

Project: ICICE
Document: Adult Patient Survey 6
Revised: 2/27/01
Pretest Version 1

ICICE Baseline Interview Adult Asthma Patients (Age 18+)



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05/21/2001

INTRODUCTION OF STUDY TO RESPONDENT

>intr<

Hello, my name is [FIRST AND LAST NAME]. May I speak with [R's NAME]?

I'm calling to follow up on a letter we sent you about research [FILL SITE NAME] and RAND are conducting. The letter was mailed on [DATE] and mentioned that an interviewer from RAND would be calling to request a telephone interview and to answer any questions you have about this study.

Do you remember getting the letter?

IF YES, GO TO STUDY

IF NO, GO TO NOLET

For respondents who don't remember getting letter:

>nolet<

The letter was from [FILL SITE CO-SIGNER] OF [FILL SITE NAME] and Dr. Emmett Keeler, a researcher at RAND. The letter invited you to take part in research to improve the care of patients who receive care for asthma from [fill SITE NAME]. The letter mentioned two telephone interviews and your health care records.

We are calling now to ask you to take part in the first telephone interview.

>nolet2<

Of course participation in the study is voluntary. You can stop the interview or refuse to answer a question at any time. Your decision to take part will not affect the care you get from [FILL SITE NAME] in any way. RAND will not give your doctor a copy of the answers you give in the interview. Any and all study results will be reported only at the group level. No individual person's information will be published separately in any report of results. The information we give to [FILL SITE NAME], to help them improve the care they give to people with asthma will be limited to group summaries and statistics.

As a token of our thanks we will send you \$10 for taking part in this interview. With your permission, your answers to the interview will be combined with information from your health care records from [FILL SITE NAME]. We have found that the additional information we can collect from your health care records is very valuable as it helps us to complete the picture of your health and the care you get.

All respondents get this screen:

>study<

Our records indicate that you have asthma. Your doctor may have called this reactive airway disease or wheezy bronchitis. Is this a good time to start the interview?

IF NEEDED: Your name and contact information was given to RAND by [FILL SITE NAME], because you have had care for asthma.

IF NEEDED: The goal of this study is to find out about any other health problems you may have, and the services and treatment you and others in this study receive. The interview has questions about your health and the care you got from [FILL SITE NAME] as well as questions about other health conditions, your daily activities and your feelings and emotions. It should take about 30 minutes.

IF NEEDED: The length of the interview varies depending on you and your experiences. It can take less than 30 minutes.

IF NEEDED: We don't have to do the whole interview right now, we can go for a few minutes and then I can call you back at another time to complete the interview.

USE ADVANCE LETTERS AND QUESTION AND ANSWER SHEET TO ANSWER ANY QUESTIONS.

- 1 CONTINUE WITH INTERVIEW
- 2 R REFUSES TO TAKE PART IN STUDY
- 3 R REQUESTS REMAIL OF LETTER BEFORE DECIDING TO TAKE PART (SET CALL BACK AND COMPLETE REMAIL REQUEST SLIP)
- 4. R SAYS HE/SHE DOESN'T HAVE ASTHMA.
- x SCHEDULE A CALL BACK

For all respondents, who say they don't have sampled condition:

>noint <

We'll check our records again. Another interviewer may call you back in the next week or so to follow-up.

[CASE GOES TO SUPERVISOR FOR REVIEW AND VERIFICATION]

A. TYPE AND DURATION OF ASTHMA

REF: A1-A2: Adapted from RAND's ICICE Baseline Interview for Diabetes Patients[®]

Before we begin, I need to tell you that for the purposes of quality control, my supervisor may monitor this call.

First, I have some general questions about asthma.

A1. Has a doctor ever told you that you have asthma (or reactive airway disease, wheezy bronchitis)?

- 1 Yes → **Skip to A2**
- 5 No
- d Don't Know

A1a. This interview is for people with asthma so that is all the questions I have for you. Thank you. INTERVIEWER CODE CASE AS "PROBLEM"

A2. How many years have you had asthma?

INTERVIEWER ROUND UP TO NEAREST YEAR

Enter Number of Years: _____ → **Skip to B1**

Enter 0 if less than one year, or

If "Don't Know/Don't Remember" → **Ask A2a**

A2a. Have you had asthma for

- 1 Less than a year,
- 2 1 to 5 years, or
- 3 More than 5 years?

B. ADHERENCE

B1. Do you check your peak flows at home?

