

MCAN Common Data Elements

SITE-SPECIFIC INTRODUCTION AND INSTRUCTIONS

Interview information

Patient ID _____

Date ____/____/____ [E.G., 12/31/1999]
M M/D D/ Y Y Y Y

Survey Administration Method

- 1 Telephone
2 In-person by Interviewer
3 Mail
4 Self-Administered
5 Other, _____

Survey (check one):

- 1 Baseline
2 6 month follow-up
3 12 month follow-up
4 Other, _____

PLEASE CHECK INTERVENTIONS IN WHICH CHILD/FAMILY HAS PARTICIPATED

Chicago

Recruited through:

- School
 Doctor
 Patient referral
 Community screen
 Other
- Referral to mobile van
 Referral to asthma specialist
 Home visit 1
 (If no home visit 1) Provided trigger education at different location: telephone/outside home/no education
 Home visit 2 (trigger assessment and mitigation)
 Referral to other social services (non-asthma): yes/no
- Total number of home visits _____

Los Angeles

- 1 Breathmobile
2 Received Materials/Instructions from Nurse Case Manager
3 Health Insurance Outreach, Enrollment, and Retention
4 Open Airways
5 Starbright Asthma Kit used in school curriculum
6 Tobacco Use Prevention Education Program
7 Home Visitation by Nurse Case Manager using CASA Teaching Manual
8 Received Home Mitigation Materials

New York

- 1 Referral to Win Care Coordination: yes/no
- 2 Referral to asthma educational programs: yes/no
- 3 Referral to IPM: yes/no
- 4 Recruited through: school/doctor/ED/hospital in-patient/other
- 5 Home visit for environmental assessment and trigger reduction education: yes/no
- 6 If no home visit , provided trigger education at different location: telephone/outside home
- 7 Referral to other social services (non-asthma): yes/no
- 8 Help obtaining medical insurance: yes/no
- 9 Education on managing asthma medication: yes/no
- 10 Help creating an Asthma Action Plan: yes/no
- 11 Training provided to child's doctor: yes/no
- 12 Total number of home visits: _____

Philadelphia

Recruited through:

- School
 - Doctor
 - CAPPs class
 - Community screen
 - Other

 - Referral to asthma specialist
 - Referral to Primary care physician or other primary care
 - Referral to Link line
 - Home visit for trigger reduction education
 - (If no home visit 1) Provided trigger education at different location: telephone/outside home/no education
 - Referral to other social services (non-asthma): yes/no
 - Education on managing asthma medication
 - Referral to Primary care physician or other primary care
 - Referral to Link line
- Total number of home visits _____

Puerto Rico

Recruited through:

- School
 - Doctor
 - Other

 - Home environmental assessment check list completed during home visit
 - Safe sleeping zone assessment completed during home visit
 - Other ICAS modules completed during home visit
 - Evaluation by asthma primary care physician
 - Child had initial clinical assessment
 - Child had allergy testing in clinic
 - Child received asthma education in clinic
 - Supplied patient with peak flow meter and machine
 - Child exposed to Open Airways class
- Total number of home visits _____
- Total number of other contacts with child and/or caregiver outside clinic visits _____

WE WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT MEDICATIONS [CHILD'S NAME] MAY TAKE FOR [HIS/HER] ASTHMA. THESE COULD BE OVER-THE-COUNTER MEDICATIONS OR A DOCTOR MAY HAVE PRESCRIBED OR GIVEN THEM TO YOU FOR [CHILD'S NAME] ASTHMA.

