

2023 WI BRFSS Questionnaire



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OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p>Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 12/31/2024</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Marquisette Glass Lewis at grp2@cdc.gov.</p>
	<p>HELLO, I am calling for the Wisconsin Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</p>	<p>States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.</p> <p>If cell phone respondent objects to being contacted by state where they have never lived, say: “This survey is conducted by all states and your information will be forwarded to the correct state of residence”</p>

Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?		1 Yes	Go to LL02		
			2 No	TERMINATE	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	
LL02.	Is this a private residence?		1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to LL03	If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which	

					are also used for personal communication are eligible.	
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE	
LL03.	Do you live in college housing?		1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
LL04.	Do you currently live in __Wisconsin__?		1 Yes	Go to LL05		
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in Wisconsin at this time.	
LL05.	Is this a cell phone?		1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private	

					residences or college housing at this time.	
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?		1 Yes	IF COLLEGE HOUSING (LL03) = "YES," GO TO LL09; OTHERWISE GO TO NUMBER OF ADULTS LL07		
			2 No	IF COLLEGE HOUSING (LL03) = "YES," Terminate; OTHERWISE GO TO NUMBER OF ADULTS LL07	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many		1	Go to LL09	Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household?	

	members of your household, including yourself, are 18 years of age or older?		2-6 or more	Go to LL08.	If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.	
LL08.	The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?			If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL08. (See CATI programming)		
LL09.	Are you?		Read: 1 Male 2 Female	Go to Transition Section 1.	We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.	
			3 Unspecified or another gender identity Do not read: 7 Don't know/Not sure 9 Refused	Go to LL10		

LL10	What was your sex at birth? Was it male or female?		1 Male 2 Female 7 Don't know/Not sure 9 Refused	If '7' or '9' then TERMINATE "Thank you for your time, your number may be selected for another survey in the future."	Read if necessary: "What sex were you assigned at birth on your original birth certificate?"	
Transition to Section 1.			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 877-551-6138.		Do not read: Introductory text may be reread when selected respondent is reached. Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.	

Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?		1 Yes	Go to CP02		
			2 No	([set appointment if possible]) TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
CP02.	Is this [PHONE NUMBER]?		1 Yes	Go to CP03		
			2 No	TERMINATE	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time	
CP03.	Is this a cell phone?		1 Yes	Go to CP04		
			2 No	TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
CP04.	Are you 18 years of age or older?		1 Yes	Go to CP05.		
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	

CP05.	Are you ?		Please read: 1 Male 2 Female	Go to CP07.		
			3 Unspecified or another gender identity Do not read: 7 Don't know/Not sure 9 Refused	Go to CP06		
CP06	What was your sex at birth? Was it male or female?		1 Male 2 Female 7 Don't know/Not sure 9 Refused	If '7' or '9' then terminate. "Thank you for your time, your number may be selected for another survey in the future."	Read if necessary: "What sex were you assigned at birth on your original birth certificate?"	
CP07.	Do you live in a private residence?		1 Yes	Go to CP09	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other	

					locations in which the respondent lives for portions of the year.	
			2 No	Go to CP08		
CP08.	Do you live in college housing?		1 Yes	Go to CP09	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
CP09.	Do you currently live in Wisconsin?		1 Yes	Go to CP11		
			2 No	Go to CP10		

CP10.	In what state do you currently live?		1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina Carolina			
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			46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
CP11.	Do you also have a landline telephone in your home that is used to make and receive calls?		1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.	
CP12.	How many members of your household, including		__ Number 77 Don't know/ Not sure 99 Refused	If CP08 = yes then number of adults is		

	yourself, are 18 years of age or older?			automatically set to 1		
Transition to section 1.			<p>I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 877-551-6138.</p>			

Core Section 1: Health Status

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

Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHD.01	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
CHD.02	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
CHD.03	During the past 30 days, for about how many days did poor physical	POORHLTH	__ Number of days (01-30) 88 None		88 may be coded if respondent says "never" or "none" It is not necessary to ask	

	or mental health keep you from doing your usual activities, such as self-care, work, or recreation?		77 Don't know/not sure 99 Refused		respondents to provide a number if they indicate that this never occurs.	
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Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	What is the current source of your primary health insurance?	***NEW***	<p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p>		<p>If respondent has multiple sources of insurance, ask for the one used most often.</p> <p>If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.</p>	

			77 Don't Know/Not Sure 99 Refused			
CHCA.02	Do you have one person or a group of doctors that you think of as your personal health care provider?	***NEW***	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider? NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.	
CHCA.03	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CHCA.04	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

			Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
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Wisconsin State-Added 1: Health Care Coverage (2022, WI State-Added 1)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
WI1_1	Do you have health care coverage from Medicaid or BadgerCare? ¿Tiene cobertura de atención médica de Medicaid o BadgerCare?	MEDICAID	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Only ask if respondent is a state resident.	(IF NECESSARY: THESE ARE GOV'T PROGRAMS THAT PAY FOR HEALTH CARE FOR LOW-INCOME PEOPLE AND WORKING FAMILIES. RECIPIENTS HAVE A PLASTIC ID CARD THAT SAYS "FORWARD" ON IT. THESE PROGRAMS ARE CALLED MEDICAID, BADGERCARE, MEDICAL ASSISTANCE, OR TITLE 19.) (SI ES NECESARIO: ESTOS SON PROGRAMAS DEL GOBIERNO QUE PAGAN LA ATENCIÓN MÉDICA PARA PERSONAS DE BAJOS INGRESOS Y FAMILIAS TRABAJADORAS. LOS DESTINATARIOS TIENEN UNA TARJETA DE IDENTIFICACIÓN DE	

					PLÁSTICO QUE DICE "ENVIAR". ESTOS PROGRAMAS SE LLAMAN MEDICAID, BADGERCARE, ASISTENCIA MÉDICA O TÍTULO 19.)	
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Core Section 4: Exercise (Physical Activity)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEXP.01	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes		If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.	
			2 No	Go to CEXP.08		
			7 Don't know/Not Sure			
			9 Refused			
CEXP.02	What type of physical activity or exercise did you spend the most time doing during the past month?	EXRACT11	___ __ Specify from Physical Activity Coding List		See Physical Activity Coding List. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	
			77 Don't know/ Not Sure	Go to CEXP.08		
			99 Refused			
CEXP.03	How many times per week or per month did you take part in this activity during the past month?	EXEROFT1	1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused			

CEXP.04	And when you took part in this activity, for how many minutes or hours did you usually keep at it?	EXERHMM1	_:__ Hour s and minutes 777 Don't know / Not sure 999 Refused			
CEXP.05	What other type of physical activity gave you the next most exercise during the past month?	EXTRACT21	__ __ Specify from Physical Activity List		See Physical Activity Coding List. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	
			88 No other activity 77 Don't know/ Not Sure 99 Refused	Go to CEXP.08		
CEXP.06	How many times per week or per month did you take part in this activity during the past month?	EXEROFT2	1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused			
CEXP.07	And when you took part in this activity, for how many minutes or hours did you usually keep at it?	EXERHMM2	_:__ Hour s and minutes 777 Don't know / Not sure 999 Refused			
CEXP.08	During the past month, how many times per week or per month did you	STRENGTH	1__ Times per week 2__ Times per month		Do not count aerobic activities like walking, running, or bicycling. Count	

	do physical activities or exercises to strengthen your muscles?		888 Never 777 Don't know / Not sure 999 Refused		activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.	
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Core Section 5: Hypertension Awareness

Question Number	Question text		Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHYPA.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?		1 Yes	Go to next section	If "Yes" and respondent is female, ask: "Was this only when you were pregnant?" By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
			2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive or elevated blood pressure 7 Don't know / Not sure 9 Refused			
CHYPA.02	Are you currently taking prescription medicine for your high blood pressure?	BPMEDS	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Core Section 6: Cholesterol Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CCHLA.01	Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?	CHOLCHK2	1 Never	Go to CCHLA.03		
			2 Within the past year (anytime less than one year ago)			
			3 Within the past 2 years (1 year but less than 2 years ago)			
			4 Within the past 3 years (2 years but less than 3 years ago)			
			5 Within the past 4 years (3 years but less than 4 years ago)			
			6 Within the past 5 years (4 years but less than 5 years ago)			
			8 5 or more years ago			
			7 Don't know/ Not sure	Go to next section		
			9 Refused			

CCHLA.02	Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?	TOLDHI2	1 Yes		By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
			2 No 7 Don't know / Not sure 9 Refused			
CCHLA.03	Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?	CHOLMED2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent questions why they might take drugs without having high cholesterol read: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk	

Core Section 7: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure.					
CCHC.01	Ever told you that you had a heart attack		1 Yes 2 No			

	also called a myocardial infarction?		7 Don't know / Not sure 9 Refused			
CCHC.02	(Ever told) (you had) angina or coronary heart disease?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.03	(Ever told) (you had) a stroke?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.04	(Ever told) (you had) asthma?		1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
CCHC.05	Do you still have asthma?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.06	(Ever told) (you had) skin cancer that is not melanoma?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.07	(Ever told) (you had) any melanoma or any other types of cancer?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.08	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.09	(Ever told) (you had) a depressive disorder (including depression, major		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

	depression, dysthymia, or minor depression)?					
CCHC.10	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	
CCHC.11	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)	
CCHC.12	(Ever told) (you had) diabetes?		1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If	

					respondent says pre-diabetes or borderline diabetes, use response code 4.	
			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
CCHC.13	How old were you when you were first told you had diabetes?		__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		

Module 1: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.12, DIABETE4, is coded 1. To be asked following Core CCHC.12;		
MPDIAB.01	When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?		1 Within the past year (anytime less than 12 months ago) 2 Within the last 2 years (1 year but less than 2 years ago) 3 Within the last 3 years (2 years but less than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused			
				Skip if CCHC.12, DIABETE4, is coded 1; If CCHC.11, DIABETE4, is coded 4		

				automatically code MPDIAB.02, PREDIAB1, equal to 1 (yes)		
MPDIAB.02	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?		1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes and respondent is female, ask: Was this only when you were pregnant?	

Module 2: Diabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.12 is not equal to 1.		
MDIAB.01	According to your doctor or other health professional, what type of diabetes do you have?		1 Type 1 2 Type 2 7 Don't know/ Not sure 9 Refused			
MDIAB.02	Insulin can be taken by shot or pump. Are you now taking insulin?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MDIAB.03	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?		__ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	
MDIAB.04	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?		Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago)			

			<p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 2 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>8 Never</p> <p>9 Refused</p>			
MDIAB.05	When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?		<p>Read if necessary:</p> <p>1 Within the past month (anytime less than 1 month ago)</p> <p>2 Within the past year (1 month but less than 12 months ago)</p> <p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 2 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>8 Never</p> <p>9 Refused</p>			
MDIAB.06	When was the last time you took a course or class in how to manage your diabetes yourself?		<p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the last 2 years (1 year but less than 2 years ago)</p> <p>3 Within the last 3 years (2 years but less</p>			

			than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused			
MDIAB.07	Have you ever had any sores or irritations on your feet that took more than four weeks to heal?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Core Section 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.01	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			
CDEM.02	Are you Hispanic, Latino/a, or Spanish origin?	HISpanic3	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	
CDEM.03	Which one or more of the following would you say is your race?	MRACE1	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read:	.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected. If respondent indicates that they are Hispanic for race, please read the race choices.	

			88 No Additional choices 77 Don't know / Not sure 99 Refused			
CDEM.04	Are you...	MARITAL	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			
CDEM.05	What is the highest grade or year of school you completed?	EDUCA	Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			
CDEM.06	Do you own or rent your home?	RENTHOM1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the	

					majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	
CDEM.07	In what county do you currently live?	CTYCODE2	__ __ _ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			
CDEM.08	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			
				If cell interview go to CDEM11		
CDEM.09	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?	NUMHHOL3	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.11		
CDEM.10	How many of these	NUMPHON3	__ Enter number (1-5) 6 Six or more			

	landline telephone numbers are residential numbers?		7 Don't know / Not sure 8 None 9 Refused			
CDEM.11	How many cell phones do you have for your personal use?	CPDEMO1B	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Do not include cell phones that are used exclusively by other members of your household. Read if necessary: Include cell phones used for both business and personal use.	
CDEM.12	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	
CDEM.13	Are you currently...?	EMPLOY1	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or		If more than one, say "select the category which best describes you".	

