

Asthma Four State Interview File Variables

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Data Set Name:	DATA.ASTHMA_4STATE_FORMATTED	Observations:	5741
Member Type:	DATA	Variables:	571
Engine:	V8	Indexes:	0
Created:	11:55 Monday, August 22, 2005	Observation Length:	5120
Last Modified:	11:55 Monday, August 22, 2005	Deleted Observations:	0
Protection:		Compressed:	NO
Data Set Type:		Sorted:	NO
Label:			

-----Engine/Host Dependent Information-----

Data Set Page Size:	16384
Number of Data Set Pages:	1921
First Data Page:	8
Max Obs per Page:	3
Obs in First Data Page:	2
Number of Data Set Repairs:	0
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Release Created:	8.0202MO
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----Variables Ordered by Position----

#	Variable	Type	Len	Format	Label
1	IDNUMR	Char	6		HOUSEHOLD ID NUMBER
2	IDNUMXR	Char	7		UNIQUE CHILD ID NUMBER
3	STATE	Num	8	STATE.	State of Residence
4	STATES	Char	2		State of Residence
5	STATEL	Char	30		State of Residence
6	BESTINCOME G1	Num	8	BINCOME.	Derived. Best Income Grouped
7	TOTKIDS4	Num	8	KIDN.	Number of kids in the household diagnosed with Asthma. Top Coded at 4+
8	TOTADULT3	Num	8	ADULTN.	Number of adults in the household diagnosed with Asthma. Top Coded at 3+
9	SPANISH	Num	8	SPANISH.	CATI FLAG. CASE PLACED IN SPANISH QUEUE
10	MSA_STAT	Num	8	MSASTAT.	Metropolitan Statistical Area (Only in states that meet the 500,000 threshold)
11	S2Q5G1	Num	8	S2Q5GA.	PLEASE TELL ME {YOUR AGE/THE AGE OF [HH MEMBER]}. GROUPING 1
12	S2Q5G2	Num	8	S2Q5GB.	PLEASE TELL ME {YOUR AGE/THE AGE OF [HH MEMBER]}. GROUPING 2
13	S2Q5G3	Num	8	S2Q5GC.	PLEASE TELL ME {YOUR AGE/THE AGE OF [HH MEMBER]}. GROUPING 3
14	S2Q6	Num	8	SEXF.	{ARE YOU/IS THE [(AGE) YEAR OLD]} MALE OR FEMALE?
15	RACE_MAIN	Num	8	RACEM.	DERIVED. RACE CLASSIFICATION FOR ALL STATES
16	HISPANIC	Num	8	HISPF.	{ARE YOU/IS THE [(AGE) YEAR OLD]} OF HISPANIC OR LATINO ORIGIN?
17	EDUCATION	Num	8	EDA.	WHAT IS THE HIGHEST LEVEL OF SCHOOL THAT YOU COMPLETED?
18	EDUCATION2	Num	8	EDB.	WHAT IS THE HIGHEST LEVEL OF SCHOOL THAT YOU COMPLETED?
19	BRTHWHT5	Num	8	BRTH_GRF.	DERIVED. CHILDS BIRTHWEIGHT IN GRAMS (TOP AND BOTTOM CODED)
20	S2Q17	Num	8	YESNOF.	AT BIRTH, DID [THE [AGE] YEAR OLD/NAME] WEIGH LESS THAN 5 1/2 POUNDS?
21	BMICLASSC	Num	8	BMIC.	Derived. BMI for age classification for sample child
22	BMICLASSA	Num	8	BMIA.	Derived. BMI for sample adult
23	HEIGHTR	Num	8		DERIVED. RESPONDENT HEIGHT IN INCHES (TOP AND BOTTOM CODED)
24	HGHT_FLG	Num	8		FLAG INDICATING HEIGHT WAS EITHER TOP OR BOTTOM CODED
25	WEIGHTR	Num	8		DERIVED. RESPONDENT WEIGHT IN POUNDS (TOP AND BOTTOM CODED)
26	WGHT_FLG	Num	8		FLAG INDICATING WEIGHT WAS EITHER TOP OR BOTTOM CODED
27	FLG_PROXY	Num	8		DERIVED. INTERVIEW DONE BY PROXY BECAUSE OF ILLNESS
28	S3Q6BR	Num	8	RELATEB.	WHAT IS YOUR RELATIONSHIP TO [THE [AGE] YEAR OLD/NAME]? [PROXY-ILLNESS]
29	S3Q6R	Num	8	RELATE.	WHAT IS YOUR RELATIONSHIP TO [THE [AGE] YEAR OLD/NAME] WHO LIVES IN THE HOUSEHOLD? [MOST KNOWLEDGEABLE ADULT]
30	S3Q7	Num	8	YESNOF.	[JUST TO CONFIRM], {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} EVER BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU HAVE/HE HAS/SHE HAS} ASTHMA?
31	S3Q8G1	Num	8	S2Q5GA.	HOW OLD WERE YOU WHEN FIRST TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU/HE/SHE} HAD ASTHMA? GROUPING 1
32	S3Q8G2	Num	8	S2Q5GB.	HOW OLD WERE YOU WHEN FIRST TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU/HE/SHE} HAD ASTHMA? GROUPING 2
33	S3Q8G3	Num	8	S2Q5GC.	HOW OLD WERE YOU WHEN FIRST TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU/HE/SHE} HAD ASTHMA? GROUPING 3
34	S3Q9	Num	8	YESNOF.	{DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} STILL HAVE ASTHMA?
35	S3Q10	Num	8	WHEN2F.	HOW LONG HAS IT BEEN SINCE {YOU/[THE [AGE] YEAR OLD/NAME] OR [THE [AGE] YEAR OLD/NAME]'S PARENTS OR GUARDIANS} LAST TALKED TO A DOCTOR OR OTHER HEALTH PROFESSIONAL ABOUT {YOUR/HIS/HER} ASTHMA?
36	S3Q11	Num	8	WHENF.	HOW LONG HAS IT BEEN SINCE {YOU/[THE [AGE] YEAR OLD/NAME]} LAST TOOK ASTHMA MEDICATION?
37	S3Q12	Num	8	WHENF.	HOW LONG HAS IT BEEN SINCE {YOU/[THE [AGE] YEAR OLD/NAME]} LAST HAD ANY SYMPTOMS OF ASTHMA?
38	ASTHSTAT	Num	8	YESNOAF.	DERIVED. ASTHMA STATUS OF HOUSEHOLD MEMBER
39	LTASTHM	Num	8	BRFSS1F.	DERIVED. RISK FACTOR FOR LIFETIME ASTHMA PREVALENCE BASED ON BRFSS RULES
40	ASTATUS1	Num	8	A1STAT.	DERIVED. CURRENT ASTHMA STATUS OF HOUSEHOLD MEMBER BASED ON SELF-IDENTIFICATION
41	CASTHMA	Num	8	BRFSS1F.	DERIVED. RISK FACTOR FOR CURRENT ASTHMA PREVALENCE BASED ON BRFSS RULES
42	ASTHMST	Num	8	BRFSS2F.	DERIVED. COMPUTED ASTHMA STATUS BASED ON BRFSS RULES
43	ASTATUS2	Num	8	A2STAT.	DERIVED. CURRENT ASTHMA STATUS OF HOUSEHOLD MEMBER BASED ON SELF-REPORTED BEHAVIORS
44	FLG_TYPE	Num	8	INT2TYPE.	DERIVED. EXPECTED INTERVIEW TYPE
45	S4Q1	Num	8	DAYS30F.	DURING THE PAST 30 DAYS, HOW MANY DAYS DID {YOU/[THE [AGE] YEAR OLD/NAME]} HAVE ANY SYMPTOMS OF ASTHMA?
46	S4Q2	Num	8	YESNOF.	{DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} HAVE SYMPTOMS ALL THE TIME?
47	S4Q3	Num	8	DS30F.	DURING THE PAST 30 DAYS, ON HOW MANY DAYS DID SYMPTOMS OF ASTHMA MAKE IT DIFFICULT FOR {YOU/[THE [AGE] YEAR OLD/NAME]} TO STAY ASLEEP?
48	S4Q4	Num	8	DS14F.	DURING THE PAST TWO WEEKS, ON HOW MANY DAYS {WERE YOU/WAS [THE [AGE] YEAR OLD/NAME]} COMPLETELY SYMPTOM-FREE, THAT IS NO COUGHING, WHEEZING, OR OTHER SYMPTOMS OF ASTHMA?
49	S4Q5	Num	8	YESNOF.	DURING THE PAST 12 MONTHS, {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} HAD AN EPISODE OF ASTHMA OR AN ASTHMA ATTACK?
50	S4Q6	Num	8	N100F.	DURING THE PAST THREE MONTHS, HOW MANY ASTHMA EPISODES OR ATTACKS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} HAD?
51	S4Q7	Num	8	N60F.	HOW LONG DID {YOUR/[THE [AGE] YEAR OLD/NAME]'S} MOST RECENT ASTHMA EPISODE OR ATTACK LAST? (AMOUNT)
52	S4Q8	Num	8	PER_F.	HOW LONG DID {YOUR/[THE [AGE] YEAR OLD/NAME]'S} MOST RECENT ASTHMA EPISODE OR ATTACK LAST? (UNIT OF MEASURE)
53	S4Q9	Num	8	SHORTF.	COMPARED WITH OTHER EPISODES OR ATTACKS, WAS THIS MOST RECENT ATTACK SHORTER, LONGER, OR ABOUT THE SAME?
54	S5Q1_A	Num	8	YESNOF.	{DO YOU/DOES [THE [AGE] YEAR OLD]} HAVE ANY KIND OF HEALTH CARE COVERAGE, INCLUDING HEALTH INSURANCE, PREPAID PLANS SUCH AS HMOS, OR GOVERNMENT PLANS SUCH AS MEDICARE?
55	S5Q1_B	Num	8	YESNOF.	DURING THE PAST 12 MONTHS, WAS THERE ANY TIME THAT {YOU/[THE [AGE] YEAR OLD/NAME]} DID NOT HAVE ANY HEALTH INSURANCE OR COVERAGE?
56	S5Q1R	Num	8	S5Q1_3RB.	DURING THE PAST 12 MONTHS, HOW MANY TIMES DID {YOU/[THE [AGE] YEAR OLD/NAME]} SEE A DOCTOR OR OTHER HEALTH PROFESSIONAL FOR A ROUTINE CHECKUP FOR {YOUR/HIS/HER} ASTHMA?
57	S5Q2	Num	8	YESNOF.	DURING THE PAST 12 MONTHS, {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} HAD TO VISIT AN EMERGENCY ROOM OR URGENT CARE CENTER BECAUSE OF {YOUR/HIS/HER} ASTHMA?
58	S5Q3R	Num	8	S5Q1_3RB.	DURING THE PAST 12 MONTHS, HOW MANY TIMES DID {YOU/[THE [AGE] YEAR OLD/NAME]} VISIT AN EMERGENCY ROOM OR URGENT CARE CENTER BECAUSE OF {YOUR/HIS/HER} ASTHMA?
59	S5Q4R	Num	8	S5Q4RB.	DURING THE PAST 12 MONTHS, HOW MANY TIMES DID {YOU/[THE [AGE] YEAR OLD/NAME]} SEE A DOCTOR OR OTHER HEALTH PROFESSIONAL FOR URGENT TREATMENT OF WORSENING ASTHMA SYMPTOMS OR AN ASTHMA EPISODE OR ATTACK?
60	S5Q5	Num	8	YESNOF.	DURING THE PAST 12 MONTHS, THAT IS SINCE [1 YEAR AGO TODAY], {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} HAD TO STAY OVERNIGHT IN A HOSPITAL BECAUSE OF {YOUR/HIS/HER} ASTHMA? DO NOT INCLUDE AN OVERNIGHT STAY IN THE EMERGENCY ROOM.

