

Asthma National Interview File Variables  
In Variable Position Order

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Data Set Name:	DATA.ASTHMA_NATIONAL_FORMATTED	Observations:	8621
Member Type:	DATA	Variables:	599
Engine:	V8	Indexes:	0
Created:	15:09 Friday, September 23, 2005	Observation Length:	5328
Last Modified:	15:09 Friday, September 23, 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:	2882
First Data Page:	8
Max Obs per Page:	3
Obs in First Data Page:	1
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Release Created:	8.0202MO
Host Created:	WIN_PRO

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

# Variable	Type	Len	Format	Label
1 IDNUMR	Char	6		HOUSEHOLD ID NUMBER
2 BESTINCOME	Num	8	BINCOME.	Derived. Best Income Grouped
3 ROSTER10	Num	8	ROSTER.	PLEASE TELL ME HOW MANY PEOPLE OF ALL AGES LIVE IN YOUR HOUSEHOLD. TOP CODED AT 10+
4 SPANISH	Num	8	SPANISH.	CATI FLAG. CASE PLACED IN SPANISH QUEUE
5 MSA_STAT	Num	8	MSASTAT.	Metropolitan Statistical Area
6 S2Q5G1	Num	8	S2Q5GA.	PLEASE TELL ME {YOUR AGE/THE AGE OF [HH MEMBER]}. GROUPING 1
7 S2Q5G2	Num	8	S2Q5GB.	PLEASE TELL ME {YOUR AGE/THE AGE OF [HH MEMBER]}. GROUPING 2
8 S2Q5G3	Num	8	S2Q5GC.	PLEASE TELL ME {YOUR AGE/THE AGE OF [HH MEMBER]}. GROUPING 3
9 S2Q5R	Num	8	S2Q5R.	PLEASE TELL ME {YOUR AGE/THE AGE OF [HH MEMBER]}. TOP CODED AT 85+
10 AGECAT	Num	8	AGECATF.	WOULD YOU PLEASE TELL ME IF (YOU ARE/THE [SELECTED PERSON] IS) 18 YEARS OF AGE OR OLDER?
11 AGECAT_K	Num	8	AGE_KF.	WOULD YOU SAY THAT THE [SELECTED PERSON] IS 0 TO 5, 6 TO 11, OR 12 TO 17 YEARS OF AGE?
12 AGECAT_A	Num	8	AGE_AF.	WOULD YOU SAY THAT (YOU ARE/THE [SELECTED PERSON] IS) 18 TO 24, 25 TO 34, 35 TO 44, 45 TO 54, 55 TO 64, OR 65 OR OLDER?
13 S2Q6	Num	8	SEXF.	{ARE YOU/IS THE [(AGE) YEAR OLD]} MALE OR FEMALE?
14 RACE_MAIN	Num	8	RACEM.	DERIVED. RACE CLASSIFICATION
15 HISPANIC_DERIVED	Num	8	HISPF.	DERIVED. HISPANIC ORIGIN OF HOUSEHOLD MEMBER
16 EDUCATION	Num	8	EDA.	WHAT IS THE HIGHEST LEVEL OF SCHOOL THAT YOU COMPLETED?
17 EDUCATION2	Num	8	EDB.	WHAT IS THE HIGHEST LEVEL OF SCHOOL THAT YOU COMPLETED?
18 BRTHWHT5	Num	8	BRTH_GRF.	DERIVED. CHILDS BIRTHWEIGHT IN GRAMS (TOP AND BOTTOM CODED)
19 S2Q17	Num	8	YESNOF.	AT BIRTH, DID [THE [AGE] YEAR OLD/NAME] WEIGH LESS THAN 5 1/2 POUNDS?
20 BMICLASSC	Num	8	BMIC.	Derived. BMI for age classification for sample child
21 BMICLASSA	Num	8	BMAI.	Derived. BMI for sample adult
22 HEIGHTR	Num	8		DERIVED. RESPONDENT HEIGHT IN INCHES (TOP AND BOTTOM CODED)
23 HGHT_FLG	Num	8		FLAG INDICATING HEIGHT WAS EITHER TOP OR BOTTOM CODED
24 WEIGHTR	Num	8		DERIVED. RESPONDENT WEIGHT IN POUNDS (TOP AND BOTTOM CODED)
25 WGHT_FLG	Num	8		FLAG INDICATING WEIGHT WAS EITHER TOP OR BOTTOM CODED
26 COMPLETE_STATUS	Num	8	COMP_ST.	DERIVED. SCREENER AND INTERVIEW COMPLETE STATUS
27 LTR	Num	8	LTRF.	ADVANCE LETTER MAILED TO THIS HOUSEHOLD
28 R_ASTHMX01	Num	8	YESNOF.	(HAVE YOU/HAS THE [SELECTED PERSON] IN YOUR HOUSEHOLD) EVER BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU HAVE/(HE OR SHE HAS)} ASTHMA?
29 S3Q2	Num	8	YESNOF.	(DO YOU/DOES HE/DOES SHE) STILL HAVE ASTHMA?
30 FLG_PROXY	Num	8	PROX.	DERIVED. INTERVIEW DONE BY PROXY BECAUSE OF ILLNESS
31 S3Q6B	Num	8	PROXREL.	WHAT IS YOUR RELATIONSHIP TO [THE [AGE] YEAR OLD/NAME]? [PROXY - ALL]
32 S3Q6	Num	8	RLTNF.	WHAT IS YOUR RELATIONSHIP TO [THE [AGE] YEAR OLD/NAME] WHO LIVES IN THE HOUSEHOLD? [MOST KNOWLEDGEABLE ADULT]
33 S3Q7	Num	8	YESNOF.	{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?
34 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
35 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
36 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
37 S3Q8R	Num	8	S2Q5R.	HOW OLD WERE YOU WHEN FIRST TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU/HE/SHE} HAD ASTHMA? TOP CODED AT 85+
38 S3Q9	Num	8	YESNOF.	{DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} STILL HAVE ASTHMA?
39 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?
40 S3Q11	Num	8	WHENF.	HOW LONG HAS IT BEEN SINCE {YOU/[THE [AGE] YEAR OLD/NAME]} LAST TOOK ASTHMA MEDICATION?
41 S3Q12	Num	8	WHENF.	HOW LONG HAS IT BEEN SINCE {YOU/[THE [AGE] YEAR OLD/NAME]} LAST HAD ANY SYMPTOMS OF ASTHMA?
42 FLG_ASTHMA	Num	8	FLGASTHM.	DERIVED. SOURCE OF ASTHMA STATUS REPORT
43 ASTHSTAT	Num	8	YESNOAF.	DERIVED. ASTHMA STATUS OF HOUSEHOLD MEMBER
44 LTASTHM	Num	8	BRFSS1F.	DERIVED. RISK FACTOR FOR LIFETIME ASTHMA PREVALENCE BASED ON BRFS RULES
45 ASTATUS1	Num	8	A1STAT.	DERIVED. CURRENT ASTHMA STATUS OF HOUSEHOLD MEMBER BASED ON SELF-IDENTIFICATION
46 CASTHMA	Num	8	BRFSS1F.	DERIVED. RISK FACTOR FOR CURRENT ASTHMA PREVALENCE BASED ON BRFS RULES
47 ASTHMST	Num	8	BRFSS2F.	DERIVED. COMPUTED ASTHMA STATUS BASED ON BRFS RULES
48 ASTATUS2	Num	8	A2STAT.	DERIVED. CURRENT ASTHMA STATUS OF HOUSEHOLD MEMBER BASED ON SELF-REPORTED BEHAVIORS
49 FLG_TYPE	Num	8	INTTYPE.	DERIVED. EXPECTED TYPE OF INTERVIEW. BASED ON RELATIONSHIP OF PERSON WHO ANSWERED PHONE TO SAMPLED RESPONDENT
50 S4Q1	Num	8	DAYS30F.	DURING THE PAST 30 DAYS, HOW MANY DAYS DID {YOU/[THE [AGE] YEAR OLD/NAME]} HAVE ANY SYMPTOMS OF ASTHMA?
51 S4Q2	Num	8	YESNOF.	{DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} HAVE SYMPTOMS ALL THE TIME?
52 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?
53 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?
54 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?
55 S4Q6	Num	8	N100F.	DURING THE PAST THREE MONTHS, HOW MANY ASTHMA EPISODES OR ATTACKS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} HAD?
56 S4Q7	Num	8	N60F.	HOW LONG DID {YOUR/[THE [AGE] YEAR OLD/NAME]'S} MOST RECENT ASTHMA EPISODE OR ATTACK LAST? (AMOUNT)
57 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)
58 S4Q9	Num	8	SHORTF.	COMPARED WITH OTHER EPISODES OR ATTACKS, WAS THIS MOST RECENT ATTACK SHORTER, LONGER, OR ABOUT THE SAME?

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#	Variable	Type	Len	Format	Label
59	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?
60	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?
61	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?
62	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?
63	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?
64	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?
65	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.
66	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?
67	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?
68	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?
69	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?
70	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?
71	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?
72	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?
73	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?
74	S6Q4	Num	8	YESNOF.	HAS A DOCTOR OR OTHER HEALTH PROFESSIONAL EVER GIVEN {YOU/NAME/NAME}'S PARENT OR GUARDIAN} AN ASTHMA MANAGEMENT PLAN?
75	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?
76	S7Q1	Num	8	YESNOF.	IS AN AIR CLEANER OR PURIFIER REGULARLY USED INSIDE YOUR HOME?
77	S7Q2	Num	8	YESNOF.	IS A DEHUMIDIFIER REGULARLY USED TO REDUCE MOISTURE INSIDE YOUR HOME?
78	S7Q3	Num	8	YESNOF.	IS AN EXHAUST FAN THAT VENTS TO THE OUTSIDE USED REGULARLY WHEN COOKING IN YOUR KITCHEN?
79	S7Q4	Num	8	YESNOF.	IS GAS USED FOR COOKING?
80	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.
81	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?
82	S7Q7	Num	8	YESNOF.	IN THE PAST 30 DAYS, HAS ANYONE SEEN COCKROACHES INSIDE YOUR HOME?
83	S7Q8	Num	8	YESNOF.	IS A FIREPLACE OR WOOD BURNING STOVE USED IN YOUR HOME?
84	S7Q9	Num	8	YESNOF.	ARE UNVENTED GAS LOGS, AN UNVENTED GAS FIREPLACE, OR AN UNVENTED GAS STOVE USED IN YOUR HOME?
85	S7Q10	Num	8	YESNOF.	IN THE PAST WEEK, HAS ANYONE SMOKED INSIDE YOUR HOME?
86	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?
87	S7Q12	Num	8	YESNOF.	{DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A MATTRESS COVER THAT IS MADE ESPECIALLY FOR CONTROLLING DUST MITES?
88	S7Q13	Num	8	YESNOF.	{DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A PILLOW COVER THAT IS MADE ESPECIALLY FOR CONTROLLING DUST MITES?
89	S7Q14	Num	8	YESNOF.	DO YOU HAVE CARPETING OR RUGS IN {YOUR/[THE [AGE] YEAR OLD/NAME]'S} BEDROOM?
90	S7Q15	Num	8	WATERF.	ARE {YOUR/[THE [AGE] YEAR OLD/NAME]'S} SHEETS AND PILLOW CASES WASHED IN COLD, WARM, OR HOT WATER?
91	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?
92	S7Q17	Num	8	PETROOM.	IS THE PET ALLOWED IN {YOUR/[THE [AGE] YEAR OLD/NAME]'S} BEDROOM?
93	S7Q18	Num	8	YESNOF.	HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR ENTIRE LIFE?
94	S7Q19	Num	8	SMOKEF.	DO YOU NOW SMOKE CIGARETTES EVERY DAY, SOME DAYS, OR NOT AT ALL?
95	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:
96	S7Q21	Num	8	YESNOF.	WAS YOUR ASTHMA CAUSED OR MADE WORSE BY CHEMICALS, SMOKE, FUMES OR DUST IN ANY JOB YOU EVER HAD?
97	S7Q22	Num	8	UNEMPLF.	WHAT IS THE MAIN REASON YOU ARE NOT EMPLOYED?
98	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?
99	S8Q2	Num	8	YESNOF.	{HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} EVER USED A PRESCRIPTION INHALER?
100	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?
101	S8Q4	Num	8	SCR1MD.	ARE {YOUR/[THE [AGE] YEAR OLD/NAME]'S} ASTHMA MEDICINES HANDY?
102	S8Q5	Num	8	YESNOF.	CAN YOU PLEASE GO GET THE ASTHMA MEDICINES WHILE I WAIT ON THE PHONE?
103	S8Q6	Num	8	SCR3MD.	AM I CORRECT THAT YOU HAVE ALL THE MEDICATIONS?
104	S8Q7R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN PRESCRIPTION ASTHMA MEDICINE USING AN INHALER?
105	S8Q8R_01	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: ADVAIR