			8 Unable to work Do not read: 9 Refused			
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Module 18: Industry and Occupation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MIO.01	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____ Record answer 99 Refused	If CDEM.13 = 1 (Employed for wages) or 2 (Self-employed) or 4 (Employed for wages or out of work for less than 1 year), continue, else go to next module/section. If CDEM.13 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic." Else go to next module	If respondent is unclear, ask: What is your job title? If respondent has more than one job ask: What is your main job?	
MIO.02	What kind of business or industry do you work in? For example, hospital, elementary school, clothing	TYPEINDS	_____ Record answer 99 Refused	If Core CDEM.13 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you work in? For example, hospital,		

		manufacturing, restaurant			elementary school, clothing manufacturing, restaurant.”		
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Wisconsin State-Added 2: Work-related Illness/Injury (NEW)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	<p>The next questions are about work-related injury or illness. A work-related injury or illness includes injuries experienced on the job and illnesses that someone is more likely to get because of their job.</p> <p>Las siguientes preguntas se refieren a las lesiones o enfermedades relacionadas con el trabajo. Una lesión o enfermedad relacionada con el trabajo incluye las lesiones sufridas en el trabajo y las enfermedades que una persona tiene más probabilidades de contraer</p>			Ask this module only for those who CDEM.13 is 1 (employed for wages), 2 (self-employed), or 4 (Out of work)		

	debido a su trabajo.					
WI2.1	<p>During the past 12 months, that is since [insert date for one year ago today] did you experience a work-related injury or illness serious enough that you got medical advice or treatment?</p> <p>Durante los últimos 12 meses, es decir, desde [insert date for one year ago today], ¿ha sufrido alguna lesión o enfermedad relacionada con el trabajo lo suficientemente grave como para recibir asesoramiento o tratamiento médico?</p>	WRKINJ	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>	If WRKINJ NE 1 then go to next module		
WI2.2	<p>How many days in a row did you miss from work because of your most recent work-related injury or illness (include weekends, scheduled days off or vacation)?</p> <p>¿Cuántos días seguidos faltó al trabajo debido a su lesión o</p>	WRKDAY5	<p>1 None 2 Fewer than 10 days 3 10 to 29 days 4 30 to 89 days 5 90 days or longer 7 Don't know / Not sure 9 Refused</p> <p>1 Ninguno 2 Menos de 10 días 3 10 a 29 días 4 30 a 89 días 5 90 días o mas</p>			

enfermedad laboral más reciente (incluya fines de semana, días libres programados o vacaciones)?						
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Core Section 8: Demographics (Part 2)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.1 4	How many children less than 18 years of age live in your household ?	CHILDREN	__ Number of children 88 None 99 Refused			
CDEM.1 5	Is your annual household income from all sources—	***NEW** *	Read if necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more	SEE CATI information of order of coding; Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)	

			Do not read: 77 Don't know / Not sure 99 Refused			
				Skip to CDEM.17 if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL09 = 1) or Age > 49		
CDEM.16	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDEM.17	About how much do you weigh without shoes?	WEIGHT2	___ ___ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	
CDEM.18	About how tall are you without shoes?	HEIGHT3	__ / __ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	

Core Section 9: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDIS.01	Some people who are deaf or have serious difficulty	DEAF	1 Yes 2 No 7 Don't know / Not sure			

	hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?		9 Refused			
CDIS.02	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.03	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.04	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.05	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.06	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Core Section 10: Falls

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

Core Section 11: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CTOB.01	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water	

					pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
CTOB.02	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused			
CTOB.03	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	
CTOB.04	Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?	CTOB_04	1 Never used e-cigarettes in your entire life 2 Use them every day 3 Use them some days 4 Not at all (right now) 7 Don't know / Not sure 9 Refused		Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic	

					<p>vaping products for marijuana use is not included in these questions.</p> <p>If respondent says “Not at all” ask that they do not mean “Never used e-cigs in your entire life”</p>	
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Core Section 12: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.					
CALC.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days 888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section	Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
CALC.02	During the past 30 days, on the days when you drank, about how many drinks did you	AVEDRNK3	__ Number of drinks 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	

	drink on the average?					
CALC.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 77 Don't know / Not sure 88 no days 99 Refused	CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted)		
CALC.04	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS	__ Number of drinks 77 Don't know / Not sure 99 Refused			

Core Section 13: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIMM.01	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	FLUSHOT7	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.03	Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	
CIMM.02	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	FLSHTMY3	___ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			
CIMM.03	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	
				If age <50 Go to next section		
CIMM.04	Have you ever had the shingles or zoster vaccine?	SHINGLE2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two	

					vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.	
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Core Section 14: H.I.V./AIDS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHIV.01	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?	HIVTST7	1 Yes		Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.	
			2 No 7 Don't know/ not sure 9 Refused	Go to Next section		
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	

Core Section 15: Seat Belt Use / Drinking and Driving

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

Emerging Core: Long-term COVID Effects

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COVID.01	Have you ever tested positive for COVID-19 using a rapid point-of-care test, self-test, or laboratory	***NEW***	1 Yes		Positive tests include antibody or blood testing as well as other forms of testing for COVID, such a	
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		

	test or been told by a doctor or other health care provider that you have or had COVID-19?					nasal swabbing or throat swabbing including home tests.	
COVID.02	Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?	***NEW***	1 Yes			Long term conditions may be an indirect effect of COVID 19.	
			2 No 7 Don't know / Not sure 9 Refused	Go to next section	Long term conditions may be an indirect effect of COVID 19. Read if necessary: - Tiredness or fatigue - Difficulty thinking or concentrating or forgetfulness/ memory problems (sometimes referred to as "brain fog") - Difficulty breathing or shortness of breath - Joint or muscle pain - Fast-beating or pounding heart (also known as heart palpitations) or chest pain - Dizziness on standing -menstrual changes		

						- Symptoms that get worse after physical or mental activities - Loss of taste or smell	
COVID.03	Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you COVID-19?	***NEW***		Please read 1 Yes, a lot 2 Yes, a little 3 Not at all			

Closing Statement/ Transition to Modules

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

Optional Modules

Module 6: Prostate Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If respondent is ≤ 39 years of age (YEARBORN < 1982) or is female, go to next module.		
MPCS.01	Have you ever had a P.S.A. test?		1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to MPCS.05	A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.	

MPCS.02	About how long has it been since your most recent P.S.A. test?		<p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>		A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.	
MPCS.03	What was the main reason you had this P.S.A. test – was it ...?		<p>Read:</p> <p>1 Part of a routine exam</p> <p>2 Because of a problem</p> <p>3. Other reason</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>		A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.	
MPCS.04	Who first suggested this P.S.A. test: you, your doctor, or someone else?		<p>1 Self</p> <p>2 Doctor, nurse, health care professional</p> <p>3 Someone else</p> <p>7 Don't Know / Not sure</p> <p>9 Refused</p>			

MPCS.05	When you met with a doctor, nurse, or other health professional, did they EVER talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or P.S.A. test?		1 Advantages 2 Disadvantages 3 Both Advantages and disadvantages DO NOT READ 4. Neither 7 Don't know/ not sure 9 Refused		A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.	
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Module 8: Cancer Survivorship: Type of Cancer

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
MTOC.01	You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.		1 Only one 2 Two 3 Three or more 7 Don't know / Not sure 9 Refused	Go to next module		

	How many different types of cancer have you had?					
MTOC.02	At what age were you told that you had cancer?		<p>__ Age in Years (97 = 97 and older) 98 Don't know/Not sure 99 Refused</p>		<p>If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer? Read if necessary: This question refers to the first time they were told about their first cancer.</p>	
MTOC.03	What type of cancer was it?		<p>Read if respondent needs prompting for cancer type: 01 Bladder 02 Blood 03 Bone 04 Brain 05 Breast 06 Cervix/Cervical 07 Colon 08 Esophagus/Esophageal 09 Gallbladder 10 Kidney 11 Larynx-trachea 12 Leukemia 13 Liver 14 Lung 15 Lymphoma 16 Melanoma 17 Mouth/tongue/lip 18 Ovary/Ovarian 19 Pancreas/Pancreatic 20 Prostate 21 Rectum/Rectal 22 Skin (non-melanoma) 23 Skin (don't know what kind)</p>		<p>If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?</p>	

			24 Soft tissue (muscle or fat) 25 Stomach 26 Testis/Testicular 27 Throat - pharynx 28 Thyroid 29 Uterus/Uterine 30 Other Do not read: 77 Don't know / Not sure 99 Refused			
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Module 13: Cognitive Decline

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If respondent is 45 years of age or older continue, else go to next module.		
MCOG.01	<p>The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.</p> <p>During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse??</p>		1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to next module		

MCOG.02	Are you worried about these difficulties with thinking or memory?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOG.03	Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOG.04	During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOG.05	During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?		1 Yes 2 No 7 Don't know/ not sure 9 Refused		Question should be asked to all respondents regardless of work status. If the respondent indicates they neither work nor volunteer, clarify with respondent whether difficulties with thinking or memory prevented them from working or volunteering ... if yes, then code as Yes. If no, then code as No. If reasons for not working	

					and/or volunteering are not related to difficulties with thinking or memory, code as No.	
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Module 15: Tobacco Cessation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Ask if SMOKE100 = 1 and SMOKDAY2 = 3		
MTC.01	How long has it been since you last smoked a cigarette, even one or two puffs?		Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago)	Go to next module		

			06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused			
				Ask if SMOKDAY2 = 1 or 2.		
MTC.02	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Module 16: Other Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
			ASK IF CTOB.02 = 1,2			
MOTU.01	Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
			ASK IF CTOB.04 = 2, 3			
MOTU.02	Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
Prologue	The next question is about heated tobacco products. Some people refer to these as "heat not burn" tobacco products. These heat tobacco sticks or capsules to produce a vapor.					

	Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse.					
MOTU.03	Before today, have you heard of heated tobacco products?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Module 22: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	The next two questions are about sexual orientation and gender identity					
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise go to MSOGI.02.		

MSOGI.01	Which of the following best represents how you think of yourself?		1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused		Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. Please say the number before the text response. Respondent can answer with either the number or the text/word.	
				If sex= female (using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise go to MSOGI.03.		
MSOGI.02	Which of the following best represents how you think of yourself?		1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. Please say the number before the text response. Respondent can answer with either the number or the text/word.	

<p>MSOGI.03</p>	<p>Do you consider yourself to be transgender?</p>		<p>1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender nonconforming 4 No 7 Don't know/not sure 9 Refused</p>		<p>Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.</p> <p>If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a</p>	
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					<p>man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	
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Module 28: COVID Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MCOV.01	Have you received at least one dose of a COVID-19 vaccination?		1 Yes	Go to MCOV.03 (COVIDNUM)		
			2 No	Go to MCOV.02 (COVACGET)		
			7 Don't know / Not sure 9 Refused	GOTO Next module		
MCOV.02	Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a		1 = Will definitely get a vaccine 2 = Will probably get a vaccine 3 = Will probably not get a vaccine	Go to next MODULE		

	vaccine, or are you not sure?		4 = Will definitely not get a vaccine 7 = Don't know/Not sure 9 = Refused			
MCOV.03	How many COVID-19 vaccinations have you received?		1 One			
			2 Two 3 Three 4 Four 5 Five or more			
			7 Don't know / Not sure 9 Refused			
				Skip MCOV4 (COVINT) if COVIDNUM = 2 or 3 or 4 or 5.		
MCOV.04	Which of the following best describes your COVID-19 vaccination status?		Please read 1 = Already received all recommended doses, including the updated bivalent boosters 2 = Plan to receive all recommended doses 3 = Do not plan to receive all recommended doses 7 = Don't know/Not sure 9 = Refused		Read if Necessary: Recommended doses include at least two doses of Pfizer, Moderna, or Novavax vaccines or a single dose of Johnson & Johnson vaccine PLUS at least one dose of the updated bivalent booster vaccine that became available in September 2022	

Module 29: Social Determinants and Health Equity

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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OTHERWISE NOTED)						
MSDHE.01	In general, how satisfied are you with your life? Are you..		Read: 1 Very satisfied 2 Satisfied 3 Dissatisfied 4 Very dissatisfied 7 Don't know/not sure 9 Refused			
MSDHE.02	How often do you get the social and emotional support that you need? Is that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.03	How often do you feel socially isolated from others? Is it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.04	In the past 12 months have you lost employment or had hours reduced?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.05	During the past 12 months, have you received food stamps,		1 Yes 2 No			

	also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?		7 Don't Know/ Not sure 9 Refused			
MSDHE.06	During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.07	During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.08	During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.09	During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			

	things needed for daily living?					
MSDHE.10	Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			

Module 30: Reactions to Race

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MRTR.01	<p>Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.</p> <p>How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian</p>		01 White 02 Black or African American 03 Hispanic or Latino 04 Asian 05 Native Hawaiian or Other Pacific Islander 06 American Indian or Alaska Native 07 Mixed Race 08 Some other group 77 Don't know / Not sure 99 Refused		<p>If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself." Interviewer note: do not offer "mixed race" as a category but use as a code if respondent offers it.</p>	

	or Alaska Native, or some other group?					
MRTR.02	How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?		1 Never 2 Once a year 3 Once a month 4 Once a week 5 Once a day 6 Once an hour 8 Constantly 7 Don't know / Not sure 9 Refused		The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check "once a month" as the response.	
MRTR.03	Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?		Read if necessary: 1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused			
				Ask If EMPLOY1= 1,2,4[CATI skip pattern: This question should only		

				be asked of those who are “employed for wages,” “self-employed,” or “out of work for less than one year.”]		
MRTR.04	Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don’t know / Not sure 9 Refused			
MRTR.05	Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don’t know / Not sure 9 Refused		If the respondent indicates that they do not know about other people’s experiences when seeking health care, say: “This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people’s experiences	
MRTR.06	Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach,		1 Yes 2 No 7 Don’t know / Not sure 9 Refused			

tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?						
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Module 31: Random Child Selection

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Intro text and screening	<p>If CDEM.14 = 1, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.</p> <p>If CDEM.14 is >1 and CDEM.14 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number]</p>			<p>If CDEM.14 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.</p> <p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.</p> <p>INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about</p>		

	children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.			children will be about the Xth [CATI: please fill in] child.		
MRCS.01	What is the birth month and year of the [Xth] child?		__/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			
MRCS.02	Is the child a boy or a girl?		1 Boy 2 Girl 3 Binary 9 Refused	If MRCS.02 = 3 or 9, go to MRCS.03		
MRCS.03	What was the child's sex on their original birth certificate?		1 Boy 2 Girl 9 Refused			
MRCS.04	Is the child Hispanic, Latino/a, or Spanish origin?		Read if response is yes: 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No		If yes, ask: Are they...	

