

# NHIS Asthma Questions 1979 - 1996

## CONDITION LIST 6

*Read to respondent(s) and ask list specified in A2.*

**Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.**

**6a. During the past 12 months, did anyone in the family {read names} have...**

if "yes" ask 6b and c.

**6b. Who was this?"**

**6c. During the past 12 months, did anyone else have ...**

Enter condition and letter in appropriate person's column.

Make no entry in item C2 for cold; flu; red sore; or strep throat; or "virus" even if reported in this list.

Conditions affecting the respiratory system.

**A. Bronchitis?**

**B. Asthma?**

**C. Hay fever?**

**D. Sinus trouble?**

**E. A nasal polyp?**

**F. A deflected or deviated nasal septum?**

**G. Tonsillitis or enlargement of the tonsils or adenoids?**

**H. Laryngitis?**

**I. A tumor or growth of the throat, larynx, or trachea?**

**J. A tumor or growth of the bronchial tube or lung?**

*Reask 6a.*

**K. A missing lung**

**L. Lung cancer?**

**M. Emphysema?**

**N. Pleurisy?**

**O. Tuberculosis?**

**P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?**

**Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition?**

If "yes" ask: **Who was this? – What was the condition?**

Enter in item C2 then *reask* Q.

**NHIS 1997 – 2000**

**ADULT CORE**

CAN.080 Have you EVER been told by a doctor or other health professional that you had Asthma?

>**AASMEV**< (1) Yes (CAN.090) (7) Refused (CAN.110)  
(2) No (CAN.110) (9) DK (CAN.110)

CAN.090 During the PAST 12 MONTHS, have you had an episode of asthma or asthma attack?

>**AASMYR**< (1) Yes (CAN.100) (7) Refused (CAN.110)  
(2) No (CAN.110) (9) DK (CAN.110)

CAN.100 During the PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?

>**AASMERYR**< (1) Yes (7) Refused  
(2) No (9) DK

**NHIS 1997 – 2000**

**CHILD CORE**

CHS.080 Has a doctor or other health professional **EVER** told you that {S.C.name} had asthma?

>CASHMEV< (1) Yes (CHS.090) (7) Refused (Check item)  
(2) No (Check item) (9) DK (Check item)

[If CHS.080 = 1 go to CHS.090. If CHS.080 equals 2, 7, or 9, and the age is greater than or equal to 2 then go to CHS.115; If CHS.080 equals 2, 7, 9 and the age is less than 2 then go to CHS.111]

CHS.090 During the past 12 months, has {S.C.name} had an episode of asthma or an asthma attack?

>CASHYR< (1) Yes (CHS.100) (7) Refused (Check item)  
(2) No (Check item) (9) DK (Check item)

[If CHS.090 = 1 go to CHS.100. If CHS.090 equals 2, 7, or 9, and the age is greater than or equal to 2 then go to CHS.115; If CHS.090 equals 2, 7, 9 and the age is less than 2 then go to CHS.111]

CHS.100 During the past 12 months, did {S.C.name} have to visit an emergency room or urgent care center because of asthma?

>CASMERYR< (1) Yes (7) Refused  
(2) No (9) DK

**NHIS 2001 – Current**

**ADULT CORE**

CAN.080 Have you EVER been told by a doctor or other health professional that you had Asthma?

- >AASMEV< (1) Yes (CAN.085)  
(2) No (CAN.110)  
(7) Refused (CAN.110)  
(9) Don't know (CAN.110)

CAN.085 Do you still have asthma?

- >AASSTILL< (1) Yes  
(2) No  
(7) Refused  
(9) Don't know

CAN.090 During the PAST 12 MONTHS, have you had an episode of asthma or asthma attack?

- >AASMYR< (1) Yes  
(2) No  
(7) Refused  
(9) Don't know

**Check item HPCI1: If CAN.085=2, 7 or 9 AND CAN.090=2, 7, or 9 skip to CAN.110; Else, skip to check item HPCI2**

**Check item HPCI2: If CAN.090=2,7,9, skip to CAN.100; Else go to CAN.110**

CAN.100 During the PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?

- >AASMERYR< (1) Yes  
(2) No  
(7) Refused  
(9) Don't know

**NHIS 2001 – Current**

**CHILD CORE**

CHS.080 Has a doctor or other health professional EVER told you that {S.C.name} had asthma?

- >CASHMEV< (1) Yes (CHS.085)  
(2) No (CHECK ITEM CHSCCI3)  
(7) Refused (CHECK ITEM CHSCCI3)  
(9) Don't know (CHECK ITEM CHSCCI3)

CHS.085 Does {Sample Child} still have asthma?