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#	Variable	Type	Len	Format	Label
106	S808R_02	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: AEROBID
107	S808R_03	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: ALBUTEROL
108	S808R_04	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: ALUPENT
109	S808R_05	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: ATROVENT
110	S808R_06	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: AZMACORT
111	S808R_07	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: BECLOMETHASONE DIPROPIONATE
112	S808R_08	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: BECLOVENT
113	S808R_09	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: BITOLTEROL
114	S808R_10	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: BRETHAIRE
115	S808R_11	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: BUDESONIDE
116	S808R_12	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: COMBIVENT
117	S808R_13	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: CROMOLYN
118	S808R_14	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: FLOVENT
119	S808R_15	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: FLOVENT ROTADISK
120	S808R_16	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: FLUNISOLIDE
121	S808R_17	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: FLUTICASONE
122	S808R_18	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: INTAL
123	S808R_19	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: IPRATROPIUM BROMIDE
124	S808R_20	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: MAXAIR
125	S808R_21	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: METAPROTERONOL
126	S808R_22	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: NEDOCROMIL
127	S808R_23	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: PIRBUTEROL
128	S808R_24	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: PROVENTIL
129	S808R_25	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: PULMICORT TURBUHALER
130	S808R_26	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: SALMETEROL
131	S808R_27	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: SEREVENT
132	S808R_28	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: TERBUTALINE
133	S808R_29	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: TILADE
134	S808R_30	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: TORNALATE
135	S808R_31	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: TRIAMCINOLONE ACETONIDE
136	S808R_32	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: VANCERIL
137	S808R_33	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: VENTOLIN
138	S808R_34	Num	8	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: OTHER INHALER USED
139	S808R_34A	Char	100	\$VERB.	OTHER INHALER SPECIFIED
140	IOTHER_34A_1	Num	8		Cough/cold medication
141	IOTHER_34A_2	Num	8		Allergy medication
142	IOTHER_34A_3	Num	8		Other medication (not cold/cough/allergy)
143	IOTHER_34A_4	Num	8		Prescription asthma medication, but not an inhaler
144	IOTHER_34A_5	Num	8		Unidentifiable word or not a medication
145	IOTHER_34A_6	Num	8		Back code verbatim to value indicated
146	IOTHER_34A_7	Num	8		Over the counter asthma inhaler
147	IOTHER_34A_8	Num	8		Valid asthma prescription inhaler
148	IOTHER_34A_96	Num	8		Don't know
149	S809R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE FLOVENT OR FLOVENT ROTADISK USING AN INHALER?
150	S8Q10R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BECLOVENT, VANCERIL, BECLOMETHASONE DIPROPIONATE, PULMICORT TURBUHALER, BUDESONIDE, AEROBID, FLUNISOLIDE, AZMACORT OR TRIAMCINOLONE ACETONIDE?
151	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?
152	S8Q12R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE INTAL, CROMOLYN, TILADE, OR NEDOCROMIL?
153	S8Q13R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ATROVENT OR IPRATROPIUM BROMIDE?
154	S8Q14R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE A MEDICATION BY INHALER THAT WE HAVE NOT MENTIONED?
155	S8Q15R	Char	50	\$VERB.	WILL YOU PLEASE TELL ME WHAT THAT MEDICATION WAS?
156	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?
157	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?
158	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?
159	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?

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# Variable	Type	Len	Format	Label
160 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?
161 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?
162 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?
163 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?
164 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?
165 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?
166 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?
167 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?
168 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?
169 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?
170 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?
171 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?
172 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?
173 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?
174 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?
175 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?
176 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?
177 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?
178 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?
179 S8Q16R_24	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PROVENTIL? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
180 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?
181 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?
182 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?
183 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?
184 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?
185 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?
186 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?
187 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?
188 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?
189 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?
190 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?
191 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?
192 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?
193 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?
194 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?

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#	Variable	Type	Len	Format	Label
195	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?
196	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?
197	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?
198	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?
199	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?
200	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?
201	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?
202	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?
203	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?
204	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?
205	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?
206	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?
207	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?
208	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?
209	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?
210	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?
211	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?
212	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?
213	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?
214	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?
215	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?
216	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?
217	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?
218	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?
219	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?
220	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?
221	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?
222	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?
223	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]?
224	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?
225	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?
226	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?
227	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?
228	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?
229	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?

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#	Variable	Type	Len	Format	Label
230	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?
231	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?
232	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?
233	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?
234	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?
235	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?
236	S8Q19R_03	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ALBUTEROL BEFORE EXERCISING?
237	S8Q19R_04	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ALUPENT BEFORE EXERCISING?
238	S8Q19R_09	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BITOLTEROL BEFORE EXERCISING?
239	S8Q19R_10	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BRETHAIRE BEFORE EXERCISING?
240	S8Q19R_20	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE MAXAIR BEFORE EXERCISING?
241	S8Q19R_21	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE METAPROTERONOL BEFORE EXERCISING?
242	S8Q19R_23	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PIRBUTEROL BEFORE EXERCISING?
243	S8Q19R_24	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PROVENTIL BEFORE EXERCISING?
244	S8Q19R_28	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE TERBUTALINE BEFORE EXERCISING?
245	S8Q19R_30	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE TORNALATE BEFORE EXERCISING?
246	S8Q19R_33	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE VENTOLIN BEFORE EXERCISING?
247	S8Q19R_34	Num	8	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE [OTHER INHALER] BEFORE EXERCISING?
248	S8Q20R_03	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ALBUTEROL ON A REGULAR SCHEDULE EVERYDAY?
249	S8Q20R_04	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ALUPENT ON A REGULAR SCHEDULE EVERYDAY?
250	S8Q20R_09	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BITOLTEROL ON A REGULAR SCHEDULE EVERYDAY?
251	S8Q20R_10	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BRETHAIRE ON A REGULAR SCHEDULE EVERYDAY?
252	S8Q20R_20	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE MAXAIR ON A REGULAR SCHEDULE EVERYDAY?
253	S8Q20R_21	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE METAPROTERONOL ON A REGULAR SCHEDULE EVERYDAY?
254	S8Q20R_23	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PIRBUTEROL ON A REGULAR SCHEDULE EVERYDAY?
255	S8Q20R_24	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PROVENTIL ON A REGULAR SCHEDULE EVERYDAY?
256	S8Q20R_28	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE TERBUTALINE ON A REGULAR SCHEDULE EVERYDAY?
257	S8Q20R_30	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE TORNALATE ON A REGULAR SCHEDULE EVERYDAY?
258	S8Q20R_33	Num	8	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE VENTOLIN ON A REGULAR SCHEDULE EVERYDAY?
259	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?
260	S8Q21R_14	Num	8	DOSEF.	IS THE DOSAGE 44, 50, 100, 220, OR 250 MICROGRAMS FOR THE FLOVENT (FLOVENT)
261	S8Q21R_15	Num	8	DOSEF.	IS THE DOSAGE 44, 50, 100, 220, OR 250 MICROGRAMS FOR THE FLOVENT (FLOVENT ROTADISK)
262	S8Q21R_17	Num	8	DOSEF.	IS THE DOSAGE 44, 50, 100, 220, OR 250 MICROGRAMS FOR THE FLOVENT (FLUTICASONE)
263	S8Q21R_34	Num	8	DOSEF.	IS THE DOSAGE 44, 50, 100, 220, OR 250 MICROGRAMS FOR THE FLOVENT (DK SERIES FLOVENT)
264	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} ADAIR?
265	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?
266	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?
267	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?
268	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?
269	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?
270	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?
271	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?
272	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?
273	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?
274	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?
275	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?
276	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?
277	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?
278	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?

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#	Variable	Type	Len	Format	Label
279	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?
280	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?
281	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?
282	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?
283	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?
284	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?
285	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?
286	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?
287	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?
288	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?
289	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?
290	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?
291	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?
292	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?
293	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?
294	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?
295	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?
296	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?
297	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]?
298	S8Q24R_01	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ADVAIR? (AMOUNT)
299	S8Q24R_02	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE AEROBID? (AMOUNT)
300	S8Q24R_03	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ALBUTEROL? (AMOUNT)
301	S8Q24R_04	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ALUPENT? (AMOUNT)
302	S8Q24R_05	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ATROVENT? (AMOUNT)
303	S8Q24R_06	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE AZMACORT? (AMOUNT)
304	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)
305	S8Q24R_08	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BECLOVENT? (AMOUNT)
306	S8Q24R_09	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BITOLTEROL? (AMOUNT)
307	S8Q24R_10	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BRETHAIRE? (AMOUNT)
308	S8Q24R_11	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BUDESONIDE? (AMOUNT)
309	S8Q24R_12	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE COMBIVENT? (AMOUNT)
310	S8Q24R_13	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE CROMOLYN? (AMOUNT)
311	S8Q24R_14	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLOVENT? (AMOUNT)
312	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)
313	S8Q24R_16	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLUNISOLIDE? (AMOUNT)
314	S8Q24R_17	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLUTICASONE? (AMOUNT)
315	S8Q24R_18	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE INTAL? (AMOUNT)
316	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)
317	S8Q24R_20	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE MAXAIR? (AMOUNT)
318	S8Q24R_21	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE METAPROTERANOL? (AMOUNT)
319	S8Q24R_22	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE NEDOCROMIL? (AMOUNT)
320	S8Q24R_23	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE PIRBUTEROL? (AMOUNT)
321	S8Q24R_24	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE PROVENTIL? (AMOUNT)
322	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)
323	S8Q24R_26	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE SALMETEROL? (AMOUNT)
324	S8Q24R_27	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE SEREVENT? (AMOUNT)
325	S8Q24R_28	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TERBUTALINE? (AMOUNT)
326	S8Q24R_29	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TILADE? (AMOUNT)
327	S8Q24R_30	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TORNALATE? (AMOUNT)
328	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)
329	S8Q24R_32	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE VANCERIL? (AMOUNT)



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#	Variable	Type	Len	Format	Label
330	S8Q24R_33	Num	8	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE VENTOLIN? (AMOUNT)
331	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)
332	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)
333	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)
334	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)
335	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)
336	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)
337	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)
338	S8Q25R_07	Num	8	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BECLOMETHASONE DIPROPIONATE? (UNIT OF MEASURE)
339	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)
340	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)
341	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)
342	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)
343	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)
344	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)
345	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)
346	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)
347	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)
348	S8Q25R_17	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)
349	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)
350	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)
351	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)
352	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)
353	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)
354	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)
355	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)
356	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)
357	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)
358	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)
359	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)
360	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)
361	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)
362	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)
363	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)
364	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)
365	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)
366	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
367	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
368	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
369	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
370	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
371	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
372	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: BECLOMETHASONE DIPROPIONATE
373	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
374	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
375	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
376	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
377	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
378	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
379	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
380	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
381	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
382	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

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#	Variable	Type	Len	Format	Label
383	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
384	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
385	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
386	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
387	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
388	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
389	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
390	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
391	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
392	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
393	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
394	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
395	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
396	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
397	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
398	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
399	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]
400	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?
401	S8Q28R_01	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ACCOLATE
402	S8Q28R_02	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: AEROLATE
403	S8Q28R_03	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ALBUTEROL
404	S8Q28R_04	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ALUPENT
405	S8Q28R_05	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: CHOLEDYL
406	S8Q28R_06	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: CROMOLYN
407	S8Q28R_07	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: DELTASONE
408	S8Q28R_08	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ELIXOPHYLLIN
409	S8Q28R_09	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: INTAL
410	S8Q28R_10	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: MARAX
411	S8Q28R_11	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: MEDROL
412	S8Q28R_12	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: METAPREL
413	S8Q28R_13	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: METAPROTERANOL
414	S8Q28R_14	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: METHYLPREDINISOLONE
415	S8Q28R_15	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: MONTELUKAST
416	S8Q28R_16	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: NEDOCROMIL
417	S8Q28R_17	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: PEDIAPRED
418	S8Q28R_18	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: PREDNISOLONE
419	S8Q28R_19	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: PREDNISONE
420	S8Q28R_20	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: PRELONE
421	S8Q28R_21	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: PROVENTIL
422	S8Q28R_22	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: QUIBRON
423	S8Q28R_23	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: RESPID
424	S8Q28R_24	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: SINGULAIR
425	S8Q28R_25	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: SLO-PHYLLIN
426	S8Q28R_26	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: SLO-BID
427	S8Q28R_27	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: SUSTAIRE
428	S8Q28R_28	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEO-24
429	S8Q28R_29	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOBD
430	S8Q28R_30	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOCHRON
431	S8Q28R_31	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOCLEAR
432	S8Q28R_32	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEODUR
433	S8Q28R_33	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEO-DUR
434	S8Q28R_34	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOLAIR
435	S8Q28R_35	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOPHYLLINE
436	S8Q28R_36	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEO-SAV
437	S8Q28R_37	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOSPAN
438	S8Q28R_38	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOX

