

**National Population Health Survey**

**Asthma Supplement (Quarters 2 - 4)  
Cycle 2 (1996-1997)**

**Questionnaire**

**Statistics Canada**

March, 1998

FOR INFORMATION ONLY

**NATIONAL POPULATION HEALTH SURVEY  
ASTHMA SUPPLEMENT (QUARTERS 2-4)**

AS PROXY For selected persons aged 12 and over:  
INTERVIEWER: Is the questionnaire being completed by %FNAME%?

CCA6\_PX1

- 1 Yes
- 2 No (Specify relationship and reason for proxy)  
DK, R

AS Q1 **To begin, %does/do% %FNAME/you% have asthma that has been DIAGNOSED BY A DOCTOR?**

CCA6\_I

- 1 Yes (Go to INTRO2)
- 2 No  
DK, R

AS Q1A **%Has/Have% %he/she/you% ever had asthma?**

CCA6\_IA

- 1 Yes
- 2 No (Go to THANK3)  
DK, R (Go to THANK3)

AS Q1B **When did it disappear?**

\*\*\*Enter month and year\*\*\*

CCA6\_IBM

\_\_\_ Month (MIN: 01 MAX: 12)

CCA6\_IBY

\_\_\_ Year (MIN: year of birth MAX: current year)

DK, R

(Go toTHANK3)

AS INTRO2 **The next few questions are about the nature of %FNAME's/your% asthma. During the interview, we'll be referring to asthma attacks and to asthma symptoms. ASTHMA SYMPTOMS include wheezing or whistling in the chest, shortness of breath, difficulty breathing, chest tightness and cough. An ASTHMA ATTACK is a worsening of asthma "symptoms" that results in an interruption of ongoing activities or requires procedures, such as taking medicine, to relieve the asthma symptoms.**

AS Q2 **%Has/Have% %he/she/you% had any asthma symptoms or asthma attacks IN THE LAST 12 MONTHS?**

CCA6\_2

- 1 Yes
- 2 No  
DK, R

AS Q3  
CCA6\_3

**In the last 12 months, %has/have% %he/she/you% TAKEN any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections? This includes medicine taken regularly or only when needed.**  
\*\*\*Confirmation allowed\*\*\*

- 1 Yes (Go to Q6)
- 2 No  
DK, R

AS C3 If Q2 = 1, go to Q6. Otherwise, go to THANK3.

AS Q6  
CCA6\_6

**Thinking back, how old %was/were% %FNAME/you% when %he/she/you% had %his/her/your% FIRST asthma symptoms? (Probe: the first time ever.)**  
\*\*\*Enter age\*\*\*  
\*\*\*Probe for an estimate\*\*\*

\_\_\_ Years (MIN: 000 MAX: current age)

DK, R

AS C3A If Q6 = current age, go to Q5. If Q6 = current age - 1, go to Q4. Otherwise, go to Q7.

AS Q4  
CCA6\_4

**Was this in the last 12 months?**

- 1 Yes
- 2 No (Go to Q7)  
DK, R (Go to Q7)

AS Q5  
CCA6\_5

**Which month was it?**  
\*\*\*Confirmation allowed\*\*\*

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- DK, R

AS Q7  
CCA6\_7

**How old %was/were% %he/she/you% when a doctor FIRST diagnosed %his/her/your% asthma?**  
\*\*\*Enter age\*\*\*  
\*\*\*Probe for an estimate\*\*\*

\_\_\_ Years (MIN: age in Q6 MAX: current age)

DK, R

AS Q10A **Is %FNAME's/your% asthma brought on or made worse by any of the following:**  
\*\*\*Confirmation allowed\*\*\*

- CCA6\_10A ... dust?
- CCA6\_10B ... feathers such as pillows, quilts or duvets?
- CCA6\_10C ... dampness or humidity?
- CCA6\_10D ... mold or mildew?
- CCA6\_10E ... animals such as cats, dogs or birds?
- CCA6\_10F ... pollen, flowers, grass, plants or trees?
- CCA6\_10G ... perfumes or colognes?
- CCA6\_10H ... certain foods?
- CCA6\_10I ... certain medicines?
- CCA6\_10J ... colds or chest infections?
- CCA6\_10K ... exercise, sports or hard playing?
- CCA6\_10L ... stress or emotions?
- CCA6\_10M ... cold air?
- CCA6\_10N ... fumes from a WOOD stove or wood furnace or fireplace?
- CCA6\_10O ... outdoor air pollution?
- CCA6\_10P ... tobacco smoke?
- CCA6\_10Q ... a change in temperature or weather?

