6 MESES**

(2) 6 MONTHS TO 1 YEAR

**6 MESES A UN AÑO**

(3) LONGER THAN 1 YEAR

**MÁS DE UN AÑO**

(7) DON'T KNOW

(9) REFUSED

SYRUP (8.23)

In the past 3 months, has {child's name} taken prescription medicine in syrup form?  
En los últimos 3 meses, ¿ha tomado {child's name} cualquier medicamento recetado para asma en forma de jarabe?

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

SYRUP\_ID (8.24)

What prescriptions medications has {child's name} taken as a syrup? [MARK ALL THAT APPLY. PROBE: Any other syrup medications?]  
¿Cuáles son los medicamentos recetados para asma que {child's name} toma en forma de jarabe? [MARK ALL THAT APPLY. Probe: ¿Algún otro (medicamento) jarabe recetado para asma?]

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

	Medication
01	Aerolate (09)
02	<u>Albuterol</u>
03	Alupent (04)
04	<u>Metaproteronol</u>
05	<u>Prednisolone</u>
06	Prelone (05)
07	Proventil (02)
08	Slo-Phyllin (09)
09	<u>Theophylline</u>
10	Ventolin (02)
66	Other, Please Specify: [SKIP TO OTH_S1]

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB\_SCR]

- (88) NO PILLS [SKIP TO NEB\_SCR]
- (77) DON'T KNOW [SKIP TO NEB\_SCR]
- (99) REFUSED [SKIP TO NEB\_SCR]

OTH\_S1

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

Read: A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously.

Un nebulizador es una máquina pequeña con un tubo y máscara (antifaz) o boquilla en la que uno respira continuamente.

NEB\_SCR (8. 25)

In the past 3 months, were any of {child’s name} asthma medicines used with a nebulizer?

¿En los últimos 3 meses, utilizó {child’s name} un nebulizador para algunas de sus medicinas recetadas para asma?

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

NEB\_PLC (8. 26)

I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no.

In the past 3 months did your child use a nebulizer ...

Le voy a leer una lista de lugares, en donde {child’s name} pudiera haber usado un nebulizador. Por favor responda con un si, SI {child’s name} ha usado un nebulizador en el lugar que yo mencione, de otra manera responda con un no. En los últimos 3 meses, ¿usó {child’s name} un nebulizador...

- (8.26a) (1) ...AT HOME CASA YES NO DK
- (8.26b) (2) ...AT A DOCTOR’S OFFICE YES NO DK  
CONSULTORIO DE UN DOCTOR
- (8.26c) (3) ...IN AN EMERGENCY ROOM YES NO DK  
SALA DE EMERGENCIAS
- (8.26d) (4) ...AT WORK OR AT SCHOOL YES NO DK  
EN EL TRABAJO OR ESCUELA
- (8.26e) (5) ...AT ANY OTHER PLACE YES NO DK  
EN CUALQUIER OTRO LUGAR

NEB\_ID (8.27)

In the past 3 months, what prescriptions medications has {child’s name} taken using a nebulizer? [MARK ALL THAT APPLY. PROBE: Has your child taken any other prescription medications with a nebulizer in the past 3 months?]

En los últimos 3 meses, ¿cuáles medicamentos recetados para asma, ha tomado {child’s name}, usando un nebulizador? [MARK ALL THAT APPLY. PROBE: ¿Ha tomado {child’s name}, cualquier otro medicamento recetado para el asma, con un nebulizador en los últimos 3 meses?

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

	Medication
01	<u>Albuterol</u>
02	Alupent (11)
03	Atrovent (09)
04	<u>Bitolterol</u>
05	<u>Budesonide</u>
06	<u>Cromolyn</u>
07	Duoneb (01 + 09)
08	Intal (06)
09	<u>Ipratropium bromide</u>
10	<u>Levalbuterol</u>
11	<u>Metaproteronol</u>
12	Proventil (01)



13	Pulmicort (05)
14	Tornalate (04)
15	Ventolin (01)
16	Xopenex (10)
66	Other, Please Specify: <b>[SKIP TO OTH_N1]</b>

(88) NONE

**[SKIP TO Section 9]**

(77) DON'T KNOW

**[SKIP TO Section 9]**

(99) REFUSED

**[SKIP TO Section 9]**

**OTH\_N1**

**ENTER OTHER MEDICATION**

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

## Section 9. Cost of Care

If **No, Don't Know, or Refused** to “still” from BRFSS core or CUR\_ASTH (2.2) [or either are missing] skip to section 10.