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#	Variable	Type	Len	Format	Label
439	S8Q28R_39	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: TILADE
440	S8Q28R_40	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: T-PHYL
441	S8Q28R_41	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: UNIDUR
442	S8Q28R_42	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: UNIPHYL
443	S8Q28R_43	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: VENTOLIN
444	S8Q28R_44	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: VOLMAX
445	S8Q28R_45	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ZAFIRLUKAST
446	S8Q28R_46	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ZILEUTON
447	S8Q28R_47	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ZYFLO FILMTAB
448	S8Q28R_48	Num	8	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: OTHER PILL TAKEN
449	S8Q29R	Char	100	\$VERB.	OTHER PILL SPECIFIED
450	POTHER_29_1	Num	8		Cough/cold medication
451	POTHER_29_2	Num	8		Allergy medication
452	POTHER_29_3	Num	8		Other medication (not cold/cough/allergy)
453	POTHER_29_4	Num	8		Prescription asthma medication, but not a pill
454	POTHER_29_5	Num	8		Unidentifiable word or not a medication
455	POTHER_29_6	Num	8		Back code verbatim to value indicated
456	POTHER_29_7	Num	8		Over the counter asthma pill
457	POTHER_29_8	Num	8		Valid asthma prescription pill
458	POTHER_29_96	Num	8		Don't know
459	S8Q30R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ACCOLATE OR ZAFIRLUKAST, ZYFLO FLINTAB OR ZILEUTON, SINGULAIR OR MONTELUKAST?
460	S8Q31R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE INTAL OR CROMOLYN, TILADE OR NEDOCROMIL?
461	S8Q32R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE MEDROL, METHYLPREDINISOLONE, DELTASONE, PREDNISONE, PEDIAPRED, PRELONE, OR PREDNISOLONE?
462	S8Q33R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PROVENTIL, VENTOLIN, VOLMAX OR ALBUTEROL, ALUPENT, METAPREL OR METAPROTERONOL?
463	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/
464	S8Q35R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE A MEDICATION IN PILL FORM THAT WE HAVE NOT MENTIONED?
465	S8Q36R	Char	50	\$VERB.	WILL YOU PLEASE TELL ME WHAT THAT MEDICATION WAS?
466	S8Q37R_01	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ACCOLATE?
467	S8Q37R_02	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING AEROLATE?
468	S8Q37R_03	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ALBUTEROL?
469	S8Q37R_04	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ALUPENT?
470	S8Q37R_05	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING CHOLEDYL?
471	S8Q37R_06	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING CROMOLYN?
472	S8Q37R_07	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING DELTASONE?
473	S8Q37R_08	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ELIXOPHYLLIN?
474	S8Q37R_09	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING INTAL?
475	S8Q37R_10	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING MARAX?
476	S8Q37R_11	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING MEDROL?
477	S8Q37R_12	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING METAPREL?
478	S8Q37R_13	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING METAPROTERONOL?
479	S8Q37R_14	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING METHYLPREDINISOLONE?
480	S8Q37R_15	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING MONTELUKAST?
481	S8Q37R_16	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING NEDOCROMIL?
482	S8Q37R_17	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PEDIAPRED?
483	S8Q37R_18	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PREDNISOLONE?
484	S8Q37R_19	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PREDNISONE?
485	S8Q37R_20	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PRELONE?
486	S8Q37R_21	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PROVENTIL?
487	S8Q37R_22	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING QUIBRON?
488	S8Q37R_23	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING RESPID?
489	S8Q37R_24	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING SINGULAIR?
490	S8Q37R_25	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING SLO-PHYLLIN?
491	S8Q37R_26	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING SLO-BID?
492	S8Q37R_27	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING SUSTAIRE?
493	S8Q37R_28	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEO-24?
494	S8Q37R_29	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOBID?
495	S8Q37R_30	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOCHRON?
496	S8Q37R_31	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOCLEAR?
497	S8Q37R_32	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEODUR?
498	S8Q37R_33	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEO-DUR?
499	S8Q37R_34	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOLAIR?
500	S8Q37R_35	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOPHYLLINE?
501	S8Q37R_36	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEO-SAV?
502	S8Q37R_37	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOSPAN?
503	S8Q37R_38	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOX?

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#	Variable	Type	Len	Format	Label
504	S8Q37R_39	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING TILADE?
505	S8Q37R_40	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING T-PHYL?
506	S8Q37R_41	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING UNIDUR?
507	S8Q37R_42	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING UNIPHYL?
508	S8Q37R_43	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING VENTOLIN?
509	S8Q37R_44	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING VOLMAX?
510	S8Q37R_45	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ZAFIRLUKAST?
511	S8Q37R_46	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ZILEUTON?
512	S8Q37R_47	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ZYFLO FILMTAB?
513	S8Q37R_48	Num	8	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING [OTHER PILL]?
514	S8Q38R	Num	8	YESNOF.	IN THE PAST 3 MONTHS, {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN PRESCRIPTION MEDICINE IN SYRUP FORM?
515	S8Q39R_01	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: AEROLATE
516	S8Q39R_02	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: ALBUTEROL
517	S8Q39R_03	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: ALUPENT
518	S8Q39R_04	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: METAPROTERONOL
519	S8Q39R_05	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: PREDNISOLONE
520	S8Q39R_06	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: PRELONE
521	S8Q39R_07	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: PROVENTIL
522	S8Q39R_08	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: SLO-PHYLLIN
523	S8Q39R_09	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: THEOPHYLLINE
524	S8Q39R_10	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: VENTOLIN
525	S8Q39R_11	Num	8	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: OTHER SYRUP TAKEN
526	S8Q40R	Char	100	\$VERB.	OTHER SYRUP SPECIFIED
527	SOTHER_40_1	Num	8		Cough/cold medication
528	SOTHER_40_2	Num	8		Allergy medication
529	SOTHER_40_3	Num	8		Other medication (not cold/cough/allergy)
530	SOTHER_40_4	Num	8		Prescription asthma medication, but not a syrup
531	SOTHER_40_5	Num	8		Unidentifiable word or not a medication
532	SOTHER_40_6	Num	8		Back code verbatim to value indicated
533	SOTHER_40_7	Num	8		Over the counter asthma syrup
534	SOTHER_40_8	Num	8		Valid asthma prescription syrup
535	SOTHER_40_96	Num	8		Don't know
536	S8Q41R	Num	8	YESNOF.	WHICH OF THESE PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP? ALUPENT OR METAPROTERONOL?
537	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?
538	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?
539	S8Q44R	Num	8	YESNOF.	WHICH OF THESE PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP? PRELONE OR PREDNISOLONE?
540	S8Q45R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE A MEDICATION IN SYRUP FORM THAT WE HAVE NOT MENTIONED?
541	S8Q46R	Char	50	\$VERB.	WILL YOU PLEASE TELL ME WHAT THAT MEDICATION WAS?
542	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?
543	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
544	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
545	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
546	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
547	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
548	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
549	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
550	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
551	S8Q49R	Char	100	\$VERB.	OTHER NEBULIZER SPECIFIED
552	NOTHER_49_1	Num	8		Cough/cold medication
553	NOTHER_49_2	Num	8		Allergy medication
554	NOTHER_49_3	Num	8		Other medication (not cold/cough/allergy)
555	NOTHER_49_4	Num	8		Prescriptoin asthma medication, but not an nebulizer
556	NOTHER_49_5	Num	8		Unidentifiable word or not a medication
557	NOTHER_49_6	Num	8		Back code verbatim to value indicated
558	NOTHER_49_7	Num	8		Over the counter asthma nebulizer
559	NOTHER_49_8	Num	8		Valid asthma prescription nebulizer

Asthma National Interview File Variables  
In Variable Position Order

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

#	Variable	Type	Len	Format	Label
560	NOTHER_49_96	Num	8		Don't know
561	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?
562	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?
563	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?
564	S8Q53R	Num	8	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE A MEDICATION USING A NEBULIZER THAT WE HAVE NOT MENTIONED?
565	S8Q54R	Char	50	\$VERB.	WILL YOU PLEASE TELL ME WHAT THAT MEDICATION WAS?
566	OTHRASHTH	Num	8	YESNOF.	BESIDES (YOU/[THE [AGE] YEAR OLD), HAS ANYONE ELSE IN YOUR HOUSEHOLD EVER BEEN TOLD BY A DOCTOR OR HEALTH PROFESSIONAL THAT THEY HAVE ASTHMA?
567	S9Q1	Num	8	N10F.	HOW MANY BIOLOGICAL BROTHERS (HAVE YOU/HAS THE [AGE] YEAR OLD) EVER HAD?
568	S9Q2	Num	8	N10F.	HOW MANY BIOLOGICAL SISTERS (HAVE YOU/HAS THE [AGE] YEAR OLD) EVER HAD?
569	S9Q3	Num	8	YESNOF.	WERE EITHER OF YOUR BIOLOGICAL PARENTS EVER TOLD THEY HAVE ASTHMA?
570	SIBASTH	Num	8	CSA.	DO YOU HAVE ANY SIBLINGS AND WHAT IS THEIR ASTHMA STATUS?
571	S9Q4	Num	8	PR_ASF.	WERE EITHER OF YOUR BIOLOGICAL PARENTS EVER TOLD THEY HAVE ASTHMA: WHO?
572	S9Q5	Num	8	YESNOF.	WAS YOUR BIOLOGICAL BROTHER EVER TOLD HE HAD ASTHMA?
573	S9Q6	Num	8	N10F.	HOW MANY OF YOUR BIOLOGICAL BROTHERS WERE EVER TOLD THEY HAD ASTHMA?
574	S9Q7	Num	8	YESNOF.	WAS YOUR BIOLOGICAL SISTER EVER TOLD THAT SHE HAD ASTHMA?
575	S9Q8	Num	8	N10F.	HOW MANY OF YOUR BIOLOGICAL SISTERS WERE EVER TOLD THEY HAD ASTHMA?
576	S9Q9	Num	8	YESNOF.	WERE ANY OF YOUR BIOLOGICAL GRANDPARENTS EVER TOLD THEY HAD ASTHMA?
577	S9Q10_01	Num	8	YESNOF.	WHICH OF YOUR BIOLOGICAL GRANDPARENTS WERE TOLD THEY HAD ASTHMA: MOTHER'S MOTHER
578	S9Q10_02	Num	8	YESNOF.	WHICH OF YOUR BIOLOGICAL GRANDPARENTS WERE TOLD THEY HAD ASTHMA: MOTHER'S FATHER
579	S9Q10_03	Num	8	YESNOF.	WHICH OF YOUR BIOLOGICAL GRANDPARENTS WERE TOLD THEY HAD ASTHMA: FATHER'S MOTHER
580	S9Q10_04	Num	8	YESNOF.	WHICH OF YOUR BIOLOGICAL GRANDPARENTS WERE TOLD THEY HAD ASTHMA: FATHER'S FATHER
581	S5Q1_AP	Num	8	YESNOF.	PROXY. DOES [THE [AGE] YEAR OLD/NAME] HAVE ANY KIND OF HEALTH CARE COVERAGE, INCLUDING HEALTH INSURANCE, PREPAID PLANS SUCH AS HMOS, OR GOVERNMENT PLANS SUCH AS MEDICARE?
582	S5Q1_BP	Num	8	YESNOF.	PROXY. DURING THE PAST 12 MONTHS, WAS THERE ANY TIME THAT [THE [AGE] YEAR OLD/NAME] DID NOT HAVE ANY HEALTH INSURANCE OR COVERAGE?
583	S7Q1P	Num	8	YESNOF.	PROXY. IS AN AIR CLEANER OR PURIFIER REGULARLY USED INSIDE YOUR HOME?
584	S7Q2P	Num	8	YESNOF.	PROXY. IS A DEHUMIDIFIER REGULARLY USED TO REDUCE MOISTURE INSIDE YOUR HOME?
585	S7Q3P	Num	8	YESNOF.	PROXY. IS AN EXHAUST FAN THAT VENTS TO THE OUTSIDE USED REGULARLY WHEN COOKING IN YOUR KITCHEN?
586	S7Q4P	Num	8	YESNOF.	PROXY. IS GAS USED FOR COOKING?
587	S7Q5P	Num	8	YESNOF.	PROXY. IN THE PAST 30 DAYS, HAS ANYONE SEEN OR SMELLED MOLD OR A MUSTY ODOR INSIDE YOUR HOME? DO NOT INCLUDE MOLD ON FOOD.
588	S7Q6P	Num	8	YESNOF.	PROXY. DOES YOUR HOUSEHOLD HAVE INDOOR PETS SUCH AS DOGS, CATS, HAMSTERS, BIRDS OR OTHER FEATHERED OR FURRY PETS THAT ARE KEPT INSIDE?
589	S7Q7P	Num	8	YESNOF.	PROXY. IN THE PAST 30 DAYS, HAS ANYONE SEEN COCKROACHES INSIDE YOUR HOME?
590	S7Q8P	Num	8	YESNOF.	PROXY. IS A FIREPLACE OR WOOD BURNING STOVE USED IN YOUR HOME?
591	S7Q9P	Num	8	YESNOF.	PROXY. ARE UNVENTED GAS LOGS, AN UNVENTED GAS FIREPLACE, OR AN UNVENTED GAS STOVE USED IN YOUR HOME?
592	S7Q10P	Num	8	YESNOF.	PROXY. IN THE PAST WEEK, HAS ANYONE SMOKED INSIDE YOUR HOME?
593	S7Q18P	Num	8	YESNOF.	PROXY. HAS THE [AGE] YEAR OLD SMOKED AT LEAST 100 CIGARETTES IN YOUR ENTIRE LIFE?
594	S7Q19P	Num	8	SMOKEF.	PROXY. DOES THE [AGE] YEAR OLD NOW SMOKE CIGARETTES EVERY DAY, SOME DAYS, OR NOT AT ALL?
595	S7Q20P	Num	8	EMPLOYF.	PROXY. WE ARE INTERESTED IN THINGS THAT AFFECT ASTHMA IN THE WORKPLACE. FIRST I'D LIKE TO ASK HOW YOU WOULD DESCRIBE [THE [AGE] YEAR OLD/NAME]'S CURRENT EMPLOYMENT STATUS. WOULD YOU SAY [THE [AGE] YEAR OLD/NAME] IS:
596	OTHRASHTP	Num	8	YESNOF.	PROXY. BESIDES [THE [AGE] YEAR OLD/NAME], HAS ANYONE ELSE IN YOUR HOUSEHOLD EVER BEEN TOLD BY A DOCTOR OR HEALTH PROFESSIONAL THAT THEY HAVE ASTHMA?
597	STRATUM	Num	8		IAP IDS COLLAPSED
598	POST_PR_INT	Num	8		POST-STRATIFIED ADJUSTED INTERVIEW WEIGHT FOR INTERVIEWS
599	POST_SR_INT	Num	8		POST-STRATIFIED ADJUSTED SELF-REPORT WEIGHT