			7 Don't know / Not sure 9 Refused			
MRC.S.05	Which one or more of the following would you say is the race of the child?		10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused		Select all that apply If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	
MRC.S.06	How are you related to the child? Are you a--		Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian			

			4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read: 7 Don't know / Not sure 9 Refused			
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Module 32: Childhood Asthma Prevalence

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If response to CDEM.14 = 88 (None) or 99 (Refused), go to next module.		
MCAP.01	The next two questions are about the Xth child. Has a doctor, nurse or other health professional EVER said that the child has asthma?		1 Yes	Fill in correct [Xth] number.		
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		
MCAP.02	Does the child still have asthma?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Wisconsin State-Added 3: Hmong Identity (2022, WI State-Added 2)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note ASK IF STATERE1=1	Interviewer Note (s)	Column(s)
				Only ask if respondent is a state resident and mrace1=40 (Asian)		
WI3.1	Do you consider yourself Hmong? ¿Te consideras Hmong?	HMONG	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Pronunciation is MUHNG	

Wisconsin State-Added 4: City of Milwaukee (2022, WI State-Added 3)

THIS QUESTION WAS PROGRAMMED INCORRECTLY AND CANNOT BE USED FOR ANALYSIS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note ASK IF STATERE1=1	Interviewer Note (s)	Column(s)
				Only ask if respondent is a state resident and CTYCODE2 is not equal to Milwaukee.		
WI4.1	Do you live in the city of Milwaukee? ¿Vives en la ciudad de Milwaukee?	MILW	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			

Wisconsin State-Added 5: Belonging and Meaning (NEW)

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

<p>Prologue</p>	<p>I am going to read four statements about your experiences in your everyday life. Please let me know if you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree with each statement.</p> <p>Voy a leerle cuatro afirmaciones sobre sus experiencias en la vida cotidiana. Por favor, dígame si está muy de acuerdo, de acuerdo, ni de acuerdo ni en desacuerdo, en desacuerdo o muy en desacuerdo con cada afirmación.</p>					
<p>WI5.1</p>	<p>I have enough people in my life who I feel comfortable asking for help from at any time.</p> <p>Tengo suficientes personas en mi vida con las</p>	<p>PPLHELP</p>	<p>1 Strongly Agree 2 Agree 3 Neither agree or disagree 4 Disagree 5 Strongly Disagree 7 Don't know / Not sure 9 Refused</p>			

	que me siento cómodo pidiendo ayuda en cualquier momento.		1 Muy de acuerdo 2 De acuerdo 3 Ni de acuerdo ni en desacuerdo 4 En desacuerdo 5 Muy en desacuerdo			
WI5.2	My life has meaning and purpose. Mi vida tiene sentido y propósito.	MEANING	1 Strongly Agree 2 Agree 3 Neither agree or disagree 4 Disagree 5 Strongly Disagree 7 Don't know / Not sure 9 Refused 1 Muy de acuerdo 2 De acuerdo 3 Ni de acuerdo ni en desacuerdo 4 En desacuerdo 5 Muy en desacuerdo			
WI5.3	I have a say about what goes on around me. Puedo opinar sobre lo que ocurre a mi alrededor.	CONTROL	1 Strongly Agree 2 Agree 3 Neither agree or disagree 4 Disagree 5 Strongly Disagree 7 Don't know / Not sure 9 Refused 1 Muy de acuerdo 2 De acuerdo 3 Ni de acuerdo ni en desacuerdo 4 En desacuerdo			

			5 Muy en desacuerdo			
WI5.4	I feel a sense of belonging in my local community. Me siento parte de mi comunidad local.	BELONGING	1 Strongly Agree 2 Agree 3 Neither agree or disagree 4 Disagree 5 Strongly Disagree 7 Don't know / Not sure 9 Refused 1 Muy de acuerdo 2 De acuerdo 3 Ni de acuerdo ni en desacuerdo 4 En desacuerdo 5 Muy en desacuerdo			

Wisconsin State-Added 6: Tobacco (2022, NEW)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note ASK IF STATERE1=1	Interviewer Note (s)	Column (s)
				Ask SAB0700 if CTOB.01=1 and MTC.02 ne 1 and respondent is a state resident		
WI6.3	Have you ever stopped smoking for one day or longer because you were trying to quit smoking?	SATB0700	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No	[if CTOB.01 "smoked at least 100 cigarettes" is not 1, skip to SATB2200] [if CTOB.02 "now smoke" is 3 "not at		

	¿Alguna vez dejó de fumar durante un día o más porque estaba tratando de dejar de fumar?		7 No sé / No estoy seguro 9 Se niega	all", skip to satb0800, used-quitline] [if MTC.02 (STOPSMOK2=1) "stopped during the past 12 months?" is yes, skip to satb0800, used-quitline]		
WI6.4	[If R is current smoker (SMOKDAY2=1,2 AND STOPSMK2=1)] You mentioned earlier that you have stopped smoking... for one day or longer for one day or longer during the past 12 months. [ALL] Please think about ... Usted mencionó anteriormente e que dejó de fumar durante un día o más	SATB0800 (KP Note: for Former Smokers, and Current Smokers who have ever made a quit attempt or who made a quit attempt during the past 12 months) If SATB0700=1 If MTC.02=1	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	[If R never quit smoking so satb0700 GT 1, skip to SATB2200]		

<p>durante los últimos 12 meses.</p> <p>[TODO] Por favor, piense en ...</p> <p>[if R is current smoker and has quit previously (SMOKDAY2= 1,2)]</p> <p>... your last quit attempt that lasted one day or longer. ...</p> <p>[if R is former smoker and has quit (SMOKDAY2= 3)]</p> <p>... the time you quit smoking. ...</p> <p>[ALL] Did you use the Wisconsin Tobacco Quit Line service ...</p> <p>... El momento en que dejó de fumar. ...</p> <p>[TODO] ¿Usó el servicio de Wisconsin</p>						
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	<p>Tobacco Quit Line ...</p> <p>[[if R is current smoker and has quit previously (SMOKDAY2=1,2)]</p> <p>... to help you in your quit attempt?</p> <p>... para ayudarlo en su intento de dejar de fumar?</p> <p>[if R is former smoker and has quit (SMOKDAY2=3)]</p> <p>... to help you quit?</p> <p>... para ayudarte a dejar de fumar?</p>					
WI6.10	<p>Have you ever used any smokeless tobacco product, such as chewing tobacco, snuff, snus, dip, orbs, sticks or strips?</p> <p>¿Alguna vez ha usado algún</p>	<p>SATB2200 (KP Note: All R's)</p>	<p>1 Yes 2 No 7 Don't know / Not sure 8 Inapplicable 9 Refused</p> <p>1 sí 2 No 7 No sé / No estoy seguro 9 Se niega</p>	<p>[If R does currently use SLT (USENOW3=1 or 2), skip to SACA01; else ask satb2200]</p> <p>[If R does currently use SLT, so if (USENOW3=1 or 2 AND stateresident=1) code the</p>		

	<p>producto de tabaco sin humo, como tabaco de mascar, rapé, snus, dip, orbes, palos o tiras?</p>			<p>respondent as 8 'Inapplicable' for this question, and then skip to SACA01; else ask satb2200]</p>		
WI4.13	<p>How often do you currently visit casinos in Wisconsin? Would you say weekly, monthly, a few times a year, once a year or less, or do you not visit casinos?</p> <p>¿Con qué frecuencia visita actualmente los casinos en Wisconsin? ¿Diría usted semanalmente, mensualmente, algunas veces al año, una vez al año o menos, o no visita los casinos?</p>	<p>SACA01 (KP Note: All R's)</p>	<p>1 = Weekly 2 = Monthly 3 = A few times a year 4 = Once a year or less 5 = Do not visit casinos 7 = Don't know 9 = Refused</p> <p>1 = semanal 2 = mensual 3 = algunas veces al año 4 = Una vez al año o menos 5 = No visite los casinos 7 = No lo sé 9 = Se niega</p>			
WI6.14	<p>If casinos in Wisconsin were to go smoke-free, would this make you more likely to visit them, less likely to visit them, or would it make no</p>	<p>SACA02 (KP Note: All R's)</p>	<p>1 = I would be more likely to visit 2 = I would be less likely to visit 3 = It would make no difference in how likely I am to visit</p>		<p>INTERVIEWER NOTE: IF R SAYS "DO NOT VISIT", PROMPT WITH: "We're asking how that change might affect your decision"</p>	

	<p>difference to you?</p> <p>Si los casinos en Wisconsin fueran libres de humo, ¿esto lo haría más probable que los visite, menos probable que los visite, o no haría ninguna diferencia para usted?</p>		<p>7 = Don't know 9 = Refused</p> <p>1 = es más probable que visite 2 = Es menos probable que visite 3 = No habría ninguna diferencia en la probabilidad de que visite 7 = No lo sé 9 = Se niega</p>		<p>in the future."</p> <p>IF R STILL WON'T CHOOSE MORE/LESS/NO, ENTER DK.</p> <p>NOTA PARA EL ENCUESTADOR: SI R DICE "NO VISITAR", INDIQUE CON: "Estamos preguntando cómo ese cambio podría afectar su decisión en el futuro".</p> <p>SI R TODAVÍA NO ELIGE MÁS / MENOS / NO, INGRESE DK.</p>	
WI6.15	<p>Have you ever tried cigarette smoking, even one or two puffs?</p> <p>¿Alguna vez ha probado fumar cigarrillos, aunque sea una o dos bocanadas?</p>	<p>CIG01 (KP Note: All R's that are not current smokers or former smokers)</p>	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p> <p>1 sí 2 No 7 No sé / No estoy seguro 9 Se niega</p>	<p>[this is for Rs that are not current smokers or former smokers, so, CTOB.01 NE 1]</p>		

