

## TWO-MONTH FOLLOW-UP

### SECTION A. GENERAL INFORMATION

A1. STUDY ID: \_\_\_\_\_

A2. CALL NUMBER: \_\_\_\_\_

A3. COMPLETION DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y

A4. FORM VERSION: \_\_\_\_\_

A5. INTERVIEWER INITIALS: \_\_\_\_\_

A6. LANGUAGE: English . . . . . 1  
Spanish . . . . . 2

A7. Is the caretaker the person completing the interview? [**Only if it is determined that the caretaker will not be available for interviewing at any time during the window period should an alternate person be interviewed. In this case, conduct the interview with the person best determined to answer questions regarding the child's recent asthma symptoms.**]

Yes . . . . . 1 [SKIP TO B1]  
No . . . . . 2

A7a. Who is the person completing the interview? [**Indicate name and/or relationship to child, and reason for interviewing named individual.**]

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B3. Our records say that the best phone number for us to use to reach [you/CARETAKER] is [PRIMARY PHONE NUMBER]. Is this still the best number for us to use?

Yes ..... 1      **[SKIP TO B4]**  
No ..... 2

B3a. What is the best phone number for us to use to reach you?

(\_\_\_\_) \_\_\_\_\_

B4. Is the doctor who cares for [CHILD]'s asthma still [NAME OF PHYSICIAN]? **[READ CURRENT DOCTOR'S NAME.]**

Yes ..... 1      **[SKIP TO C1]**  
No ..... 2

B4a. Who is the doctor who cares for [CHILD]'s asthma?

a1. \_\_\_\_\_ a2. \_\_\_\_\_  
    **[FIRST]**                                      **[LAST]**

B4b. Where does [NAME OF PHYSICIAN] work or where did you see him/her?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION C.**

Now I want to talk with you about how asthma affects you and [CHILD] each day. The next few questions are about [CHILD]'s health in the last two weeks, that is, in the past 14 days, from [14 days ago] to today.

C1. In the last 14 days, how many days did [CHILD] have wheezing or tightness in the chest or cough?

\_\_\_\_Days

C2. In the last 14 days, how many days did [CHILD] have to slow down or stop his/her play or activities because of asthma, wheezing or tightness in the chest, or cough?

\_\_\_\_Days

C3. In the last 14 nights, how many nights did [CHILD] wake up because of asthma, wheezing or tightness in the chest, or cough?

\_\_\_\_Nights

C4. In the last 14 days, on how many days was [CHILD] limited in activity for more than half a day?

\_\_\_\_Days

C5. In the past 14 nights, how many nights did YOU wake up or lose sleep because of [CHILD]'s asthma?

\_\_\_\_Nights

C6. How many days during the past 14 days did you have to change your daytime or evening plans because of [CHILD]'s asthma?

\_\_\_\_Days

C7. During the past 14 days, how many days did [CHILD] miss school for any reason?  
**[Include only days school was in session.]**

\_\_\_\_ Days **[IF 0, SKIP TO C8]**

C7a. How many of those days did [CHILD] miss school due to asthma?

\_\_\_\_ Days

C8. During the past 14 days, did [CHILD] take medicines for asthma?

Yes ..... 1  
No ..... 2     **[SKIP TO C9]**  
Don't Know ..... 9

C8a. Did [CHILD] take any breathed in or inhaled medicines such as Beclovent, Vanceril, Azmacort, Aerobid, Flovent, or Pulmicort?  
**[TAKEN BY INHALER, PUFFER, MACHINE, NEBULIZER]**

Yes ..... 1  
No ..... 2     **[SKIP TO C8b]**

C8a1. Is [CHILD] using these medicines (Beclovent, Vanceril, Azmacort, Aerobid, Flovent, or Pulmicort) daily? **[READ MEDICINE NAMES]**

Yes ..... 1  
No ..... 2

C8b. Did [CHILD] take any oral steroids by mouth such as Prednisone, Prelone, or Pediapred?  
**[SYRUP OR PILL FORM]**

Yes ..... 1  
No ..... 2

C8c. Did [CHILD] take any Cromolyn or Intal by using an inhaler, puffer or machine?

Yes ..... 1  
No ..... 2     **[SKIP TO C8d]**

C8c1. Is [CHILD] using these medicines (Cromolyn or Intal) daily? **[READ MEDICINE NAMES]**

Yes ..... 1  
No ..... 2

C8d. Did [CHILD] take Proventil, Ventolin, Albuterol, Alupent, Metaprel, or Maxair?