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Data Set Name: DATA.ASTMHA_NATIONAL_FORMATTED      Observations:      8621
Member Type:  DATA                                Variables:          599
Engine:       V8                                    Indexes:           0
Created:      15:09 Friday, September 23, 2005      Observation Length: 5328
Last Modified: 15:09 Friday, September 23, 2005    Deleted Observations: 0
Protection:                                     Compressed:        NO
Data Set Type:                                   Sorted:            NO
Label:
    
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-----Engine/Host Dependent Information-----

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Data Set Page Size:      16384
Number of Data Set Pages: 2882
First Data Page:        8
Max Obs per Page:       3
Obs in First Data Page: 1
Number of Data Set Repairs: 0
File Name:               H:\Data\Asthma\National Final\PUF2\asthma_national_formatted.sas7bdat
Release Created:         8.0202MO
Host Created:            WIN_PRO
    
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-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Label
10	AGECAT	Num	8	64	AGECATF.	WOULD YOU PLEASE TELL ME IF (YOU ARE/THE [SELECTED PERSON] IS) 18 YEARS OF AGE OR OLDER?
12	AGECAT_A	Num	8	80	AGE_AF.	WOULD YOU SAY THAT (YOU ARE/THE [SELECTED PERSON] IS) 18 TO 24, 25 TO 34, 35 TO 44, 45 TO 54, 55 TO 64, OR 65 OR OLDER?
11	AGECAT_K	Num	8	72	AGE_KF.	WOULD YOU SAY THAT THE [SELECTED PERSON] IS 0 TO 5, 6 TO 11, OR 12 TO 17 YEARS OF AGE?
45	ASTATUS1	Num	8	344	A1STAT.	DERIVED. CURRENT ASTHMA STATUS OF HOUSEHOLD MEMBER BASED ON SELF-IDENTIFICATION
48	ASTATUS2	Num	8	368	A2STAT.	DERIVED. CURRENT ASTHMA STATUS OF HOUSEHOLD MEMBER BASED ON SELF-REPORTED BEHAVIORS
47	ASTHMST	Num	8	360	BRFSS2F.	DERIVED. COMPUTED ASTHMA STATUS BASED ON BRFS RULES
43	ASTHSTAT	Num	8	328	YESNOAF.	DERIVED. ASTHMA STATUS OF HOUSEHOLD MEMBER
2	BESTINCOME	Num	8	0	BINCOME.	Derived. Best Income Grouped
1						
21	BMICLASSA	Num	8	152	BMIA.	Derived. BMI for sample adult
20	BMICLASSC	Num	8	144	BMIC.	Derived. BMI for age classification for sample child
18	BRTHWHT5	Num	8	128	BRTH_GRF.	DERIVED. CHILDS BIRTHWEIGHT IN GRAMS (TOP AND BOTTOM CODED)
46	CASTHMA	Num	8	352	BRFSS1F.	DERIVED. RISK FACTOR FOR CURRENT ASTHMA PREVALENCE BASED ON BRFS RULES
26	COMPLETE_STATUS	Num	8	192	COMP_ST.	DERIVED. SCREENER AND INTERVIEW COMPLETE STATUS
16	EDUCATION	Num	8	112	EDA.	WHAT IS THE HIGHEST LEVEL OF SCHOOL THAT YOU COMPLETED?
17	EDUCATION2	Num	8	120	EDB.	WHAT IS THE HIGHEST LEVEL OF SCHOOL THAT YOU COMPLETED?
42	FLG_ASTHMA	Num	8	320	FLGASTHM.	DERIVED. SOURCE OF ASTHMA STATUS REPORT
30	FLG_PROXY	Num	8	224	PROX.	DERIVED. INTERVIEW DONE BY PROXY BECAUSE OF ILLNESS
49	FLG_TYPE	Num	8	376	INTTYPE.	DERIVED. EXPECTED TYPE OF INTERVIEW. BASED ON RELATIONSHIP OF PERSON WHO ANSWERED PHONE TO SAMPLED RESPONDENT
22	HEIGHTR	Num	8	160		DERIVED. RESPONDENT HEIGHT IN INCHES (TOP AND BOTTOM CODED)
23	HGHT_FLG	Num	8	168		FLAG INDICATING HEIGHT WAS EITHER TOP OR BOTTOM CODED
15	HISPANIC_DERIVED	Num	8	104	HISPF.	DERIVED. HISPANIC ORIGIN OF HOUSEHOLD MEMBER
1	IDNUMR	Char	6	4720		HOUSEHOLD ID NUMBER
140	IOTHER_34A_1	Num	8	1096		Cough/cold medication
141	IOTHER_34A_2	Num	8	1104		Allergy medication
142	IOTHER_34A_3	Num	8	1112		Other medication (not cold/cough/allergy)
143	IOTHER_34A_4	Num	8	1120		Prescription asthma medication, but not an inhaler
144	IOTHER_34A_5	Num	8	1128		Unidentifiable word or not a medication
145	IOTHER_34A_6	Num	8	1136		Back code verbatim to value indicated
146	IOTHER_34A_7	Num	8	1144		Over the counter asthma inhaler
147	IOTHER_34A_8	Num	8	1152		Valid asthma prescription inhaler
148	IOTHER_34A_96	Num	8	1160		Don't know
44	LTAsthM	Num	8	336	BRFSS1F.	DERIVED. RISK FACTOR FOR LIFETIME ASTHMA PREVALENCE BASED ON BRFS RULES
27	LTR	Num	8	200	LTRF.	ADVANCE LETTER MAILED TO THIS HOUSEHOLD
5	MSA_STAT	Num	8	24	MSASTAT.	Metropolitan Statistical Area
552	NOTHER_49_1	Num	8	4344		Cough/cold medication

Asthma National Interview File Variables  
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## -----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Label
553	NOTHER_49_2	Num	8	4352		Allergy medication
554	NOTHER_49_3	Num	8	4360		Other medication (not cold/cough/allergy)
555	NOTHER_49_4	Num	8	4368		Prescription asthma medication, but not an nebulizer
556	NOTHER_49_5	Num	8	4376		Unidentifiable word or not a medication
557	NOTHER_49_6	Num	8	4384		Back code verbatim to value indicated
558	NOTHER_49_7	Num	8	4392		Over the counter asthma nebulizer
559	NOTHER_49_8	Num	8	4400		Valid asthma prescription nebulizer
560	NOTHER_49_96	Num	8	4408		Don't know
566	OTHRASTH	Num	8	4448	YESNOF.	BESIDES (YOU/[THE [AGE] YEAR OLD]), HAS ANYONE ELSE IN YOUR HOUSEHOLD EVER BEEN TOLD BY A DOCTOR OR HEALTH PROFESSIONAL THAT THEY HAVE ASTHMA?
596	OTHRASTHP	Num	8	4688	YESNOF.	PROXY. BESIDES [THE [AGE] YEAR OLD/NAME], HAS ANYONE ELSE IN YOUR HOUSEHOLD EVER BEEN TOLD BY A DOCTOR OR HEALTH PROFESSIONAL THAT THEY HAVE ASTHMA?
598	POST_PR_INT	Num	8	4704		POST-STRATIFIED ADJUSTED INTERVIEW WEIGHT FOR INTERVIEWS
599	POST_SR_INT	Num	8	4712		POST-STRATIFIED ADJUSTED SELF-REPORT WEIGHT
450	POTHER_29_1	Num	8	3560		Cough/cold medication
451	POTHER_29_2	Num	8	3568		Allergy medication
452	POTHER_29_3	Num	8	3576		Other medication (not cold/cough/allergy)
453	POTHER_29_4	Num	8	3584		Prescription asthma medication, but not a pill
454	POTHER_29_5	Num	8	3592		Unidentifiable word or not a medication
455	POTHER_29_6	Num	8	3600		Back code verbatim to value indicated
456	POTHER_29_7	Num	8	3608		Over the counter asthma pill
457	POTHER_29_8	Num	8	3616		Valid asthma prescription pill
458	POTHER_29_96	Num	8	3624		Don't know
14	RACE_MAIN	Num	8	96	RACEM.	DERIVED. RACE CLASSIFICATION
3	ROSTER10	Num	8	8	ROSTER.	PLEASE TELL ME HOW MANY PEOPLE OF ALL AGES LIVE IN YOUR HOUSEHOLD. TOP CODED AT 10+
28	R_ASTHMX01	Num	8	208	YESNOF.	(HAVE YOU/HAS THE [SELECTED PERSON] IN YOUR HOUSEHOLD) EVER BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU HAVE/(HE OR SHE HAS)} ASTHMA? {ARE YOU/IS THE [(AGE) YEAR OLD]} MALE OR FEMALE?
13	S2Q6	Num	8	88	SEXF.	AT BIRTH, DID [THE [AGE] YEAR OLD/NAME] WEIGH LESS THAN 5 1/2 POUNDS?
19	S2Q17	Num	8	136	YESNOF.	PLEASE TELL ME {YOUR AGE/THE AGE OF [HH MEMBER]}. GROUPING 1
6	S2Q5G1	Num	8	32	S2Q5GA.	PLEASE TELL ME {YOUR AGE/THE AGE OF [HH MEMBER]}. GROUPING 2
7	S2Q5G2	Num	8	40	S2Q5GB.	PLEASE TELL ME {YOUR AGE/THE AGE OF [HH MEMBER]}. GROUPING 3
8	S2Q5G3	Num	8	48	S2Q5GC.	PLEASE TELL ME {YOUR AGE/THE AGE OF [HH MEMBER]}. TOP CODED AT 85+
9	S2Q5R	Num	8	56	S2Q5R.	(DO YOU/DOES HE/DOES SHE) STILL HAVE ASTHMA?
29	S3Q2	Num	8	216	YESNOF.	WHAT IS YOUR RELATIONSHIP TO [THE [AGE] YEAR OLD/NAME] WHO LIVES IN THE HOUSEHOLD? [MOST KNOWLEDGEABLE ADULT]
32	S3Q6	Num	8	240	RLTNF.	{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?
33	S3Q7	Num	8	248	YESNOF.	{DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} STILL HAVE ASTHMA?
38	S3Q9	Num	8	288	YESNOF.	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?
39	S3Q10	Num	8	296	WHEN2F.	HOW LONG HAS IT BEEN SINCE {YOU/[THE [AGE] YEAR OLD/NAME]} LAST TOOK ASTHMA MEDICATION?
40	S3Q11	Num	8	304	WHENF.	HOW LONG HAS IT BEEN SINCE {YOU/[THE [AGE] YEAR OLD/NAME]} LAST HAD ANY SYMPTOMS OF ASTHMA?
41	S3Q12	Num	8	312	WHENF.	WHAT IS YOUR RELATIONSHIP TO [THE [AGE] YEAR OLD/NAME]? [PROXY - ALL]
31	S3Q6B	Num	8	232	PROXREL.	HOW OLD WERE YOU WHEN FIRST TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU/HE/SHE} HAD ASTHMA? GROUPING 1
34	S3Q8G1	Num	8	256	S2Q5GA.	HOW OLD WERE YOU WHEN FIRST TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU/HE/SHE} HAD ASTHMA? GROUPING 2
35	S3Q8G2	Num	8	264	S2Q5GB.	HOW OLD WERE YOU WHEN FIRST TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU/HE/SHE} HAD ASTHMA? GROUPING 3
36	S3Q8G3	Num	8	272	S2Q5GC.	HOW OLD WERE YOU WHEN FIRST TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU/HE/SHE} HAD ASTHMA? TOP CODED AT 85+
37	S3Q8R	Num	8	280	S2Q5R.	DURING THE PAST 30 DAYS, HOW MANY DAYS DID {YOU/[THE [AGE] YEAR OLD/NAME]} HAVE ANY SYMPTOMS OF ASTHMA? {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} HAVE SYMPTOMS ALL THE TIME?
50	S4Q1	Num	8	384	DAYS30F.	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?
51	S4Q2	Num	8	392	YESNOF.	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?
52	S4Q3	Num	8	400	DS30F.	DURING THE PAST 12 MONTHS, {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} HAD AN EPISODE OF ASTHMA OR AN ASTHMA ATTACK?
53	S4Q4	Num	8	408	DS14F.	DURING THE PAST THREE MONTHS, HOW MANY ASTHMA EPISODES OR ATTACKS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} HAD?
54	S4Q5	Num	8	416	YESNOF.	HOW LONG DID {YOUR/[THE [AGE] YEAR OLD/NAME]'S} MOST RECENT ASTHMA EPISODE OR ATTACK LAST? (AMOUNT)
55	S4Q6	Num	8	424	N100F.	HOW LONG DID {YOUR/[THE [AGE] YEAR OLD/NAME]'S} MOST RECENT ASTHMA EPISODE OR ATTACK LAST? (UNIT OF MEASURE)
56	S4Q7	Num	8	432	N60F.	COMPARED WITH OTHER EPISODES OR ATTACKS, WAS THIS MOST RECENT ATTACK SHORTER, LONGER, OR ABOUT THE SAME?
57	S4Q8	Num	8	440	PER_F.	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	S4Q9	Num	8	448	SHORTF.	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.
62	S5Q2	Num	8	480	YESNOF.	
65	S5Q5	Num	8	504	YESNOF.	