<p>WI6.16</p>	<p>Which of the following statements best applies to your use of regular cigarettes and e-cigarettes or other electronic vaping products?</p> <p>¿Cuál de las siguientes afirmaciones se aplica mejor a su uso de cigarrillos regulares y cigarrillos electrónicos u otros productos de vapeo electrónico?</p>	<p>ECIG0110 (KP Note: R's who have ever tried cigarette smoking and who have ever tried e-cigarettes)</p>	<p>Please read: 1 = I tried regular cigarettes before I ever tried electronic cigarettes or other electronic vaping products 2 = I tried electronic cigarettes or other electronic vaping products before I ever tried regular cigarettes 7 = Don't know 9 = Refused</p> <p>1 = Probé cigarrillos regulares antes de probar los cigarrillos electrónicos u otros productos electrónicos de vapeo. 2 = Probé cigarrillos electrónicos u otros productos electrónicos de vapeo antes de probar los cigarrillos regulares. 7 = No lo sé 9 = Se niega</p>	<p>[to be asked of Rs who have ever tried cigarette smoking (cig01=1 or CTOB.01=1), and who have ever tried e-cigarettes (CTOB.04=2 or 3 or 4)]</p>		
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WI6.17	<p>Do you think electronic cigarettes are less harmful to your health than regular cigarettes?</p> <p>¿Cree que los cigarrillos electrónicos son menos dañinos para su salud que los cigarrillos normales?</p>	<p>SATB3200 (KP Note: All R's)</p>	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p> <p>1 sí 2 No 7 No sé / No estoy seguro 9 Se niega</p>			
WI6.18	<p>Do you think that breathing in the vapor or aerosol from other people's e-cigarettes or other electronic vaping devices can cause no harm, a little harm, some harm, or a lot of harm?</p> <p>¿Crees que respirar el vapor o el aerosol de los cigarrillos electrónicos u otros dispositivos electrónicos de vapeo de otras personas no puede causar ningún daño,</p>	<p>SATB3260 (KP Note: All R's)</p>	<p>1 = No harm 2 = A little harm 3 = Some harm 4 = A lot of harm</p> <p>7 = Don't know 9 = Refused</p> <p>1 = Sin daño 2 = un poco de daño 3 = Algo de daño 4 = mucho daño</p> <p>7 = No lo sé 9 = Se niega</p>			

	un poco de daño, algo de daño o mucho daño?					
WI6.28	<p>Have you ever smoked cigars, cigarillos, or little cigars?</p> <p>¿Ha fumado alguna vez puros, puritos o puros pequeños?</p>	<p>SATB4010 (KP Note: All R's)</p>	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>	<p>[If satb4010 NE 1, skip to satb4030]</p>		
WI6.29	<p>Do you now smoke cigars, cigarillos, or little cigars every day, some days, or not at all?</p> <p>¿Fuma ahora puros, puritos o puros pequeños todos los días, algunos días o no fuma en absoluto?</p>	<p>SATB4020 (KP Note: R's who have ever smoked cigars of any kind.)</p>	<p>1 = Every day 2 = Some days 3 = Not at all 7 = Don't know 9 = Refused</p> <p>1 = todos los días 2 = algunos días 3 = Para nada 7 = No lo sé 9 = Se niega</p>			
WI6.30	<p>When you have used tobacco products, do you or did you prefer those that are flavored, such as menthol, mint, clove, spice, candy, fruit,</p>	<p>SATB4030 (KP Note: R's who have ever used cigarettes, smokeless tobacco, e-cigarettes, or cigars)</p>	<p>1 = Yes 2 = No 3 = Does not make any difference (IF VOLUNTEER ED) 7 = Don't know 9 = Refused</p> <p>1 = si</p>	<p>[Ask satb4030 only if R ever used cigarettes, smokeless tobacco, e-cigarettes, or cigars { (CTOB.01 EQ 1) or (cig01 EQ 1) or</p>		

	<p>chocolate, alcohol, or other flavors?</p> <p>Cuando ha usado productos de tabaco, ¿prefiere o prefería los aromatizados, como mentol, menta, clavo, especias, dulces, frutas, chocolate, alcohol u otros sabores?</p>		<p>2 = No 3 = No hace ninguna diferencia (SI ES VOLUNTARIO) 7 = No lo sé 9 = Se niega</p>	<p>(CTOB.03 EQ 1 or 2) or (satb2200 EQ 1) or (CTOB.04 EQ 2 or 3 or 4) or (satb4010 EQ 1) }, else skip to satb7010]</p>		
WI6.31	<p>In the past 12 months, have you seen a healthcare professional for mental health treatment or counseling?</p> <p>En los últimos 12 meses, ¿ha visto a un profesional de la salud para recibir tratamiento o asesoramiento sobre salud mental?</p>	<p>SATB7010 (KP Note: All R's)</p>	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p> <p>1 sí 2 No 7 No sé / No estoy seguro 9 Se niega</p>			
WI6.33	<p>In the past 12 months, have you seen a healthcare professional for substance</p>	<p>SATB7030 (KP Note: All R's)</p>	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>			

	<p>use treatment or counseling?</p> <p>En los últimos 12 meses, ¿ha visto a un profesional de la salud para recibir tratamiento o asesoramiento por abuso de sustancias?</p>		<p>1 sí 2 No 7 No sé / No estoy seguro 9 Se niega</p>			
WI6.34	<p>In the past 12 months, were you advised to quit smoking by a mental health or substance use counselor?</p> <p>En los últimos 12 meses, ¿un consejero de salud mental o abuso de sustancias le aconsejó que dejara de fumar?</p>	<p>SATB7040 (KP Note: for Current Smokers only)</p>	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>	<p>[If { R never smoked OR R did not smoke in past year OR { R did not get MH counseling AND R did not get SA counseling SKIP TO NEXT QUESTION IF [SMOKE100>1 OR LASTSMK2>4 OR (SATB7010>1 AND SATB7030>1)]</p>		
1	<p>1143 (KP Note: For Former Smokers only, given menthol use is asked of Current Smokers in Module 16)</p>	<p>[Ask satb0450 if R is former smoker (CTOB.02 EQ 3)] >satb0450< [if R is former smoker] When you were smoking cigarettes, did you smoke menthol cigarettes?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>			

		<p>Quando fumaba cigarrillos, ¿fumaba cigarrillos mentolados?</p>				
	<p>(KP Note: All R's)</p>	<p>>satb0500_int< [# satb0500 series is for all Rs]</p> <p>There are a number of services available to help people who want to quit smoking cigarettes or quit using other tobacco products.</p> <p>Are you aware of any of the following services available to help people quit using tobacco?</p> <p>Hay una serie de servicios disponibles para ayudar a las personas que quieren dejar de fumar cigarrillos o dejar de usar otros productos del tabaco.</p> <p>¿Conoce alguno de los siguientes servicios disponibles para ayudar a las personas a dejar de fumar cigarrillos o de consumir otros productos del tabaco?</p>				
1	<p>1149 (KP Note: All R's)</p>	<p>>satb0500a< The Wisconsin Tobacco Quitline</p> <p>La línea para dejar de fumar de Wisconsin</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>			

1	1150 (KP Note: All R's)	>satb0500b< The First Breath Program for Pregnant Women Programa Primera Respiración para mujeres embarazadas	1 = Yes 2 = No 7 = Don't know 9 = Refused			
1	1151 (KP Note: All R's)	>satb0500c< Freedom from Smoking Programa Freedom from Smoking	1 = Yes 2 = No 7 = Don't know 9 = Refused			
1	1152 (KP Note: This is a new response option for this series) (KP Note: All R's)	>satb0500d< The American Indian Quitline La línea para dejar de fumar de los indios americanos	1 = Yes 2 = No 7 = Don't know 9 = Refused			
1	1153 (KP Note: All R's)	>satb0500e< Any other cessation programs in your community or at local clinics? ¿Algún otro programa para dejar de fumar en su comunidad o en las clínicas locales?	1 = Yes 2 = No 7 = Don't know 9 = Refused			
2	1278-1279 (KP Note: All R's)	>satb2700< The State of Wisconsin has passed a law that prohibits smoking in most public places, including all workplaces, public buildings, offices, restaurants, and bars. Are you in favor of this law, opposed to this law, or are you neither in favor nor opposed to it? [If favor] Are you slightly in favor of the law, somewhat in favor of it, or strongly in favor of it? [If opposed]	01 = Strongly opposed 02 = Somewhat opposed 03 = Slightly opposed 04 = Neither favor or oppose 05 = Slightly in favor 06 = Somewhat in favor 07 = Strongly in favor			

		<p>Are you slightly opposed to the law, somewhat opposed to it, or strongly opposed to it? [Answers will be combined into a single 7-point scale]</p> <p>El Estado de Wisconsin ha aprobado una ley que prohíbe fumar en la mayoría de los lugares públicos, incluidos todos los lugares de trabajo, edificios públicos, oficinas, restaurantes y bares.</p> <p>¿Está usted a favor de esta ley, se opone a esta ley, o no está ni a favor ni en contra? [Si está a favor]</p> <p>¿Está ligeramente a favor de la ley, algo a favor o totalmente a favor? [Si está en contra]</p> <p>¿Se opone ligeramente a la ley, se opone algo o se opone firmemente? [Las respuestas se combinarán en una única escala de 7 puntos].</p>	<p>77 = Don't know 99 = Refused</p>			
2	<p>1280-1281</p> <p>(KP Note: All R's)</p>	<p>>satb2750<</p> <p>Would you be in favor of, or opposed to, a law that prohibits using e-cigarettes and other electronic vaping devices in indoor public places. Would you be in favor of this law, opposed to this law, or neither in favor nor opposed to it? [If favor]</p> <p>Would that be slightly in favor of it, somewhat in</p>	<p>01 = Strongly opposed 02 = Somewhat opposed 03 = Slightly opposed 04 = Neither favor or oppose 05 = Slightly in favor</p>			

		<p>favor of it, or strongly in favor of it? [If opposed] Would that be slightly opposed to it, somewhat opposed to it, or strongly opposed to it? [Answers will be combined into a single 7-point scale]</p> <p>¿Estaría a favor o en contra de una ley que prohíba el uso de cigarrillos electrónicos y otros dispositivos electrónicos de vapeo en el interior de lugares públicos? ¿Estaría a favor de esta ley, en contra, o ni a favor ni en contra? [Si está a favor] ¿Estaría ligeramente a favor, algo a favor o totalmente a favor? [Si se opone] ¿Estaría ligeramente en contra, algo en contra o totalmente en contra? [Las respuestas se combinarán en una única escala de 7 puntos].</p>	<p>06 = Somewhat in favor 07 = Strongly in favor 77 = Don't know</p>			
2	<p>1282-1283 (KP Note: All R's)</p>	<p>>satb2800< [# asked in 2-part structure: favor/oppose, then intensity, and combined into 7-point scale] Would you be in favor of, or opposed to, a law that prohibits smoking in public outdoor places such as parks, beaches, sporting events, festivals or other outdoor venues? Would you be in favor of this law,</p>	<p>01 = Strongly opposed 02 = Somewhat opposed 03 = Slightly opposed 04 = Neither favor or oppose 05 = Slightly in favor 06 = Somewhat in favor</p>			

	<p>opposed to this law, or neither in favor nor opposed to it? [If favor] Would you be slightly in favor of the law, somewhat in favor of it, or strongly in favor of it? [If opposed] Would you be slightly opposed to the law, somewhat opposed to it, or strongly opposed to it? [Answers will be combined into a single 7-point scale]</p> <p>¿Estaría a favor o en contra de una ley que prohíba fumar en lugares públicos al aire libre como parques, playas, eventos deportivos, festivales u otros lugares al aire libre? ¿Estaría a favor de esta ley, En contra a esta ley, o ni a favor ni en contra? [Si está a favor] ¿Estaría ligeramente a favor de la ley, algo a favor o totalmente a favor? [Si está en contra] ¿Se opondría ligeramente a la ley, se opondría algo o se opondría firmemente? [Las respuestas se combinarán en una única escala de 7 puntos].</p>	<p>07 = Strongly in favor 77 = Don't know 99 = Refused</p>			
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1	<p>1287</p> <p>(KP Note: All R's)</p>	<p>>samu02< In the next few questions, when we refer to a multi-unit building, we mean a building with more than one individual housing unit. Do you live a multi-unit building? (NOTE: ELIGIBLE BUILDINGS CAN INCLUDE APARTMENTS, CONDOS, TOWNHOMES, DORMS, OR OTHER SIMILAR BUILDINGS. RENTING/OWNING DOESN'T MATTER.)</p> <p>En las siguientes preguntas, cuando nos referimos a un edificio de varias unidades de viviendas, nos referimos a un edificio con más de una vivienda individual. ¿Vive usted en un edificio de varias unidades de viviendas? (NOTA: LOS EDIFICIOS ELEGIBLES PUEDEN INCLUIR APARTAMENTOS, CONDOMINIOS, CASAS ADOSADAS, DORMITORIOS U OTROS EDIFICIOS SIMILARES. NO IMPORTA SI ES PROPIETARIO O INQUILINO).</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>			
1	<p>1288</p> <p>(KP Note: Only for R's living in multi-unit housing)</p>	<p>>samu03< Does your building prohibit smoking in individual housing units? (THIS MEANS WITHIN SOMEONE'S OWN APARTMENT/CONDO/ET C., NOT IN OUTDOOR OR COMMON AREAS.)</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>	<p>[If samu02 NE 1, skip to satb0220]</p>		

		¿En su edificio se prohíbe fumar en las viviendas individuales? (ESTO SIGNIFICA DENTRO DEL PROPIO APARTAMENTO/CONDO /ETC., NO EN ZONAS EXTERIORES O COMUNES).				
2	1289-1290 (KP Note: Only for R's living in MUH)	<p>>samu04< [randomize the order of the choices read aloud] Which of the following kinds of buildings would you prefer to live in: one that prohibits smoking in the individual housing units OR one that allows/permits smoking in the individual housing units? (NOTE: ACCEPT EITHER "would prefer" OR "do prefer" ANSWERS HERE) [if R prefers one or the other] Would you say you slightly prefer it, somewhat prefer it, or strongly prefer it?</p> <p>¿En cuál de los siguientes tipos de edificios preferiría vivir? uno que prohíba fumar en las viviendas individuales O uno que permita fumar en las viviendas individuales? (NOTA: ACEPTE LAS RESPUESTAS "preferiría" O "prefiero") [si R prefiere una u otra]</p>	<p>01 = Strongly prefer allows 02 = Somewhat prefer allows 03 = Slightly prefer allows 04 = Neither 05 = Slightly prefer prohibits 06 = Somewhat prefer prohibits 07 = Strongly prefer prohibits 77 = Don't know 99 = Refused</p>			