1. Does [CHILD'S NAME] currently take medication for asthma? [ASK OPEN-ENDED, DO NOT READ OPTIONS TO RESPONDENT]

- 1 Yes [GO TO QUESTION 2]
- 2 No [SKIP TO QUESTION 4]
- 994 Don't Know [SKIP TO QUESTION 4]
- 997 Refused [SKIP TO QUESTION 4]

2. Please tell us the names of those medications and whether it is taken every day or as needed: *[ASK OPEN-ENDED, DO NOT READ OPTIONS TO RESPONDENT; ADD MORE LINES IF CHILD TAKES MORE THAN SIX (6) MEDICATIONS FOR ASTHMA]*

*[PROMPT: THESE COULD BE OVER-THE-COUNTER OR DOCTOR PRESCRIBED MEDICATIONS]
 [PROMPT: IF RESPONDENT ANSWERS INHALER, ASK IF THEY KNOW THE NAME OF THE INHALER]*

2.1M Medication 1 _____	2.1T	1	<input type="checkbox"/> Every day	2	<input type="checkbox"/> As needed
	994		<input type="checkbox"/> Don't Know	997	<input type="checkbox"/> Refused
2.2M Medication 2 _____	2.2T	1	<input type="checkbox"/> Every day	2	<input type="checkbox"/> As needed
	994		<input type="checkbox"/> Don't Know	997	<input type="checkbox"/> Refused
2.3M Medication 3 _____	2.3T	1	<input type="checkbox"/> Every day	2	<input type="checkbox"/> As needed
	994		<input type="checkbox"/> Don't Know	997	<input type="checkbox"/> Refused
2.4M Medication 4 _____	2.4T	1	<input type="checkbox"/> Every day	2	<input type="checkbox"/> As needed
	994		<input type="checkbox"/> Don't Know	997	<input type="checkbox"/> Refused
2.5M Medication 5 _____	2.5T	1	<input type="checkbox"/> Every day	2	<input type="checkbox"/> As needed
	994		<input type="checkbox"/> Don't Know	997	<input type="checkbox"/> Refused
2.6M Medication 6 _____	2.6T	1	<input type="checkbox"/> Every day	2	<input type="checkbox"/> As needed
	994		<input type="checkbox"/> Don't Know	997	<input type="checkbox"/> Refused

994 Don't Know
 997 Refused

[PROMPT: ASK RESPONDENT IF THERE ARE ANY ADDITIONAL MEDICATIONS THEY CAN THINK OF BEFORE MOVING ON TO THE NEXT QUESTION]

3. During the past 14 days, how many days did *[CHILD'S NAME]* use *[HIS/HER]* quick-relief or rescue medication for asthma, wheezing or tightness in the chest, or cough? *[ASK OPEN-ENDED, DO NOT READ OPTIONS TO RESPONDENT]*

[PROMPT: THINK OF A DAY AS BEING A 24-HOUR PERIOD. IF THE CHILD HAD MULTIPLE EPISODES DURING EITHER THE DAY OR NIGHT OF A 24-HOUR PERIOD, PLEASE COUNT THAT AS ONE (1) DAY]

_____ Days *[RANGE 0-14]*

992 Does not apply *[CHILD DOES NOT TAKE RESCUE MEDICATIONS]*
 994 Don't Know
 997 Refused

4. An asthma action or management plan is a printed form that tells when to increase medicine, when to take other medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional ever given [CHILD's NAME] or [CHILD's NAME]'s parent/caregiver/guardian an asthma management plan? [ASK OPEN-ENDED, DO NOT READ OPTIONS TO RESPONDENT]

- 1 Yes
2 No
994 Don't Know
997 Refused

NOW WE WANT TO TALK WITH YOU ABOUT HOW ASTHMA AFFECTS YOU AND [CHILD's NAME] EACH DAY.
THE NEXT FEW QUESTIONS ARE ABOUT [CHILD's NAME] HEALTH IN THE LAST TWO WEEKS, THAT IS, THE PAST 14 DAYS, SINCE [GIVE RESPONDENT THE DATE 14 DAYS PRIOR TO TODAY]. SOME QUESTIONS ARE ABOUT YOUR CHILD'S ASTHMA DURING THE DAY AND SOME QUESTIONS ARE ABOUT YOUR CHILD'S ASTHMA DURING THE NIGHT.