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#	Variable	Type	Len	Format	Label
61	S5Q6R	Num	8	S5Q6RB.	DURING THE PAST 12 MONTHS, HOW MANY DIFFERENT TIMES DID {YOU/[THE [AGE] YEAR OLD/NAME]} STAY IN ANY HOSPITAL OVERNIGHT OR LONGER BECAUSE OF {YOUR/HIS/HER} ASTHMA?
62	S5Q8	Num	8	YESNOF.	THE LAST TIME {YOU/[THE [AGE] YEAR OLD/NAME]} LEFT THE HOSPITAL, DID A HEALTH PROFESSIONAL TALK WITH {YOU/NAME/NAME'S PARENTS OR GUARDIANS} ABOUT HOW TO BETTER CONTROL {YOUR/HIS/HER} ASTHMA?
63	S5Q9R	Num	8	S5Q9RB.	DURING THE PAST 12 MONTHS, HOW MANY DAYS WERE YOU UNABLE TO WORK OR CARRY OUT YOUR USUAL ACTIVITIES BECAUSE OF YOUR ASTHMA?
64	S5Q11R	Num	8	S5Q11RB.	DURING THE PAST 12 MONTHS, THAT IS SINCE [1 YEAR AGO TODAY] ABOUT HOW MANY DAYS OF [DAYCARE OR PRESCHOOL/SCHOOL/SCHOOL OR WORK] DID {[THE [AGE] YEAR OLD/NAME]} MISS BECAUSE OF [HIS/HER] ASTHMA?
65	S5Q12	Num	8	ACTVTYF.	DURING THE PAST 12 MONTHS, WOULD YOU SAY {YOU/[THE [AGE] YEAR OLD/NAME]} LIMITED {YOUR/HIS/HER} USUAL ACTIVITIES DUE TO ASTHMA NOT AT ALL, A LITTLE, A MODERATE AMOUNT, OR A LOT?
66	S6Q1	Num	8	YESNOF.	HAS A DOCTOR OR OTHER HEALTH PROFESSIONAL EVER TAUGHT {YOU/[THE [AGE] YEAR OLD/NAME] OR [THE [AGE] YEAR OLD/NAME]'S PARENT OR GUARDIAN} HOW TO RECOGNIZE EARLY SIGNS OR SYMPTOMS OF AN ASTHMA EPISODE?
67	S6Q2	Num	8	YESNOF.	HAS A DOCTOR OR OTHER HEALTH PROFESSIONAL EVER TAUGHT {YOU/[THE [AGE] YEAR OLD/NAME] OR [THE [AGE] YEAR OLD/NAME]'S PARENT OR GUARDIAN} WHAT TO DO DURING AN ASTHMA EPISODE OR ATTACK?
68	S6Q3	Num	8	YESNOF.	HAS A DOCTOR OR OTHER HEALTH PROFESSIONAL EVER TAUGHT {YOU/[THE [AGE] YEAR OLD/NAME] OR [THE [AGE] YEAR OLD/NAME]'S PARENT OR GUARDIAN} HOW TO USE A PEAK FLOW METER TO ADJUST DAILY MEDICATIONS?
69	S6Q4	Num	8	YESNOF.	HAS A DOCTOR OR OTHER HEALTH PROFESSIONAL EVER GIVEN {YOU/NAME/NAME'S PARENT OR GUARDIAN} AN ASTHMA MANAGEMENT PLAN?
70	S6Q5	Num	8	YESNOF.	{HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME] OR [THE [AGE] YEAR OLD/NAME'S PARENT OR GUARDIAN] EVER TAKEN A COURSE OR CLASS ON HOW TO MANAGE {YOUR/HIS/HER} ASTHMA?
71	S7Q1	Num	8	YESNOF.	IS AN AIR CLEANER OR PURIFIER REGULARLY USED INSIDE YOUR HOME?
72	S7Q2	Num	8	YESNOF.	IS A DEHUMIDIFIER REGULARLY USED TO REDUCE MOISTURE INSIDE YOUR HOME?
73	S7Q3	Num	8	YESNOF.	IS AN EXHAUST FAN THAT VENTS TO THE OUTSIDE USED REGULARLY WHEN COOKING IN YOUR KITCHEN?
74	S7Q4	Num	8	YESNOF.	IS GAS USED FOR COOKING?
75	S7Q5	Num	8	YESNOF.	IN THE PAST 30 DAYS, HAS ANYONE SEEN OR SMELLED MOLD OR A MUSTY ODOR INSIDE YOUR HOME? DO NOT INCLUDE MOLD ON FOOD.
76	S7Q6	Num	8	YESNOF.	DOES YOUR HOUSEHOLD HAVE INDOOR PETS SUCH AS DOGS, CATS, HAMSTERS, BIRDS OR OTHER FEATHERED OR FURRY PETS THAT ARE KEPT INSIDE?
77	S7Q7	Num	8	YESNOF.	IN THE PAST 30 DAYS, HAS ANYONE SEEN COCKROACHES INSIDE YOUR HOME?
78	S7Q8	Num	8	YESNOF.	IS A FIREPLACE OR WOOD BURNING STOVE USED IN YOUR HOME?
79	S7Q9	Num	8	YESNOF.	ARE UNVENTED GAS LOGS, AN UNVENTED GAS FIREPLACE, OR AN UNVENTED GAS STOVE USED IN YOUR HOME?
80	S7Q10	Num	8	YESNOF.	IN THE PAST WEEK, HAS ANYONE SMOKED INSIDE YOUR HOME?
81	S7Q11	Num	8	YESNOF.	HAS A HEALTH PROFESSIONAL EVER ADVISED YOU TO CHANGE THINGS IN {YOUR/[THE [AGE] YEAR OLD/NAME]'S} HOME, SCHOOL, OR WORK TO IMPROVE {YOUR/[THE [AGE] YEAR OLD/NAME]'S} ASTHMA?
82	S7Q12	Num	8	YESNOF.	{DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A MATTRESS COVER THAT IS MADE ESPECIALLY FOR CONTROLLING DUST MITES?
83	S7Q13	Num	8	YESNOF.	{DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A PILLOW COVER THAT IS MADE ESPECIALLY FOR CONTROLLING DUST MITES?
84	S7Q14	Num	8	YESNOF.	DO YOU HAVE CARPETING OR RUGS IN {YOUR/[THE [AGE] YEAR OLD/NAME]'S} BEDROOM?
85	S7Q15	Num	8	WATERF.	ARE {YOUR/[THE [AGE] YEAR OLD/NAME]'S} SHEETS AND PILLOW CASES WASHED IN COLD, WARM, OR HOT WATER?
86	S7Q16	Num	8	YESNOF.	IN {YOUR/[THE [AGE] YEAR OLD/NAME]'S} BATHROOM, {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} REGULARLY USE AN EXHAUST FAN THAT VENTS TO THE OUTSIDE?
87	S7Q17	Num	8	PETROOM.	IS THE PET ALLOWED IN {YOUR/[THE [AGE] YEAR OLD/NAME]'S} BEDROOM?
88	S7Q18	Num	8	YESNOF.	HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR ENTIRE LIFE?
89	S7Q19	Num	8	SMOKEF.	DO YOU NOW SMOKE CIGARETTES EVERY DAY, SOME DAYS, OR NOT AT ALL?
90	S7Q20	Num	8	EMPLOYF.	WE ARE INTERESTED IN THINGS THAT AFFECT ASTHMA IN THE WORKPLACE. HOWEVER, FIRST I'D LIKE TO ASK HOW YOU WOULD DESCRIBE YOUR CURRENT EMPLOYMENT STATUS. WOULD YOU SAY THAT YOU ARE:
91	S7Q21	Num	8	YESNOF.	WAS YOUR ASTHMA CAUSED OR MADE WORSE BY CHEMICALS, SMOKE, FUMES OR DUST IN ANY JOB YOU EVER HAD?
92	S7Q22	Num	8	UNEMPLF.	WHAT IS THE MAIN REASON YOU ARE NOT EMPLOYED?
93	S8Q1	Num	8	YESNOF.	OVER-THE-COUNTER MEDICATION CAN BE BOUGHT WITHOUT A DOCTOR'S ORDER. {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} EVER USED OVER-THE-COUNTER MEDICATION FOR {YOUR/HIS/HER} ASTHMA?
94	S8Q2	Num	8	YESNOF.	{HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} EVER USED A PRESCRIPTION INHALER?
95	S8Q3	Num	8	YESNOF.	DID A HEALTH PROFESSIONAL SHOW {YOU/[THE [AGE] YEAR OLD/NAME] OR [THE [AGE] YEAR OLD/NAME]'S} PARENTS OR GUARDIANS} HOW TO USE THE INHALER?
96	S8Q4	Num	8	SCR1MD.	ARE {YOUR/[THE [AGE] YEAR OLD/NAME]'S} ASTHMA MEDICINES HANDY?
97	S8Q5	Num	8	YESNOF.	CAN YOU PLEASE GO GET THE ASTHMA MEDICINES WHILE I WAIT ON THE PHONE?
98	S8Q6	Num	8	SCR3MD.	AM I CORRECT THAT YOU HAVE ALL THE MEDICATIONS?
99	S8Q7R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN PRESCRIPTION ASTHMA MEDICINE USING AN INHALER?
100	S8Q8R_01	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: ADVAIR
101	S8Q8R_02	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: AEROBID
102	S8Q8R_03	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: ALBUTEROL
103	S8Q8R_04	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: ALPENT
104	S8Q8R_05	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: ATROVENT
105	S8Q8R_06	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: AZMACORT
106	S8Q8R_07	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: BECLOMETHASONE DIPROPIONATE
107	S8Q8R_08	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: BECLOVENT
108	S8Q8R_09	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: BITOLTEROL
109	S8Q8R_10	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: BRETHAIRE
110	S8Q8R_11	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: BUDESONIDE
111	S8Q8R_12	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: COMBIVENT
112	S8Q8R_13	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: CROMOLYN
113	S8Q8R_14	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: FLOVENT
114	S8Q8R_15	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: FLOVENT ROTADISK
115	S8Q8R_16	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: FLUNISOLIDE