DEFINITION: This is where you blow air as hard as you can into a tube that measures how bad your asthma is by giving you a number, for example 150 or 200.

- 1 Yes
- 5 No → **Skip to B3**

B2. During the last 4 weeks, how often did you check your peak flows at home?
Was it:

- 1 Never
- 2 Less than once a week
- 3 A few times per week
- 4 Once a day
- 5 Twice a day or more

B3. Some people with asthma take daily-inhaled medications to help keep their asthma under control. For example, they use a long-acting inhaler like Vanceril, Serevent or Beclovent. Is this something your doctor has prescribed for you?

DEFINITION: A long-acting inhaler contains longer-lasting asthma medicine that you “puff” or inhale. It helps prevent asthma attacks from happening and is often used on a daily basis.

INTERVIEWER: IF R MENTIONS CORTISONE INHALER, CODE “YES” AND SAY:
“Think of your cortisone inhaler as you answer these next few questions.”

- 1 Yes
- 5 No → **Skip to B6**
- d Not Sure → **Skip to B6**

B4. I need to know which kind of long-acting inhaler your doctor prescribed. Can you tell me what color it is, or the name of the medication? (I can wait while you go get it.)

- 1 Name or colors match a long-acting inhaler on sheet
- 2 Name or colors match a fast-acting inhaler on sheet
- 3 Name or colors do not match any inhaler on sheet

(ENTER NAME/COLORS: _____)

LONG-ACTING INHALERS TO BE COUNTED IN B4:

COLOR	MEDICATION NAME
GRAY WITH A PURPLE CAP	AEROBID (ARROW-BID)
LIGHT GREEN WITH A DARK GREEN CAP	AEROBID (ARROW-BID)
WHITE WITH WHITE CAP	AZMACORT (ASTHMA-COURT)
TAN WITH A BROWN CAP	BECLOVENT (BECK-LOW-VENT)
DARK ORANGE WITH A LIGHT ORANGE CAP.	FLOVENT (FLOW-VENT)
WHITE AND BROWN TUBE	PULMICORT (PUHL-MIH-COURT)
PINK WITH A PURPLE CAP	VANCERILL (VAN-SIR-ILL)
DARK GREEN WITH A LIGHT GREEN CAP	SERAVENT (SER-A-VENT)

FAST-ACTING INHALERS SHOULD NOT BE COUNTED IN B4:

COLOR	MEDICATION NAME
WHITE WITH WHITE CAP	ALBUTEROL (AL-BEW-TER-ALL)
LIGHT BLUE WITH DARK BLUE CAP	ALBUTEROL (AL-BEW-TER-ALL) OR VENTOLIN (VEN-TOE-LIN)
CLEAR WITH BLUE CAP	ALUPENT (AL-YOU-PENT)
WHITE WITH BLUE CAP	ALUPENT (AL-YOU-PENT) OR INTAL (IN-TALL)
CLEAR WITH GREEN CAP	ATROVENT (AT-ROW-VENT)
WHITE WITH GREEN CAP	ATROVENT (AT-ROW-VENT)
YELLOW WITH AN ORANGE CAP	PROVENTILL (PRO-VENT-ILL)
WHITE WITH GREEN LETTERS ON TUBE AND CAP	TILADE (TIE-LADE)

QxQ ISSUE: GIVE CREDIT FOR AZMACORT IN B4

B5. Over the last 4 weeks, how often did you use your inhalers as directed by your doctor?

- | | |
|-------------|-----------|
| 1 Never | 3 Usually |
| 2 Sometimes | 4 Always |

B6. Some people with asthma do special things at home to help keep their asthma under control. For example, they put plastic covers over their mattresses and pillows or they vacuum their carpets more often. Has your doctor suggested you do things like this to help control your asthma?

- 1 Yes
5 No → **Skip to C1**

B7. How many of these suggestions for special things to do at home have you been able to do? Would you say:

- | | |
|--------|--------|
| 1 All | 3 Some |
| 2 Most | 4 None |

C. SELF-EFFICACY AND PERCEIVED CONTROL

REF: All items adapted from: Katz PP, Yelin EH, Smith S, Blanc PD. Perceived Control of Asthma: Development and Validation of a Questionnaire. *American Journal of Respiratory Critical Care Medicine* Feb. 1997; 155(2):577-82.

I'm going to read you some statements about you and your asthma. For each one, I'll ask how much you disagree or agree with the statement.