5. In the last 14 days, how many days did [CHILD's NAME] have wheezing or tightness in the chest, or cough? [ASK OPEN-ENDED, DO NOT READ OPTIONS TO RESPONDENT]

[PROMPT: IF THE CHILD HAD MULTIPLE EPISODES DURING THE DAY, PLEASE COUNT THAT AS ONE (1) DAY]

- _____ Days [RANGE 0-14]
994 Don't Know
997 Refused

6. In the last 14 nights, how many nights did [CHILD's NAME] wake up because of asthma, wheezing or tightness in the chest, or cough? [ASK OPEN-ENDED, DO NOT READ OPTIONS TO RESPONDENT]

[PROMPT: IF THE CHILD HAD MULTIPLE EPISODES DURING THE NIGHT, PLEASE COUNT THAT AS ONE (1) NIGHT]

- _____ Nights [RANGE 0-14]
994 Don't Know
997 Refused

7. In the last 14 days, how many days did [CHILD's NAME] have to slow down or stop [HIS/HER] play or activities because of asthma, wheezing or tightness in the chest, or cough? [ASK OPEN-ENDED, DO NOT READ OPTIONS TO RESPONDENT]

[PROMPT: IF THE CHILD HAD TO SLOW DOWN OR STOP HIS PLAY MULTIPLE TIMES IN ONE DAY, PLEASE COUNT THAT AS ONE (1) DAY]

- _____ Days [RANGE 0-14]
994 Don't Know
997 Refused

THE NEXT FEW QUESTIONS ARE ABOUT THE PAST YEAR, THAT IS, SINCE [GIVE RESPONDENT THE DATE ONE YEAR PRIOR TO TODAY'S DATE]

8. During the past twelve (12) months, how many days did [CHILD's NAME] miss school for any reason? [ASK OPEN-ENDED, DO NOT READ OPTIONS TO RESPONDENT]

[PROMPT: PLEASE INCLUDE ONLY DAYS WHEN SCHOOL (OR DAYCARE/PRE-SCHOOL, DEPENDING ON AGE OF THE CHILD) WAS IN SESSION]

_____ Days [RANGE 0-365]

- 992 Does not apply [CHILD NOT IN SCHOOL; SKIP TO QUESTION 10]
994 Don't Know
997 Refused

9. During the past twelve (12) months, how many days did [CHILD's NAME] miss school due to asthma? [ASK OPEN-ENDED, DO NOT READ OPTIONS TO RESPONDENT]

[PROMPT: PLEASE INCLUDE ONLY DAYS WHEN SCHOOL (OR DAYCARE/PRE-SCHOOL, DEPENDING ON AGE OF THE CHILD) WAS IN SESSION]

_____ Days [RANGE 0-365; NUMBER SHOULD NOT EXCEED THE ANSWER IN QUESTION 8]

- 992 Does not apply [CHILD NOT IN SCHOOL]
994 Don't Know
997 Refused

10. In the past twelve (12) months, how many times has [CHILD's NAME] been treated in the Emergency Room or ER for asthma (without hospitalization)? [ASK OPEN-ENDED, DO NOT READ OPTIONS TO RESPONDENT]

[PROMPT: DO NOT INCLUDE TIMES WHEN YOUR CHILD WAS ADMITTED TO THE HOSPITAL FOR AN OVERNIGHT STAY RIGHT AFTER BEING TREATED AT THE EMERGENCY ROOM OR ER]

_____ Times [RANGE 0-365]

- 994 Don't Know
997 Refused

11. In the past twelve (12) months, how many times has [CHILD's NAME] had to stay overnight in a hospital for asthma? [ASK OPEN-ENDED, DO NOT READ OPTIONS TO RESPONDENT]

[PROMPT: THIS NUMBER WOULD NOT INCLUDE VISITS TO THE ER THAT DID NOT RESULT IN AN OVERNIGHT HOSPITAL STAY]]

_____ Times [RANGE 0-365]

- 994 Don't Know
997 Refused

NOW I'D LIKE TO ASK YOU ABOUT THINGS YOU MAY HAVE DONE TO MANAGE [CHILD'S NAME] AT HOME. SOME PARENTS FIND THESE THINGS HELPFUL; OTHERS FIND THEY ARE NOT HELPFUL.