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116	S8Q8R_17	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: FLUTICASONE
117	S8Q8R_18	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: INTAL
118	S8Q8R_19	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: IPRATROPIUM BROMIDE
119	S8Q8R_20	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: MAXAIR
120	S8Q8R_21	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: METAPROTERONOL
121	S8Q8R_22	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: NEDOCROMIL
122	S8Q8R_23	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: PIRBUTEROL
123	S8Q8R_24	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: PROVENTIL
124	S8Q8R_25	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: PULMICORT TURBUHALER
125	S8Q8R_26	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: SALMETEROL
126	S8Q8R_27	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: SEREVENT
127	S8Q8R_28	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: TERBUTALINE
128	S8Q8R_29	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: TILADE
129	S8Q8R_30	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: TORNALATE
130	S8Q8R_31	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: TRIAMCINOLONE ACETONIDE
131	S8Q8R_32	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: VANCERIL
132	S8Q8R_33	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: VENTOLIN
133	S8Q8R_34	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: OTHER INHALER USED
134	S8Q8R_34A	Char	100	\$VERB.	OTHER INHALER SPECIFIED
135	IOTHER_34A_1	Num	8		Cough/cold medication
136	IOTHER_34A_2	Num	8		Allergy medication
137	IOTHER_34A_3	Num	8		Other medication (not cold/cough/allergy)
138	IOTHER_34A_4	Num	8		Prescription asthma medication, but not an inhaler
139	IOTHER_34A_5	Num	8		Unidentifiable word or not a medication
140	IOTHER_34A_6	Num	8		Back code verbatim to value indicated
141	IOTHER_34A_7	Num	8		Over the counter asthma inhaler
142	IOTHER_34A_8	Num	8		Valid asthma prescription inhaler
143	IOTHER_34A_96	Num	8		Don't know
144	S8Q9R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE FLOVENT OR FLOVENT ROTADISK USING AN INHALER?
145	S8Q10R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BECLOVENT, VANCERIL, BECLMETHASONE DIPROPIONATE, PULMICORT TURBUHALER, BUDESONIDE, AEROBID, FLUNISOLIDE, AZMACORT OR TRIAMCINOLONE ACETONIDE?
146	S8Q11R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE VENTOLIN, PROVENTIL, ALBUTEROL, ALUPENT, METAPROTERONOL, TORNALATE, BITOLTEROL, MAXAIR, PIRBUTEROL, BRETHAIRE, TERBUTALINE, SEREVENT?
147	S8Q12R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE INTAL, CROMOLYN, TILADE, OR NEDOCROMIL?
148	S8Q13R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ATROVENT OR IPRATROPIUM BROMIDE?
149	S8Q14R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE A MEDICATION BY INHALER THAT WE HAVE NOT MENTIONED?
150	S8Q15R	Char	50	\$VERB.	WILL YOU PLEASE TELL ME WHAT THAT MEDICATION WAS?
151	S8Q16R_01	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ADVAIR? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
152	S8Q16R_02	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING AEROBID? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
153	S8Q16R_03	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ALBUTEROL? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
154	S8Q16R_04	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ALUPENT? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
155	S8Q16R_05	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ATROVENT? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
156	S8Q16R_06	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING AZMACORT? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
157	S8Q16R_07	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING BECLOMETHASONE DIPROPIONATE? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
158	S8Q16R_08	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING BECLOVENT? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
159	S8Q16R_09	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING BITOLTEROL? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
160	S8Q16R_10	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING BRETHAIRE? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
161	S8Q16R_11	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING BUDESONIDE? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
162	S8Q16R_12	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING COMBIVENT? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
163	S8Q16R_13	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING CROMOLYN? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?