C1. If I do all the right things, I can successfully manage my asthma. Do you:

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly Agree |
| 3 Neither disagree nor agree | |

C2. I know the correct way to take my asthma medications. Do you:

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly Agree |
| 3 Neither disagree nor agree | |

C3. I can do a lot of things to cope with my asthma. Do you:

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly Agree |
| 3 Neither disagree nor agree | |

C4. I know what to do if I have symptoms of wheezing or shortness of breath. Do you:

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly Agree |
| 3 Neither disagree nor agree | |

C5. No matter what I do, or how hard I try, I just can't seem to get relief from my asthma. Do you:

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly Agree |
| 3 Neither disagree nor agree | |

D. KNOWLEDGE

REF: All items adapted or taken directly from: National Asthma Education Program, Office of Prevention, Education, and Control, National Heart, Lung, and Blood Institute. Bethesda, MD: National Institutes of Health, Publication No. 91-3042, August 1991.

D1. Long-acting inhalers (like Vanceril or Beclovent) are for quick relief of coughing or problems breathing.

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly Agree |
| 3 Neither disagree nor agree | |

D2. Asthma attacks are not really harmful or dangerous.

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly Agree |
| 3 Neither disagree nor agree | |

D3. Asthma attacks usually occur suddenly without warning.

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly Agree |
| 3 Neither disagree nor agree | |

D4. Many different things can bring on an asthma episode.

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly Agree |
| 3 Neither disagree nor agree | |

D5. Asthma cannot be cured, but it can be controlled.

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly Agree |
| 3 Neither disagree nor agree | |

D6. People with asthma cannot monitor how well their lungs are working.

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly Agree |
| 3 Neither disagree nor agree | |

D7. Smoking or being around someone who is smoking can make asthma worse.

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly Agree |
| 3 Neither disagree nor agree | |

D8. People with asthma should not exercise.

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly Agree |
| 3 Neither disagree nor agree | |

D9. Avoiding things that cause allergic reactions (like animal hair or dust) is helpful in preventing asthma attacks.

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly Agree |
| 3 Neither disagree nor agree | |

D10. Staying calm will help keep a serious breathing problem from getting worse.

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly Agree |
| 3 Neither disagree nor agree | |

E. HEALTH RELATED QUALITY OF LIFE

REF: E1-E12: *How to Score the SF-12 Physical and Mental Health Summary Scales*, J.E. Ware, M.A. Kosinski, and S.D. Keller, The Health Institute, New England Medical Center, 2nd Ed., 1995.

These next questions ask about your health and how your asthma affects your life.

E1. In general, would you say your health is:

- 5 Poor
- 4 Fair
- 3 Good
- 2 Very good
- 1 Excellent

E2. Now I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, does not limit you in these activities.

First, moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all?

IF R SAYS "I DON'T DO ACTIVITY," PROBE: Is that because of your health?

- 1 Yes, Limits a lot
- 2 Yes, Limits a little
- 3 No, Not limited at all

E3. Climbing several flights of stairs. (Does your health now limit you a lot, limit you a little, or not limit you at all?)

IF R SAYS "I DON'T DO ACTIVITY," PROBE: Is that because of your health?

- 1 Yes, Limits a lot
- 2 Yes, Limits a little
- 3 No, Not limited at all

E4. The following two questions ask you about your physical health and your daily activities.

During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?

- 1 Yes
- 5 No

- E5. During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?
- 1 Yes
 - 5 No
- E6. The following two questions ask about your emotions and your daily activities.
- During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?
- 1 Yes
 - 5 No
- E7. During the past 4 weeks, did you not do work or other regular daily activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?
- 1 Yes
 - 5 No
- E8. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework. Did it interfere:
- 1 Not at all
 - 2 A little bit
 - 3 Moderately,
 - 4 Quite a bit
 - 5 Extremely
- E9. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives?
- (Has it interfered:)
- 1 All of the time
 - 2 Most of the time
 - 3 A good bit of the time
 - 4 Some of the time
 - 5 A little of the time
 - 6 None of the time
- E10. These next questions are about how you feel and how things have been with you in the past 4 weeks. As I read each statement, please give me the one answer that comes closest to the way you have been feeling.
- How much of the time during the past 4 weeks have you felt calm and peaceful? (Was it:)
- 1 All of the time
 - 2 Most of the time
 - 3 A good bit of the time
 - 4 Some of the time
 - 5 A little of the time
 - 6 None of the time
- E11. How much of the time during the past 4 weeks did you have a lot of energy? (Was it:)
- 1 All of the time
 - 2 Most of the time
 - 3 A good bit of the time
 - 4 Some of the time
 - 5 A little of the time
 - 6 None of the time
- E12. How much of the time during the past 4 weeks have you felt downhearted and depressed?
- (Was it:)
- 1 All of the time
 - 2 Most of the time
 - 3 A good bit of the time
 - 4 Some of the time
 - 5 A little of the time
 - 6 None of the time