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#	Variable	Type	Len	Pos	Format	Label
67	S5Q8	Num	8	520	YESNOF.	THE LAST TIME {YOU/[THE [AGE] YEAR OLD/NAME]} LEFT THE HOSPITAL, DID A HEALTH PROFESSIONAL TALK WITH {YOUR/NAME/NAME'S PARENTS OR GUARDIANS} ABOUT HOW TO BETTER CONTROL {YOUR/HIS/HER} ASTHMA?
70	S5Q12	Num	8	544	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?
69	S5Q11R	Num	8	536	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?
61	S5Q1R	Num	8	472	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?
59	S5Q1_A	Num	8	456	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?
581	S5Q1_AP	Num	8	4568	YESNOF.	PROXY. DOES [THE [AGE] YEAR OLD/NAME] HAVE ANY KIND OF HEALTH CARE COVERAGE, INCLUDING HEALTH INSURANCE, PREPAID PLANS SUCH AS HMOS, OR GOVERNMENT PLANS SUCH AS MEDICARE?
60	S5Q1_B	Num	8	464	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?
582	S5Q1_BP	Num	8	4576	YESNOF.	PROXY. DURING THE PAST 12 MONTHS, WAS THERE ANY TIME THAT [THE [AGE] YEAR OLD/NAME] DID NOT HAVE ANY HEALTH INSURANCE OR COVERAGE?
63	S5Q3R	Num	8	488	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?
64	S5Q4R	Num	8	496	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?
66	S5Q6R	Num	8	512	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?
68	S5Q9R	Num	8	528	S5Q9RB.	DURING THE PAST 12 MONTHS, HOW MANY DAYS WERE YOU UNABLE TO WORK OR CARRY OUT YOUR USUAL ACTIVITIES BECAUSE OF YOUR ASTHMA?
71	S6Q1	Num	8	552	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?
72	S6Q2	Num	8	560	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?
73	S6Q3	Num	8	568	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?
74	S6Q4	Num	8	576	YESNOF.	HAS A DOCTOR OR OTHER HEALTH PROFESSIONAL EVER GIVEN {YOUR/NAME/NAME}'S PARENT OR GUARDIAN AN ASTHMA MANAGEMENT PLAN?
75	S6Q5	Num	8	584	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?
76	S7Q1	Num	8	592	YESNOF.	IS AN AIR CLEANER OR PURIFIER REGULARLY USED INSIDE YOUR HOME?
77	S7Q2	Num	8	600	YESNOF.	IS A DEHUMIDIFIER REGULARLY USED TO REDUCE MOISTURE INSIDE YOUR HOME?
78	S7Q3	Num	8	608	YESNOF.	IS AN EXHAUST FAN THAT VENTS TO THE OUTSIDE USED REGULARLY WHEN COOKING IN YOUR KITCHEN?
79	S7Q4	Num	8	616	YESNOF.	IS GAS USED FOR COOKING?
80	S7Q5	Num	8	624	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.
81	S7Q6	Num	8	632	YESNOF.	DOES YOUR HOUSEHOLD HAVE INDOOR PETS SUCH AS DOGS, CATS, HAMSTERS, BIRDS OR OTHER FEATHERED OR FURRY PETS THAT ARE KEPT INSIDE?
82	S7Q7	Num	8	640	YESNOF.	IN THE PAST 30 DAYS, HAS ANYONE SEEN COCKROACHES INSIDE YOUR HOME?
83	S7Q8	Num	8	648	YESNOF.	IS A FIREPLACE OR WOOD BURNING STOVE USED IN YOUR HOME?
84	S7Q9	Num	8	656	YESNOF.	ARE UNVENTED GAS LOGS, AN UNVENTED GAS FIREPLACE, OR AN UNVENTED GAS STOVE USED IN YOUR HOME?
85	S7Q10	Num	8	664	YESNOF.	IN THE PAST WEEK, HAS ANYONE SMOKED INSIDE YOUR HOME?
86	S7Q11	Num	8	672	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?
87	S7Q12	Num	8	680	YESNOF.	{DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A MATTRESS COVER THAT IS MADE ESPECIALLY FOR CONTROLLING DUST MITES?
88	S7Q13	Num	8	688	YESNOF.	{DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE A PILLOW COVER THAT IS MADE ESPECIALLY FOR CONTROLLING DUST MITES?
89	S7Q14	Num	8	696	YESNOF.	DO YOU HAVE CARPETING OR RUGS IN {YOUR/[THE [AGE] YEAR OLD/NAME]'S} BEDROOM?
90	S7Q15	Num	8	704	WATERF.	ARE {YOUR/[THE [AGE] YEAR OLD/NAME]'S} SHEETS AND PILLOW CASES WASHED IN COLD, WARM, OR HOT WATER?
91	S7Q16	Num	8	712	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?
92	S7Q17	Num	8	720	PETROOM.	IS THE PET ALLOWED IN {YOUR/[THE [AGE] YEAR OLD/NAME]'S} BEDROOM?
93	S7Q18	Num	8	728	YESNOF.	HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR ENTIRE LIFE?
94	S7Q19	Num	8	736	SMOKEF.	DO YOU NOW SMOKE CIGARETTES EVERY DAY, SOME DAYS, OR NOT AT ALL?
95	S7Q20	Num	8	744	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:
96	S7Q21	Num	8	752	YESNOF.	WAS YOUR ASTHMA CAUSED OR MADE WORSE BY CHEMICALS, SMOKE, FUMES OR DUST IN ANY JOB YOU EVER HAD?
97	S7Q22	Num	8	760	UNEMPLF.	WHAT IS THE MAIN REASON YOU ARE NOT EMPLOYED?
592	S7Q10P	Num	8	4656	YESNOF.	PROXY. IN THE PAST WEEK, HAS ANYONE SMOKED INSIDE YOUR HOME?
593	S7Q18P	Num	8	4664	YESNOF.	PROXY. HAS THE [AGE] YEAR OLD SMOKED AT LEAST 100 CIGARETTES IN YOUR ENTIRE LIFE?
594	S7Q19P	Num	8	4672	SMOKEF.	PROXY. DOES THE [AGE] YEAR OLD NOW SMOKE CIGARETTES EVERY DAY, SOME DAYS, OR NOT AT ALL?
583	S7Q1P	Num	8	4584	YESNOF.	PROXY. IS AN AIR CLEANER OR PURIFIER REGULARLY USED INSIDE YOUR HOME?
595	S7Q20P	Num	8	4680	EMPLOYF.	PROXY. WE ARE INTERESTED IN THINGS THAT AFFECT ASTHMA IN THE WORKPLACE. FIRST I'D LIKE TO ASK HOW YOU WOULD DESCRIBE [THE [AGE] YEAR OLD/NAME]'S CURRENT EMPLOYMENT STATUS. WOULD YOU SAY [THE [AGE] YEAR OLD/NAME] IS:
584	S7Q2P	Num	8	4592	YESNOF.	PROXY. IS A DEHUMIDIFIER REGULARLY USED TO REDUCE MOISTURE INSIDE YOUR HOME?
585	S7Q3P	Num	8	4600	YESNOF.	PROXY. IS AN EXHAUST FAN THAT VENTS TO THE OUTSIDE USED REGULARLY WHEN COOKING IN YOUR KITCHEN?



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#	Variable	Type	Len	Pos	Format	Label
586	S7Q4P	Num	8	4608	YESNOF.	PROXY. IS GAS USED FOR COOKING?
587	S7Q5P	Num	8	4616	YESNOF.	PROXY. IN THE PAST 30 DAYS, HAS ANYONE SEEN OR SMELLED MOLD OR A MUSTY ODOR INSIDE YOUR HOME? DO NOT INCLUDE MOLD ON FOOD.
588	S7Q6P	Num	8	4624	YESNOF.	PROXY. DOES YOUR HOUSEHOLD HAVE INDOOR PETS SUCH AS DOGS, CATS, HAMSTERS, BIRDS OR OTHER FEATHERED OR FURRY PETS THAT ARE KEPT INSIDE?
589	S7Q7P	Num	8	4632	YESNOF.	PROXY. IN THE PAST 30 DAYS, HAS ANYONE SEEN COCKROACHES INSIDE YOUR HOME?
590	S7Q8P	Num	8	4640	YESNOF.	PROXY. IS A FIREPLACE OR WOOD BURNING STOVE USED IN YOUR HOME?
591	S7Q9P	Num	8	4648	YESNOF.	PROXY. ARE UNVENTED GAS LOGS, AN UNVENTED GAS FIREPLACE, OR AN UNVENTED GAS STOVE USED IN YOUR HOME?
98	S8Q1	Num	8	768	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?
99	S8Q2	Num	8	776	YESNOF.	{HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} EVER USED A PRESCRIPTION INHALER?
100	S8Q3	Num	8	784	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?
101	S8Q4	Num	8	792	SCR1MD.	ARE {YOUR/[THE [AGE] OLD/NAME'S]} ASTHMA MEDICINES HANDY?
102	S8Q5	Num	8	800	YESNOF.	CAN YOU PLEASE GO GET THE ASTHMA MEDICINES WHILE I WAIT ON THE PHONE?
103	S8Q6	Num	8	808	SCR3MD.	AM I CORRECT THAT YOU HAVE ALL THE MEDICATIONS?
150	S8Q10R	Num	8	1176	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BECLOVENT, VANCERIL, BECLOMETHASONE DIPROPIONATE, PULMICORT TURBUHALER, BUDESONIDE, AEROBID, FLUNISOLIDE, AZMACORT OR TRIAMCINOLONE ACETONIDE?
151	S8Q11R	Num	8	1184	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?
152	S8Q12R	Num	8	1192	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE INTAL, CROMOLYN, TILADE, OR NEDOCROMIL?
153	S8Q13R	Num	8	1200	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ATROVENT OR IPRATROPIUM BROMIDE?
154	S8Q14R	Num	8	1208	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE A MEDICATION BY INHALER THAT WE HAVE NOT MENTIONED?
155	S8Q15R	Char	50	4826	\$VERB.	WILL YOU PLEASE TELL ME WHAT THAT MEDICATION WAS?
156	S8Q16R_01	Num	8	1216	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?
157	S8Q16R_02	Num	8	1224	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?
158	S8Q16R_03	Num	8	1232	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?
159	S8Q16R_04	Num	8	1240	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?
160	S8Q16R_05	Num	8	1248	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?
161	S8Q16R_06	Num	8	1256	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?
162	S8Q16R_07	Num	8	1264	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?
163	S8Q16R_08	Num	8	1272	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?
164	S8Q16R_09	Num	8	1280	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?
165	S8Q16R_10	Num	8	1288	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?
166	S8Q16R_11	Num	8	1296	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?
167	S8Q16R_12	Num	8	1304	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?
168	S8Q16R_13	Num	8	1312	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?
169	S8Q16R_14	Num	8	1320	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?
170	S8Q16R_15	Num	8	1328	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?
171	S8Q16R_16	Num	8	1336	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?
172	S8Q16R_17	Num	8	1344	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?
173	S8Q16R_18	Num	8	1352	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?
174	S8Q16R_19	Num	8	1360	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?
175	S8Q16R_20	Num	8	1368	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?
176	S8Q16R_21	Num	8	1376	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?
177	S8Q16R_22	Num	8	1384	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?
178	S8Q16R_23	Num	8	1392	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?