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#	Variable	Type	Len	Format	Label
164	S8Q16R_14	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING FLOVENT? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
165	S8Q16R_15	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING FLOVENT ROTADISK? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
166	S8Q16R_16	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING FLUNISOLIDE? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
167	S8Q16R_17	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING FLUTICASONE? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
168	S8Q16R_18	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING INTAL? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
169	S8Q16R_19	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING IPRATROPIUM BROMIDE? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
170	S8Q16R_20	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING MAXAIR? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
171	S8Q16R_21	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING METAPROTERONOL? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
172	S8Q16R_22	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING NEDOCROMIL? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
173	S8Q16R_23	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PIRBUTEROL? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
174	S8Q16R_24	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PRAVENTIL? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
175	S8Q16R_25	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PULMICORT TURBUHALER? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
176	S8Q16R_26	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING SALMETEROL? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
177	S8Q16R_27	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING SEREVENT? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
178	S8Q16R_28	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING TERBUTALINE? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
179	S8Q16R_29	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING TILADE? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
180	S8Q16R_30	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING TORNALATE? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
181	S8Q16R_31	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING TRIAMCINOLONE ACETONIDE? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
182	S8Q16R_32	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING VANCERIL? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
183	S8Q16R_33	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING VENTOLIN? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
184	S8Q16R_34	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING [OTHER INHALER]? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
185	S8Q17R_01	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH ADVAIR?
186	S8Q17R_02	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH AEROBID?
187	S8Q17R_03	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH ALBUTEROL?
188	S8Q17R_04	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH ALUPENT?
189	S8Q17R_05	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH ATROVENT?
190	S8Q17R_06	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH AZMACORT?
191	S8Q17R_07	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH BECLOMETHASONE DIPROPIONATE?
192	S8Q17R_08	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH BECLOVENT?
193	S8Q17R_09	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH BITOLTEROL?
194	S8Q17R_10	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH BRETHAIRE?
195	S8Q17R_11	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH BUDESONIDE?
196	S8Q17R_12	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH COMBIVENT?
197	S8Q17R_13	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH CROMOLYN?
198	S8Q17R_14	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH FLOVENT?
199	S8Q17R_15	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH FLOVENT ROTADISK?