- >CASSTILL< (1) Yes  
(2) No  
(7) Refused  
(9) Don't know

CHS.090 The following questions are about {S.C.name} asthma DURING THE PAST 12 MONTHS.

DURING THE PAST 12 MONTHS, has {S.C.name} had an episode of asthma or an asthma attack?

- >CASHYR< (1) Yes  
(2) No  
(7) Refused  
(9) Don't know

**Check Item CHSCCI1: If CHS.085 =2, 7 or 9 AND CHS.090=2, 7, or 9 skip to  
Check item CHSCCI3 ; Else skip to check item 2**  
**Check Item CHSCCI2: If CHS.090=2,7,9, skip to CHSCCI3;  
Else go to CHS.100**

CHS.100 DURING THE PAST 12 MONTHS, did {S.C.name} have to visit an emergency room or urgent care center because of {his/her} asthma?

- >CASMERYR< (1) Yes  
(2) No  
(7) Refused  
(9) Don't know

## NHIS Periodic Asthma Questions

### 1999 Adult Supplementary Questions

- ACN.100.010      During the past 12 months, have you have to stay overnight in the hospital because of asthma?
- >AASMHS<      (1) Yes (ACN.100.020)      (7) Refused (ACN.100.030)  
(2) No (ACN.100.030)      (9) Don't know (ACN.100.030)
- ACN.100.020      During the past 12 months, how many times did you stay overnight in the hospital because of asthma?
- >AASHONT<      (0) None      (4) 10-12  
(1) 1      (5) 3+  
(2) 2-3      (7) Refused  
(3) 4-9      (9) Don't know
- ACN.100.030      During the past 12 months, have you used over-the-counter medications for your asthma?
- >AASMOTC<      (1) Yes      (7) Refused  
(2) No      (9) Don't know
- ACN.100.040      During the PAST 3 MONTHS, have you used prescription inhalers (Do not include over-the-counter inhalers like Primatene Mist)?
- >AASMPMED<      (1) Yes (ACN.100.050)      (7) Refused (ACN.100.060)  
(2) No (ACN.100.060)      (9) Don't know (ACN.100.060)
- ACN.100.050      During the past 3 months, that is since *{fill date 3 months prior with the same date}*, how many canisters of prescription inhalers did you use? Do not include over-the-counter inhalers like Primatene Mist.
- >AASMCAN<      (01-94) 1-94  
(97) Refused  
(99) Don't know

ACN.100.060      Have you ever taken a course or class on how to manage asthma yourself?

>AASCLASS<      (1) Yes            (7) Refused  
                          (2) No            (9) Don't know

ACN.100.070      During the past 12 months, have you had a wheezing or whistling sound in your chest?

>AWZ<            (1) Yes (ACN.100.080)      (7) Refused (ACN.110)  
                          (2) No (ACN.110)            (9) Don't know (ACN.110)

ACN.100.080      How many attacks of wheezing or whistling have you had in your chest during the past 12 months?

>AWZNUM<      (01-94) 1-94 attacks    (97) Refused  
                          (95) 95+ attacks        (99) Don't know

ACN.100.090      During the past 12 months, has your sleep been disturbed due to wheezing or whistling?

>AWZSLP<      (1) Yes (ACN.100.100)      (7) Refused (ACN.100.110)  
                          (2) No (ACN.100.110)      (9) Don't know (ACN.100.110)

ACN.100.100      During the past 12 months, how often on average, has your sleep been disturbed due to wheezing or whistling?

>AWZSPL<      (1) Less than 1 per week      (7) Refused  
                          (2) 1 per week                (9) Don't know  
                          (3) More than 1 per week

ACN.100.110      During past 12 months, has your chest sounded wheezy during or after exercise or physical activity?

>AWZEX<        (1) Yes                        (7) Refused  
                          (2) No                         (9) Don't know

ACN.100.120      During the past 12 months, has your chest sounded wheezy during or after exercise or physical activity?

>AWZSPC<      (1) Yes                        (7) Refused  
                          (2) No                         (9) Don't know

ACN.100.130 During the past 12 months, how many times have you gone to the doctor's office or the hospital emergency room for one or more of these attacks of wheezing or whistling?

>AWZERYR< (000) Never (997) Refused  
(001-365) 1-365 times (999) Don't know

ACN.100.140 **FR: SHOW CARD A1**  
During the past 12 months, how much did you limit your usual activities due to wheezing or whistling? Would you say: not at all, a little, a fair amount, a moderate amount, or a lot?