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179 S8Q16R_24	Num	8	1400	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PROVENTIL? WOULD YOU SAY LESS THAN 6 MONTHS, 6 MONTHS TO 1 YEAR, OR LONGER THAN 1 YEAR?
180 S8Q16R_25	Num	8	1408	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?
181 S8Q16R_26	Num	8	1416	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?
182 S8Q16R_27	Num	8	1424	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?
183 S8Q16R_28	Num	8	1432	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?
184 S8Q16R_29	Num	8	1440	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?
185 S8Q16R_30	Num	8	1448	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?
186 S8Q16R_31	Num	8	1456	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?
187 S8Q16R_32	Num	8	1464	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?
188 S8Q16R_33	Num	8	1472	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?
189 S8Q16R_34	Num	8	1480	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?
190 S8Q17R_01	Num	8	1488	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?
191 S8Q17R_02	Num	8	1496	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?
192 S8Q17R_03	Num	8	1504	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?
193 S8Q17R_04	Num	8	1512	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?
194 S8Q17R_05	Num	8	1520	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?
195 S8Q17R_06	Num	8	1528	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?
196 S8Q17R_07	Num	8	1536	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?
197 S8Q17R_08	Num	8	1544	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?
198 S8Q17R_09	Num	8	1552	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?
199 S8Q17R_10	Num	8	1560	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?
200 S8Q17R_11	Num	8	1568	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?
201 S8Q17R_12	Num	8	1576	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?
202 S8Q17R_13	Num	8	1584	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?
203 S8Q17R_14	Num	8	1592	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?
204 S8Q17R_15	Num	8	1600	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?
205 S8Q17R_16	Num	8	1608	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?
206 S8Q17R_17	Num	8	1616	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?
207 S8Q17R_18	Num	8	1624	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?
208 S8Q17R_19	Num	8	1632	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?
209 S8Q17R_20	Num	8	1640	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?
210 S8Q17R_21	Num	8	1648	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?
211 S8Q17R_22	Num	8	1656	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?
212 S8Q17R_23	Num	8	1664	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?
213 S8Q17R_24	Num	8	1672	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?

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#	Variable	Type	Len	Pos	Format	Label
214	S8Q17R_25	Num	8	1680	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?
215	S8Q17R_26	Num	8	1688	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?
216	S8Q17R_27	Num	8	1696	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?
217	S8Q17R_28	Num	8	1704	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?
218	S8Q17R_29	Num	8	1712	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?
219	S8Q17R_30	Num	8	1720	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?
220	S8Q17R_31	Num	8	1728	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?
221	S8Q17R_32	Num	8	1736	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?
222	S8Q17R_33	Num	8	1744	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?
223	S8Q17R_34	Num	8	1752	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]?
224	S8Q18R_03	Num	8	1760	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?
225	S8Q18R_04	Num	8	1768	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?
226	S8Q18R_09	Num	8	1776	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?
227	S8Q18R_10	Num	8	1784	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?
228	S8Q18R_20	Num	8	1792	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?
229	S8Q18R_21	Num	8	1800	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?
230	S8Q18R_23	Num	8	1808	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?
231	S8Q18R_24	Num	8	1816	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?
232	S8Q18R_28	Num	8	1824	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?
233	S8Q18R_30	Num	8	1832	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?
234	S8Q18R_33	Num	8	1840	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?
235	S8Q18R_34	Num	8	1848	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?
236	S8Q19R_03	Num	8	1856	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ALBUTEROL BEFORE EXERCISING?
237	S8Q19R_04	Num	8	1864	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ALUPENT BEFORE EXERCISING?
238	S8Q19R_09	Num	8	1872	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BITOLTEROL BEFORE EXERCISING?
239	S8Q19R_10	Num	8	1880	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BRETHAIRE BEFORE EXERCISING?
240	S8Q19R_20	Num	8	1888	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE MAXAIR BEFORE EXERCISING?
241	S8Q19R_21	Num	8	1896	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE METAPROTERONOL BEFORE EXERCISING?
242	S8Q19R_23	Num	8	1904	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PIRBUTEROL BEFORE EXERCISING?
243	S8Q19R_24	Num	8	1912	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PROVENTIL BEFORE EXERCISING?
244	S8Q19R_28	Num	8	1920	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE TERBUTALINE BEFORE EXERCISING?
245	S8Q19R_30	Num	8	1928	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE TORNALATE BEFORE EXERCISING?
246	S8Q19R_33	Num	8	1936	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE VENTOLIN BEFORE EXERCISING?
247	S8Q19R_34	Num	8	1944	EXERCISF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE [OTHER INHALER] BEFORE EXERCISING?
248	S8Q20R_03	Num	8	1952	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ALBUTEROL ON A REGULAR SCHEDULE EVERYDAY?
249	S8Q20R_04	Num	8	1960	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ALUPENT ON A REGULAR SCHEDULE EVERYDAY?
250	S8Q20R_09	Num	8	1968	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BITOLTEROL ON A REGULAR SCHEDULE EVERYDAY?
251	S8Q20R_10	Num	8	1976	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BRETHAIRE ON A REGULAR SCHEDULE EVERYDAY?
252	S8Q20R_20	Num	8	1984	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE MAXAIR ON A REGULAR SCHEDULE EVERYDAY?
253	S8Q20R_21	Num	8	1992	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE METAPROTERONOL ON A REGULAR SCHEDULE EVERYDAY?
254	S8Q20R_23	Num	8	2000	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PIRBUTEROL ON A REGULAR SCHEDULE EVERYDAY?
255	S8Q20R_24	Num	8	2008	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PROVENTIL ON A REGULAR SCHEDULE EVERYDAY?
256	S8Q20R_28	Num	8	2016	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE TERBUTALINE ON A REGULAR SCHEDULE EVERYDAY?
257	S8Q20R_30	Num	8	2024	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE TORNALATE ON A REGULAR SCHEDULE EVERYDAY?
258	S8Q20R_33	Num	8	2032	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE VENTOLIN ON A REGULAR SCHEDULE EVERYDAY?
259	S8Q20R_34	Num	8	2040	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE [OTHER INHALER] ON A REGULAR SCHEDULE EVERYDAY?
260	S8Q21R_14	Num	8	2048	DOSEF.	IS THE DOSAGE 44, 50, 100, 220, OR 250 MICROGRAMS FOR THE FLOVENT (FLOVENT)
261	S8Q21R_15	Num	8	2056	DOSEF.	IS THE DOSAGE 44, 50, 100, 220, OR 250 MICROGRAMS FOR THE FLOVENT (FLOVENT ROTADISK)

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#	Variable	Type	Len	Pos	Format	Label
262	S8Q21R_17	Num	8	2064	DOSEF.	IS THE DOSAGE 44, 50, 100, 220, OR 250 MICROGRAMS FOR THE FLOVENT (FLUTICASONE)
263	S8Q21R_34	Num	8	2072	DOSEF.	IS THE DOSAGE 44, 50, 100, 220, OR 250 MICROGRAMS FOR THE FLOVENT (DK SERIES FLOVENT)
264	S8Q22R_01	Num	8	2080	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} ADVAIR?
265	S8Q22R_02	Num	8	2088	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} AEROBID?
266	S8Q22R_03	Num	8	2096	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} ALBUTEROL?
267	S8Q22R_04	Num	8	2104	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} ALUPENT?
268	S8Q22R_05	Num	8	2112	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} ATROVENT?
269	S8Q22R_06	Num	8	2120	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} AZMACORT?
270	S8Q22R_07	Num	8	2128	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} BECLOMETHASONE DIPROPIONATE?
271	S8Q22R_08	Num	8	2136	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} BECLOVENT?
272	S8Q22R_09	Num	8	2144	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} BITOLTEROL?
273	S8Q22R_10	Num	8	2152	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} BRETHAIRE?
274	S8Q22R_11	Num	8	2160	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} BUDESONIDE?
275	S8Q22R_12	Num	8	2168	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} COMBIVENT?
276	S8Q22R_13	Num	8	2176	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} CROMOLYN?
277	S8Q22R_14	Num	8	2184	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} FLOVENT?
278	S8Q22R_15	Num	8	2192	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?
279	S8Q22R_16	Num	8	2200	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} FLUNISOLIDE?
280	S8Q22R_17	Num	8	2208	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} FLUTICASONE?
281	S8Q22R_18	Num	8	2216	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} INTAL?
282	S8Q22R_19	Num	8	2224	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?
283	S8Q22R_20	Num	8	2232	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} MAXAIR?
284	S8Q22R_21	Num	8	2240	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} METAPROTERANOL?
285	S8Q22R_22	Num	8	2248	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} NEDOCROMIL?
286	S8Q22R_23	Num	8	2256	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} PIRBUTEROL?
287	S8Q22R_24	Num	8	2264	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} PROVENTIL?
288	S8Q22R_25	Num	8	2272	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?
289	S8Q22R_26	Num	8	2280	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} SALMETEROL?
290	S8Q22R_27	Num	8	2288	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} SEREVENT?
291	S8Q22R_28	Num	8	2296	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} TERBUTALINE?
292	S8Q22R_29	Num	8	2304	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} TILADE?
293	S8Q22R_30	Num	8	2312	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} TORNALATE?
294	S8Q22R_31	Num	8	2320	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?
295	S8Q22R_32	Num	8	2328	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} VANCERIL?
296	S8Q22R_33	Num	8	2336	PUFFSF.	ON AVERAGE, HOW MANY PUFFS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE EACH TIME {YOU USE/HE USES/SHE USES} VENTOLIN?
297	S8Q22R_34	Num	8	2344	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]?
298	S8Q24R_01	Num	8	2352	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ADVAIR? (AMOUNT)

