

**BRFSS/ASTHMA SURVEY  
ADULT QUESTIONNAIRE - 2009  
CATI SPECIFICATIONS**

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

MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code “470 Respondent was misdiagnosed; never had asthma” as a final code and terminate the interview.

## Section 1. Introduction

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

Hello, my name is \_\_\_\_\_. I’m calling on behalf of the {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.

**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.

**1.1 Are you {sample person’s name}?**

1. Yes (go to informed consent)
2. No

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

1. Yes (go to 1.4 when sample person comes to phone)
2. No

If not available set time for return call in 1.3

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

**1.4 Hello, my name is \_\_\_\_\_. I’m calling on behalf of the {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.**

**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.

## Section 2: Informed Consent

### INFORMED CONSENT

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

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

[If "yes" to lifetime and "no" to still 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?

**(IF YES, READ:) (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]

[If "yes" to lifetime and "yes" to still 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?

**(IF YES, READ:) (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]

### **REPEAT (2.0)**

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

**Ask:**

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

- 1. Yes [continue to EVER\_ASTH (2.1)]**
- 2. No**
  - a. Correct person is available and can come to phone [return to question 1.1]**
  - b. Correct person is not available [return to question 1.3 to set call date/time]**
  - c. Correct person unknown, interview ends [disposition code 306 is assigned]**

### **EVER\_ASTH (2.1)**

**I would like to repeat the questions from the previous survey now to make**

**sure you qualify for this study.**

**Have you ever been told by a doctor or other health professional that you have asthma?**

- (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?**

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

**READ: You do qualify for this study, I'd like to continue unless you have any questions.**

You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions

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

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

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

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

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

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

**Some states may require the following section before going to section 3:**

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

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

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

**TERMINATE:**

**Upon survey termination, READ:**

**Those are all the questions I have. I'd like to thank you on behalf of the {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 1-800-xxx-xxxx. Thanks again. Goodbye**

Note: Disposition code is automatically assigned here by CATI as “211 Sel. Resp. ref. combine ans.” Selected Respondent refused combining responses with BRFSS” and the survey will end. This disposition code will only be needed if the optional question PERMISS (2.3) is asked.

### 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?**

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

\_\_\_\_\_(ENTER AGE IN YEARS)  
**[RANGE CHECK: 001-115, 777, 888, 999]**

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

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

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

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

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

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

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

**LAST\_MED (3.4) How long has it been since you last took asthma medication?**

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

- (88) NEVER
- (01) LESS THAN ONE DAY AGO
- (02) 1-6 DAYS AGO
- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO

- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

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

**INTRODUCTION FOR LASTSYMP:**

**READ:** Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when **you do not** have a cold or respiratory infection.

**LASTSYMP (3.5) How long has it been since you last had any symptoms of asthma?**  
**[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]**

- (88) NEVER
- (01) LESS THAN ONE DAY AGO
- (02) 1-6 DAYS AGO
- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

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

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

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

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

**SYMP\_30D (4.1) During the past 30 days, on how many days did you have any symptoms of asthma?**

\_\_\_\_ DAYS  
[RANGE CHECK: (01-30, 77, 88, 99)]

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

(88) NO SYMPTOMS IN THE PAST 30 DAYS [SKIP TO EPIS\_INT]  
(30) EVERY DAY [CONTINUE]

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

**DUR\_30D (4.2) Do you have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.**

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

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

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

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

(77) DON'T KNOW  
(99) REFUSED



**SYMPFREE (4.4)**      **During the past two weeks, on how many days were you completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?**

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

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

**EPIS\_INT**      **IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP (3.5) = 4) PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS (LASTSYMP (3.5) = 1, 2 OR 3) 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.