>AWZLA< (1) Not at all (ACN.110) (5) A lot (ACN.100.150)  
(2) A little (ACN.100.150) (7) Refused (ACN.100.150)  
(3) A fair amount (ACN.100.150) (9) Don't know (ACN.100.150)  
(4) A moderate amount (ACN.100.150)

ACN.100.150 During the past 12 months, how many days of work/school did you miss due to wheezing or whistling?

>AWZMSWK< (0) Zero (4) Does not (work/go to school)  
(1) 1-7 (7) Refused  
(2) 8-30 (9) Don't know  
(3) 31+



## NHIS Periodic Asthma Questions

### 1999 Child Supplementary Questions

CHS.100.010 DURING THE PAST 12 MONTHS, has {S.C. Name} had to stay overnight in the hospital because of asthma?

>CASMHOS< (1) Yes (CHS.100.020) (7) Refused (CHS.100.030)  
(2) No (CHS.100.030) (9) DK (CHS.100.030)

CHS.100.020 DURING THE PAST 12 MONTHS, how many times did {S.C. Name} stay overnight in the hospital because of asthma?

>CASHONT< (1) 1 time (5) 13+ times  
(2) 2-3 times (7) Refused  
(3) 4-9 times (9) DK  
(4) 10-12 times

CHS.100.030 DURING THE PAST 12 MONTHS, has {S.C. name} used over-the-counter medications for {his/her} asthma?

>CASMOTC< (1) Yes (7) Refused  
(2) No (9) DK

CHS.100.040 During the PAST 3 MONTHS, has {S.C. name} used prescription inhalers? Do not include over-the-counter inhalers like Primatene Mist.

>CASMPED< (1) Yes (CHS.100.050) (7) Refused (CHS.100.060)  
(2) No (CHS.100.060) (9) DK (CHS.100.060)

CHS.100.050 During the PAST 3 MONTHS, that is since {fill date}, how many canisters of prescription inhalers did {S.C. name} use? Do not include over-the-counter inhalers like Primatene Mist.

>CASMCAN< (01-94) 1 – 94  
(97) Refused  
(99) DK

- CHS.100.060 Has anyone in the family ever taken a course or class on how to manage {S.C. name}'s asthma?
- >CASCLASS< (1) Yes (7) Refused  
(2) No (9) DK
- CHS.100.070 DURING THE PAST 12 MONTHS, has {S.C. name} had a wheezing or whistling sound in {his/her} chest?
- >CWZ< (1) Yes (CHS.100.080) (7) Refused (CHSCCI4)  
(2) No (CHSCCI4) (9) DK (CHSCCI4)
- CHS.100.080 How many attacks of wheezing or whistling has {S.C. name} had in {his/her} chest DURING THE PAST 12 MONTHS?
- >CWZNUM< (1) 1-3 attacks (7) Refused  
(2) 4-12 attacks (9) DK  
(3) More than 12 attacks
- CHS.100.090 DURING THE PAST 12 MONTHS, has {S.C. name}'s sleep been disturbed due to wheezing or whistling?
- >CWZSLP< (1) Yes (CHS.100.100) (7) Refused (CHS.100.110)  
(2) No (CHS.100.110) (9) DK (CHS.100.110)
- CHS.100.100 DURING THE PAST 12 MONTHS, on average, how many times per week has {S.C. name}'s sleep been disturbed due to wheezing or whistling?
- >CWZSPL< (1) Less than one time per week (7) Refused  
(2) One time per week (9) DK  
(3) More than one time per week
- CHS.100.110 DURING THE PAST 12 MONTHS, has {S.C. name}'s chest sounded wheezy during or after exercise or physical activity?
- >CWZEX< (1) Yes (7) Refused  
(2) No (9) DK

CHS.100.120 DURING THE PAST 12 MONTHS, has {S.C. name}'s wheezing ever been severe enough to limit {his/her} speech to only 1 or 2 words or utterances at a time between breaths?

>CWZSPC< (1) Yes (7) Refused  
(2) No (9) DK

CHS.100.130 DURING THE PAST 12 MONTHS, how many times has {S.C. name} gone to the doctor's office or the hospital emergency room for one or more of these attacks of wheezing or whistling?

>CWZERYR< (000) Never (997) Refused  
(001-365) 1-365 times (999) DK

CHS.100.140 DURING THE PAST 12 MONTHS, how much did you limit {S.C. name}'s usual activities due to wheezing or whistling?