		¿Diría que lo prefiere ligeramente, algo o mucho?				
1	1033 (KP Note: All R's)	<p>>satb0220< How often are you exposed to other people's tobacco smoke while in outdoor public places such as parks, beaches, sporting events, festivals, or other outdoor venues?</p> <p>¿Con qué frecuencia está expuesto al humo del tabaco de otras personas cuando se encuentra en lugares públicos al aire libre como parques, playas, eventos deportivos, festivales u otros lugares al aire libre?</p>	<p>1 = Often 2 = Sometimes 3 = Rarely 4 = Never 7 = Don't know 9 = Refused</p>			
1	1303 (KP Note: All R's)	<p>>satb3220< How often are you exposed to the vapor from other people's e-cigarettes or other electronic vaping devices while in indoor public places?</p> <p>¿Con qué frecuencia está expuesto al vapor de los cigarrillos electrónicos u otros dispositivos electrónicos de vapeo de otras personas cuando se encuentra en el interior de lugares públicos?</p>	<p>1 = Often 2 = Sometimes 3 = Rarely 4 = Never 7 = Don't know 9 = Refused</p>			

Wisconsin State-Added 7: Prescription Pain Medication (2022, WI State-Added 5)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
WI7.1	<p>The next questions are about medications and other drugs that some people use.</p> <p>In the past year, did you use any pain medications that were prescribed to you by a doctor?</p> <p>Las siguientes preguntas son sobre medicamentos y otras drogas que usan algunas personas.</p> <p>El año pasado, ¿usó algún analgésico que le haya recetado un médico?</p>	PAINMED	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p> <p>1 sí 2 No 7 No sé / No estoy seguro 9 Se niega</p>	[if PAINMED NE 1, goto NOPRESCB]		
WI7.2	Was the pain medication that was prescribed for you one that contained an opioid pain reliever, such as hydrocodone, or was it some	MEDTYPE	<p>1 = Yes, contained opioid 2 = No, did not contain opioid 7 = Don't know</p>	[if MEDTYPE ne <1> goto MRMED_OP]	<p>INTERVIEWER NOTE: ("OH-pee-oyd", "hye-droh-COH-dohn")</p> <p>(OPIOIDS INCLUDE HYDROCODONE & OXYCODONE.</p>	

	<p>other kind of pain reliever?</p> <p>¿El analgésico que le recetaron era uno que contenía un analgésico opioide, como hidrocodona, o era algún otro tipo de analgésico?</p>		<p>9 = Refused</p> <p>1 = Sí, opioide contenido</p> <p>2 = No, no contenía opioide</p> <p>7 = No lo sé</p> <p>9 = Se niega</p>		<p>NON-OPIOIDS INCLUDE NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS), IBUPROFEN, NAPROXEN, & ASPIRIN. ENTER YES FOR COMBINATION DRUGS CONTAINING OPIOIDS.)</p> <p>NOTA PARA EL ENCUESTADOR: ("OH-pee-oyd", "hye-droh-COH-dohn")</p> <p>(LOS OPIOIDES INCLUYEN HIDROCODONA Y OXICODONA. LOS NO OPIOIDES INCLUYEN FÁRMACOS ANTIINFLAMATORIOS NO ESTEROIDES (AINE), IBUPROFENO, NAPROXEN Y ASPIRINA. INGRESE SÍ PARA LOS FÁRMACOS COMBINADOS QUE CONTIENEN OPIOIDES).</p>	
WI7.3	The last time that an opioid pain medication was prescribed for you, what was the main reason it was prescribed? I'll	WHYPRESC	<p>01 = Pain related to cancer</p> <p>02 = Post-surgical care, for an orthopedic problem (bone or tendon;</p>			

	<p>read a list of reasons, and please tell me which was the main one. Was it for ...</p> <p>(IF REASON IS VOLUNTEERED, DO NOT READ THE LIST; OTHERWISE STOP WHEN THE CORRECT REASON IS REACHED.)</p> <p>pain related to cancer, post-surgical care, for an orthopedic problem, post-surgical care, for a non-orthopedic problem, back pain, joint pain or arthritis, dental pain including procedures, carpal tunnel syndrome, an injury causing short term pain, an injury causing long term pain, other physical conditions causing pain, to prevent or relieve withdrawal symptoms, or another reason?</p>		<p>includes joint replacement)</p> <p>03 = Post-surgical care, for a non-orthopedic problem</p> <p>04 = Back pain (chronic or recurring acute pain)</p> <p>05 = Joint pain or arthritis</p> <p>06 = Dental pain including procedures</p> <p>07 = Carpal tunnel syndrome</p> <p>08 = An injury causing short term pain</p> <p>09 = An injury causing long term pain</p> <p>10 = Other physical conditions causing pain</p> <p>11 = To prevent or relieve withdrawal symptoms</p> <p>12 = Another reason (specify)</p>			
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	<p>La última vez que le recetaron un analgésico opioide, ¿Cuál fue la razón principal por la que se recetó? Leeré una lista de razones y por favor dime cuál fue el principal. Fue por ...</p> <p>(SI EL MOTIVO ES VOLUNTARIO, NO LEA LA LISTA; DE LO CONTRARIO, DETÉNGASE CUANDO LLEGUE EL MOTIVO CORRECTO). dolor relacionado con el cáncer, atención posquirúrgica, para un problema ortopédico, atención posquirúrgica, para un problema no ortopédico, dolor de espalda, dolor en las articulaciones o artritis, dolor dental, incluidos los procedimientos</p>		<p>77 = Don't know 99 = Refused</p> <p>01 = Dolor relacionado con el cáncer 02 = Atención posquirúrgica, por un problema ortopédico (hueso o tendón; incluye reemplazo de articulación) 03 = Atención posquirúrgica, por un problema no ortopédico 04 = Dolor de espalda (dolor agudo crónico o recurrente) 05 = dolor articular o artritis 06 = Dolor dental incluyendo procedimientos 07 = síndrome del túnel carpiano 08 = Una lesión que causa dolor</p>			
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	<p>síndrome del túnel carpiano, una lesión que causa dolor a corto plazo, una lesión que causa dolor a largo plazo, otras condiciones físicas que causan dolor, para prevenir o aliviar los síntomas de abstinencia, u otra razón?</p>		<p>a corto plazo 09 = Una lesión que causa dolor a largo plazo 10 = Otras condiciones físicas que causan dolor 11 = Para prevenir o aliviar los síntomas de abstinencia 12 = Otra razón (especificar) 77 = No sé 99 = Se niega</p>			
WI7.4	<p>The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?</p> <p>La última vez que surtió una receta de analgésicos, ¿utilizó alguno de los analgésicos con más frecuencia o en dosis más altas que las</p>	MRMED_OP	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p> <p>1 sí 2 No 7 No sé / No estoy seguro 9 Se niega</p>			

	indicadas por un médico?					
WI7.5	<p>The last time you filled a prescription for pain medication was there any medication left over?</p> <p>La última vez que surtió una receta de analgésicos, ¿le sobró algún medicamento?</p>	MDLFT_OP	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p> <p>1 sí 2 No 7 No sé / No estoy seguro 9 Se niega</p>	[if MDLFT_OP NE 1, skip to NOPRESCB]		
WI7.6	<p>What did you do with the leftover prescription pain medication?</p> <p>¿Qué hizo con el analgésico recetado que le sobró?</p>	WTMED_OP	<p>1 = Kept it 2 = Disposed of it 3 = Gave it to someone else 4 = Sold it 5 = Other</p> <p>7 = Don't know 9 = Refused</p> <p>1 = lo guardé 2 = Eliminado 3 = Se lo di a otra persona 4 = lo vendí 5 = Otro</p> <p>7 = No lo sé 9 = Se niega</p>		<p>(INTERVIEWER NOTE: DO NOT READ RESPONSES WITH QUESTION, BUT IT'S OK TO READ THEM FOR PROBING)</p> <p>(NOTA PARA EL ENCUESTADOR: NO LEER LAS RESPUESTAS CON PREGUNTAS, PERO ESTÁ BIEN LEERLAS PARA SONDEAR)</p>	
WI7.7	Now I would like to ask you some questions about	NOPRESCB	<p>1 Yes 2 No</p>	[if NOPRESCB		

	<p>prescription pain medication that was NOT prescribed specifically to you by a doctor.</p> <p>In the past year, did you use prescription pain medication that was NOT prescribed specifically to you by a doctor? We only want to know about prescription medication, NOT medication that is available over the counter.</p> <p>Ahora me gustaría hacerle algunas preguntas sobre los analgésicos recetados que NO le recetó un médico específicamente.</p> <p>El año pasado, ¿usó analgésicos recetados que NO le recetó un médico específicamente? Solo queremos</p>		<p>7 Don't know / Not sure 9 Refused</p> <p>1 sí 2 No 7 No sé / No estoy seguro 9 Se niega</p>	<p>NE 1, skip to next section]</p>		
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	saber sobre medicamentos recetados, NO medicamentos que están disponibles sin receta.					
WI7.8	<p>How did you obtain the prescription pain medication?</p> <p>¿Cómo obtuvo el analgésico recetado?</p>	OBTMED	<p>1 = Given to me for free from a friend or relative</p> <p>2 = Taken from owner without his or her knowledge</p> <p>3 = Purchased from friend or relative</p> <p>4 = Purchased from street dealer</p> <p>5 = Purchased online</p> <p>6 = Other</p> <p>7 = Don't know</p> <p>9 = Refused</p> <p>1 = Me lo dio gratis un amigo o familiar</p> <p>2 = Tomado del propietario sin su conocimiento</p> <p>3 = comprado a un amigo o familiar</p>		<p>(INTERVIEWER NOTE: This refers to the last time you used prescription pain medication not prescribed for you.)</p> <p>(NOTE: DO NOT READ RESPONSES WITH QUESTION, BUT IT'S OK TO READ THEM FOR PROBING)</p> <p>(NOTA PARA EL ENCUESTADOR: Esto se refiere a la última vez que usó analgésicos recetados que no le recetaron).</p> <p>(NOTA: NO LEER LAS RESPUESTAS CON PREGUNTAS, PERO ESTÁ BIEN LEERLAS PARA SONDEAR)</p>	

			4 = comprado en un comerciant e callejero 5 = comprado en línea 6 = Otro 7 = No lo sé 9 = Se niega			
WI7.9	Have you ever used heroin, even just one time? ¿Ha consumido heroína alguna vez, aunque sea una sola vez?	HEROIN	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	[if HEROIN NE 1, go to closing statement]		
WI7.10	Have you used heroin in the past 12 months? ¿Ha consumido heroína en los últimos 12 meses?	HEROIN12	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega			

Asthma Survey Continuation Script

CATI: IF ASTHMA3 = 1 or CASTHDX2 = 1, continue;

Qualified Level 3

DUMMY VARIABLE: Asthma Selection

IF ASTHMA3=1 AND CASTHDX2 NE 1, SELECT ADULT.

IF ASTHMA3 NE 1 AND CASTHDX2= 1, SELECT CHILD.

IF ASTHMA3 = 1 AND CASTHDX2 = 1, SELECT CHILD;.

ALL RESPONDENTS SELECTED FOR THE ADULT OR CHILD ASTHMA INTERVIEW CONTINUE

ASTELIG = 1

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

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

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

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

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

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

- 1 Yes
- 2 No **[THANK AND TERMINATE]**

ASTCB = 1 (IF CALLBACK=1)

ASTCB = 2 (IF CALLBACK=2)

ASTSTAT = 3 (IF CALLBACK=2)

STAT = 2 (IF ASTELIG=1)

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

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

[CATI: If more than one child, show child age {#} and which child was selected (FIRST, SECOND, ETC.) from child selection module]

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

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

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

ALTPRESENT IF RECRUIT=1, ASK ALTPRESENT
If the parent or guardian who knows the most about {CHILDName}'s asthma is present, may I speak with that person now?

- (1) YES [respondent transfers phone to alternate] GOTO PreADULTName:
- (2) Person is not available

- (7) DON'T KNOW/NOT SURE [THANK AND TERMINATE]
- (9) REFUSED [THANK AND TERMINATE]

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

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

ALTCBTime:

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

Enter day/time: _____ [GOTO ASTCLBK]]

Pre ADULTName: ASTHMA3 = 1 or CASTHDX2 = 1 ASK ADULTName, else go to CLOSING.
ADULTName [IF ALTPRESENT=1 display "Hello, my name is _____. I have been told that you are more knowledgeable about {CHILDName}'s asthma. It would be better if you would complete this interview.]
Can I please have your first name, initials or nickname [IF CALLBACK=1 display "so we know who to ask for when we call back"]?