**EPIS\_12M (4.5)**      **During the past 12 months, have you had an episode of asthma or an asthma attack?**

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

**EPIS\_TP (4.6)**      **During the past three months, how many asthma episodes or attacks have you had?**

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

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

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

**DUR\_ASTH (4.7) How long did your MOST RECENT asthma episode or attack last?**

- 1\_\_ Minutes
- 2\_\_ Hours
- 3\_\_ Days
- 4\_\_ Weeks
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Interviewer note:

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

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

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

**Section 5. Health Care Utilization**

All respondents continue here:

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

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

**INS2 (5.02) During the past 12 months was there any time that you did not have any health insurance or coverage?**

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

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

**The best known value for whether or not the adult "still has asthma" is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR\_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR\_ASTH (2.2) "Do you still have asthma?" is used.**

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

**IF BRFSS core value for 9.2, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused)  
AND  
(LAST\_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND  
(LAST\_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND  
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)  
THEN SKIP TO Section 6; otherwise continue with Section 5.**

*The above "if" statement can also be restated in different words as:*

**IF BRFSS core value for 9.2, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused)  
AND  
( (LAST\_MD = 4) OR  
(LAST\_MED = 1, 2, 3 or 4) OR  
(LASTSYMP = 1, 2, 3 or 4)**

*THEN Continue with Section 5 otherwise skip to Section 6)*

**IF BRFSS core value for 9.2, “Do you still have asthma?” = 1 (Yes), continue with Section 5.**

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

**IF CUR\_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND  
(LAST\_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND  
(LAST\_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND  
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)  
THEN SKIP TO Section 6; otherwise continue with Section 5.**

*The above “if” statement can also be restated in different words as:*

*IF CUR\_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND  
( (LAST\_MD = 4) OR  
(LAST\_MED = 1, 2, 3 or 4) OR  
(LASTSYMP = 1, 2, 3 or 4)  
THEN Continue with Section 5; otherwise skip to Section 6)*

**IF CUR\_ASTH (2.2) = 1 (Yes) continue with section 5.**

**NER\_TIME (5.1) [IF LAST\_MD (3.3) = 88, 05, 06, 07; SKIP TO MISS\_DAY]**

**During the past 12 months how many times did you see a doctor or other health professional for a routine checkup for your asthma?**

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

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

(888) NONE

(777) DON'T KNOW

(999) REFUSED

ER\_VISIT (5.2)

**An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, have you had to visit an emergency room or urgent care center because of your asthma?**

(1) YES

(2) NO

[SKIP TO URG\_TIME]

(7) DON'T KNOW

[SKIP TO URG\_TIME]

(9) REFUSED

[SKIP TO URG\_TIME]

ER\_TIMES (5.3)

**During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?**

\_\_\_\_ ENTER NUMBER

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

(888) NONE (Skip back to 5.2)

(777) DON'T KNOW

(999) REFUSED

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

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

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

URG\_TIME (5.4)

[IF ONE OR MORE ER VISITS (ER\_TIMES (5.3)) INSERT "Besides those emergency room or urgent care center visits,"]

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

\_\_\_\_ ENTER NUMBER

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

(888) NONE

(777) DON'T KNOW

(999) REFUSED

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

999 WERE NOT THE INTENT]

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

HOSP\_VST (5.5)

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

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

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

HOSPTIME (5.6A)

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

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

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

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

HOSPPLAN (5.7)

The last time you left the hospital, did a health professional TALK with you about how to prevent serious attacks in the future?

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

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

MISS\_DAY (5.8A)

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

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

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

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

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

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

**ACT\_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?**

- (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...**

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

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

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

**TCH\_RESP (6.2)**

**Has a doctor or other health professional ever taught you...**

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

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

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

**TCH\_MON (6.3)**

**A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you...**

c. How to use a peak flow meter to adjust your daily medications?