- 1 Yes
- 2 No  
DK, R

AS Q10B **Is %FNAME's/your% asthma brought on or made worse by chemical fumes or gases, for example chlorine, paint or cleaners?**

CCA6\_9

- 1 Yes
- 2 No (Go to Q10F)  
DK, R (Go to Q10F)

AS Q10C **Which fumes or gases?**  
\*\*\*Do not read list. Mark ALL that apply.\*\*\*

- CCA6\_9A 01 Chlorine
- CCA6\_9B 02 Paint
- CCA6\_9C 03 Cleaners
- CCA6\_9D 04 Gasoline
- CCA6\_9E 05 Glue
- CCA6\_9F 06 Aerosols
- CCA6\_9G 07 Motor vehicle exhaust
- CCA6\_9H 08 Ammonia
- CCA6\_9I 09 Other (Specify)  
DK, R

AS Q10F **Does anything else bring on or worsen %his/her/your% asthma?**

CCA6\_10R

- 1 Yes (Specify)
- 2 No  
DK, R

AS Q10G **Are any of the following pets kept inside your home:**

\*\*\*Confirmation allowed\*\*\*

- CCA6\_8A ... **cats?**
- CCA6\_8B ... **dogs?**
- CCA6\_8C ... **birds?**
- CCA6\_8D ... **gerbils, hamsters, guinea pigs, mice or rats?**
- CCA6\_8E ... **any other pets?** (Specify)

- 1 Yes
- 2 No  
DK, R

AS C4 If age < 12, go to Q38.

AS Q36 **At the present time, %does/do% %FNAME/you% smoke cigarettes daily, occasionally or not at all?**

CCA6\_36

- 1 Daily
- 2 Occasionally (Go to Q38)
- 3 Not At All (Go to Q38)  
DK, R (Go to Q38)

AS Q37 **How many cigarettes %does/do% %he/she/you% smoke each day now?**

CCA6\_37

\*\*\*Enter number of cigarettes\*\*\*

\*\*\*Verify responses greater than 60\*\*\*

\_\_\_ Cigarettes (MIN: 00 MAX: 99)

DK, R

(Go to Q11A)

AS Q38 **In the last 12 months, %was/were% %he/she/you% exposed to second hand smoke on MOST days?**

CCA6\_38

- 1 Yes
- 2 No (Go to Q11A)  
DK, R (Go to Q11A)

AS C5 If age < 12, go to Q39A2.

AS Q39A1

**Was this:**

CCA6\_39A  
CCA6\_39B  
CCA6\_39C  
CCA6\_39D  
CCA6\_39E  
CCA6\_39G  
CCA6\_39H

... at home?  
... in the car?  
... in public places such as restaurants, bars, malls?  
... at friends' or relatives' homes?  
... at work?  
... at school?  
... anywhere else? (Specify)

- 1 Yes
- 2 No
- 3 Not applicable  
DK, R

(Go to Q11A)

AS Q39A2

**Was this:**

CCA6\_39A  
CCA6\_39B  
CCA6\_39C  
CCA6\_39D  
CCA6\_39F  
CCA6\_39G  
CCA6\_39H

... at home?  
... in the car?  
... in public places such as restaurants, bars, malls?  
... at friends' or relatives' homes?  
... at a babysitter's?  
... at school?  
... anywhere else? (Specify)

- 1 Yes
- 2 No
- 3 Not applicable  
DK, R

AS Q11A

**Does %his/her/your% BEDROOM have any of the following:**

CCA6\_11A  
CCA6\_11B  
CCA6\_11C  
CCA6\_11D  
CCA6\_11E  
CCA6\_11F

... wall to wall carpeting?  
... rugs?  
... curtains excluding plastic blinds and valences?  
... upholstered or soft furnishings such as a chair (excluding a bed)?  
... a mattress covered in plastic or airtight covers?  
... pillows covered in plastic or airtight covers?