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#	Variable	Type	Len	Format	Label
200	S8Q17R_16	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH FLUNISOLIDE?
201	S8Q17R_17	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH FLUTICASONE?
202	S8Q17R_18	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH INTAL?
203	S8Q17R_19	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH IPRATROPIUM BROMIDE?
204	S8Q17R_20	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH MAXAIR?
205	S8Q17R_21	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH METAPROTERONOL?
206	S8Q17R_22	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH NEDOCROMIL?
207	S8Q17R_23	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH PIRBUTEROL?
208	S8Q17R_24	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH PROVENTIL?
209	S8Q17R_25	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH PULMICORT TURBUHALER?
210	S8Q17R_26	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH SALMETEROL?
211	S8Q17R_27	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH SEREVENT?
212	S8Q17R_28	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH TERBUTALINE?
213	S8Q17R_29	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH TILADE?
214	S8Q17R_30	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH TORNALATE?
215	S8Q17R_31	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH TRIAMCINOLONE ACETONIDE?
216	S8Q17R_32	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH VANCERIL?
217	S8Q17R_33	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH VENTOLIN?
218	S8Q17R_34	Num	8	YESNOF.	A SPACER IS A SMALL ATTACHMENT FOR AN INHALER THAT MAKES IT EASIER TO USE. {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A SPACER WITH [OTHER INHALER]?
219	S8Q18R_03	Num	8	TAKEMEDF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ALBUTEROL WHEN {YOU/HE/SHE HAD} AN ASTHMA EPISODE OR ATTACK?
220	S8Q18R_04	Num	8	TAKEMEDF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ALUPENT WHEN {YOU/HE/SHE HAD} AN ASTHMA EPISODE OR ATTACK?
221	S8Q18R_09	Num	8	TAKEMEDF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BITOLTEROL WHEN {YOU/HE/SHE HAD} AN ASTHMA EPISODE OR ATTACK?
222	S8Q18R_10	Num	8	TAKEMEDF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BRETHAIRE WHEN {YOU/HE/SHE HAD} AN ASTHMA EPISODE OR ATTACK?
223	S8Q18R_20	Num	8	TAKEMEDF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE MAXAIR WHEN {YOU/HE/SHE HAD} AN ASTHMA EPISODE OR ATTACK?
224	S8Q18R_21	Num	8	TAKEMEDF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE METAPROTERONOL WHEN {YOU/HE/SHE HAD} AN ASTHMA EPISODE OR ATTACK?
225	S8Q18R_23	Num	8	TAKEMEDF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PIRBUTEROL WHEN {YOU/HE/SHE HAD} AN ASTHMA EPISODE OR ATTACK?
226	S8Q18R_24	Num	8	TAKEMEDF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PROVENTIL WHEN {YOU/HE/SHE HAD} AN ASTHMA EPISODE OR ATTACK?
227	S8Q18R_28	Num	8	TAKEMEDF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE TERBUTALINE WHEN {YOU/HE/SHE HAD} AN ASTHMA EPISODE OR ATTACK?
228	S8Q18R_30	Num	8	TAKEMEDF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE TORNALATE WHEN {YOU/HE/SHE HAD} AN ASTHMA EPISODE OR ATTACK?
229	S8Q18R_33	Num	8	TAKEMEDF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE VENTOLIN WHEN {YOU/HE/SHE HAD} AN ASTHMA EPISODE OR ATTACK?
230	S8Q18R_34	Num	8	TAKEMEDF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE [OTHER INHALER] WHEN {YOU/HE/SHE HAD} AN ASTHMA EPISODE OR ATTACK?
231	S8Q19R_03	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ALBUTEROL BEFORE EXERCISING?
232	S8Q19R_04	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ALUPENT BEFORE EXERCISING?
233	S8Q19R_09	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BITOLTEROL BEFORE EXERCISING?
234	S8Q19R_10	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BRETHAIRE BEFORE EXERCISING?
235	S8Q19R_20	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE MAXAIR BEFORE EXERCISING?
236	S8Q19R_21	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE METAPROTERONOL BEFORE EXERCISING?
237	S8Q19R_23	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PIRBUTEROL BEFORE EXERCISING?
238	S8Q19R_24	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PROVENTIL BEFORE EXERCISING?
239	S8Q19R_28	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE TERBUTALINE BEFORE EXERCISING?
240	S8Q19R_30	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE TORNALATE BEFORE EXERCISING?

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#	Variable	Type	Len	Format	Label
241	S8Q19R_33	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE VENTOLIN BEFORE EXERCISING?
242	S8Q19R_34	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE [OTHER INHALER] BEFORE EXERCISING?
243	S8Q20R_03	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ALBUTEROL ON A REGULAR SCHEDULE EVERYDAY?
244	S8Q20R_04	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ALUPENT ON A REGULAR SCHEDULE EVERYDAY?
245	S8Q20R_09	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BITOLTEROL ON A REGULAR SCHEDULE EVERYDAY?
246	S8Q20R_10	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BRETHAIRE ON A REGULAR SCHEDULE EVERYDAY?
247	S8Q20R_20	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE MAXAIR ON A REGULAR SCHEDULE EVERYDAY?
248	S8Q20R_21	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE METAPROTERONOL ON A REGULAR SCHEDULE EVERYDAY?
249	S8Q20R_23	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PIRBUTEROL ON A REGULAR SCHEDULE EVERYDAY?
250	S8Q20R_24	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PROVENTIL ON A REGULAR SCHEDULE EVERYDAY?
251	S8Q20R_28	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE TERBUTALINE ON A REGULAR SCHEDULE EVERYDAY?
252	S8Q20R_30	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE TORNALATE ON A REGULAR SCHEDULE EVERYDAY?
253	S8Q20R_33	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE VENTOLIN ON A REGULAR SCHEDULE EVERYDAY?
254	S8Q20R_34	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE [OTHER INHALER] ON A REGULAR SCHEDULE EVERYDAY?
255	S8Q21R_14	Num	8	DOSEF.	IS THE DOSAGE 44, 50, 100, 220, OR 250 MICROGRAMS FOR THE FLOVENT (FLOVENT)
256	S8Q21R_15	Num	8	DOSEF.	IS THE DOSAGE 44, 50, 100, 220, OR 250 MICROGRAMS FOR THE FLOVENT (FLOVENT ROTADISK)
257	S8Q21R_17	Num	8	DOSEF.	IS THE DOSAGE 44, 50, 100, 220, OR 250 MICROGRAMS FOR THE FLOVENT (FLUTICASONE)
258	S8Q21R_34	Num	8	DOSEF.	IS THE DOSAGE 44, 50, 100, 220, OR 250 MICROGRAMS FOR THE FLOVENT (DK SERIES FLOVENT)
259	S8Q22R_01	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} ADVAIR?
260	S8Q22R_02	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} AEROBID?
261	S8Q22R_03	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} ALBUTEROL?
262	S8Q22R_04	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} ALUPENT?
263	S8Q22R_05	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} ATROVENT?
264	S8Q22R_06	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} AZMACORT?
265	S8Q22R_07	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} BECLMETHASONE DIPROPIONATE?
266	S8Q22R_08	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} BECLOVENT?
267	S8Q22R_09	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} BITOLTEROL?
268	S8Q22R_10	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} BRETHAIRE?
269	S8Q22R_11	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} BUDESONIDE?
270	S8Q22R_12	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} COMBIVENT?
271	S8Q22R_13	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} CROMOLYN?
272	S8Q22R_14	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} FLOVENT?
273	S8Q22R_15	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} FLOVENT ROTADISK?
274	S8Q22R_16	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} FLUNISOLIDE?
275	S8Q22R_17	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} FLUTICASONE?
276	S8Q22R_18	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} INTAL?
277	S8Q22R_19	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} IPRATROPIUM BROMIDE?
278	S8Q22R_20	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} MAXAIR?
279	S8Q22R_21	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} METAPROTERANOL?
280	S8Q22R_22	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} NEDOCROMIL?
281	S8Q22R_23	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} PIRBUTEROL?
282	S8Q22R_24	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} PROVENTIL?
283	S8Q22R_25	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} PULMICORT TURBUHALER?
284	S8Q22R_26	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} SALMETEROL?
285	S8Q22R_27	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} SEREVENT?