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

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

**MGT\_PLAN (6.4)**

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

**Has a doctor or other health professional EVER given you an asthma action plan?**

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

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

**MGT\_CLAS (6.5)**

**Have you ever taken a course or class on how to manage your asthma?**

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

## Section 7. Modifications to Environment

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

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

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

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

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

**Is a dehumidifier regularly used to reduce moisture inside your home?**

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

**KITC\_FAN (7.3)**      **Is an exhaust fan that vents to the outside used regularly when cooking in your kitchen?**

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

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

- (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.**

- (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?**

- (1) YES
- (2) NO (SKIP TO 7.8)
- (7) DON'T KNOW (SKIP TO 7.8)
- (9) REFUSED (SKIP TO 7.8)

**PETBEDRM (7.7) Are pets allowed in your bedroom?**

**[SKIP THIS QUESTION IF ENV\_PETS = 2, 7, 9]**

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

**C\_ROACH (7.8) In the past 30 days, has anyone seen a cockroach inside your home?**

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

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

**C\_RODENT (7.9) In the past 30 days, has anyone seen mice or rats inside your home? Do not include mice or rats kept as pets.**

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

**HELP SCREEN: Studies have shown that rodents may be a cause of asthma.**

**WOOD\_STOVE (7.10) Is a wood burning fireplace or wood burning stove used in your home?**

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

(9) REFUSED

**HELP SCREEN:** OCCASIONAL USE SHOULD BE CODED AS “YES”.

**GAS\_STOVE (7.11)**      **Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in your home?**

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**HELP SCREEN:** “Unvented” means no chimney or the chimney flue is kept closed during operation.

**S\_INSIDE (7.12)**      **In the past week, has anyone smoked inside your home?**

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

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

**MOD\_ENV (7.13)**      **INTERVIEWER READ:** Now, back to questions specifically about you.

**Has a health professional ever advised you to change things in your home, school, or work to improve your asthma?**

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

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

**MATTRESS (7.14)**      **Do you use a mattress cover that is made especially for controlling dust mites?**

**[INTERVIEWER: If needed: This does not include normal mattress covers used for padding or sanitation (wetting). These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the mattress. They are made of special fabric, entirely enclose the mattress, and have zippers.]**

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**E\_PILLOW (7.15) Do you use a pillow cover that is made especially for controlling dust mites?**

**[INTERVIEWER: If needed: This does not include normal pillow covers used for fabric protection. These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the pillow. They are made of special fabric, entirely enclose the pillow, and have zippers.]**

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

**CARPET (7.16) Do you have carpeting or rugs in your bedroom? This does not include throw rugs small enough to be laundered.**

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

**HOTWATER (7.17) Are your sheets and pillowcases washed in cold, warm, or hot water?**

- (1) COLD
- (2) WARM
- (3) HOT
  
- DO NOT READ**
- (4) VARIES
  
- (7) DON'T KNOW
- (9) REFUSED

**BATH\_FAN (7.18) In your bathroom, do you regularly use an exhaust fan that vents to the outside?**

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

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

**Section 8. Medications**

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

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

Over-the-counter medication can be bought without a doctor's order. Have you ever used over-the-counter medication for your asthma?

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

**INHALERE (8.2)** Have you ever used a prescription inhaler?

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

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

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

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

**INHALERW (8.4)** Did a doctor or other health professional watch you use the inhaler?

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

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

Now I am going to ask questions about specific prescription medications you 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.

It will help to get your medicines so you can read the labels.  
Can you please go get the asthma medicines while I wait on the phone?

- (1) YES
- (2) NO [SKIP TO INH\_SCR]
- (3) RESPONDENT KNOWS THE MEDS [SKIP TO INH\_SCR]
- (7) DON'T KNOW [SKIP TO INH\_SCR]
- (9) REFUSED [SKIP TO INH\_SCR]

SCR\_MED3 (8.7) [when Respondent returns to phone:] Do you have all the medications?

[INTERVIEWER: Read if necessary]

- (1) YES I HAVE ALL THE MEDICATIONS
- (2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL
- (3) NO
- (7) DON'T KNOW
- (9) REFUSED

INH\_SCR (8.8) [IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]  
In the past 3 months have you taken prescription asthma medicine using an inhaler?