If **Yes** to “still” from BRFSS core or CUR\_ASTH (2.2), continue

**ASMDCOST (9.1)** Was there a time in the past 12 months when {child's name} needed to see his/her primary care doctor for asthma but could not because of the cost?  
**¿Hubo alguna ocasión en los últimos 12 meses, cuando {child's name} necesitó ver a su medico encargado de su salud, para su asma, pero no pudo debido al costo?**

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

**ASSPCOST (9.2)** Was there a time in the past 12 months when you were referred to a specialist for {child's name} asthma care but could not go because of the cost?  
**¿Hubo alguna ocasión en los últimos 12 meses cuando refirieron á {child's name} con un especialista para el cuidado del asma, pero no pudo ir debido al costo?**

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

**ASRXCOST (9.3)** Was there a time in the past 12 months when {child's name} needed medication for his/her asthma but you could not buy it because of the cost?  
**¿Hubo alguna ocasión en los últimos 12 meses, cuando {child's name} necesitó medicamentos para su asma, pero usted no los pudo comprar debido al costo?**

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

**Section 10. School Related Asthma**

**SCH\_STAT (10.1)**

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

**Estamos interesados en cosas que quizá pueda afectar el asma de {child's name} cuando el / ella no está en casa.**

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

**¿En la actualidad, va {child's name} á la escuela o una escuela preescolar (jardín de infantes) afuera del hogar?**

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

**NO\_SCHL (10.2)**

What is the main reason {child's name} is not now in school?

**¿Cuál es la razón principal por la que {child's name} no está ahora en la escuela?**

[Please read 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

[Do not read]

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

**SCHL\_12 (10.3)**

Has {child's name} gone to school in the past 12 months?

**¿Ha ido {child's name} á la escuela en los últimos 12 meses?**

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

**SCHGRADE (10.4)**

[IF SCHL\_12 = 1]

What grade was {child's name} in the last time he/she was in school?

**¿En que año escolar estaba {child's name} la última vez que él / ella fue á la escuela?**

[IF SCH\_STAT = 1 OR NO\_SCHL = 2]

What grade is {child's name} in?

¿En qué año escolar ésta {child's name}?

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

(77) DON'T KNOW  
(99) REFUSED

If No to “still” from BRFSS core or CUR\_ASTH (2.2) [or either are missing], skip to 10.8

If Yes to “still” from BRFSS core or CUR\_ASTH (2.2) continue

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

Durante los últimos 12 meses, ¿cómo cuantos días de escuela perdió {child's name} por causa de su asma?

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

(888) ZERO  
(777) DON'T KNOW  
(999) REFUSED

[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 (10.6) Earlier I explained that an asthma action plan contains instructions about how to care for the child's asthma.

Anteriormente expliqué que un plan de acción de asma, contiene instrucciones referente al cuidado de asma en los niños.

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

¿Tiene {child's name} un plan de acción para el asma o un plan de control para el asma escrito y archivado en la escuela?