Yes ..... 1  
No ..... 2     **[SKIP TO C9]**

C8d1. Is [CHILD] using these medicines (Proventil, Ventolin, Albuterol, Alupent, Metaprel, or Maxair) more than twice a week? **[READ MEDICINE NAMES]**

Yes ..... 1  
No ..... 2

The following questions are about the past 2 months, that is from [2 months ago] to today.

C9. During the past 2 months, how much do you feel [CHILD] has been bothered by his/her asthma?  
**[READ LIST]**

Not at all ..... 1  
A little bit ..... 2  
Moderately ..... 3  
Quite a bit ..... 4  
Extremely ..... 5

C10. During the past 2 months, did [CHILD] have to stay overnight in the hospital for any reason?  
**[DO NOT INCLUDE OVERNIGHT WAITS IN THE ER.]**

Yes ..... 1  
No ..... 2      **[SKIP TO C11]**

C10a. How many times?  
**[NUMBER OF DIFFERENT ADMISSIONS, NOT TOTAL NUMBER OF NIGHTS.]**

\_\_\_ Stays

[Start with the most recent hospitalization and complete the grid below. Use calendar. ]

C10b. When was the last time [CHILD] was in the hospital overnight?  
 [Use admission date, not discharge date. Ask date of each visit and insert on grid. For an unknown date in a previous month, enter "15" if day is not known but month and year are known: e.g. 01/15/98. For an unknown date within the current month, if the interview is conducted between the 1st and 15th of the month, enter '1' as the day: e.g. 02/01/98. However, if the interview is being conducted on or after the 15th of the month, enter '15' as the day.]

C10c. [TO BE ANSWERED BY INTERVIEWER] Was the month estimated?  
 [1=Yes, 2=No]

C10d. [TO BE ANSWERED BY INTERVIEWER.] Was the day estimated?  
 [Only answer 'Yes' if the day was not known by the caretaker and it was estimated as 1 or 15.]  
 [1=Yes, 2=No]

C10e. How many days was [CHILD] in the hospital then?

C10f. What was the main reason that [CHILD] was hospitalized that time?  
 [USE THE FOLLOWING CODES, BUT DO NOT READ LIST.  
 1= Asthma, 2=Other, 9=Don't know]

C10g. Was [CHILD] in the ICU?  
 [1=Yes, 2=No]

	10b. Date (mm/dd/yy)	10c. Est Month	10d. Est Day	10e. Days	10f. Reason	10g. ICU
MOST RECENT:	1. ___/___/___	1. _____	1. _____	1. _____	1. _____	1. _____
ADMISSION #2:	2. ___/___/___	2. _____	2. _____	2. _____	2. _____	2. _____
ADMISSION #3:	3. ___/___/___	3. _____	3. _____	3. _____	3. _____	3. _____
ADMISSION #4:	4. ___/___/___	4. _____	4. _____	4. _____	4. _____	4. _____

C11. Not counting hospitalizations, during the past 2 months did [CHILD] see a doctor or health care provider for any reason? Include visits to an emergency room, a doctor's office, or a clinic.

Yes ..... 1  
No ..... 2      **[SKIP TO END OF FORM]**

C11a. How many times?

\_\_\_\_ visits

**[Start with most recent visit and complete the grid below for up to 6 visits. Use calendar.]**

C11b. When was the (last) visit?

**[Ask date of each visit and insert on grid below. For an unknown date in a previous month, enter "15" if day is not known but month and year are known: e.g. 01/15/98. For an unknown date within the current month, if the interview is conducted between the 1st and 15th of the month, enter '1' as the day: e.g. 02/01/98. However, if the interview is being conducted on or after the 15th of the month, enter '15' as the day.]**

C11c. **[TO BE ANSWERED BY INTERVIEWER.]** Was the month estimated?  
**[1=Yes, 2=No]**

C11d. **[TO BE ANSWERED BY INTERVIEWER.]** Was the day estimated?  
**[Only answer 'Yes' if the day was not known by the caretaker and it was estimated as 1 or 15.]**  
**[1=Yes, 2=No]**

C11e. Was that visit for asthma or another reason?  
**[1=Asthma, 2=Other, 9=Don't know]**

C11f. Was that an appointment that was scheduled at a clinic at least 24 hours ahead or was it an emergency visit at an ER or clinic?  
**[1=Clinic, scheduled, 2=ER, 3=Clinic, unscheduled]**

C11g. Was the visit with [PHYSICIAN'S NAME]? **[If a new doctor was named in B3a, do not use the new physician's name. Ask about the original physician.]**  
**[1=Yes, 2=No]**  
**[IF C11g=1 THEN SKIP TO C11b AND ASK ABOUT THE NEXT MOST RECENT VISIT.]**