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

INH\_MEDS (8.9)

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

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

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO

**SPELL THE NAME OF THE MEDICATION.]**

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

	<b>Medication</b>	<b>Pronunciation</b>
01	<b>Advair (+ A. Diskus)</b>	ăd-vâr (or add-vair)
02	Aerobid	â-rō'bīd (or air-row-bid)
03	<b>Albuterol (+ A. sulfate or salbutamol)</b>	ăl'-bu'ter-ōl (or al-BYOO-ter-ole) sāl-byū'tā-mōl'
04	Alupent	al-u-pent
40	<b>Asmanex (twisthaler)</b>	as-muh-neks twist-hey-ler
05	<b>Atrovent</b>	At-ro-vent
06	<b>Azmacort</b>	az-ma-cort
07	<u>Beclomethasone dipropionate</u>	bek''lo-meth'ah-son dī' pro'pe-o-nāt (or be-kloe-meth-a-son)
08	Beclovent	be' klo-vent'' (or be-klo-vent)
09	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye-tole-ter-ole)
10	Brethaire	breth-air
11	<u>Budesonide</u>	byoo-des-oh-nide
12	<b>Combivent</b>	com-bi-vent
13	<u>Cromolyn</u>	kro'mō-lin (or KROE-moe-lin)
14	<b>Flovent</b>	flow-vent
15	Flovent Rotadisk	flow-vent row-ta-disk
16	<u>Flunisolide</u>	floo-nis'o-līd (or floo-NISS-oh-lide)
17	<u>Fluticasone</u>	flue-TICK-uh-zone
34	Foradil	FOUR-a-dil
35	<u>Formoterol</u>	for moh' te rol
18	Intal	in-tel
19	<u>Ipratropium Bromide</u>	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
37	<b>Levalbuterol tartrate</b>	lev-al-BYOU-ter-ohl
20	Maxair	măk-sâr
21	<u>Metaproteronol</u>	met''ah-pro-ter'ē-nōl (or met-a-proe-TER-e-nole)
39	<b>Mometasone furoate</b>	moe-MET-a-son
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr-bu'ter-ōl (or peer-BYOO-ter-ole)
41	Pro-Air HFA	proh-air HFA
24	<b>Proventil</b>	pro''ven-til' (or pro-vent-il)
25	<b>Pulmicort Turbuhaler</b>	pul-ma-cort tur-bo-hail-er
36	<b>QVAR</b>	q -vâr (or q-vair)
03	<u>Salbutamol (or Albuterol)</u>	sāl-byū'tā-mōl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	<b>Serevent</b>	Sair-a-vent
42	<b>Symbicort</b>	sim-buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter-bu'tah-lēn (or ter-BYOO-ta-leen)
29	Tilade	tīe-laid
30	Tornalate	tor-na-late
31	<u>Triamcinolone acetonide</u>	tri''am-sin'o-lōn as''ē-tō-nīd' (or trye-am-SIN-oh-lone)
32	Vanceril	van-sir-il
33	Ventolin	vent-o-lin
38	<b>Xopenex HFA</b>	ZOH-pen-ecks
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]

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

**OTH\_11 (8.10) ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD  
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS  
ON ONE LINE.**

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

[LOOP BACK TO ILP01 AS NECESSARY TO ADMINSTER QUESTIONS ILP01 THRU ILP10  
FOR EACH MEDICINE 01 – 42 REPORTED IN INH\_MEDS, BUT NOT FOR 66 (OTHER).]

[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?**

**[INTERVIEWER: A puff is a single inhalation or a single dose. Inhalers sometimes  
say “100 metered doses”. Instructions are to use 2-3 inhalations (doses, puffs) each time.  
The 80 puff canister may say 6.8 g. The 100 puff canister may say 9 g and the 200 puff  
canister may say 17 g. or 18 g. depending on the brand being used. If it says 90 mcg  
(micrograms) it is referring to the individual puff, not the size of the canister.]**

- (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?**

- (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) OR MOMETASONE FUROATE (39) OR ASMANEX (40) 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]?**