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----Variables Ordered by Position----

#	Variable	Type	Len	Format	Label
286	S8Q22R_28	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} TERBUTALINE?
287	S8Q22R_29	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} TILADE?
288	S8Q22R_30	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} TORNALATE?
289	S8Q22R_31	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} TRIAMCINOLONE ACETONIDE?
290	S8Q22R_32	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} VANCERIL?
291	S8Q22R_33	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} VENTOLIN?
292	S8Q22R_34	Num	8	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} [OTHER INHALER]?
293	S8Q24R_01	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ADVAIR? (AMOUNT)
294	S8Q24R_02	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE AEROBID? (AMOUNT)
295	S8Q24R_03	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ALBUTEROL? (AMOUNT)
296	S8Q24R_04	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ALUPENT? (AMOUNT)
297	S8Q24R_05	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ATROVENT? (AMOUNT)
298	S8Q24R_06	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE AZMACORT? (AMOUNT)
299	S8Q24R_07	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BECLMETHASONE DIPROPIONATE? (AMOUNT)
300	S8Q24R_08	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BECLOVENT? (AMOUNT)
301	S8Q24R_09	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BITOLTEROL? (AMOUNT)
302	S8Q24R_10	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BRETHAIRE? (AMOUNT)
303	S8Q24R_11	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BUDESONIDE? (AMOUNT)
304	S8Q24R_12	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE COMBIVENT? (AMOUNT)
305	S8Q24R_13	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE CROMOLYN? (AMOUNT)
306	S8Q24R_14	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLOVENT? (AMOUNT)
307	S8Q24R_15	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLOVENT ROTADISK? (AMOUNT)
308	S8Q24R_16	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLUNISOLIDE? (AMOUNT)
309	S8Q24R_17	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLUTICASONE? (AMOUNT)
310	S8Q24R_18	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE INTAL? (AMOUNT)
311	S8Q24R_19	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE IPRATROPIUM BROMIDE? (AMOUNT)
312	S8Q24R_20	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE MAXAIR? (AMOUNT)
313	S8Q24R_21	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE METAPROTERONOL? (AMOUNT)
314	S8Q24R_22	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE NEDOCROMIL? (AMOUNT)
315	S8Q24R_23	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE PIRBUTEROL? (AMOUNT)
316	S8Q24R_24	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE PROVENTIL? (AMOUNT)
317	S8Q24R_25	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE PULMICORT TURBUHALER? (AMOUNT)
318	S8Q24R_26	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE SALMETEROL? (AMOUNT)
319	S8Q24R_27	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE SEREVENT? (AMOUNT)
320	S8Q24R_28	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TERBUTALINE? (AMOUNT)
321	S8Q24R_29	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TILADE? (AMOUNT)
322	S8Q24R_30	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TORNALATE? (AMOUNT)
323	S8Q24R_31	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TRIAMCINOLONE ACETONIDE? (AMOUNT)
324	S8Q24R_32	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE VANCERIL? (AMOUNT)
325	S8Q24R_33	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE VENTOLIN? (AMOUNT)
326	S8Q24R_34	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE [OTHER INHALER]? (AMOUNT)
327	S8Q25R_01	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ADVAIR? (UNIT OF MEASURE)
328	S8Q25R_02	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE AEROBID? (UNIT OF MEASURE)
329	S8Q25R_03	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ALBUTEROL? (UNIT OF MEASURE)
330	S8Q25R_04	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ALUPENT? (UNIT OF MEASURE)
331	S8Q25R_05	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ATROVENT? (UNIT OF MEASURE)
332	S8Q25R_06	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE AZMACORT? (UNIT OF MEASURE)
333	S8Q25R_07	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BECLMETHASONE DIPROPIONATE? (UNIT OF MEASURE)
334	S8Q25R_08	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BECLOVENT? (UNIT OF MEASURE)
335	S8Q25R_09	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BITOLTEROL? (UNIT OF MEASURE)
336	S8Q25R_10	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BRETHAIRE? (UNIT OF MEASURE)
337	S8Q25R_11	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BUDESONIDE? (UNIT OF MEASURE)
338	S8Q25R_12	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE COMBIVENT? (UNIT OF MEASURE)
339	S8Q25R_13	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE CROMOLYN? (UNIT OF MEASURE)
340	S8Q25R_14	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLOVENT? (UNIT OF MEASURE)
341	S8Q25R_15	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLOVENT ROTADISK? (UNIT OF MEASURE)
342	S8Q25R_16	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLUNISOLIDE? (UNIT OF MEASURE)
343	S8Q25R_17	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLUTICASONE? (UNIT OF MEASURE)
344	S8Q25R_18	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE INTAL? (UNIT OF MEASURE)
345	S8Q25R_19	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE IPRATROPIUM BROMIDE? (UNIT OF MEASURE)
346	S8Q25R_20	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE MAXAIR? (UNIT OF MEASURE)
347	S8Q25R_21	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE METAPROTERONOL? (UNIT OF MEASURE)

Asthma Four State Interview File Variables

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----Variables Ordered by Position----

#	Variable	Type	Len	Format	Label
348	S8Q25R_22	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE NEDOCROMIL? (UNIT OF MEASURE)
349	S8Q25R_23	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE PIRBUTEROL? (UNIT OF MEASURE)
350	S8Q25R_24	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE PROVENTIL? (UNIT OF MEASURE)
351	S8Q25R_25	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE PULMICORT TURBUHALER? (UNIT OF MEASURE)
352	S8Q25R_26	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE SALMETEROL? (UNIT OF MEASURE)
353	S8Q25R_27	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE SEREVENT? (UNIT OF MEASURE)
354	S8Q25R_28	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TERBUTALINE? (UNIT OF MEASURE)
355	S8Q25R_29	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TILADE? (UNIT OF MEASURE)
356	S8Q25R_30	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TORNALATE? (UNIT OF MEASURE)
357	S8Q25R_31	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TRIAMCINOLONE ACETONIDE? (UNIT OF MEASURE)
358	S8Q25R_32	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE VANCERIL? (UNIT OF MEASURE)
359	S8Q25R_33	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE VENTOLIN? (UNIT OF MEASURE)
360	S8Q25R_34	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE [OTHER INHALER]? (UNIT OF MEASURE)
361	S8Q26R_01	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: ADVAIR
362	S8Q26R_02	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: AEROBID
363	S8Q26R_03	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: ALBUTEROL
364	S8Q26R_04	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: ALUPENT
365	S8Q26R_05	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: ATROVENT
366	S8Q26R_06	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: AZMACORT
367	S8Q26R_07	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: BECLMETHASONE DIPROPIONATE
368	S8Q26R_08	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: BECLOVENT
369	S8Q26R_09	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: BITOLTEROL
370	S8Q26R_10	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: BRETHAIRE
371	S8Q26R_11	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: BUDESONIDE
372	S8Q26R_12	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: COMBIVENT
373	S8Q26R_13	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: CROMOLYN
374	S8Q26R_14	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: FLOVENT
375	S8Q26R_15	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: FLOVENT ROTADISK
376	S8Q26R_16	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: FLUNISOLIDE
377	S8Q26R_17	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: FLUTICASONE
378	S8Q26R_18	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: INTAL
379	S8Q26R_19	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: IPRATROPIUM BROMIDE
380	S8Q26R_20	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: MAXAIR
381	S8Q26R_21	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: METAPROTERANOL
382	S8Q26R_22	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: NEDOCROMIL
383	S8Q26R_23	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: PIRBUTEROL
384	S8Q26R_24	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: PROVENTIL
385	S8Q26R_25	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: PULMICORT TURBUHALER
386	S8Q26R_26	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: SALMETEROL
387	S8Q26R_27	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: SEREVENT
388	S8Q26R_28	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: TERBUTALINE
389	S8Q26R_29	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: TILADE
390	S8Q26R_30	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: TORNALATE
391	S8Q26R_31	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: TRIAMCINOLONE ACETONIDE
392	S8Q26R_32	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: VANCERIL
393	S8Q26R_33	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: VENTOLIN
394	S8Q26R_34	Num	8	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: [OTHER INHALER]
395	S8Q27R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN ANY MEDICINE IN PILL FORM FOR [YOUR/HIS/HER] ASTHMA?