>CWZLA< (1) Not at all (CHSCCI4) (5) A lot (CHS.100.150)  
(2) A little (CHS.100.150) (7) Refused (CHS.100.150)  
(3) A fair amount (CHS.100.150) (9) DK (CHS.100.150)  
(4) A moderate amount (CHS.100.150)

CHS.100.150 DURING THE PAST 12 MONTHS, how many days of work/school did {S.C. name} miss due to wheezing or whistling?

>CWZMSWK< (0) 0 (4) Does not work/go to school  
(1) 1-7 (7) Refused (7) Refused  
(2) 8-30 (9) DK (9) Don't Know  
(3) 30+

## NHIS Periodic Asthma Questions

### 2002 Adult Asthma Supplementary Questions

>AWZMSWK<

Sample Adult: [fill fullname]

ACN.100.010

DURING THE PAST 12 MONTHS, HOW MANY DAYS were you UNABLE to work because of your asthma?

**FR READ IF NECESSARY: FOR HOMEMAKERS THIS INCLUDES WORK AROUND THE HOUSE.**

**FR: ENTER 996 IF RESPONDENT UNABLE TO DO THIS ACTIVITY**

(0)	None	
(1- 365)	1 - 365	
(996)	Unable to do this activity	{blind}
(997)	Refused	{blind}
(999)	Don't know	{blind}

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>AASMED<

Sample Adult: [fill fullname]

ACN.100.020

Have you EVER taken the preventive kind of ASTHMA medicine used everyday to protect your lungs and keep you from having attacks? Include both oral medicine and inhalers. This is different from inhalers used for quick relief.

(1) Yes	
(2) No	
(7) Refused	{blind}
(9) Don=t know	{blind}

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>AASWMP<

Sample Adult: [fill fullname]

ACN.100.030

An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

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

**FR: READ IF NECESSARY: INCLUDE NURSES AND ASTHMA EDUCATORS**

- (1) Yes
- (2) No
- (7) Refused {blind}
- (9) Don=t know {blind}

>AAPENVLN<

Sample Adult: [fill fullname]

ACN.100.040

Has a doctor or other health professional EVER advised you to change things in your home, school, or work to improve your asthma?

- (1) Yes
- (2) No
- (3) Was told no changes needed
- (7) Refused {blind}
- (9) Don=t know {blind}

## NHIS Periodic Asthma Questions

### 2002 Child Asthma Supplementary Questions

>CWZMSWK<

CHS.100.010

DURING THE PAST 12 MONTHS, that is since {12-month ref. date}, HOW MANY DAYS of [see CAPI Note] did {S.C. name} miss because of {his/her} asthma?

**FR: ENTER 995 IF CHILD WAS HOME SCHOOLED. ENTER 996 IF CHILD DID NOT GO TO [if AGE le <4>] DAYCARE OR PRESCHOOL [endif] [if AGE ge <5> and AGE le <13> SCHOOL [endif] [if AGE ge <14> and AGE le <17>]SCHOOL or WORK [endif] IN THE PAST 12 MONTHS.**

**CAPI note:**

Children ages 0-4 fill "daycare or preschool"

Children ages 5-13 fill "school"

Children ages 14-17 fill "school or work"

- |          |  |         |
|----------|--|---------|
| (0)      | None   | {blind} |
| (1- 365) | 1-365 days   | {blind} |
| {995}    | Home schooled  | {blind} |
| {996}    | Child did not go to<br>[Fill "daycare or preschool" if AGE le <4>;<br>fill "school" if AGE ge <5> and AGE le <13>;<br>fill "school or work" if AGE ge <14> and AGE le <17>]<br>in the past 12 months | {blind} |
| (997)    | Refused  | {blind} |
| (999)    | Don't know   | {blind} |

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>CASMED<

CHS.100.020

Has {S.C.name} EVER taken the preventive kind of ASTHMA medicine used everyday to protect his/her} lungs and keep {him/her} from having attacks? Include both oral medicine and inhalers. This is different from inhalers used for quick relief.

- (1) Yes
- (2) No
- (7) Refused {blind}
- (9) Don=t know {blind}

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>CASWMP<  
CHS.100.030

An asthma management plan is a printed form that tells 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 {S.C.name} an asthma management plan?

**FR: READ IF NECESSARY: INCLUDE NURSES AND  
ASTHMA EDUCATORS**

- (1) Yes
- (2) No
- (7) Refused        {blind}
- (9) Don=t know    {blind}

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>CAPENVLN<  
CHS.100.040

Has a doctor or other health professional EVER advised you to change things in {S.C. name} home, school, or work to improve {his/her} asthma?

- (1) Yes
- (2) No
- (3) Was told no changes needed
- (7) Refused        {blind}
- (9) Don=t know    {blind}