(1) YES

(2) NO

(3) Medication is a disk inhaler not a canister inhaler

(7) DON'T KNOW

(9) REFUSED

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

**[HELP SCREEN: The response category 3 (disk not canister) is primarily intended for medications Serevent (27), Salmeterol (26) and Flovent (14) which are known to come in disk type inhalers (which do not use a spacer). However, new medications may come on the market that will need this category so it can be used for other than 14, 26, and 27.]**

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

(1) YES

(2) NO

(3) NO ATTACK IN PAST 3 MONTHS

(7) DON'T KNOW

(9) REFUSED

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

(1) YES

(2) NO

(3) DIDN'T EXERCISE IN PAST 3 MONTHS

(7) DON'T KNOW

(9) REFUSED

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

(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]?**

\_\_\_ PUFFS EACH TIME  
[RANGE CHECK: (01-76, 77, 99)]

(77) DON'T KNOW  
(99) REFUSED

**INTERVIEWER:** PROBE FOR NUMBER OF PUFFS IF RANGE IS GIVEN.

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

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

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

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

[ASK ILP10 ONLY IF INH\_MEDS = 3, 4, 9, 10, 20, 21, 23, 24, 28, 30, 33, 37, 38, 41 OTHERWISE SKIP TO PILLS (8.20)]

**ILP10 (8.19) How many canisters of [MEDICINE FROM INH\_MEDS SERIES] have you used in the past 3 months?**

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

\_\_\_ CANISTERS

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

[RANGE CHECK: (01-76, 77, 88, 99)]

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

**PILLS (8.20)**

**In the past 3 months, have you taken any prescription medicine in pill form for your asthma?**

(1) YES

(2) NO

**[SKIP TO SYRUP]**

(7) DON'T KNOW

**[SKIP TO SYRUP]**

(9) REFUSED

**[SKIP TO SYRUP]**

**PILLS\_MD (8.21)**

**For the following pills the respondent can choose up to five medications; however, each medication can only be used once (in the past, errors such as 232723 were submitted in the data file).**

What prescription asthma medications do you take in pill form?

**[MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]**

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

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

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

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

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

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

(99) REFUSED **[SKIP TO SYRUP]**

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

**OTH\_P1**

**ENTER OTHER MEDICATION IN TEXT FIELD**

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

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

**[REPEAT QUESTION PILLX AS NECESSARY FOR EACH PILL 01-49 REPORTED IN PILLS\_MD, BUT NOT FOR 66 (OTHER).]**

**FOR FILL [MEDICATION LISTED IN PILLS\_MD] FOR QUESTION PILLX]**

**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?**

- (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?**

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

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

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

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

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

66	Other, Please Specify:	[SKIP TO OTH_S1]
----	------------------------	------------------

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

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

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH\_S1

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

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

NEB\_SCR (8.25)

**Read: A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of your prescription asthma medicines used with a nebulizer?**

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

NEB\_PLC (8.26)

**I am going to read a list of places where you 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...**

- |                |   |
|----------------|---|
| <b>(8.26a)</b> | AT HOME<br>(1) YES (2) NO (7) DK (9) REF              |
| <b>(8.26b)</b> | AT A DOCTOR'S OFFICE<br>(1) YES (2) NO (7) DK (9) REF |
| <b>(8.26c)</b> | IN AN EMERGENCY ROOM<br>(1) YES (2) NO (7) DK (9) REF |
| <b>(8.26d)</b> | AT WORK OR AT SCHOOL<br>(1) YES (2) NO (7) DK (9) REF |
| <b>(8.26e)</b> | AT ANY OTHER PLACE<br>(1) YES (2) NO (7) DK (9) REF   |

**NEB\_ID (8.27) For the following nebulizers the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 0101 were submitted in**

the data file).

In the past 3 months, what prescriptions asthma medications have you taken using a nebulizer?

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

[MARK ALL THAT APPLY. PROBE: Have you taken any other prescription asthma medications with your nebulizer in the past 3 months?]