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

BRFSSTAT (BRFSCOMP) = 1

CATI: IF RECRUIT=1 and KNOWMOST=1, Go to SECTION 2 (Informed Consent)

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

CATI: IF CALLBACK=1, THEN READ BELOW:

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

BRFSS/ASTHMA SURVEY ADULT & CHILD QUESTIONNAIRE - 2020 CATI SPECIFICATIONS

ASTSTAT = 2

SAMPLE ELEMENTS

PATIENT TYPE

1. Adult
2. Child

ADULT NAME

ADULT SEX

1. Male
2. Female

CHILD NAME

CHILD SEX

1. Male
2. Female

BRFSS 'ASTHNOW'

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

BRFSS 'CASTHNO2'

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

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

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

Section 1. Introduction

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

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

IF CONTINUATION SKIP TO Q1.1

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

SAFE Is this a safe time to talk with you?

- Yes [Go to 1.1]
No CALLBACK

1.1 Are you {ADULT name/ALTName}?

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

IF PATIENT TYPE=1 ADULT ASK 1.2, IF PATIENT TYPE=2 CHILD ASK C1.2

1.2 May I speak with {ADULT name}?

1. Yes (go to 1.4 when sample person comes to phone)
2. No, not available now

If not available set time for return call in 1.3

3. No, not at this number (GET NEW NUMBER)

IF PATIENT TYPE=1 ADULT ASK 1.2, IF PATIENT TYPE=2 CHILD ASK C1.2

C1.2 May I speak with {ADULTname/ALTName}?

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

1.3 Enter time/date for return call _____

1.4 Hello, my name is _____. I'm calling on behalf of the **Wisconsin Department of Health Services** and the Centers for Disease Control and Prevention about an asthma study we are doing in your State. During a recent phone interview you indicated that (you/child's name) had asthma and would be able to complete the follow-up interview on asthma at this time.

1.5 CATI: IF PATIENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO SECTION 2: Informed Consent. READ:
[IF CALLBACK=1 display During a recent phone interview] you gave us permission to ask some questions about {CHILDName}'s asthma.

ALTERNATE (no reference to asthma):

During a recent phone interview [“you” if MKPNAME=ADULTNAME; OR “adultname” if MKPNAME=ALTNAME, MKP is pointed by BRFS respondents] gave us permission to call again to ask some questions about {child's name}'s asthma and said that you knew the most about that child's asthma.

READ ALTERNATE ADULT:

Hello, my name is _____. I'm calling on behalf of the **Wisconsin Department of Health Services** and the Centers for Disease Control and Prevention about an asthma study we are doing in **Florida**. During a recent phone interview {ADULTName} indicated {he/she} would be willing to participate in this study about {CHILDName}'s asthma. {ADULTName} has now indicated that you are more knowledgeable about {CHILDName}'s asthma. It would be better if you would complete this interview. {Should we allow the alternate to hand it back to the original person or even someone else? We could find ourselves in an infinite loop.}

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

[GO TO SECTION 2]

1.6 Hello, my name is _____. I'm calling on behalf of the **Wisconsin Department of Health Services** and the Centers for Disease Control and Prevention about an asthma study we are doing in your State.

1.7 Are you {ALTName}?

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

1.8 May I speak with {ALTName}?

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

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

Enter day/time: _____

READ: Thank you we will call again later to speak with {ALTName}.
[CATI: Start over at 1.6 at next call.]

1.10 READ ALT 1

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

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

[GO TO SECTION 2]

1.11 READ ALT 2:

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

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

[GO TO SECTION 2]

Section 2: Informed Consent

INFORMED CONSENT

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

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

You were selected to participate in this study about asthma because of your earlier responses to questions about Asthma.

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

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

S1. Your answers to the asthma questions during the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, but you do not have it now. Is that correct?

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

Since you no longer have asthma, your interview will be very brief (about 5 minutes). You may choose not

to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. **[GO TO PRE-PERMISS (2.3)]**

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

S2. Your answers to the asthma questions in the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, and that you still have asthma. Is that correct?

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

Since you have asthma now, your interview will last about 15 minutes. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. **[GO TO PRE-PERMISS (2.3)]**

CHILD CONSENT

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

Q2.0A The answers to asthma questions during the earlier survey indicated that a doctor or other health professional said that {*CHILDName*} had asthma sometime in {his/her} life, but does not have it now. Is that correct?

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

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

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

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

Q2.0B Answers to the asthma questions in the earlier survey indicated that that a doctor or other health professional said that {*CHILDName*} had asthma sometime in his or her life, and that {*CHILDName*} still has asthma. Is that correct?

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

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

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

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

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

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

Ask:

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

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

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

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

- (1) YES
- (2) NO

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

**CUR_ASTH (2.2) IF PATIENT TYPE=ADULT: Do you still have asthma?
IF PATIENT TYPE=CHILD: Does {he/she} still have asthma?**

- (1) YES
- (2) NO

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

**IF PATIENT TYPE=2 (CHILD), ASK RELATION; IF PATIENT TYPE=2 (ADULT), GO TO "READ".
RELATION (2.3) What is your relationship to {CHILDName}?**

- (1) MOTHER (BIRTH/ADOPTIVE/STEP) **[go to READ]**
- (2) FATHER (BIRTH/ADOPTIVE/STEP) **[go to READ]**
- (3) BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE)
- (4) GRANDPARENT (FATHER/MOTHER)
- (5) OTHER RELATIVE
- (6) UNRELATED

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

GUARDIAN (2.4) Are you the legal guardian for {CHILDName}?

- (1) YES

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

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

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

[If YES to 2.2 read:]

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

[If NO to 2.2 read:]

Since [IF PATIENT TYPE=ADULT "you do" / IF PATIENT TYPE=CHILD "Child Name does"] not have asthma now, your interview will last about 5 minutes. **[Go to Pre-PERMISS (2.3)]**

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

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

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

READ: Some of the information that you shared with us [IF CALLBACK=1 display: when we called you before] could be useful in this study.

PERMISS (2.3) May we combine your answers to this survey with your answers from the prior survey?

(1) YES **(Skip to Section 3)**

(2) NO

(7) DON'T KNOW

(9) REFUSED

TERMINATE:

Upon survey termination, READ:

Those are all the questions I have. I'd like to thank you on behalf of the **Wisconsin Department of Health Services** and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 877-551-6138. Thanks again.
Goodbye

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

Qualified Level 4

Section 3. Recent History

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

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

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

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

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

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

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

(7) DON'T KNOW
(9) REFUSED

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

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

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

LAST_MED (3.4) How long has it been since [you/ he/she] last took asthma medication?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

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

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

INTRODUCTION FOR LASTSYMP:

READ: Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when **[YOU DO/CHILD NAME DOES]** NOT have a cold or respiratory infection.

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

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

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

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

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

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

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

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

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

- (88) NO SYMPTOMS IN THE PAST 30 DAYS **[SKIP TO EPIS_INT]**
(30) EVERY DAY **[CONTINUE]**
- (77) DON'T KNOW **[SKIP TO 4.3 ASLEEP30]**
(99) REFUSED **[SKIP TO 4.3 ASLEEP30]**

DUR_30D (4.2)

[Do you/ Does he/she] have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.

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

ASLEEP30 (4.3)

During the past 30 days, on how many days did symptoms of asthma make it difficult for [you / him/her] to stay asleep?

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

- (88) NONE
(30) EVERY DAY (Added 1/24/08)
- (77) DON'T KNOW
(99) REFUSED

SYMPFREE (4.4)

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

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

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

EPIS_INT

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

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

EPIS_12M (4.5)

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

(1) YES

(2) NO

[SKIP TO INS1 (section 5)]

(7) DON'T KNOW

(9) REFUSED

[SKIP TO INS1 (section 5)]

[SKIP TO INS1 (section 5)]

EPIS_TP (4.6)

During the past three months, how many asthma episodes or attacks [have you / has he/she] had?

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

(888) NONE

(777) DON'T KNOW

(999) REFUSED

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

DUR_ASTH (4.7)

How long did [your / his/her] MOST RECENT asthma episode or attack last?

1__ Minutes

2__ Hours

3__ Days

4__ Weeks

5 5 5 Never

7 7 7 Don't know / Not sure

9 9 9 Refused

Interviewer note:

If answer is #.5 to #.99 round up

If answer is #.01 to #.49 ignore fractional part

ex. 1.5 should be recorded as 2

1.25 should be recorded as 1

ADDED 2023

NEW Q4.8	During the past 30 days, on how many days did {you/child's name} take quick relief medicine such as albuterol and salbutamol to relief asthma symptoms?	QUICKRELIEF	— —	[RANGE CHECK: (01-30, 77, 88, 99)]
			DAYS/NIGHTS	
			(88) NONE	
			(30) Every day	
			(77) DON'T KNOW	
(99) REFUSED				

Section 5. Health Care Utilization

All respondents continue here:

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

- | | |
|----------------|----------------------------|
| (1) YES | [continue] |
| (2) NO | [SKIP TO PRE- C5.4] |
| (7) DON'T KNOW | [SKIP TO PRE- C5.4] |
| (9) REFUSED | [SKIP TO PRE- C5.4] |

ASK C5.2 IF PATIENT TYPE=2 (CHILD); ELSE GO TO INS2.

INS_TYP (C5.2) What kind of health care coverage does {he/she} have? Is it paid for through the parent's employer, or is it Medicaid, Medicare, Children's Health Insurance Program (CHIP), or some other type of insurance?

- (1) Parent's employer
- (2) Medicaid/Medicare
- (3) CHIP {replace with State specific name}
- (4) Other
- (7) DON'T KNOW

(9) REFUSED

INS2 (5.02)

During the past 12 months was there any time that [you / he/she] did not have any health insurance or coverage?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

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

FLU_SHOT (C5.4) A flu shot is an influenza vaccine injected in your arm. During the past 12 months, did {CHILD'S NAME} have a flu shot?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

FLU_SPRAY (C5.5) A flu vaccine that is sprayed in the nose is called FluMist. During the past 12 months, did {he/she} have a flu vaccine that was sprayed in {his/her} nose?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

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

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

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

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

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO Section 6; otherwise continue with Section 5.

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

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

AND

((LAST_MD = 4) OR

(LAST_MED = 1, 2, 3 or 4) OR

(LASTSYMP = 1, 2, 3 or 4)

THEN Continue with Section 5 otherwise skip to Section 6)

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

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

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

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

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

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

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

ACT_DAYS30 (5.6) During just the past 30 days, would you say {child’s name} limited {his/her} usual activities due to asthma not at all, a little, a moderate amount, or a lot?

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

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

NER_TIME (5.1)

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

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

___ __ _ ENTER NUMBER

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

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

(888) NONE

(777) DON'T KNOW

(999) REFUSED

ER_VISIT (5.2)

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

(1) YES

(2) NO

[SKIP TO URG_TIME]

(7) DON'T KNOW

(9) REFUSED

[SKIP TO URG_TIME]

[SKIP TO URG_TIME]

ER_TIMES (5.3)

During the past 12 months, how many times did [you / he/she] visit an emergency room or urgent care center because of [your / his/her] asthma?

___ __ _ ENTER NUMBER

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

(888) NONE (Skip back to 5.2)

(777) DON'T KNOW

(999) REFUSED

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

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

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

URG_TIME (5.4)

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

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

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

(888) NONE

(777) DON'T KNOW

(999) REFUSED

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

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

HOSP_VST (5.5)

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

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

(1) YES

(2) NO [SKIP TO MISS_DAY]

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

(9) REFUSED [SKIP TO MISS_DAY]

HOSPSTIME (5.6A)

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

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

(777) DON'T KNOW

(999) REFUSED

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

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

HOSPPLAN (5.7)

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

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes

if the respondent only received a pamphlet or instructions to view a website or video since the question clearly States “talk with you”.]

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

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

[INTERVIEWER: If response is, “I don’t work”, emphasize USUAL ACTIVITIES”]

__ __ __ ENTER NUMBER DAYS

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

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

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

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

ACT_DAYS30 (5.9) During just the past 30 days, would you say you limited your usual activities due to asthma not at all, a little, a moderate amount, or a lot?

(1) NOT AT ALL

(2) A LITTLE

(3) A MODERATE AMOUNT

(4) A LOT

(7) DON'T KNOW

(9) REFUSED

COORDIN (5.10) Does anyone help you arrange or coordinate your asthma care among the different doctors or services that you use?