- 1 Yes
- 2 No  
DK, R

AS Q11B

**Are %his/her/your% bed sheets and pillow cases washed in HOT water weekly?**

CCA6\_11G

- 1 Yes
- 2 No  
DK, R

AS Q11C **Are any of the following used in your HOME:**

- CCA6\_11H ... baseboard heaters or radiators?
- CCA6\_11I ... wood stove or wood furnace or fireplace?
- CCA6\_11J ... forced air heating such as a gas or oil furnace?
- CCA6\_11K ... any other heating system? (Specify)

- 1 Yes
- 2 No  
DK, R

AS Q11D **(Are any of the following used in your HOME:)**

- CCA6\_11L ... air conditioning?
- CCA6\_11M ... humidifier?
- CCA6\_11N ... dehumidifier?
- CCA6\_11O ... electronic air filter?
- CCA6\_11P ... any other air cleaning device? (Specify)

- 1 Yes
- 2 No  
DK, R

AS Q11E **Water damage, from broken pipes, leaks or floods, and moisture in the air can cause mold and mildew to form. In the last 12 months, has there often been mold or mildew in any of the following areas in your home:**

- CCA6\_11Q ... bathrooms?
- CCA6\_11R ... bedrooms?
- CCA6\_11S ... kitchen?
- CCA6\_11T ... basement or attic?
- CCA6\_11U ... other living areas?

- 1 Yes
- 2 No  
DK, R

AS INTRO3 **The next questions are about the asthma medicine %FNAME/you% %has/have% BEEN ON. When I say BEEN ON, this refers to medicines prescribed by a doctor regardless of whether they have actually been taken. Also be sure to include medicines that are to be used on a regular basis as well as those to be used only for asthma attacks.**

AS Q12 **In the LAST 12 MONTHS, %has/have% %he/she/you% been on any asthma medicine such as inhalers (puffers), nebulizers (pumps), pills, liquids, needles or suppositories?**

CCA6\_12

- 1 Yes
- 2 No (Go to Q15A2)  
DK, R (Go to Q15A2)

AS Q13 **In the LAST MONTH, %has/have% %he/she/you% been on any asthma medicine?  
Remember to include medicine prescribed for asthma even though %FNAME/you%  
may not have actually taken it.**  
*CCA6\_13*

- 1 Yes
- 2 No (Go to C14)  
DK, R (Go to C14)

AS INTRO4 **Now a few questions about the asthma medicine %FNAME/you% %has/have%  
BEEN ON in the LAST MONTH. I need to know the name of EACH medicine and  
how it's taken. (You may go and get the medicine if it will help you answer the  
questions.)**

NOTE: Questions Q14A to Q14G form the first Drug roster and are asked for a maximum  
of 10 drugs.

AS C14 If Q13 is not equal to 1, go to Q15A2.

AS Q14A **What is the exact name of %the/the next% prescription medicine?  
\*\*\*Confirmation allowed\*\*\*  
\*\*\*Do not read list. Enter only ONE response.\*\*\***  
*CCA6\_M1A*

- 175 Other (Specify)  
DK, R

NOTE 1: See Appendix A for the list of drugs and codes used in the application.  
NOTE 2: A maximum of 10 drugs can be reported, either in Drug Roster #1 or Drug  
Roster #2. The variable names shown are for the first drug reported. For each  
additional drug reported, position 7 should be increased by one (e.g.  
CCA6\_M2A for the second drug reported, CCA6\_M3A for the third drug  
reported, etc.)