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

- SCH\_MED (10.7)** Does the school {child's name} goes to allow children with asthma to carry their medication with them while at school?  
 ¿Permite la escuela de {child's name} que los niños con asma traigan consigo mismos su medicamento mientras están en la escuela?
- (1) YES  
 (2) NO
- (7) DON'T KNOW  
 (9) REFUSED
- SCH\_ANML (10.8)** Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {child's name} CLASSROOM?  
 ¿Hay algunas mascotas tales como perros, gatos, hámsteres, pájaros u otras mascotas de plumas o peludos en el salón de clase de {child's name}?
- (1) YES  
 (2) NO
- (7) DON'T KNOW  
 (9) REFUSED
- SCH\_MOLD (10.9)** Are you aware of any mold problems in {child's name} school?  
 ¿Esta usted entrado(a) de algún problema de mojo en la escuela de {child's name}?
- (1) YES  
 (2) NO
- (7) DON'T KNOW  
 (9) REFUSED
- DAYCARE (10.10)** [IF CHLDAGE2 > 10 SKIP TO SECTION 11]  
 Does {child's name} go to day care outside his/her home?  
 ¿Va {child's name} a una guardería afuera de su hogar?
- (1) YES [SKIP TO DCARE\_APL]  
 (2) NO
- (7) DON'T KNOW [SKIP TO SECTION 11]  
 (9) REFUSED [SKIP TO SECTION 11]
- DAYCARE1 (10.11)** Has {child's name} gone to daycare in the past 12 months?  
 ¿Ha ido {child's name} a una guardería en los últimos 12 meses?
- (1) YES  
 (2) NO [SKIP TO SECTION 11]
- (7) DON'T KNOW [SKIP TO SECTION 11]  
 (9) REFUSED [SKIP TO SECTION 11]

If **No** to “still” from BRFSS core or CUR\_ASTH (2.2) [or either are missing], skip to 10.14

If **Yes** to “still” from BRFSS core or CUR\_ASTH (2.2) continue

**MISS\_DCAR (10.12)** During the past 12 months, about how many days of daycare did {child’s name} miss because of {his/her} asthma?

¿Durante los últimos 12 meses, como cuantos días de guardería perdió {child’s name} por causa de su asma?

\_\_ \_\_ \_\_ENTER NUMBER DAYS

(888) ZERO

(777) DON’T KNOW

(999) REFUSED

**DCARE\_APL (10.13)** [IF DAYCARE1 (10.11) = YES (1), READ: “Please answer these next few questions about the daycare {child’s name} went to last.”] [Por favor responda á estas próximas preguntas referente á la guardería que {child’s name} fue la última vez.]

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

¿Tiene {child’s name} un plan de acción para el asma o un plan de control escrito y archivado en la guardería?

(1) YES

(2) NO

(7) DON’T KNOW

(9) REFUSED

**DCARE\_ANML(10.14)** Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {child’s name} room at daycare?

¿Hay algunas mascotas tales como perros, gatos, hámsteres, pájaros u otras mascotas de plumas o peludos en la guardería de {child’s name}?

(1) YES

(2) NO

(7) DON’T KNOW

(9) REFUSED

**DCARE\_MLD (10.15)** Are you aware of any mold problems in {child’s name} daycare?

¿Está usted enterado(a) de algún problema de moho en la guardería de {child’s name} ?

(1) YES

(2) NO

(7) DON’T KNOW

(9) REFUSED

**DCARE\_SMK (10.16) Is smoking allowed at {child's name} daycare?  
¿Se permite fumar en la guardería de {child's name}?**

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

**Section 11. Complimentary and Alternative Therapy**

If **No** to “still” from BRFSS core or CUR\_ASTH (2.2) [or either are missing], skip to section 12

If **Yes** to “still” from BRFSS core or CUR\_ASTH (2.2) continue

**READ:** Sometimes people use methods other than prescription medications to help treat or control their asthma. These methods are called non-traditional, complementary, or alternative health care. I am going to read a list of these alternative methods. For each one I mention, please answer “yes” if {child’s name} has used it to control asthma in the past 12 months. Answer “no” if {child’s name} has not used it in the past 12 months.

**A veces la gente usa métodos aparte de los medicamentos recetados por un médico, para controlar su asma. Estos métodos se llaman, no-tradicionales, complementarios o métodos alternativos para el cuidado de salud. Yo le voy a leer una lista de estos métodos alternativos. Por cada uno que yo mencione, por favor responda con un "sí" o un "no", dependiendo de si usted los ha usado o no, en los últimos 12 meses.**

**In the past 12 months, has {child’s name} used ... to control asthma?**

**¿En los últimos 12 meses, ha usado usted hierbas para controlar su asma?**

[Interviewer: repeat prior phrasing as needed]