{READ IF NECESSARY: By “arrange or coordinate,” I mean: Is there anyone who helps you make sure that you get all the health care and services you needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?}

(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 (IF PATIENT TYPE=CHILD, INSERT "or Child name") ...

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

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

- (1) YES
- (2) NO

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

TCH_RESP (6.2)

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

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

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

- (1) YES
- (2) NO

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

TCH_MON (6.3)

A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you (IF PATIENT TYPE=CHILD, INSERT "or Child name") ...

c. How to use a peak flow meter to adjust {your / his/her} daily medications?

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

- (1) YES
- (2) NO

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

MGT_PLAN (6.4)

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

Has a doctor or other health professional EVER given you (IF PATIENT TYPE=CHILD, INSERT "or Child name") an asthma action plan?

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

- (1) YES
- (2) NO

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

MGT_CLAS (6.5)

Have you (IF PATIENT TYPE=CHILD, INSERT "or Child name") ever taken a course or class on how to manage [your / his/her] asthma?

- (1) YES
- (2) NO

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

Section 7. Modifications to Environment

HH_INT

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

AIRCLEANER (7.1)

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

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

- (1) YES
- (2) NO

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

- DEHUMID (7.2)** A dehumidifier is a small, portable appliance which removes moisture from the air.
Is a dehumidifier regularly used to reduce moisture inside [your / Child name's] home?
- (1) YES
 - (2) NO
 - (7) DON'T KNOW
 - (9) REFUSED
- KITC_FAN (7.3)** Is an exhaust fan that vents to the outside used regularly when cooking in [your / Child name's] kitchen?
- (1) YES
 - (2) NO
 - (7) DON'T KNOW
 - (9) REFUSED
- COOK_GAS (7.4)** Is gas used for cooking (IF PATIENT TYPE=CHILD, INSERT "in {his/her} home)?
- (1) Yes
 - (2) NO
 - (7) DON'T KNOW
 - (9) REFUSED
- ENV_MOLD (7.5)** In the past 30 days, has anyone seen or smelled mold or a musty odor inside [your / his/her] home? Do not include mold on food.
- (1) YES
 - (2) NO
 - (7) DON'T KNOW
 - (9) REFUSED
- ENV_PETS (7.6)** Does [your / Child name's] household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?
- (1) YES
 - (2) NO **(SKIP TO 7.8)**
 - (7) DON'T KNOW **(SKIP TO 7.8)**
 - (9) REFUSED **(SKIP TO 7.8)**
- PETBEDRM (7.7)** Are pets allowed in [your / his/her] bedroom?
- [SKIP THIS QUESTION IF ENV_PETS = 2, 7, 9]**
- (1) YES
 - (2) NO
 - (3) SOME ARE/SOME AREN'T

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

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

- (1) YES
- (2) NO

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

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

C_RODENT (7.9) In the past 30 days, has anyone seen mice or rats inside [your / his/her] home? Do not include mice or rats kept as pets.

- (1) YES
- (2) NO

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

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

WOOD_STOVE (7.10) Is a wood burning fireplace or wood burning stove used in [your / Child name's] home?

- (1) YES
- (2) NO

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

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

GAS_STOVE (7.11) Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in [your / his/her] home?

- (1) YES
- (2) NO

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

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

S_INSIDE (7.12) In the past week, has anyone smoked inside [your / his/her] home?

- (1) YES
- (2) NO

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

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

MOD_ENV (7.13) **INTERVIEWER READ:** Now, back to questions specifically about [you / Child name].

Has a health professional ever advised you to change things in [your / his/her] home, school, or work to improve [your / his/her] asthma?

- (1) YES
- (2) NO

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

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

MATTRESS (7.14) [Do you / Does he/she] use a mattress cover that is made especially for controlling dust mites?

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

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

E_PILLOW (7.15) [Do you / Does he/she] use a pillow cover that is made especially for controlling dust mites?

[INTERVIEWER: If needed: This does not include normal pillow covers used for fabric protection. These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the pillow. They are

made of special fabric, entirely enclose the pillow, and have zippers.]

- (1) YES
- (2) NO

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

CARPET (7.16)

[Do you / Does Child name] have carpeting or rugs in [your / his/her] bedroom? This does not include throw rugs small enough to be laundered.

- (1) YES
- (2) NO

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

HOTWATER (7.17)

Are [your / his/her] sheets and pillowcases washed in cold, warm, or hot water?

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

DO NOT READ

- (4) VARIES

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

BATH_FAN (7.18)

In [your / Child name's] bathroom, do you regularly use an exhaust fan that vents to the outside?

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

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

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

Section 8. Medications

OTC (8.1)

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

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

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

- (1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

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

(1) YES

(2) NO

[SKIP TO SCR_MED1]

(7) DON'T KNOW

[SKIP TO SCR_MED1]

(9) REFUSED

[SKIP TO SCR_MED1]

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

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

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

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

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

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

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

It will help to get [your / Child name's] medicines so you can read the labels. Can you please go get the asthma medicines while I wait on the phone?

(1) YES

(2) NO

[SKIP TO INH_SCR]

(3) RESPONDENT KNOWS THE MEDS

[SKIP TO INH_SCR]

(7) DON'T KNOW

[SKIP TO INH_SCR]

(9) REFUSED

[SKIP TO INH_SCR]

SCR_MED3 (8.7) [when Respondent returns to phone:] Do you have all the medications?

[INTERVIEWER: Read if necessary]

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

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

INH_SCR (8.8) **[IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]**
In the past 3 months [have you / has Child name] taken prescription asthma medicine using an inhaler?

- (1) YES
- (2) NO **[SKIP TO PILLS]**

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

INH_MEDS (8.9)

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

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

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

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

Inhaler table	Medication	Pronunciation
1	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
2	Aerobid	â-rō'bīd (or air-row-bid)
3	Albuterol (+ A. sulfate or salbutamol)	ăl'-bu'ter-ōl (or al-BYOO-ter-ole) săl-byū'tə-môl'
4	Alupent	al-u-pent
43	Alvesco (+ Ciclesonide)	al-ves-co
49	Anoro Ellipta (Umeclidinium and vilanterol)	a-nor' oh e-LIP-ta
40	Asmanex (twisthaler)	as-muh-neks twist-hey-ler
5	Atrovent	At-ro-vent
6	Azmacort	az-ma-cort
7	Beclomethasone dipropionate	bek''lo-meth'ah-son dī' pro'pe-o-nāt (or be-kloe-meth-a-sone)
8	Beclovent	be' klo-vent'' (or be-klo-vent)
9	Bitolterol	bi-tōl'ter-ōl (or bye-tole-ter-ole)
45	Breo Ellipta (Fluticasone and vilanterol)	BRE-oh e-LIP-ta
11	Budesonide	byoo-des-oh-nide
12	Combivent	com-bi-vent
13	Cromolyn	kro'mō-lin (or KROE-moe-lin)
44	Dulera	do-lair-a
14	Flovent	flow-vent
15	Flovent Rotadisk	flow-vent row-ta-disk
16	Flunisolide	floo-nis'o-līd (or floo-NISS-oh-lide)
17	Fluticasone	flue-TICK-uh-zone
34	Foradil	FOUR-a-dil
35	Formoterol	for moh' te rol
48	Incruse Ellipta (Umeclidium inhaler powder)	IN-cruise e-LIP-ta
19	Ipratropium Bromide	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
37	Levalbuterol tartrate	lev-al-BYOU-ter-ohl

20	Maxair	măk-sâr
21	Metaproteronol	met"ah-pro-ter'ě-nōl (or met-a-proe-TER-e-nole)
39	Mometasone furoate	moe-MET-a-sonē
22	Nedocromil	ne-DOK-roē-mil
23	Pirbuterol	pēr-bu'ter-ōl (or peer-BYOO-ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro"ven-til' (or pro-vent-il)
25	Pulmicort Flexhaler	pul-ma-cort flex-hail-er
36	QVAR	q -vâr (or q-vair)
3	Salbutamol (or Albuterol)	săl-byū'tă-môl'
26	Salmeterol	sal-ME-te-role
27	Serevent	Sair-a-vent
46	Spiriva HandiHaler or Respimat (Tiotropium bromide)	speh REE vah - RES peh mat
51	Stiolto Respimat (tiotropium bromide & olodaterol)	sti-OL-to- RES peh mat
42	Symbicort	sim-buh-kohrt
28	Terbutaline (+ T. sulfate)	ter-bu'tah-lēn (or ter-BYOO-ta-leen)
30	Tornalate	tor-na-late
50	Trelegy Ellipta ((fluticasone furoate, umeclidinium & vilanterol)	TREL-e-gee e-LIP-ta
31	Triamcinolone acetonide	tri"am-sin'o-lōn as"ě-tō-nīd' (or trye-am-SIN-oh-lone)
47	Tudorza Pressair	TU-door-za PRESS-air
32	Vanceril	van -sir-il
33	Ventolin	vent -o-lin
38	Xopenex HFA	<i>ZOH-pen-ecks</i>

[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP03]

(88) NO PRESCRIPTION INHALERS **[SKIP TO PILLS]**

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

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

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

**OTH_I1 (8.10) ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.**

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

[LOOP BACK TO ILP03 AS NECESSARY TO ADMINISTER QUESTIONS ILP03 THRU ILP10 FOR EACH MEDICINE 01 – 50 REPORTED IN INH_MEDS, BUT NOT FOR 66 (OTHER).]

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

SKIP before ILP03

CATI NOTE:	[For medicines from [MEDICINE FROM INH_MEDS (8.9) SERIES], ask questions ILP03 (8.13) through ILP10 (8.19)] SKIP to ILP04 (8.14) if [MEDICINE FROM INH_MEDS SERIES] is (1, 15, 20, 25, 27, 34, 39, 40, 42) ADVAIR (01) or FLOVENT ROTADISK (15) or MAXAIR (20) or PULMICORT (25) or SEREVENT (27) or FORADIL (34) or MOMETASONE FUROATE (39) or ASMANEX (40) or SYMBICORT (42) SKIP TO ILP04 (8.14)
-------------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ILP10 (8.19)

How many canisters of [MEDICINE FROM INH_MEDS SERIES] [have you / has Child name] used in the past 3 months?

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

___ CANISTERS

(77) DON'T KNOW

(88) NONE

(99) REFUSED

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

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

PILLS (8.20)

In the past 3 months, [have you / has he/she] taken any prescription medicine in pill form for [your / his/her] asthma?

(1) YES

(2) NO

[SKIP TO SYRUP]

(7) DON'T KNOW

(9) REFUSED

[SKIP TO SYRUP]

[SKIP TO SYRUP]

PILLS_MD (8.21)

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

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

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

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

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

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

(88) NO PILLS [SKIP TO SYRUP]

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

OTH_P1

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

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

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

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

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

PILL01 (8.22) In the past 3 months, did [you / child's name] take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

SYRUP (8.23) In the past 3 months, [have you / has he/she] taken any prescription asthma medication in syrup form?

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

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

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

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

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

	Medication	Pronunciation
--	------------	---------------

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

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

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

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_S1

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

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

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

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

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

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

- (8.26a)** AT HOME
(1) YES (2) NO (7) DK (9) REF
- (8.26b)** AT A DOCTOR'S OFFICE
(1) YES (2) NO (7) DK (9) REF
- (8.26c)** IN AN EMERGENCY ROOM
(1) YES (2) NO (7) DK (9) REF
- (8.26d)** AT WORK OR AT SCHOOL
(1) YES (2) NO (7) DK (9) REF

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

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

In the past 3 months, what prescription asthma medications [have you / has he/she] taken using a nebulizer?

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

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

Nebulizer table	Medication	Pronunciation
1	Albuterol	ăl'-bu'ter-ōl (or al-BYOO-ter-ole)
2	Alupent	al-u-pent
3	Atrovent	At-ro-vent
4	Bitolterol	bi-tōl'ter-ōl (or bye-tole-ter-ole)
19	Brovana	brō vă nah
5	Budesonide	byoo-des-oh-nide
17	Combivent Inhalation solution	com-bi-vent
6	Cromolyn	kro'mō-lin (or KROE-moe-lin)
7	DuoNeb	DUE-ow-neb
8	Intal	in-tel
9	Ipratropium bromide	ĭp-rah-tro'pe-um bro'mĭd (or ip-ra-TROE-pee-um)
10	Levalbuterol	lev al byoo' ter ol
11	Metaproteronol	met"ah-pro-ter'ě-nōl (or met-a-proe-TER-e-nole)
18	Perforomist (Formoterol)	per-form-ist
12	Proventil	Pro-ven-til
13	Pulmicort	pul-ma-cort
14	Tornalate	tor-na-late
15	Ventolin	vent-o-lin

(88) NO Nebulizers
 (77) DON'T KNOW
 (99) REFUSED

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

OTH_N1

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

ENTER OTHER MEDICATION

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

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

LOOP BACK TO NEB01 AS NECESSARY TO ADMINISTER QUESTIONS NEB01 THROUGH NEB03 FOR EACH MEDICINE 01 THROUGH 18 (NEB_01 to NEB_16) REPORTED IN NEB_ID, BUT NOT FOR 66 (OTHER).]