AS Q14B **Is it taken by...?  
\*\*\*Confirmation allowed\*\*\*  
\*\*\*Read list. Enter only ONE response.\*\*\***  
*CCA6\_M1B*

- 1 **inhaler (puffer)**
- 2 **nebulizer (pump)**
- 3 **pill (capsule)**
- 4 **liquid (syrup)**
- 5 **needle (injection)**
- 6 **suppository**
- 7 **other (Specify)**  
DK, R

AS Q14C **Did the doctor tell %him/her/you% to take it ...?**

\*\*\*Confirmation allowed\*\*\*

\*\*\*Read list. Mark ALL that apply.\*\*\*

- |          |   |  |
|----------|---|--|
| CCA6_M1C | 4 | <b>as needed</b>   |
| CCA6_M1D | 1 | <b>before exercise or exposure to asthma triggers</b>    |
| CCA6_M1E | 2 | <b>regularly - but only at certain times of the year</b> |
| CCA6_M1F | 3 | <b>regularly - throughout the year</b>                   |
| CCA6_M1G | 5 | <b>other (Specify)</b>                                   |
|          |   | DK, R  |

AS Q14D **In actual practice, %is/are% %he/she/you% taking it as prescribed?**

- |          |   |       |              |
|----------|---|-------|--------------|
| CCA6_M1H | 1 | Yes   | (Go to Q14G) |
|          | 2 | No    |              |
|          |   | DK, R | (Go to Q14G) |

AS Q14E **%Is/Are% %he/she/you% taking it more, less or not at all?**

- |          |   |            |               |
|----------|---|------------|---------------|
| CCA6_M1I | 1 | More       |               |
|          | 2 | Less       | (Go to Q14F2) |
|          | 3 | Not at all | (Go to Q14F2) |
|          |   | DK, R      | (Go to Q14G)  |

AS Q14F1 **Why?**

CCA6\_M1J

\*\*\*Probe for main reason\*\*\*

\*\*\*Do not read list. Enter only ONE response.\*\*\*

- 01 Doctor's instructions were not explained clearly
  - 03 Doesn't seem to work
  - 08 Asthma has not improved
  - 09 To control symptoms
  - 11 Other (Specify)
- DK, R

(Go to Q14G)

AS Q14F2 **Why?**

CCA6\_M1K

\*\*\*Probe for main reason\*\*\*

\*\*\*Do not read list. Enter only ONE response.\*\*\*

- 01 Doctor's instructions were not explained clearly
  - 02 Don't like the way it makes me feel
  - 03 Doesn't seem to work
  - 04 Inconvenient or awkward to take
  - 05 Forget to take it
  - 06 Too expensive
  - 07 Asthma has improved
  - 10 Don't need as much to control symptoms
  - 11 Other (Specify)
- DK, R

AS Q14G **In the last month, %has/have% %he/she/you% been on any other prescription medicine for asthma? (Remember to include medicine to relieve an asthma attack whether %FNAME/you% %has/have% taken it or not.)**  
CCA6\_MIL

- 1 Yes (Go to Q14A for the next medicine)
- 2 No  
DK, R

AS Q15A1 **Counting the medicine we just talked about, %does/do% %FNAME/you% have medicine to RELIEVE an asthma attack?**  
CCA6\_15

\*\*\*For definition of asthma attack, press F8\*\*\*

- 1 Yes (Go to C6)
- 2 No (Go to INTRO5)  
DK, R (Go to INTRO5)

AS Q15A2 **%Does/Do% %FNAME/you% have medicine to RELIEVE an asthma attack?**  
CCA6\_15

\*\*\*For definition of asthma attack, press F8\*\*\*

- 1 Yes
- 2 No (Go to INTRO5)  
DK, R (Go to INTRO5)

AS C6 If Q13 is not equal to 1, go to INTRO4A. Otherwise, go to Q16A.

AS INTRO4A **Now a few questions about the asthma medicine %FNAME/you% %has/have% to RELIEVE an asthma attack in the LAST MONTH. I need to know the name of EACH medicine and how it's taken. Include all medicines regardless of whether they have actually been taken. (You may go and get the medicine if it will help you answer the questions.)**

NOTE: Questions Q15A to Q15G form the second Drug roster and are asked for up a maximum of 10 drugs resulting from the probe, Q15A2.