Asthma Four State Interview File Variables

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----Variables Ordered by Position----

#	Variable	Type	Len	Format	Label
396	S8Q28R_01	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ACCOLATE
397	S8Q28R_02	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: AEROLATE
398	S8Q28R_03	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ALBUTEROL
399	S8Q28R_04	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ALUPENT
400	S8Q28R_05	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: CHOLEDYL
401	S8Q28R_06	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: CROMOLYN
402	S8Q28R_07	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: DELTASONE
403	S8Q28R_08	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ELIXOPHYLLIN
404	S8Q28R_09	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: INTAL
405	S8Q28R_10	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: MARAX
406	S8Q28R_11	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: MEDROL
407	S8Q28R_12	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: METAPREL
408	S8Q28R_13	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: METAPROTERONOL
409	S8Q28R_14	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: METHYLPREDINISOLONE
410	S8Q28R_15	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: MONTELUKAST
411	S8Q28R_16	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: NEDOCROMIL
412	S8Q28R_17	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: PEDIAPRED
413	S8Q28R_18	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: PREDNISOLONE
414	S8Q28R_19	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: PREDNISONONE
415	S8Q28R_20	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: PRELONE
416	S8Q28R_21	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: PROVENTIL
417	S8Q28R_22	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: QUIBRON
418	S8Q28R_23	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: RESPID
419	S8Q28R_24	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: SINGULAIR
420	S8Q28R_25	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: SLO-PHYLLIN
421	S8Q28R_26	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: SLO-BID
422	S8Q28R_27	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: SUSTAIRE
423	S8Q28R_28	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEO-24
424	S8Q28R_29	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOBIID
425	S8Q28R_30	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOCHRON
426	S8Q28R_31	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOCLEAR
427	S8Q28R_32	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEODUR
428	S8Q28R_33	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEO-DUR
429	S8Q28R_34	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOLAIR
430	S8Q28R_35	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOPHYLLINE
431	S8Q28R_36	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEO-SAV
432	S8Q28R_37	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOSPAN
433	S8Q28R_38	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOX
434	S8Q28R_39	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: TILADE
435	S8Q28R_40	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: T-PHYL
436	S8Q28R_41	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: UNIDUR
437	S8Q28R_42	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: UNIPHYL
438	S8Q28R_43	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: VENTOLIN
439	S8Q28R_44	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: VOLMAX
440	S8Q28R_45	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ZAFIRLUKAST
441	S8Q28R_46	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ZILEUTON
442	S8Q28R_47	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ZYFLO FILMTAB
443	S8Q28R_48	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: OTHER PILL TAKEN
444	S8Q29R	Char	100	\$VERB.	OTHER PILL SPECIFIED
445	POTHER_29_1	Num	8		Cough/cold medication
446	POTHER_29_2	Num	8		Allergy medication
447	POTHER_29_3	Num	8		Other medication (not cold/cough/allergy)
448	POTHER_29_4	Num	8		Prescription asthma medication, but not a pill
449	POTHER_29_5	Num	8		Unidentifiable word or not a medication
450	POTHER_29_6	Num	8		Back code verbatim to value indicated
451	POTHER_29_7	Num	8		Over the counter asthma pill
452	POTHER_29_8	Num	8		Valid asthma prescription pill
453	POTHER_29_96	Num	8		Don't know
454	S8Q30R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ACCOLATE OR ZAFIRLUKAST, ZYFLO FLIMTAB OR ZILEUTON, SINGULAIR OR MONTELUKAST?
455	S8Q31R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE INTAL OR CROMOLYN, TILADE OR NEDOCROMIL?
456	S8Q32R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE MEDROL, METHYLPREDINISOLONE, DELTASONE, PREDNISONONE, PEDIAPRED, PRELONE, OR PREDNISOLONE?

Asthma Four State Interview File Variables

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----Variables Ordered by Position----

#	Variable	Type	Len	Format	Label
457	S8Q33R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PROVENTIL, VENTOLIN, VOLMAX OR ALBUTEROL, ALUPENT, METAPREL OR METAPROTERONOL?
458	S8Q34R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE THEOPHYLLINE/ELIXOPHYLLIN/THEO-DUR/CHOLEDYL/THEO-SAV/THEOSPAN/THEOCLEAR/T-PHYL/THEODUR/UNIDUR/UNIPHYL/AEROLATE/THEOX/MARAX/
459	S8Q35R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE A MEDICATION IN PILL FORM THAT WE HAVE NOT MENTIONED?
460	S8Q36R	Char	50	\$VERB.	WILL YOU PLEASE TELL ME WHAT THAT MEDICATION WAS?
461	S8Q37R_01	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ACCOLATE?
462	S8Q37R_02	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING AEROLATE?
463	S8Q37R_03	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ALBUTEROL?
464	S8Q37R_04	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ALUPENT?
465	S8Q37R_05	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING CHOLEDYL?
466	S8Q37R_06	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING CROMOLYN?
467	S8Q37R_07	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING DELTASONE?
468	S8Q37R_08	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ELIXOPHYLLIN?
469	S8Q37R_09	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING INTAL?
470	S8Q37R_10	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING MARAX?
471	S8Q37R_11	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING MEDROL?
472	S8Q37R_12	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING METAPREL?
473	S8Q37R_13	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING METAPROTERONOL?
474	S8Q37R_14	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING METHYLPREDNISOLONE?
475	S8Q37R_15	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING MONTELUKAST?
476	S8Q37R_16	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING NEDOCROMIL?
477	S8Q37R_17	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PEDIAPRED?
478	S8Q37R_18	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PREDNISOLONE?
479	S8Q37R_19	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PREDNISONE?
480	S8Q37R_20	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PRELONE?
481	S8Q37R_21	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PROVENTIL?
482	S8Q37R_22	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING QUIBRON?
483	S8Q37R_23	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING RESPID?
484	S8Q37R_24	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING SINGULAIR?
485	S8Q37R_25	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING SLO-PHYLLIN?
486	S8Q37R_26	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING SLO-BID?
487	S8Q37R_27	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING SUSTAIRE?
488	S8Q37R_28	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEO-24?
489	S8Q37R_29	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOBDID?
490	S8Q37R_30	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOCHRON?
491	S8Q37R_31	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOCLEAR?
492	S8Q37R_32	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEODUR?
493	S8Q37R_33	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEO-DUR?
494	S8Q37R_34	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOLAIR?
495	S8Q37R_35	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOPHYLLINE?
496	S8Q37R_36	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEO-SAV?
497	S8Q37R_37	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOSPAN?
498	S8Q37R_38	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOX?
499	S8Q37R_39	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING TILADE?
500	S8Q37R_40	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING T-PHYL?
501	S8Q37R_41	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING UNIDUR?
502	S8Q37R_42	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING UNIPHYL?
503	S8Q37R_43	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING VENTOLIN?
504	S8Q37R_44	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING VOLMAX?
505	S8Q37R_45	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ZAFIRLUKAST?
506	S8Q37R_46	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ZILEUTON?
507	S8Q37R_47	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ZYFLO FILMTAB?
508	S8Q37R_48	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING [OTHER PILL]?
509	S8Q38R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN PRESCRIPTION MEDICINE IN SYRUP FORM?
510	S8Q39R_01	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: AEROLATE
511	S8Q39R_02	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: ALBUTEROL
512	S8Q39R_03	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: ALUPENT
513	S8Q39R_04	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: METAPROTERONOL
514	S8Q39R_05	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: PREDNISOLONE
515	S8Q39R_06	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: PRELONE
516	S8Q39R_07	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: PROVENTIL
517	S8Q39R_08	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: SLO-PHYLLIN
518	S8Q39R_09	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: THEOPHYLLINE
519	S8Q39R_10	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: VENTOLIN
520	S8Q39R_11	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: OTHER SYRUP TAKEN
521	S8Q40R	Char	100	\$VERB.	OTHER SYRUP SPECIFIED
522	SOTHER_40_1	Num	8		Cough/cold medication
523	SOTHER_40_2	Num	8		Allergy medication