	Medication	Pronunciation
01	<u>Albuterol</u>	ăl'- <b>bu</b> 'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	<b>al</b> -u-pent
03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- <b>tole</b> -ter-ole)
05	<u>Budesonide</u>	byoo- <b>des</b> -oh-nide
06	<u>Cromolyn</u>	<b>kro</b> 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	<b>in</b> -tel
09	<u>Ipratropium bromide</u>	ĭp-rah- <b>tro</b> 'pe-um bro'mīd (or ip-ra- <b>TROE</b> -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ĕ-nōl (or met-a-proe-TER-e-nole)
12	Proventil	Pro- <b>ven</b> -til
13	Pulmicort	<b>pul</b> -ma-cort
14	Tornalate	<b>tor</b> -na-late
15	Ventolin	<b>vent</b> -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>
66	Other, Please Specify:	[SKIP TO OTH_N1]

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

OTH\_N1

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

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

## Section 9. Cost of Care

The best known value for whether or not the adult “still has asthma” is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR\_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR\_ASTH (2.2) “Do you still have asthma?” is used.

### IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS core value for 9.2, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) skip to Section 10

IF BRFSS core value for 9.2, “Do you still have asthma?” = 1 (Yes), continue.

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

IF CUR\_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) skip to Section 10

IF CUR\_ASTH (2.2) = 1 (Yes) 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?**

- (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?**

- (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?**

- (1) YES
- (2) NO

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



**WORKENV1 (10.4) Was your asthma CAUSED by chemicals, smoke, fumes or dust in your CURRENT job?**

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

**[HELP SCREEN: THE INTENT HERE IS TO INCLUDE CONDITIONS BOTH SPECIFIC TO THE JOB AND ALSO TO INCLUDE THINGS THAT HAPPEN AT WORK. FOR EXAMPLE, FLOUR DUST IN A BAKERY, AND ALSO NORMAL DUST IN AN OFFICE; FUMES FROM PAINT IN A PAINT MANUFACTURING COMPANY, AND ALSO PAINT FUMES FROM REPAINTING AN OFFICE; SMOKE FROM A MANUFACTURING PROCESS AND ALSO SMOKE FROM A COWORKER'S CIGARETTE]**

The best known value for whether or not the adult “still has asthma” is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR\_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR\_ASTH (2.2) “Do you still have asthma?” is used.

**IF respondent agrees 1 (Yes) with “Informed Consent”:**

**IF BRFSS core value for 9.2, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) skip to 10.6**

**IF BRFSS core value for 9.2, “Do you still have asthma?” = 1 (Yes) continue.**

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

**IF CUR\_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) skip to 10.6**

**IF CUR\_ASTH (2.2) = 1 (Yes) continue.**

**WORKENV2 (10.5) Is your asthma MADE WORSE by chemicals, smoke, fumes or dust in your CURRENT job?**

- (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?**

- (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?**

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

**[ASK 10.75 ONLY IF:  
WORKENV3 (10.6) = 1 (YES) OR  
WORKENV4 (10.7) = 1 (YES)  
OTHERWISE SKIP TO [WORKSEN1 \(10.8\)](#)]**

**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?**

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

- (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?**

- (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.

**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?

- (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?

- (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?

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

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

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

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

**Section 12. Complimentary and Alternative Therapy**

The best known value for whether or not the adult “still has asthma” is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR\_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR\_ASTH (2.2) “Do you still have asthma?” is used.

**IF respondent agrees 1 (Yes) with “Informed Consent”:**

**IF BRFSS core value for 9.2, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) skip to CWEND**

**IF BRFSS core value for 9.2, “Do you still have asthma?” = 1 (Yes) continue.**

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

**IF CUR\_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) skip to CWEND**

**IF CUR\_ASTH (2.2) = 1 (Yes) 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.

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

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

CAM\_BR (12.9) breathing techniques (1) YES (2) NO (7) DK (9) REF

CAM\_NATR (12.10) naturopathy (1) YES (2) NO (7) DK (9) REF

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

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

CAM\_OTHR (12.11) Besides the types I have just asked about, have you used any other type of alternative care for your asthma in the past 12 months?