AS Q15A **What is the exact name of "the/the next" prescription medicine?**  
CCA6\_MIA

\*\*\*Confirmation allowed\*\*\*

\*\*\*Do not read list. Enter only ONE response.\*\*\*

- 175 Other (Specify)  
DK, R

NOTE 1: See Appendix A for the list of drugs and codes used in the application.

NOTE 2: A maximum of 10 drugs can be reported, either in Drug Roster #1 or Drug Roster #2. The variable names shown are for the first drug reported. For each additional drug reported, position 7 should be increased by one (e.g. CCA6\_M2A for the second drug reported, CCA6\_M3A for the third drug reported, etc.)

AS Q15B **Is it taken by...?**  
\*\*\*Confirmation allowed\*\*\*  
CCA6\_M1B \*\*\*Read list. Enter only ONE response.\*\*\*

- 1 **inhaler (puffer)**
- 2 **nebulizer (pump)**
- 3 **pill (capsule)**
- 4 **liquid (syrup)**
- 5 **needle (injection)**
- 6 **suppository**
- 7 **other (Specify)**  
DK, R

AS Q15C **Did the doctor tell %him/her/you% to take it ...?**  
\*\*\*Confirmation allowed\*\*\*  
\*\*\*Read list. Mark ALL that apply.\*\*\*

- CCA6\_M1C 4 **as needed**  
CCA6\_M1D 1 **before exercise or exposure to asthma triggers**  
CCA6\_M1E 2 **regularly - but only at certain times of the year**  
CCA6\_M1F 3 **regularly - throughout the year**  
CCA6\_M1G 5 **other (Specify)**  
DK, R

AS Q15D **In actual practice, %is/are% %he/she/you% taking it as prescribed?**

- CCA6\_M1H
- 1 Yes (Go to Q15G)
  - 2 No  
DK, R (Go to Q15G)

AS Q15E **%Is/Are% %he/she/you% taking it more, less or not at all?**

- CCA6\_M1I
- 1 More
  - 2 Less (Go to Q15F2)
  - 3 Not at all (Go to Q15F2)  
DK, R (Go to Q15G)

AS Q15F1 **Why?**  
\*\*\*Probe for main reason\*\*\*  
CCA6\_M1J \*\*\*Do not read list. Enter only ONE response.\*\*\*

- 01 Doctor's instructions were not explained clearly
- 03 Doesn't seem to work
- 08 Asthma has not improved
- 09 To control symptoms
- 11 Other (Specify)  
DK, R

(Go to Q15G)

AS Q15F2 **Why?**

CCA6\_M1K

\*\*\*Probe for main reason\*\*\*

\*\*\*Do not read list. Enter only ONE response.\*\*\*

- 01 Doctor's instructions were not explained clearly
- 02 Don't like the way it makes me feel
- 03 Doesn't seem to work
- 04 Inconvenient or awkward to take
- 05 Forget to take it
- 06 Too expensive
- 07 Asthma has improved
- 10 Don't need as much to control symptoms
- 11 Other (Specify)  
DK, R

AS Q15G

CCA6\_M1L

**In the last month, %has/have% %he/she/you% been on any other prescription medicine for asthma?**

\*\*\*For definition of been on, PRESS F8\*\*\*

- 1 Yes (Go to Q15A for the next medicine)
- 2 No  
DK, R

AS Q16A

**%Does/Do% %he/she/you% take %his/her/your% asthma attack medicine... ?**

\*\*\*Read the first 2 options. Mark ALL that apply.\*\*\*

CCA6\_16A

CCA6\_16B

CCA6\_16C

- 1 **at the beginning of, or just before an attack**
- 2 **when the attack becomes more severe**
- 3 **at some other time** (Specify)  
DK, R

AS Q17A

CCA6\_17A

**DURING AN ASTHMA ATTACK, how often %does/do% %he/she/you% take MORE than the prescribed amount of medicine to get rid of %his/her/your% breathing problems?**

- 1 **Always**
- 2 **Often**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never**  
DK, R