12. Asthma triggers are things that may start or set off an asthma attack in your child. Cigarette smoke, pets and dust are triggers that set off asthma attacks in some children. Have you taken any steps to reduce asthma triggers for [CHILD'S NAME] in your home? [ASK OPEN-ENDED, DO NOT READ OPTIONS TO RESPONDENT]

[PROMPT: TRIGGERS MAY ALSO MAKE YOUR CHILD'S ASTHMA WORSE]

- 1 Yes [GO TO QUESTION 13]
2 No [SKIP TO QUESTION 14]
994 Don't Know [SEE PROMPT BELOW; IF STILL DON'T KNOW, SKIP TO QUESTION 14]
997 Refused [SKIP TO QUESTION 14]

[PROMPT IF ANSWER IS DON'T KNOW: STEPS CAN BE THINGS LIKE DUSTING MORE OFTEN OR NOT ALLOWING SMOKING IN YOUR HOME]

13. What steps have you taken to reduce asthma triggers in your home? [ASK THIS QUESTION OPEN-ENDED AND SEPARATELY RECORD EACH STEP MENTIONED BY THE RESPONDENT]

- 1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
994 Don't Know
997 Refused

14. I am going to read you a list of options from strongly agree to strongly disagree to answer this next question. How would you rate your agreement with the following statement; I have control over [CHILD'S NAME] asthma. [READ OPTIONS TO RESPONDENT AND SELECT APPROPRIATE ANSWER]

- 1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
994 Don't Know [DO NOT READ]
997 Refused [DO NOT READ]

4. How would you describe [CHILD's NAME]'s race, nationality, or ethnic background? [ASK OPEN-ENDED AND USE CODES BELOW]

- 1 Hispanic [IF PERSON SAYS HISPANIC, PROMPT BY READING THROUGH THE OPTIONS: WOULD YOU SAY, PUERTO RICAN? DOMINICAN? MEXICAN? AND USE CODES BELOW]
- 11 Puerto Rican
 - 12 Dominican
 - 13 Mexican
 - 14 South American
 - 15 Central/Latin American
 - 16 Cuban
 - 17 Other Hispanic
- 2 Black/African American
- 3 White
- 4 Asian
- 5 Mixed, [SPECIFY] _____
- 6 Native American
- 7 Other, [SPECIFY] _____
- 994 Don't Know
- 997 Refused

[NOTE ON CODING: HISPANIC IS CODED AS 1 IF NO MORE DETAIL IS PROVIDED. PUERTO RICAN IS CODED 11, ETC.]

5. How many people live in your household, including yourself?

[PROMPT: INCLUDE [CHILD's NAME] AND YOURSELF IN THE COUNT]

- _____ People
- 994 Don't Know
- 997 Refused

6. How many children live in your household?

[PROMPT: WE ARE ASKING ABOUT CHILDREN LESS THAN 18 YEARS OLD. INCLUDE [CHILD's NAME] IN THE COUNT]

- _____ Children [NOT TO EXCEED ANSWER GIVEN IN QUESTION 5]
- 994 Don't Know
- 997 Refused

7. Does [CHILD's NAME] primary caregiver speak a language other than English at home?

- 1 Yes [GO TO QUESTION 8]
- 2 No [SKIP TO QUESTION 9]
- 994 Don't Know [SKIP TO QUESTION 9]
- 997 Refused [SKIP TO QUESTION 9]