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#	Variable	Type	Len	Format	Label
524	SOTHER_40_3	Num	8		Other medication (not cold/cough/allergy)
525	SOTHER_40_4	Num	8		Prescription asthma medication, but not a syrup
526	SOTHER_40_5	Num	8		Unidentifiable word or not a medication
527	SOTHER_40_6	Num	8		Back code verbatim to value indicated
528	SOTHER_40_7	Num	8		Over the counter asthma syrup
529	SOTHER_40_8	Num	8		Valid asthma prescription syrup
530	SOTHER_40_96	Num	8		Don't know
531	S8Q41R	Num	8	YESNOF.	WHICH OF THESE PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP? ALUPENT OR METAPROTERONOL?
532	S8Q42R	Num	8	YESNOF.	WHICH OF THESE PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP? VENTOLIN OR PROVENTIL OR ALBUTEROL?
533	S8Q43R	Num	8	YESNOF.	WHICH OF THESE PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP? AEROLATE, SLO-PHYLLIN, OR THEOPHYLLINE?
534	S8Q44R	Num	8	YESNOF.	WHICH OF THESE PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP? PRELONE OR PREDNISOLONE?
535	S8Q45R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE A MEDICATION IN SYRUP FORM THAT WE HAVE NOT MENTIONED?
536	S8Q46R	Char	50	\$VERB.	WILL YOU PLEASE TELL ME WHAT THAT MEDICATION WAS?
537	S8Q47R	Num	8	YESNOF.	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/[THE [AGE] YEAR OLD/NAME]'S} ASTHMA MEDICINES USED WITH A NEBULIZER?
538	S8Q48R_01	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: ALBUTEROL
539	S8Q48R_02	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: ALUPENT
540	S8Q48R_03	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: CROMOLYN
541	S8Q48R_04	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: INTAL
542	S8Q48R_05	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: METAPROTERONOL
543	S8Q48R_06	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: PROVENTIL
544	S8Q48R_07	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: VENTOLIN
545	S8Q48R_08	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: OTHER NEBULIZER
546	S8Q49R	Char	100	\$VERB.	OTHER NEBULIZER SPECIFIED
547	NOTHER_49_1	Num	8		Cough/cold medication
548	NOTHER_49_2	Num	8		Allergy medication
549	NOTHER_49_3	Num	8		Other medication (not cold/cough/allergy)
550	NOTHER_49_4	Num	8		Prescriptoin asthma medication, but not an nebulizer
551	NOTHER_49_5	Num	8		Unidentifiable word or not a medication
552	NOTHER_49_6	Num	8		Back code verbatim to value indicated
553	NOTHER_49_7	Num	8		Over the counter asthma nebulizer
554	NOTHER_49_8	Num	8		Valid asthma prescription nebulizer
555	NOTHER_49_96	Num	8		Don't know
556	S8Q50R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHICH OF THESE PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER? ALUPENT OR METAPROTERONOL?
557	S8Q51R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHICH OF THESE PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER? VENTOLIN, PROVENTIL OR ALBUTEROL?
558	S8Q52R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHICH OF THESE PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER? INTAL OR CROMOLYN?
559	S8Q53R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE A MEDICATION USING A NEBULIZER THAT WE HAVE NOT MENTIONED?
560	S8Q54R	Char	50	\$VERB.	WILL YOU PLEASE TELL ME WHAT THAT MEDICATION WAS?
561	S9Q3	Num	8	YESNOF.	WERE EITHER OF (YOUR/THE [AGE] YEAR OLD'S) BIOLOGICAL PARENTS EVER TOLD THEY HAVE ASTHMA?
562	S9Q4	Num	8	PR_ASF.	WERE EITHER OF (YOUR/THE [AGE] YEAR OLD'S) BIOLOGICAL PARENTS EVER TOLD THEY HAVE ASTHMA: WHO?
563	SIBASTH	Num	8	CSA.	DO YOU HAVE ANY SIBLINGS AND WHAT IS THEIR ASTHMA STATUS?

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#	Variable	Type	Len	Format	Label
564	S9Q9	Num	8	YESNOF.	WERE ANY OF (YOUR/THE [AGE] YEAR OLD'S) BIOLOGICAL GRANDPARENTS EVER TOLD THEY HAD ASTHMA?
565	S9Q10_01	Num	8	YESNOF.	WHICH OF (YOUR/THE [AGE] YEAR OLD'S) BIOLOGICAL GRANDPARENTS WERE TOLD THEY HAD ASTHMA: MOTHER'S MOTHER
566	S9Q10_02	Num	8	YESNOF.	WHICH OF (YOUR/THE [AGE] YEAR OLD'S) BIOLOGICAL GRANDPARENTS WERE TOLD THEY HAD ASTHMA: MOTHER'S FATHER
567	S9Q10_03	Num	8	YESNOF.	WHICH OF (YOUR/THE [AGE] YEAR OLD'S) BIOLOGICAL GRANDPARENTS WERE TOLD THEY HAD ASTHMA: FATHER'S MOTHER
568	S9Q10_04	Num	8	YESNOF.	WHICH OF (YOUR/THE [AGE] YEAR OLD'S) BIOLOGICAL GRANDPARENTS WERE TOLD THEY HAD ASTHMA: FATHER'S FATHER
569	POST_ ADULT_INT	Num	8		POST-STRATIFIED, ADJUSTED ADULT INTERVIEW WEIGHT
570	POST_ CHILD_INT	Num	8		POST-STRATIFIED, ADJUSTED CHILD INTERVIEW WEIGHT
571	WEIGHT_INT	Num	8		POST-STRATIFIED, ADJUSTED PERSON LEVEL INTERVIEW WEIGHT