(1) YES

(2) NO

[SKIP TO CWEND]

(7) DON'T KNOW

[SKIP TO CWEND]

(9) REFUSED

[SKIP TO CWEND]

CAM\_TEXT (12.13) What else have you used?

[100 ALPHANUMERIC CHARACTER LIMIT]

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 1-800-xxx-xxxx. Thanks again.

## Appendix A: Coding Notes and Pronunciation Guide

### Coding Notes:

1) MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code “470 Resp. was misdiagnosed; never had asthma” as a final code and terminate the interview.

2) BACKCODE SYMPFREE (4.4) TO 14 IF LASTSYMP (3.5) = 88 (never) or = 04, 05, 06, or 07 OR IF SYMP\_30D = 88. THIS WILL BE DONE BY BSB.

3) CATI Programmer’s note: For the Other in the medications (in INH\_MEDS, PILLS\_MD, SYRUP\_ID or NEB\_ID. If “Other” has one of the following misspellings then a menu choice should have been made. Code for this and correct:

<b>Medication</b>	<b>Common misspelling in "Other"</b>
Zyrtec	Zertec, Zertek or Zerteck
Allegra	Alegra, Allegra or Allegra D
Claritin	Cleraton, Cleritin or Claritin D
Singulair	Singular, Cingulair or Cingular
Xopenex	Zopanax or Zopenex
Advair	
Diskus	Advair or Diskus
Albuterol	Aluterol Sulfate
Maxair	Maxair Autohaler

### Pronunciation Guide:

The following is a pronunciation guide. The top ten medications are shown bolded. Audio files are available from the BRFSS coordinators’ upload/download site.

#### INH\_MEDS

	<b>Medication</b>	<b>Pronunciation</b>
01	<b>Advair</b>	ăd-vâr (or <b>add</b> -vair)
02	Aerobid	â-rō'bîd (or <b>air</b> -row-bid)
03	<b>Albuterol</b> ( + A. sulfate or salbutamol)	ăl'- <b>bu</b> 'ter-ōl (or al- <b>BYOO</b> -ter-ole) sāl-byū'tə-môl'
04	Alupent	<b>al</b> -u-pent
40	Asmanex (twisthaler)	<b>as</b> -muh-neks <b>twist</b> -hey-ler
05	<b>Atrovent</b>	At-ro-vent
06	<b>Azmacort</b>	<b>az</b> -ma-cort
07	<u>Beclomethasone dipropionate</u>	bek"lo- <b>meth</b> 'ah-son dī' <b>pro</b> 'pe-o-nāt (or be-kloe- <b>meth</b> -a-son)
08	Beclovent	be' klo-vent" (or <b>be</b> -klo-vent)
09	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- <b>tole</b> -ter-ole)
10	Brethaire	<b>breth</b> -air
11	<u>Budesonide</u>	byoo- <b>des</b> -oh-nide
12	<b>Combivent</b>	<b>com</b> -bi-vent
13	<u>Cromolyn</u>	<b>kro</b> 'mō-lin (or <b>KROE</b> -moe-lin)

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

PILLS\_MED

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

**SYRUP\_ID**

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

**NEB\_ID**

	<b>Medication</b>	<b>Pronunciation</b>
01	<u>Albuterol</u>	ăl'- <b>bu</b> 'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	<b>al</b> -u-pent
03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- <b>tole</b> -ter-ole)
05	<u>Budesonide</u>	byoo- <b>des</b> -oh-nide
06	<u>Cromolyn</u>	<b>kro</b> 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	<b>in</b> -tel
09	<u>Ipratropium bromide</u>	ĭp-rah- <b>tro</b> 'pe-um bro'mĭd (or ip-ra- <b>TROE</b> -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met''ah-pro- <b>ter</b> 'ĕ-nōl (or met-a-proe-TER-e-nole)
12	Proventil	Pro- <b>ven</b> -til
13	Pulmicort	<b>pul</b> -ma-cort
14	Tornalate	<b>tor</b> -na-late
15	Ventolin	<b>vent</b> -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>