AS INTRO5

**Now some questions about the severity of %FNAME's/your% asthma.**

AS Q18

CCA6\_18

**%Has/Have% %he/she/you% had an asthma attack in the last 12 months?**

- 1 Yes (Go to Q20)
- 2 No  
DK, R

AS Q19 **In the last 12 months, how often %has/have% %he/she/you% experienced asthma SYMPTOMS? Remember: Asthma symptoms include wheezing or whistling in the chest, shortness of breath, difficulty breathing, chest tightness and cough.**

CCA6\_19

- 1 **Continuously (daily or almost daily)**
  - 2 **Often (one or more times a month)**
  - 3 **Rarely (less than once a month)**
  - 4 **Not at all**
- DK, R

(Go to Q24)

AS Q20 **Was %his/her/your% VERY FIRST asthma attack in the last 12 months?**

CCA6\_20

- 1 Yes (Go to Q22)
  - 2 No
- DK, R

AS Q21 **What time of the year %does/do% %he/she/you% USUALLY have asthma attacks? \*\*\*Read list. Mark ALL that apply.\*\*\***

CCA6\_21A

CCA6\_21B

CCA6\_21C

CCA6\_21D

CCA6\_21E

CCA6\_21F

- 1 **Spring**
  - 2 **Summer**
  - 3 **Fall**
  - 4 **Winter**
  - 5 **All Year**
  - 6 **No specific time of year**
- DK, R

NOTE: It is not possible to enter code 5 or 6 and any other response.

AS Q22 **In the last 12 months, how often %has/have%%he/she/you% had an asthma attack? (You can answer this with the total number of times or the number of times weekly or monthly.)**

CCA6\_22

\*\*\*Enter number of times\*\*\*  
\*\*\*Verify responses greater than 55\*\*\*

\_\_\_\_\_ times (MIN: 000 MAX: 999)

DK, R

CCA6\_22P 1 Total number of times

- 2 Weekly
  - 3 Monthly
- DK, R

NOTE: The responses were on one screen, with the number of times entered first and then, if the number >= 1, the unit of measurement was recorded.

AS Q23 **(In the last 12 months), excluding asthma attacks, how often %has/have% %he/she/you% experienced asthma symptoms? (Remember: Asthma symptoms include wheezing or whistling in the chest, shortness of breath, difficulty breathing, chest tightness and cough.)**

CCA6\_23

- 1 Continuously (daily or almost daily)
  - 2 Often (one or more times a month)
  - 3 Rarely (less than once a month)
  - 4 Not at all
- DK, R

AS Q24 **In the last 12 months, how often has %his/her/your% sleep been disturbed due to asthma? You can answer this with the total number of times or the number of times weekly or monthly.**

CCA6\_24

\*\*\*Enter number of times\*\*\*  
\*\*\*Verify responses greater than 55\*\*\*

\_\_\_ Times (MIN: 000 MAX: 500)

DK, R

- CCA6\_24P
- 1 Total number of times
  - 2 Weekly
  - 3 Monthly
- DK, R

NOTE: The responses were on one screen, with the number of times entered first and then, if the number  $\geq 1$ , the unit of measurement was recorded.

AS Q25 **In the last 12 months, how many times %has/have% %he/she/you% VISITED any type of DOCTOR for asthma? Include doctors seen in an emergency room.**

CCA6\_25

\*\*\*Enter number of visits\*\*\*  
\*\*\*Verify responses greater than 10\*\*\*

\_\_\_ Visits (MIN: 000 MAX: 500)

DK, R

AS C26A If Q25 = 000 or DK or R, go to Q27A.  
If age < 19, go to Q26A.  
If age  $\geq 19$ , go to Q26B.