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

NEB01 (8.28) In the past 3 months, did [you/he/she] take [MEDICINE FROM NEB_ID SERIES] when [you / he/she] had an asthma episode or attack?

- (1) YES
- (2) NO
- (3) NO ATTACK IN PAST 3 MONTHS

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

NEB02 (8.29) In the past 3 months, did [you/he/she] take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?

- (1) YES
- (2) NO

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

NEB03 (8.30) How many times per day or per week [adult: do you / child: does he/she] use [MEDICINE FROM NEB_ID SERIES]?

- 3__ __ DAYS
- 4__ __ WEEKS

- (555) NEVER
- (666) LESS OFTEN THAN ONCE A WEEK

- (777) DON'T KNOW / NOT SURE
- (999) REFUSED

Qualified Level 5

Section 9. Cost of Care

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

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

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

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

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO Section 10; otherwise continue with Section 9

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

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

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO Section 10; otherwise continue with Section 9

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

ASMDCOST (9.1) Was there a time in the past 12 months when [you / Child name] needed to see [your / his/her] primary care doctor for [your / his/her] asthma but could not because of the cost?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

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

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

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

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

(1) YES

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

Section 10A. Work Related Asthma

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

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

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

- (1) EMPLOYED FULL-TIME **[SKIP TO WORKENV5 (10.4)]**
- (2) EMPLOYED PART-TIME **[SKIP TO WORKENV5 (10.4)]**
- (3) NOT EMPLOYED
- (7) DON'T KNOW **[SKIP TO EMPL_EVER1 10.3]**
- (9) REFUSED **[SKIP TO EMPL_EVER1 (10.3)]**

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

- (01) KEEPING HOUSE
- (02) GOING TO SCHOOL
- (03) RETIRED
- (04) DISABLED
- (05) UNABLE TO WORK FOR OTHER HEALTH REASONS
- (06) LOOKING FOR WORK
- (07) LAID OFF
- (08) OTHER
- (77) DON'T KNOW
- (99) REFUSED

EMP_EVER1 (10.3) **Have you ever been employed?**

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

- (1) YES **[SKIP TO WORKENV7 (10.6)]**
- (2) NO **[SKIP TO SECTION 11]**
- (7) DON'T KNOW **[SKIP TO SECTION 11]**
- (9) REFUSED **[SKIP TO SECTION 11]**

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

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

Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_Asth (2.2) “Do you still have asthma?” is used.

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

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

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO 10.5; otherwise continue with 10.4

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

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

IF CUR_Asth (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO 10.5; otherwise continue with 10.4

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

WORKENV5 (10.4) Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before.

Are your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in your CURRENT job?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

[HELP SCREEN: “Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker’s cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker’s perfume, or mice in a research laboratory.”]

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

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

[SKIP TO WORKTALK (10.9)]

[HELP SCREEN: “Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker’s cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker’s perfume, or mice in a research laboratory.”]

WORKENV7 (10.6)

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

Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before.

Were your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

[HELP SCREEN: “Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker’s cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker’s perfume, or mice in a research laboratory.”]

WORKENV8 (10.7)

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

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

[HELP SCREEN: “Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker’s cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker’s perfume, or mice in a research laboratory.”]

SKIP before 10.8

**[ASK 10.8 ONLY IF:
WORKENV7 (10.6) = 1 (YES) OR
WORKENV8 (10.7) = 1 (YES)
OTHERWISE SKIP TO WORKTALK (10.9)]**

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

- (1) YES
- (2) NO

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

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

WORKTALK (10.9) Did you and a doctor or other health professional ever DISCUSS whether your asthma could have been caused by, or your symptoms made worse by, any job you ever had?

- (1) YES
- (2) NO

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

WORKSEN3 (10.10) Have you ever been TOLD BY a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?

- (1) YES
- (2) NO

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

WORKSEN4 (10.11) Have YOU ever TOLD a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?

- (1) YES
- (2) NO

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

Section 10C. School Related Asthma

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

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

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

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

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

- (1) NOT OLD ENOUGH [SKIP TO DAYCARE]
- (2) HOME SCHOOLED [SKIP TO SCHGRADE]
- (3) UNABLE TO ATTEND FOR HEALTH REASONS
- (4) ON VACATION OR BREAK
- (5) OTHER
- (7) DON'T KNOW
- (9) REFUSED

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

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

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

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

- (88) PRE SCHOOL
- (66) KINDERGARTEN
- ___ ENTER GRADE 1 TO 12
- (77) DON'T KNOW
- (99) REFUSED

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

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

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

IF BRFFSS module value for CASTHNO2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused),

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO C10.8; otherwise continue with C10.5

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

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

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO C10.8; otherwise continue with C10.5

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

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

__ __ __ ENTER NUMBER DAYS

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

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

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

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

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

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

SCH_APL (C10.6) Earlier I explained that an asthma action plan contains instructions about how to care for the child’s asthma.

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

- (1) YES
- (2) NO

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

SCH_MED (C10.7) Does the school {he/she} goes to allow children with asthma to carry their medication with them while at school?

- (1) YES
- (2) NO

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

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

SCH_ANML (C10.8) Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} CLASSROOM?

- (1) YES
- (2) NO

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

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

- (1) YES
- (2) NO

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

DAYCARE (C10.10) **[IF CHLDAGE2 > 10 YEARS OR 131 MONTHS SKIP TO SECTION 11]**

Does {child's name} go to day care outside his/her home?

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

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

DAYCARE1 (C10.11) Has {he/she} gone to daycare in the past 12 months?

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

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

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

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

IF BRFSS module value for CASTHNO2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused),

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO C10.14; otherwise continue with C10.12

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

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

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO C10.14; otherwise continue with C10.12

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

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

__ __ __ ENTER NUMBER DAYS

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

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

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

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

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

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

- (1) YES
- (2) NO

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

DCARE_ANML(C10.14)

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

- (1) YES
- (2) NO

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

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

- (1) YES
- (2) NO

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

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

- (1) YES
- (2) NO

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

Section 11a. Child Asthma and Allergy (Added 2023)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q11.1	Including living and deceased, were any of {child's name} close biological that is, blood relatives including father, mother, sisters, brothers, or	RELATE_ASTH	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

	children ever told by a health professional that they had asthma?				
Q11.2	The next set of questions are about different types of allergies. Does {child's name} get symptoms such as sneezing, runny nose, or itchy or watery eyes due to hay fever, seasonal or year-round allergies? ?	CURRESP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		Read if necessary: Hay fever, seasonal or year-round allergies may also be known as environmental allergies, allergic rhinitis or allergic conjunctivitis.
Q11.3	Has {child's name} ever been told by a doctor or other health professional that {child's name} had hay fever, seasonal or year-round allergies?	DXRESP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q11.4	Question Text: The next question is about food allergies. People with food allergies have reactions such as hives, vomiting, trouble breathing, or throat tightening that occur within two hours of eating a specific food. Do {child's name} have an allergy to one or more foods?	CURFOOD	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		Read if necessary: Food allergies are different from food intolerances, such as lactose and gluten intolerance, and other digestive disorders, including irritable bowel syndrome.
Q11.5	Has {child's name} ever been told by a doctor or other health professional	DXFOOD	(1) YES (2) NO		

	that {child's name} had an allergy to one or more foods?		(7) DON'T KNOW (9) REFUSED		
Q11.6	The next question is about an allergic skin condition. Does {child's name} get an itchy rash due to eczema or atopic dermatitis?	CURSKIN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		Read if necessary: The rash can be dry, scaly, bumpy, or crusty and lasts for several days or longer without treatment. Eczema is different from hives which come and go in a few hours.
Q11.7	Has {child's name} ever been told by a doctor or other health professional that {child's name} had eczema or atopic dermatitis?	DXSKIN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Section 11b. Adult Asthma and Allergy (Added 2023)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Q11.1	Including living and deceased, were any of your close biological that is, blood relatives including father, mother, sisters, brothers, or children ever told by a health professional that they had asthma?	RELATE_ASTH	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Q11.2	The next set of questions are about different types of allergies. Do you get symptoms such as sneezing, runny nose, or itchy or watery eyes due to hay fever, seasonal or year-round allergies? ?	CURRESP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		Read if necessary: Hay fever, seasonal or year-round allergies may also be known as environmental allergies, allergic rhinitis or allergic conjunctivitis.
Q11.3	Have you ever been told by a doctor or other health professional that you had hay fever, seasonal or year-round allergies?	DXRESP	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q11.4	Question Text: The next question is about food allergies. People with food allergies have reactions such as hives, vomiting, trouble breathing, or throat tightening that occur within two hours of eating a specific food. Do you have an allergy to one or more foods?	CURFOOD	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		Read if necessary: Food allergies are different from food intolerances, such as lactose and gluten intolerance, and other digestive disorders, including irritable bowel syndrome.
Q11.5	Have you ever been told by a doctor or other health professional that you had an allergy to one or more foods?	DXFOOD	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		
Q11.6	The next question is about an allergic skin condition. Do you get an itchy rash due to eczema or atopic dermatitis?	CURSKIN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		Read if necessary: The rash can be dry, scaly, bumpy, or crusty and lasts for several days or longer

					without treatment. Eczema is different from hives which come and go in a few hours.
Q11.7	Have you ever been told by a doctor or other health professional that you had eczema or atopic dermatitis?	DXSKIN	(1) YES (2) NO (7) DON'T KNOW (9) REFUSED		

Section 13. Additional Child Demographics

IF RESPONDENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO COVID-19 QUESTIONS IF SAMPLE MONTH>2 (March to Decmeber)

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

HEIGHT1 How tall is {child's name}?

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

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

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

Examples:

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

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

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

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

WEIGHT1 How much does {he/she} weigh?

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

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

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

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

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

BIRTHW1

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

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

CATI note: If the respondent gives pounds and ounces: from left to right, positions one and two will hold "0 0"; positions three and four will hold the value of pounds from 0 to 30; and the last two positions will hold 00 to 15 ounces.

If the respondent gives kilograms and grams: from left to right, position one will hold "9"; positions two and three will hold the value of kilograms 1-30; and the last three positions will hold the number of grams.

[VALUES OF GREATER THAN 30 POUNDS OR 13.6 KILOGRAMS SHOULD NOT BE ALLOWED]

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

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

[IF BIRTH WEIGHT IS DON'T KNOW OR REFUSED ASK BIRTHRF, ELSE SKIP TO CWEND .]

BIRTHRF

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

[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS]

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

Section 13: COVID-19 SAQ'S

COVID_19 Has a healthcare provider ever told [you / Child name] that [you / Child name] have, or likely have, COVID-19 (Coronavirus)?

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

COVID_ER Have [you / Child name] had to visit an emergency room or urgent care center because of [your / Child name] COVID-19 (Coronavirus) infection?

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

COVIDHSP Not including spending the night in an emergency room, have [you / Child name] had to stay overnight in a hospital because of your COVID-19 (Coronavirus) infection?

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

SURVEY THANK AND END

CWEND Those are all the questions I have. I'd like to thank you on behalf of the **Wisconsin department of health** and the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 877-551-6138. Thanks again.

Qualified Level 6

Appendix A: Coding Notes and Pronunciation Guide

Coding Notes:

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

2) BACKCODE SYMPFREE (4.4) TO 14 IF LASTSYMP (3.5) = 88 (never) or = 04, 05, 06, or 07 OR IF SYMP_30D = 88. THIS WILL BE DONE BY BSB.

3) CATI Programmer's note: For the Other in the medications (in INH_MEDS, PILLS_MD, SYRUP_ID or NEB_ID. If "Other" has one of the following misspellings then a menu choice should have been made. Code for this and correct:

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

Pronunciation Guide:

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

INH_MEDS

	Medication	Pronunciation
01	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
02	Aerobid	â-r ô 'bîd (or air -row-bid)
03	Albuterol (+ A. sulfate or salbutamol)	ăl'- bu 'ter-ôl (or al- BYOO -ter-ole) săl-byū'tə-môl'
04	Alupent	al -u-pent
43	Alvesco (+ Ciclesonide)	al-ves-co
40	Asmanex (twisthaler)	as -muh-neks twist -hey-ler
05	Atrovent	At-ro-vent
06	Azmacort	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-tôl'ter-ôl (or bye- tole -ter-ole)
10		
11	<u>Budesonide</u>	byoo- des -oh-nide
12	Combivent	com -bi-vent

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

PILLS_MED

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

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

SYRUP_ID

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

NEB_ID

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

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

Closing Statement

Read

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in Wisconsin. Thank you very much for your time and cooperation.