8. If yes, what language do they speak?

_____ Language

994 Don't Know

997 Refused

9. What is the highest degree or level of school [CHILD'S NAME]'s primary caregiver has COMPLETED?

[IF THE QUESTION IS ASKED OVER THE PHONE OR IF IT IS SELF-ADMINISTERED, USE THIS QUESTION. IF THE QUESTION IS ASKED OVER THE PHONE, ALLOW RESPONDENTS TO STOP INTERVIEWERS WHEN THEY HEAR THE CORRECT RESPONSE. IF QUESTION IS ASKED IN-PERSON BY AN INTERVIEWER, CONSIDER USING A SHOWCARD WITH THE OPTIONS LISTED AND ASK THE RESPONDENTS TO POINT TO THEIR CATEGORY]

1 Never attended/ kindergarten only

2 1st grade

3 2nd grade

4 3rd grade

5 4th grade

6 5th grade

7 6th grade

8 7th grade

9 8th grade

10 9th grade

11 10th grade

12 11th grade

13 12th grade, NO DIPLOMA

14 GED or equivalent

15 HIGH SCHOOL GRADUATE – high school DIPLOMA

16 Some college credit, but no degree

17 Associate degree: occupational, technical, or vocational program

18 Associate degree: academic program

19 Bachelor's degree (for example: BA, AB, BS)

20 Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

21 Professional degree (for example: MD, DDS, DVM, LLB, JD)

22 Doctorate degree (for example: PhD, EdD)

994 Don't Know

997 Refused

Note: Sites choosing not to ask about income need to provide the Census tract for each respondent

[IF THE INCOME QUESTION IS ASKED OVER THE PHONE OR IF IT IS SELF-ADMINISTERED, USE THIS QUESTION. IF THE QUESTION IS ASKED OVER THE PHONE, ALLOW RESPONDENTS TO STOP INTERVIEWERS WHEN THEY HEAR THE CORRECT RESPONSE.]

10. For the last month, what was your total household income from all sources? Include income from everyone in your home. Give amount before taxes and other deductions. If monthly income is unknown, estimate your income per year.

- 1 Less than \$833 per month (less than \$10,000 per year)
- 2 \$834 - \$1,666 per month (\$10,000 - \$19,999 per year)
- 3 \$1,667 - \$2,500 per month (\$20,000 - \$29,999 per year)
- 4 \$2,501 - \$3,333 per month (\$30,000 - \$39,999 per year)
- 5 \$3,334 - \$3,750 per month (\$40,000 - \$49,999 per year)
- 6 More than \$4,166 per month (more than \$50,000 per year)
- 994 Don't Know
- 997 Refused

[IF THE INCOME QUESTION IS ASKED IN PERSON BY AN INTERVIEWER, USE THIS QUESTION AND CONSIDER SHOWING THE TABLE AND ASKING RESPONDENTS TO POINT TO THEIR CATEGORY, THEN ENTER THE INCOME CODE, RATHER THAN THE DOLLAR AMOUNT]

10. For the last month, what was the total household income from all sources? Include income from everyone in your home. Please point to the answer closest to your total household income.

Income code _____

- 994 Don't Know
- 997 Refused

<u>Monthly</u>	<u>Income Code</u>	<u>Yearly</u>
Less than \$833 per month	1	less than \$10,000 per year
\$834 - \$1,666 per month	2	\$10,000 - \$19,999 per year
\$1,667 - \$2,500 per month	3	\$20,000 - \$29,999 per year
\$2,501 - \$3,333 per month	4	\$30,000 - \$39,999 per year
\$3,334 - \$3,750 per month	5	\$40,000 - \$49,999 per year
More than \$4,166 per month	6	more than \$50,000 per year
- Include all sources of income - If monthly income is unknown, estimate income per year - Give amount before taxes and other deductions.		

11. Does child have health or medical insurance?

- 1 Yes
- 2 No
- 994 Don't Know
- 997 Refused

12. How many years have you lived at your current residence?

- 1 < 1 year
- 2 1-2 years
- 3 3-5 years
- 4 > 5 years
- 994 Don't Know
- 997 Refused