AS Q26A      **In the last 12 months, which of the following types of doctors did %he/she/you% see FOR ASTHMA:**

- CCA6\_26A      ... family doctor?
- CCA6\_26B      ... doctor in a walk-in or after hours clinic?
- CCA6\_26C      ... pediatrician?
- CCA6\_26D      ... lung doctor/internist/respirologist?
- CCA6\_26E      ... allergy doctor/immunologist?
- CCA6\_26F      ... emergency room doctor?
- CCA6\_26G      ... any other kind of doctor for asthma? (Specify)

- 1      Yes
- 2      No
- DK, R

(Go to Q27A)

AS Q26B      **In the last 12 months, which of the following types of doctors did %he/she/you% see FOR ASTHMA:**

- CCA6\_26A      ... family doctor?
- CCA6\_26B      ... doctor in a walk-in or after hours clinic?
- CCA6\_26D      ... lung doctor/internist/respirologist?
- CCA6\_26E      ... allergy doctor/immunologist?
- CCA6\_26F      ... emergency room doctor?
- CCA6\_26G      ... any other kind of doctor for asthma? (Specify)

- 1      Yes
- 2      No
- DK, R

AS Q27A      **How many times, in the last 12 months, %has/have% %he/she/you% visited a HOSPITAL EMERGENCY ROOM because of asthma?**

CCA6\_27A      \*\*\*Enter number of times\*\*\*  
\*\*\*Verify responses greater than 5\*\*\*

\_\_\_ Times (MIN: 00 MAX: 99)

DK, R

AS Q27B      **How many times, in the last 12 months, %has/have% %he/she/you% spent a night or longer in HOSPITAL because of asthma?**

CCA6\_27B      \*\*\*Enter number of times\*\*\*  
\*\*\*Verify responses greater than 5\*\*\*

\_\_\_ Times (MIN: 00 MAX: 99)

DK, R

AS Q28            **How many days, in the last 12 months, %has/have% %FNAME/you%% missed school or work, or been unable to participate at all in %his/her/your% usual activities because of asthma?**

CCA6\_28

\*\*\*Enter days\*\*\*  
\*\*\*Verify responses greater than 15\*\*\*

\_\_\_ Days (MIN: 000 MAX: 366)

DK, R

AS INTRO6       **Now some questions about information on asthma which will help to improve future asthma programs.**

NOTE: For selected persons aged 12 and over, the following section on asthma education asks the questions about that person. For selected persons under 12 years of age, the questions are asked about that person and his/her parent.

AS Q29A           **To begin, %has/have% %FNAME/you/you or FNAME% EVER received asthma information or education from any of the following PEOPLE:**

- CCA6\_29A        ... family doctor?
- CCA6\_29B        ... doctor in a walk-in or after hours clinic?
- CCA6\_29C        ... emergency room doctor?
- CCA6\_29D        ... other medical specialist such as a pediatrician, lung doctor, or allergy doctor?
- CCA6\_29E        ... nurse in doctor's office or clinic?
- CCA6\_29F        ... nurse in hospital?
- CCA6\_29G        ... nurse at school or work?
- CCA6\_29H        ... public or community health nurse?
- CCA6\_29I        ... pharmacist?
- CCA6\_29J        ... respiratory therapist?
- CCA6\_29K        ... physiotherapist?
- CCA6\_29L        ... teacher?
- CCA6\_29M        ... family member?
- CCA6\_29N        ... friend?

- 1        Yes
  - 2        No
- DK, R

AS Q29B           **%Has/Have% %FNAME/you/you or FNAME% EVER received asthma information or education from a voluntary organization such as the Lung Association or the Asthma Society?**

CCA6\_290

- 1        Yes
  - 2        No
- DK, R

AS Q29C      **%Has/Have% %FNAME/you/you or FNAME% EVER obtained asthma information by researching the topic %himself/herself/yourself%?**  
CCA6\_29P

- 1      Yes
- 2      No  
         DK, R

AS Q29D      **%Has/Have% %FNAME/you/you or FNAME% EVER received information from any other PEOPLE?**  
CCA6\_29Q

- 1      Yes      (Specify)
- 2      No  
         DK, R

AS Q30A      **%Has/Have% %FNAME/you/you or FNAME% EVER received asthma information or education in any of the following WAYS:**