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299	S8Q24R_02	Num	8	2360	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE AEROBID? (AMOUNT)
300	S8Q24R_03	Num	8	2368	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ALBUTEROL? (AMOUNT)
301	S8Q24R_04	Num	8	2376	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ALUPENT? (AMOUNT)
302	S8Q24R_05	Num	8	2384	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ATROVENT? (AMOUNT)
303	S8Q24R_06	Num	8	2392	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE AZMACORT? (AMOUNT)
304	S8Q24R_07	Num	8	2400	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BECLOMETHASONE DIPROPIONATE? (AMOUNT)
305	S8Q24R_08	Num	8	2408	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BECLOVENT? (AMOUNT)
306	S8Q24R_09	Num	8	2416	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BITOLTEROL? (AMOUNT)
307	S8Q24R_10	Num	8	2424	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BRETHAIRE? (AMOUNT)
308	S8Q24R_11	Num	8	2432	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BUDESONIDE? (AMOUNT)
309	S8Q24R_12	Num	8	2440	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE COMBIVENT? (AMOUNT)
310	S8Q24R_13	Num	8	2448	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE CROMOLYN? (AMOUNT)
311	S8Q24R_14	Num	8	2456	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLOVENT? (AMOUNT)
312	S8Q24R_15	Num	8	2464	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLOVENT ROTADISK? (AMOUNT)
313	S8Q24R_16	Num	8	2472	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLUNISOLIDE? (AMOUNT)
314	S8Q24R_17	Num	8	2480	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE SEREVENT? (AMOUNT)
315	S8Q24R_18	Num	8	2488	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE INTAL? (AMOUNT)
316	S8Q24R_19	Num	8	2496	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE IPRATROPIUM BROMIDE? (AMOUNT)
317	S8Q24R_20	Num	8	2504	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE MAXAIR? (AMOUNT)
318	S8Q24R_21	Num	8	2512	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE METAPROTERONOL? (AMOUNT)
319	S8Q24R_22	Num	8	2520	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE NEDOCROMIL? (AMOUNT)
320	S8Q24R_23	Num	8	2528	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE PIRBUTEROL? (AMOUNT)
321	S8Q24R_24	Num	8	2536	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE PROVENTIL? (AMOUNT)
322	S8Q24R_25	Num	8	2544	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE PULMICORT TURBUHALER? (AMOUNT)
323	S8Q24R_26	Num	8	2552	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE SALMETEROL? (AMOUNT)
324	S8Q24R_27	Num	8	2560	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE SEREVENT? (AMOUNT)
325	S8Q24R_28	Num	8	2568	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TERBUTALINE? (AMOUNT)
326	S8Q24R_29	Num	8	2576	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TILADE? (AMOUNT)
327	S8Q24R_30	Num	8	2584	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TORNALATE? (AMOUNT)
328	S8Q24R_31	Num	8	2592	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TRIAMCINOLONE ACETONIDE? (AMOUNT)
329	S8Q24R_32	Num	8	2600	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE VANCERIL? (AMOUNT)
330	S8Q24R_33	Num	8	2608	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE VENTOLIN? (AMOUNT)
331	S8Q24R_34	Num	8	2616	N900F.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE [OTHER INHALER]? (AMOUNT)
332	S8Q25R_01	Num	8	2624	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ADAIR? (UNIT OF MEASURE)
333	S8Q25R_02	Num	8	2632	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE AEROBID? (UNIT OF MEASURE)
334	S8Q25R_03	Num	8	2640	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ALBUTEROL? (UNIT OF MEASURE)
335	S8Q25R_04	Num	8	2648	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ALUPENT? (UNIT OF MEASURE)
336	S8Q25R_05	Num	8	2656	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE ATROVENT? (UNIT OF MEASURE)
337	S8Q25R_06	Num	8	2664	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE AZMACORT? (UNIT OF MEASURE)
338	S8Q25R_07	Num	8	2672	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BECLOMETHASONE DIPROPIONATE? (UNIT OF MEASURE)
339	S8Q25R_08	Num	8	2680	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BECLOVENT? (UNIT OF MEASURE)
340	S8Q25R_09	Num	8	2688	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BITOLTEROL? (UNIT OF MEASURE)
341	S8Q25R_10	Num	8	2696	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BRETHAIRE? (UNIT OF MEASURE)
342	S8Q25R_11	Num	8	2704	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE BUDESONIDE? (UNIT OF MEASURE)
343	S8Q25R_12	Num	8	2712	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE COMBIVENT? (UNIT OF MEASURE)
344	S8Q25R_13	Num	8	2720	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE CROMOLYN? (UNIT OF MEASURE)
345	S8Q25R_14	Num	8	2728	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLOVENT? (UNIT OF MEASURE)
346	S8Q25R_15	Num	8	2736	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLOVENT ROTADISK? (UNIT OF MEASURE)
347	S8Q25R_16	Num	8	2744	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLUNISOLIDE? (UNIT OF MEASURE)
348	S8Q25R_17	Num	8	2752	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE FLUTICASONE? (UNIT OF MEASURE)
349	S8Q25R_18	Num	8	2760	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE INTAL? (UNIT OF MEASURE)
350	S8Q25R_19	Num	8	2768	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE IPRATROPIUM BROMIDE? (UNIT OF MEASURE)
351	S8Q25R_20	Num	8	2776	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE MAXAIR? (UNIT OF MEASURE)
352	S8Q25R_21	Num	8	2784	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE METAPROTERONOL? (UNIT OF MEASURE)
353	S8Q25R_22	Num	8	2792	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE NEDOCROMIL? (UNIT OF MEASURE)
354	S8Q25R_23	Num	8	2800	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE PIRBUTEROL? (UNIT OF MEASURE)
355	S8Q25R_24	Num	8	2808	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE PROVENTIL? (UNIT OF MEASURE)
356	S8Q25R_25	Num	8	2816	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE PULMICORT TURBUHALER? (UNIT OF MEASURE)
357	S8Q25R_26	Num	8	2824	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE SALMETEROL? (UNIT OF MEASURE)
358	S8Q25R_27	Num	8	2832	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE SEREVENT? (UNIT OF MEASURE)
359	S8Q25R_28	Num	8	2840	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TERBUTALINE? (UNIT OF MEASURE)
360	S8Q25R_29	Num	8	2848	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TILADE? (UNIT OF MEASURE)
361	S8Q25R_30	Num	8	2856	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TORNALATE? (UNIT OF MEASURE)

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#	Variable	Type	Len	Pos	Format	Label
362	S8Q25R_31	Num	8	2864	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE TRIAMCINOLONE ACETONIDE? (UNIT OF MEASURE)
363	S8Q25R_32	Num	8	2872	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE VANCERIL? (UNIT OF MEASURE)
364	S8Q25R_33	Num	8	2880	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE VENTOLIN? (UNIT OF MEASURE)
365	S8Q25R_34	Num	8	2888	DY_WKF.	HOW MANY TIMES PER DAY OR PER WEEK {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} USE [OTHER INHALER]? (UNIT OF MEASURE)
366	S8Q26R_01	Num	8	2896	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: ADVAIR
367	S8Q26R_02	Num	8	2904	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: AEROBID
368	S8Q26R_03	Num	8	2912	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: ALBUTEROL
369	S8Q26R_04	Num	8	2920	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: ALUPENT
370	S8Q26R_05	Num	8	2928	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: ATROVENT
371	S8Q26R_06	Num	8	2936	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: AZMACORT
372	S8Q26R_07	Num	8	2944	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: BECLOMETHASONE DIPROPIONATE
373	S8Q26R_08	Num	8	2952	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: BECLOVENT
374	S8Q26R_09	Num	8	2960	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: BITOLTEROL
375	S8Q26R_10	Num	8	2968	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: BRETHAIRE
376	S8Q26R_11	Num	8	2976	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: BUDESONIDE
377	S8Q26R_12	Num	8	2984	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: COMBIVENT
378	S8Q26R_13	Num	8	2992	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: CROMOLYN
379	S8Q26R_14	Num	8	3000	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: FLOVENT
380	S8Q26R_15	Num	8	3008	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: FLOVENT ROTADISK
381	S8Q26R_16	Num	8	3016	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: FLUNISOLIDE
382	S8Q26R_17	Num	8	3024	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: FLUTICASONE
383	S8Q26R_18	Num	8	3032	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: INTAL
384	S8Q26R_19	Num	8	3040	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: IPRATROPIUM BROMIDE
385	S8Q26R_20	Num	8	3048	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: MAXAIR
386	S8Q26R_21	Num	8	3056	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: METAPROTERANOL
387	S8Q26R_22	Num	8	3064	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: NEDOCROMIL
388	S8Q26R_23	Num	8	3072	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: PIRBUTEROL
389	S8Q26R_24	Num	8	3080	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: PROVENTIL
390	S8Q26R_25	Num	8	3088	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: PULMICORT TURBUHALER
391	S8Q26R_26	Num	8	3096	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: SALMETEROL
392	S8Q26R_27	Num	8	3104	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: SEREVENT
393	S8Q26R_28	Num	8	3112	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: TERBUTALINE
394	S8Q26R_29	Num	8	3120	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: TILADE
395	S8Q26R_30	Num	8	3128	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: TORNALATE
396	S8Q26R_31	Num	8	3136	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: TRIAMCINOLONE ACETONIDE
397	S8Q26R_32	Num	8	3144	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: VANCERIL

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#	Variable	Type	Len	Pos	Format	Label
398	S8Q26R_33	Num	8	3152	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: VENTOLIN
399	S8Q26R_34	Num	8	3160	CANSF.	HOW MANY FULL CANISTERS OF THIS INHALER {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} USED IN THE PAST 3 MONTHS: {OTHER INHALER
400	S8Q27R	Num	8	3168	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?
401	S8Q28R_01	Num	8	3176	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ACCOLATE
402	S8Q28R_02	Num	8	3184	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: AEROLATE
403	S8Q28R_03	Num	8	3192	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ALBUTEROL
404	S8Q28R_04	Num	8	3200	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ALUPENT
405	S8Q28R_05	Num	8	3208	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: CHOLEDYL
406	S8Q28R_06	Num	8	3216	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: CROMOLYN
407	S8Q28R_07	Num	8	3224	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: DELTASONE
408	S8Q28R_08	Num	8	3232	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ELIXOPHYLLIN
409	S8Q28R_09	Num	8	3240	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: INTAL
410	S8Q28R_10	Num	8	3248	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: MARAX
411	S8Q28R_11	Num	8	3256	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: MEDROL
412	S8Q28R_12	Num	8	3264	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: METAPREL
413	S8Q28R_13	Num	8	3272	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: METAPROTERONOL
414	S8Q28R_14	Num	8	3280	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: METHYLPREDINISOLONE
415	S8Q28R_15	Num	8	3288	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: MONTELUKAST
416	S8Q28R_16	Num	8	3296	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: NEDOCROMIL
417	S8Q28R_17	Num	8	3304	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: PEDIAAPRED
418	S8Q28R_18	Num	8	3312	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: PREDNISOLONE
419	S8Q28R_19	Num	8	3320	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: PREDNISONE
420	S8Q28R_20	Num	8	3328	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: PRELONE
421	S8Q28R_21	Num	8	3336	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: PROVENTIL
422	S8Q28R_22	Num	8	3344	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: QUBRON
423	S8Q28R_23	Num	8	3352	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: RESPID
424	S8Q28R_24	Num	8	3360	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: SINGULAIR
425	S8Q28R_25	Num	8	3368	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: SLO-PHYLLIN
426	S8Q28R_26	Num	8	3376	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: SLO-BID
427	S8Q28R_27	Num	8	3384	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: SUSTAIRE
428	S8Q28R_28	Num	8	3392	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEO-24
429	S8Q28R_29	Num	8	3400	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOBID
430	S8Q28R_30	Num	8	3408	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOCHRON
431	S8Q28R_31	Num	8	3416	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOCLEAR
432	S8Q28R_32	Num	8	3424	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEODUR
433	S8Q28R_33	Num	8	3432	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEO-DUR
434	S8Q28R_34	Num	8	3440	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOLAIR
435	S8Q28R_35	Num	8	3448	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOPHYLLINE
436	S8Q28R_36	Num	8	3456	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEO-SAV
437	S8Q28R_37	Num	8	3464	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOSPAN
438	S8Q28R_38	Num	8	3472	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: THEOX
439	S8Q28R_39	Num	8	3480	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: TILADE
440	S8Q28R_40	Num	8	3488	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: T-PHYL
441	S8Q28R_41	Num	8	3496	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: UNIDUR
442	S8Q28R_42	Num	8	3504	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: UNIPHYL
443	S8Q28R_43	Num	8	3512	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: VENTOLIN
444	S8Q28R_44	Num	8	3520	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: VOLMAX
445	S8Q28R_45	Num	8	3528	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ZAFIRLUKAST
446	S8Q28R_46	Num	8	3536	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ZILEUTON
447	S8Q28R_47	Num	8	3544	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: ZYFLO FILMTAB
448	S8Q28R_48	Num	8	3552	YESNOF.	WHAT MEDICATIONS {DO YOU/DOES [THE [AGE] YEAR OLD/NAME]} TAKE IN PILL FORM: OTHER PILL TAKEN
449	S8Q29R	Char	100	4876	\$VERB.	OTHER PILL SPECIFIED
459	S8Q30R	Num	8	3632	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE ACCOLATE OR ZAFIRLUKAST, ZYFLO FLIMTAB OR ZILEUTON, SINGULAIR OR MONTELUKAST?
460	S8Q31R	Num	8	3640	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE INTAL OR CROMOLYN, TILADE OR NEDOCROMIL?
461	S8Q32R	Num	8	3648	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE MEDROL, METHYLPREDINISOLONE, DELTASONE, PREDNISONE, PEDIAAPRED, PRELONE, OR PREDNISOLONE?
462	S8Q33R	Num	8	3656	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE PROVENTIL, VENTOLIN, VOLMAX OR ALBUTEROL, ALUPENT, METAPREL OR METAPROTERONOL?
463	S8Q34R	Num	8	3664	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/
464	S8Q35R	Num	8	3672	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE A MEDICATION IN PILL FORM THAT WE HAVE NOT MENTIONED?
465	S8Q36R	Char	50	4976	\$VERB.	WILL YOU PLEASE TELL ME WHAT THAT MEDICATION WAS?
466	S8Q37R_01	Num	8	3680	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ACCOLATE?
467	S8Q37R_02	Num	8	3688	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING AEROLATE?
468	S8Q37R_03	Num	8	3696	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ALBUTEROL?
469	S8Q37R_04	Num	8	3704	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ALUPENT?