CAM_HERB (11.1)	herbs hierbas	(1) YES	(2) NO	(7) DK	(9) REF
CAM_VITA (11.2)	vitamins vitaminas	(1) YES	(2) NO	(7) DK	(9) REF
CAM_PUNC (11.3)	acupuncture acupuntura	(1) YES	(2) NO	(7) DK	(9) REF
CAM_PRES (11.4)	acupressure acupresión	(1) YES	(2) NO	(7) DK	(9) REF
CAM_AROM (11.5)	aromatherapy aromaterapia	(1) YES	(2) NO	(7) DK	(9) REF
CAM_HOME (11.6)	homeopathy homeopatía	(1) YES	(2) NO	(7) DK	(9) REF
CAM_REFL (11.7)	reflexology reflexología	(1) YES	(2) NO	(7) DK	(9) REF
CAM_YOGA (11.8)	yoga yoga	(1) YES	(2) NO	(7) DK	(9) REF
CAM_BR (11.9)	breathing techniques técnicas de respiración	(1) YES	(2) NO	(7) DK	(9) REF
CAM_NATR (11.10)	naturopathy naturopatía	(1) YES	(2) NO	(7) DK	(9) REF

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

**Aparte de los métodos (alternativos) que le acabo de preguntar, ¿ha usado {child’s name} cualquier otra clase de cuidados alternativos para su asma en los últimos 12 meses?**

- (1) YES
- (2) NO

**[SKIP TO SECTION 12]**



- (7) DON'T KNOW [SKIP TO SECTION 12]  
(9) REFUSED [SKIP TO SECTION 12]

**CAM\_TEXT (11.13) What else has your child used?**  
**¿Qué más ha usado su hijo(a)?**

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

**Section 12. Additional Child Demographics**

**READ “I have just a few more questions about {child’s name}.”**

**READ: Tengo unas pocas preguntas más sobre {child’s name}.**

**HEIGHT1 (12.1)**

**HEIGHT2 (12.2)**

**HEIGHT3 (12.3)**

**How tall is {child’s name}?**

**¿Cuánto mide de estatura {child’s name}?**

\_\_\_ FEET / \_\_\_ INCHES OR \_\_\_ CENTIMETERS

(97) DON’T KNOW

(997) DON’T KNOW

(99) REFUSED

(999) REFUSED

**WEIGHT1 (12.4)**

**WEIGHT2 (12.5)**

**How much does {child’s name} weigh?**

**¿Cuánto pesa {child’s name}?**

\_\_\_ POUNDS OR \_\_\_ KILOGRAMS

(997) DON’T KNOW

(999) REFUSED

**BIRTHW1 (12.6)**

**BIRTHW2 (12.7)**

**BIRTHW3 (12.8)**

**How much did {child’s name} weigh at birth (in pounds)?**

**¿Cuánto peso {child’s name} cuando nació (en libras)?**

\_\_\_ POUNDS / \_\_\_ OUNCES OR \_\_\_ GRAMS

**[SKIP TO CWEND]**

(997) DON’T KNOW

(9997) DON’T KNOW

(999) REFUSED

(9999) REFUSED

**[IF BIRTH WEIGHT (12.6, 12.7, 12.8) IS DON’T KNOW OR REFUSED ASK BIRTHRF, ELSE SKIP TO CWEND.]**

**BIRTHRF (12.9)**

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

**¿Pesó {child’s name} menos de 5 libras y media cuando nació?**

(1) YES

(2) NO

(7) DON’T KNOW

(9) REFUSED

CWEND

Those are all the questions I have. I'd like to thank you on behalf of the {state name} Health Department and the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at {1-XXX-XXX-XXXX}. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at {1-XXX-XXX-XXXX}. Thanks again.

Esas son todas las preguntas que tengo. Quiero darle las gracias en nombre {state health department}, por el tiempo y esfuerzo que usted ha tomado contestando estas preguntas. Si usted tiene cualquier pregunta acerca de esta encuesta, puede llamar a mi supervisor, sin costo al: {1-XXX-XXX-XXXX}. Si usted tiene preguntas acerca de sus derechos como participante de esta encuesta, usted puede llamar al presidente de la Junta Institucional de Revisión al {1-XXX-XXX-XXXX}. Muchas gracias.

**The Spanish Child Asthma Call-back survey was used by the following states in 2006:**

**The Spanish Child Asthma Call-back survey was used by the following states in 2007:**