- CCA6\_30A      ... medication inserts?
- CCA6\_30B      ... pamphlets or brochures?
- CCA6\_30C      ... books or booklets?
- CCA6\_30D      ... video tapes?
- CCA6\_30E      ... advice given during a medical visit?
- CCA6\_30F      ... group sessions?
- CCA6\_30G      ... private sessions specifically for this purpose?
- CCA6\_30H      ... TV or radio reports?
- CCA6\_30I      ... newspaper or magazine articles?
- CCA6\_30J      ... Internet?
- CCA6\_30K      ... any other way? (Specify)

- 1      Yes
- 2      No  
         DK, R

AS Q31      **%Has/Have% %FNAME/you/you or FNAME% EVER received any asthma information or education on any of the following TOPICS:**

- CCA6\_31A      ... avoiding things that bring on asthma or make it worse?
- CCA6\_31B      ... correct use of medicine?
- CCA6\_31C      ... what to do when having an asthma attack?
- CCA6\_31D      ... when to go to the hospital emergency room?
- CCA6\_31E      ... how to live a normal life with asthma?
- CCA6\_31F      ... how to use a peak flow metre? (a hand-held device used to measure how hard you can blow)
- CCA6\_31G      ... how to use an inhaler (puffer)?
- CCA6\_31H      ... any other topic? (Specify)

- 1      Yes
- 2      No  
         DK, R

AS Q32  
CCA6\_32      **%Has/Have% %FNAME/you/you or FNAME% ever been given a personal asthma self management plan? This is a WRITTEN plan that tells you how to adjust the amount of medicine depending on the severity of symptoms, and when to seek medical care.**

- 1      Yes
- 2      No  
         DK, R

AS Q33  
CCA6\_33      **Has the use of an INHALER(PUFFER) ever been DEMONSTRATED to %FNAME/you/you or FNAME% by a health care professional?**

- 1      Yes
- 2      No  
         DK, R

AS C17B      If # of inhalers reported in the drug rosters is >= 1, go to C17B. Otherwise, go to C34.

AS Q17B  
CCA6\_17B      **%Does/Do% %he/she/you% use a spacer or an aerochamber with %his/her/your% inhaler (puffer)? (A spacer or aerochamber is a tube which is positioned between your inhaler and mouth and acts as a temporary holding chamber for medication.)**

- 1      Yes
- 2      No  
         DK, R

AS C34      If age < 5, go to SHARE.

AS Q34  
CCA6\_34      **Has the use of a PEAK FLOW METRE ever been DEMONSTRATED to %FNAME/you/you or FNAME% by a health care professional? (A peak flow metre is a hand-held device used to measure how hard you can blow.)**

- 1      Yes
- 2      No  
         DK, R

AS Q35  
CCA6\_35      **%Does/Do% %FNAME/you% use a PEAK FLOW METRE at home? (A peak flow metre is a hand-held device used to measure how hard you can blow.)**

- 1      Yes
- 2      No  
         DK, R

AS SHARE  
CCA6\_SHA      **Statistics Canada is conducting this survey jointly with Health Canada. No names, addresses or telephone information will be given to Health Canada. All your information will be kept confidential and used only for statistical purposes. Do you agree to share the information provided?**

- 1      Yes
- 2      No  
         DK, R

**NPHS, Asthma Supplement, Cycle 2 (1996 - 1997)**

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AS PROXY2 For selected persons aged 12 and over:  
INTERVIEWER: Was the questionnaire completed by %FNAME%?  
**CCA6\_PX2**

- 1 Yes
- 2 No (Specify relationship and reason for proxy)  
DK, R

AS REASON2 For selected persons under 12 years of age:  
INTERVIEWER: Record relationship of respondent to selected person.  
**CCA6\_RS3**

AS THANK **We've come to the end of the survey. Do you have any comments concerning the project?**

- 1 Yes (Specify)
- 2 No  
DK, R

AS THANKA **Thank you very much for your participation in this survey.**

(Go to EXIT)

AS THANK3 **Since this survey applies to people who currently have asthma, that's all the information we need right now. Thank you very much for your help.**

AS EXIT End of application

FOR INFORMATION ONLY