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## -----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Label
470	S8Q37R_05	Num	8	3712	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING CHOLEDYL?
471	S8Q37R_06	Num	8	3720	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING CROMOLYN?
472	S8Q37R_07	Num	8	3728	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING DELTASONE?
473	S8Q37R_08	Num	8	3736	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ELIXOPHYLLIN?
474	S8Q37R_09	Num	8	3744	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING INTAL?
475	S8Q37R_10	Num	8	3752	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING MARAX?
476	S8Q37R_11	Num	8	3760	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING MEDROL?
477	S8Q37R_12	Num	8	3768	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING METAPREL?
478	S8Q37R_13	Num	8	3776	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING METAPROTERONOL?
479	S8Q37R_14	Num	8	3784	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING METHYLPREDNISOLONE?
480	S8Q37R_15	Num	8	3792	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING MONTELUKAST?
481	S8Q37R_16	Num	8	3800	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING NEDOCROMIL?
482	S8Q37R_17	Num	8	3808	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PEDIAPRED?
483	S8Q37R_18	Num	8	3816	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PREDNISOLONE?
484	S8Q37R_19	Num	8	3824	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PREDNISONE?
485	S8Q37R_20	Num	8	3832	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PRELONE?
486	S8Q37R_21	Num	8	3840	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING PROVENTIL?
487	S8Q37R_22	Num	8	3848	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING QUIBRON?
488	S8Q37R_23	Num	8	3856	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING RESPID?
489	S8Q37R_24	Num	8	3864	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING SINGLAIR?
490	S8Q37R_25	Num	8	3872	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING SLO-PHYLLIN?
491	S8Q37R_26	Num	8	3880	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING SLO-BID?
492	S8Q37R_27	Num	8	3888	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING SUSTAIRE?
493	S8Q37R_28	Num	8	3896	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEO-24?
494	S8Q37R_29	Num	8	3904	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOBID?
495	S8Q37R_30	Num	8	3912	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOCHRON?
496	S8Q37R_31	Num	8	3920	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOCLEAR?
497	S8Q37R_32	Num	8	3928	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEODUR?
498	S8Q37R_33	Num	8	3936	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEO-DUR?
499	S8Q37R_34	Num	8	3944	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOLAIR?
500	S8Q37R_35	Num	8	3952	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOPHYLLINE?
501	S8Q37R_36	Num	8	3960	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEO-SAV?
502	S8Q37R_37	Num	8	3968	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOSPAN?
503	S8Q37R_38	Num	8	3976	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING THEOX?
504	S8Q37R_39	Num	8	3984	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING TILADE?
505	S8Q37R_40	Num	8	3992	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING T-PHYL?
506	S8Q37R_41	Num	8	4000	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING UNIDUR?
507	S8Q37R_42	Num	8	4008	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING UNIPHYL?
508	S8Q37R_43	Num	8	4016	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING VENTOLIN?
509	S8Q37R_44	Num	8	4024	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING VOLMAX?
510	S8Q37R_45	Num	8	4032	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ZAFIRLUKAST?
511	S8Q37R_46	Num	8	4040	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ZILEUTON?
512	S8Q37R_47	Num	8	4048	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING ZYFLO FILMTAB?
513	S8Q37R_48	Num	8	4056	PERMONF.	HOW LONG {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} BEEN TAKING [OTHER PILL]?
514	S8Q38R	Num	8	4064	YESNOF.	IN THE PAST 3 MONTHS, {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN PRESCRIPTION MEDICINE IN SYRUP FORM?
515	S8Q39R_01	Num	8	4072	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: AEROLATE
516	S8Q39R_02	Num	8	4080	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: ALBUTEROL
517	S8Q39R_03	Num	8	4088	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: ALUPENT
518	S8Q39R_04	Num	8	4096	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: METAPROTERONOL
519	S8Q39R_05	Num	8	4104	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: PREDNISOLONE
520	S8Q39R_06	Num	8	4112	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: PRELONE
521	S8Q39R_07	Num	8	4120	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: PROVENTIL
522	S8Q39R_08	Num	8	4128	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: SLO-PHYLLIN
523	S8Q39R_09	Num	8	4136	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: THEOPHYLLINE
524	S8Q39R_10	Num	8	4144	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: VENTOLIN
525	S8Q39R_11	Num	8	4152	YESNOF.	WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP: OTHER SYRUP TAKEN
526	S8Q40R	Char	100	5026	\$VERB.	OTHER SYRUP SPECIFIED
536	S8Q41R	Num	8	4232	YESNOF.	WHICH OF THESE PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP? ALUPENT OR METAPROTERONOL?
537	S8Q42R	Num	8	4240	YESNOF.	WHICH OF THESE PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP? VENTOLIN OR PROVENTIL OR ALBUTEROL?
538	S8Q43R	Num	8	4248	YESNOF.	WHICH OF THESE PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP? AEROLATE, SLO-PHYLLIN, OR THEOPHYLLINE?
539	S8Q44R	Num	8	4256	YESNOF.	WHICH OF THESE PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN AS A SYRUP? PRELONE OR PREDNISOLONE?
540	S8Q45R	Num	8	4264	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE A MEDICATION IN SYRUP FORM THAT WE HAVE NOT MENTIONED?
541	S8Q46R	Char	50	5126	\$VERB.	WILL YOU PLEASE TELL ME WHAT THAT MEDICATION WAS?
542	S8Q47R	Num	8	4272	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?
543	S8Q48R_01	Num	8	4280	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: ALBUTEROL



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## -----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Label
544	S8Q48R_02	Num	8	4288	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: ALUPENT
545	S8Q48R_03	Num	8	4296	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: CROMOLYN
546	S8Q48R_04	Num	8	4304	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: INTAL
547	S8Q48R_05	Num	8	4312	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: METAPROTERONOL
548	S8Q48R_06	Num	8	4320	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: PROVENTIL
549	S8Q48R_07	Num	8	4328	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: VENTOLIN
550	S8Q48R_08	Num	8	4336	YESNOF.	IN THE PAST 3 MONTHS, WHAT PRESCRIPTION MEDICATIONS {HAVE YOU/HAS [THE [AGE] YEAR OLD/NAME]} TAKEN USING A NEBULIZER: OTHER NEBULIZER
551	S8Q49R	Char	100	5176	\$VERB.	OTHER NEBULIZER SPECIFIED
561	S8Q50R	Num	8	4416	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?
562	S8Q51R	Num	8	4424	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?
563	S8Q52R	Num	8	4432	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?
564	S8Q53R	Num	8	4440	YESNOF.	DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE A MEDICATION USING A NEBULIZER THAT WE HAVE NOT MENTIONED?
565	S8Q54R	Char	50	5276	\$VERB.	WILL YOU PLEASE TELL ME WHAT THAT MEDICATION WAS?
104	S8Q7R	Num	8	816	YESNOF.	IN THE PAST 3 MONTHS, {HAVE YOU/HAS [THE[AGE] YEAR OLD/NAME]} TAKEN PRESCRIPTION ASTHMA MEDICINE USING AN INHALER?
105	S8Q8R_01	Num	8	824	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: ADVAIR
106	S8Q8R_02	Num	8	832	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: AEROBID
107	S8Q8R_03	Num	8	840	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: ALBUTEROL
108	S8Q8R_04	Num	8	848	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: ALUPENT
109	S8Q8R_05	Num	8	856	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: ATROVENT
110	S8Q8R_06	Num	8	864	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: AZMACORT
111	S8Q8R_07	Num	8	872	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: BECLMETHASONE DIPROPIONATE
112	S8Q8R_08	Num	8	880	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: BECLOVENT
113	S8Q8R_09	Num	8	888	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: BITOLTEROL
114	S8Q8R_10	Num	8	896	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: BRETHAIRE
115	S8Q8R_11	Num	8	904	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: BUDESONIDE
116	S8Q8R_12	Num	8	912	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: COMBIVENT
117	S8Q8R_13	Num	8	920	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: CROMOLYN
118	S8Q8R_14	Num	8	928	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: FLOVENT
119	S8Q8R_15	Num	8	936	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: FLOVENT ROTADISK
120	S8Q8R_16	Num	8	944	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: FLUNISOLIDE
121	S8Q8R_17	Num	8	952	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: FLUTICASONE
122	S8Q8R_18	Num	8	960	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: INTAL
123	S8Q8R_19	Num	8	968	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: IPRATROPIUM BROMIDE
124	S8Q8R_20	Num	8	976	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: MAXAIR
125	S8Q8R_21	Num	8	984	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: METAPROTERONOL
126	S8Q8R_22	Num	8	992	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: NEDOCROMIL
127	S8Q8R_23	Num	8	1000	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: PIRBUTEROL
128	S8Q8R_24	Num	8	1008	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: PROVENTIL
129	S8Q8R_25	Num	8	1016	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: PULMICORT TURBUHALER
130	S8Q8R_26	Num	8	1024	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: SALMETEROL
131	S8Q8R_27	Num	8	1032	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: SEREVENT
132	S8Q8R_28	Num	8	1040	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: TERBUTALINE
133	S8Q8R_29	Num	8	1048	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: TILADE
134	S8Q8R_30	Num	8	1056	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: TORNALATE
135	S8Q8R_31	Num	8	1064	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: TRIAMCINOLONE ACETONIDE
136	S8Q8R_32	Num	8	1072	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: VANCERIL
137	S8Q8R_33	Num	8	1080	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: VENTOLIN
138	S8Q8R_34	Num	8	1088	YESNOF.	IN THE PAST 3 MONTHS, WHAT MEDICATIONS DID YOU/[THE [AGE] YEAR OLD/NAME]} TAKE BY INHALER: OTHER INHALER USED
139	S8Q8R_34A	Char	100	4726	\$VERB.	OTHER INHALER SPECIFIED
149	S8Q9R	Num	8	1168	YESNOF.	IN THE PAST 3 MONTHS, DID {YOU/[THE [AGE] YEAR OLD/NAME]} TAKE FLOVENT OR FLOVENT ROTADISK USING AN INHALER?
567	S9Q1	Num	8	4456	N10F.	HOW MANY BIOLOGICAL BROTHERS (HAVE YOU/HAS THE [AGE] YEAR OLD) EVER HAD?
568	S9Q2	Num	8	4464	N10F.	HOW MANY BIOLOGICAL SISTERS (HAVE YOU/HAS THE [AGE] YEAR OLD) EVER HAD?
569	S9Q3	Num	8	4472	YESNOF.	WERE EITHER OF YOUR BIOLOGICAL PARENTS EVER TOLD THEY HAVE ASTHMA?
571	S9Q4	Num	8	4488	PR_ASF.	WERE EITHER OF YOUR BIOLOGICAL PARENTS EVER TOLD THEY HAVE ASTHMA: WHO?
572	S9Q5	Num	8	4496	YESNOF.	WAS YOUR BIOLOGICAL BROTHER EVER TOLD HE HAD ASTHMA?
573	S9Q6	Num	8	4504	N10F.	HOW MANY OF YOUR BIOLOGICAL BROTHERS WERE EVER TOLD THEY HAD ASTHMA?

Asthma National Interview File Variables  
In Alphabetical Order

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The CONTENTS Procedure

-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Label
574	S9Q7	Num	8	4512	YESNOF.	WAS YOUR BIOLOGICAL SISTER EVER TOLD THAT SHE HAD ASTHMA?
575	S9Q8	Num	8	4520	N10F.	HOW MANY OF YOUR BIOLOGICAL SISTERS WERE EVER TOLD THEY HAD ASTHMA?
576	S9Q9	Num	8	4528	YESNOF.	WERE ANY OF YOUR BIOLOGICAL GRANDPARENTS EVER TOLD THEY HAD ASTHMA?
577	S9Q10_01	Num	8	4536	YESNOF.	WHICH OF YOUR BIOLOGICAL GRANDPARENTS WERE TOLD THEY HAD ASTHMA: MOTHER'S MOTHER
578	S9Q10_02	Num	8	4544	YESNOF.	WHICH OF YOUR BIOLOGICAL GRANDPARENTS WERE TOLD THEY HAD ASTHMA: MOTHER'S FATHER
579	S9Q10_03	Num	8	4552	YESNOF.	WHICH OF YOUR BIOLOGICAL GRANDPARENTS WERE TOLD THEY HAD ASTHMA: FATHER'S MOTHER
580	S9Q10_04	Num	8	4560	YESNOF.	WHICH OF YOUR BIOLOGICAL GRANDPARENTS WERE TOLD THEY HAD ASTHMA: FATHER'S FATHER
570	SIBASTH	Num	8	4480	CSA.	DO YOU HAVE ANY SIBLINGS AND WHAT IS THEIR ASTHMA STATUS?
527	SOTHER_40_1	Num	8	4160		Cough/cold medication
528	SOTHER_40_2	Num	8	4168		Allergy medication
529	SOTHER_40_3	Num	8	4176		Other medication (not cold/cough/allergy)
530	SOTHER_40_4	Num	8	4184		Prescription asthma medication, but not a syrup
531	SOTHER_40_5	Num	8	4192		Unidentifiable word or not a medication
532	SOTHER_40_6	Num	8	4200		Back code verbatim to value indicated
533	SOTHER_40_7	Num	8	4208		Over the counter asthma syrup
534	SOTHER_40_8	Num	8	4216		Valid asthma prescription syrup
535	SOTHER_40_96	Num	8	4224		Don't know
4	SPANISH	Num	8	16	SPANISH.	CATI FLAG. CASE PLACED IN SPANISH QUEUE
597	STRATUM	Num	8	4696		IAP IDS COLLAPSED
24	WEIGHTR	Num	8	176		DERIVED. RESPONDENT WEIGHT IN POUNDS (TOP AND BOTTOM CODED)
25	WGHT_FLG	Num	8	184		FLAG INDICATING WEIGHT WAS EITHER TOP OR BOTTOM CODED