C11h. Was the visit with someone who works with [PHYSICIAN'S NAME]? **[If a new doctor was named in B3a, do not use the new physician's name. Ask about the original physician.]**  
**[1=Yes, 2=No, 9=Don't know]**

**GRID FOR QUESTIONS C11b - C11h.**

	11b. Date (mm/dd/yy)	11c. Est Month	11d. Est Day	11e. Reason	11f. Type	11g. PCP	11h. PCP Office
MOST RECENT:	1. ___/___/___	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____
VISIT #2:	2. ___/___/___	2. _____	2. _____	2. _____	2. _____	2. _____	2. _____
VISIT #3:	3. ___/___/___	3. _____	3. _____	3. _____	3. _____	3. _____	3. _____
VISIT #4:	4. ___/___/___	4. _____	4. _____	4. _____	4. _____	4. _____	4. _____
VISIT #5:	5. ___/___/___	5. _____	5. _____	5. _____	5. _____	5. _____	5. _____
VISIT #6:	6. ___/___/___	6. _____	6. _____	6. _____	6. _____	6. _____	6. _____

**[IF C11g=2 and C11h=2 FOR ALL VISITS, SKIP TO END OF FORM.**

**IF C11g=1 or C11h=1 FOR ANY VISIT, CONTINUE WITH SECTION D.]**

**SECTION D.**

**All questions in this section refer to the child's most recent visit with the PCP or with someone who works with the PCP. That visit is not necessarily the most recent visit listed in B11.**

Now I'm going to ask a few questions about the visit you had with [NAME OF PROVIDER] on [VISIT DATE].

D1. At that visit, did anyone ask you if [CHILD] has a spacer?

Yes ..... 1

No ..... 2

D2. At that visit, did anyone tell you to make sure that [CHILD] uses a spacer?

Yes ..... 1

No ..... 2

D3. At that visit, did anyone show you or go over how to use the spacer?

Yes ..... 1

No ..... 2

D4. Using a peak flow meter means blowing into the small device/tube and checking the number on the side that shows how the lungs are doing. At that visit, did anyone show you or go over how to use a peak flow meter?

Yes ..... 1

No ..... 2

D5. Did anyone measure [CHILD]'s peak flow at that visit?

Yes ..... 1

No ..... 2

D6. At that visit, did the doctor or nurse say that [CHILD] should take any breathed in or inhaled medicines such as Beclovent, Vanceril, Azmacort, Aerobid, Flovent, or Pulmicort? **[TAKEN BY INHALER, PUFFER, MACHINE, NEBULIZER]**

Yes ..... 1

No ..... 2

D7. At that visit, did the doctor or nurse say that [CHILD] should take any oral steroids by mouth such as Prednisone, Prelone, Pediapred? **[SYRUP OR PILL FORM]**

Yes ..... 1  
No ..... 2

D8. Does [CHILD] usually use a spacer device with any of the medicines that he/she breathes in or inhales?

Yes ..... 1  
No ..... 2

D9. At that visit, did the doctor or nurse say that [CHILD] should take any Cromolyn or Intal by using an inhaler, puffer or machine?

Yes ..... 1  
No ..... 2

D10. At that visit, did the doctor add any new asthma medicines?

Yes ..... 1  
No ..... 2

D11. Did the doctor increase or decrease the dose of [CHILD]'s current medicines? **[Prompt to find out increase or decrease.]**

Yes, increased the dose ..... 1  
Yes, decreased the dose ..... 2  
Yes, increased dose of one med and decrease dose of another med .... 3  
No ..... 4

D12. Did the doctor change any of the medicines from oral to inhaled?

Yes ..... 1  
No ..... 2

D13. **[ASK ONLY IF PARTICIPANT ANSWERED YES TO D10, D11, OR D12.]**

Why do you think he/she made that change? **[Write in the reply.]**

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D14. Were you told to bring [CHILD] back to the [clinic/office] to have [his/her] asthma checked?

Yes ..... 1  
No ..... 2

D15. Has another appointment been scheduled to bring [CHILD] back to the [clinic/office] to have [his/her] asthma checked?

Yes ..... 1  
No ..... 2

**[IF D14=1, THEN SKIP TO D15b.  
OTHERWISE, SKIP TO END OF FORM]**

D15a. When is that appointment? \_\_\_\_/\_\_\_\_/\_\_\_\_ **[SKIP TO END OF FORM]**  
M M D D Y Y

D15b. When were you told to bring [CHILD] back to have [his/her] asthma checked? **[PROMPT FOR RESPONSE IN MONTHS]**

\_\_\_\_ months