REF: E13–E27: Adapted from: Marks, G.B., Dunn, S.M., Woolcock, A.J. A Scale for the Measurement of Quality of Life in Adults with Asthma. *Journal of Clinical Epidemiology*. 45(5): 461-472, 1992. [The instrument is called the Mark's Asthma Quality of Life Questionnaire (AQLQ)]

E13. These next questions ask about how your asthma has affected you and your daily activities. Please tell me how much each of these things has bothered you in the past 4 weeks.

(During the past 4 weeks) Did episodes of shortness of breath bother you:

- | | |
|--------------|----------------|
| 1 Not at all | 3 Somewhat |
| 2 A little | 4 A great deal |

E14. During the past 4 weeks did wheezing attacks bother you:

- | | |
|--------------|----------------|
| 1 Not at all | 3 Somewhat |
| 2 A little | 4 A great deal |

E15. During the past 4 weeks did tightness in your chest bother you:

- | | |
|--------------|----------------|
| 1 Not at all | 3 Somewhat |
| 2 A little | 4 A great deal |

E16. During the past 4 weeks, how much did your asthma limit you in walking down the street on level ground or doing light housework? Was it:

- | | |
|--------------|----------------|
| 1 Not at all | 3 Somewhat |
| 2 A little | 4 A great deal |

E17. During the past 4 weeks, how much did your asthma limit you in walking up hills or doing heavy housework? Was it:

- | | |
|--------------|----------------|
| 1 Not at all | 3 Somewhat |
| 2 A little | 4 A great deal |

E18. During the past 4 weeks how often did you feel asthma was preventing you from achieving what you wanted from life?

- | | |
|--------------|----------------|
| 1 Not at all | 3 Somewhat |
| 2 A little | 4 A great deal |

E19. During the past 4 weeks, how often did asthma interfere with your social life?

- | | |
|--------------|----------------|
| 1 Not at all | 3 Somewhat |
| 2 A little | 4 A great deal |

E20. During the past 4 weeks how often were you limited in going to certain places because they were bad for your asthma?

- | | |
|--------------|----------------|
| 1 Not at all | 3 Somewhat |
| 2 A little | 4 A great deal |

- E21. During the past 4 weeks how often were you limited in going certain places because you were afraid of getting an asthma attack and not being able to get help? Was it:
- | | |
|--------------|----------------|
| 1 Not at all | 3 Somewhat |
| 2 A little | 4 A great deal |
- E22. During the past 4 weeks how often did asthma restrict your activities in general?
- | | |
|--------------|----------------|
| 1 Not at all | 3 Somewhat |
| 2 A little | 4 A great deal |
- E23. During the past 4 weeks how often were you restricted in the sports, hobbies, or other recreations you engaged in because of your asthma?
- | | |
|--------------|----------------|
| 1 Not at all | 3 Somewhat |
| 2 A little | 4 A great deal |
- E24. During the past 4 weeks how often did you feel that asthma was controlling your life?
- | | |
|--------------|----------------|
| 1 Not at all | 3 Somewhat |
| 2 A little | 4 A great deal |
- E25. During the past 4 weeks how often were you worried about your present or future life because of asthma? Was it:
- | | |
|--------------|----------------|
| 1 Not at all | 3 Somewhat |
| 2 A little | 4 A great deal |
- E26. During the past 4 weeks how often did you worry about asthma shortening your life?
- | | |
|--------------|----------------|
| 1 Not at all | 3 Somewhat |
| 2 A little | 4 A great deal |
- E27. During the past 4 weeks how often did you feel dependent on your asthma sprays?
- | | |
|--------------|----------------|
| 1 Not at all | 3 Somewhat |
| 2 A little | 4 A great deal |

F. ASTHMA RELATED SYMPTOMS, DISEASE CONTROL, AND SEVERITY

REF: F1-F8 - New items created using severity criteria outlined in the NHLBI Practical Guide for the Diagnosis and Management of Asthma, Based on the *Expert Panel Report 2: Guidelines for the Diagnosis and Management of Asthma*. U.S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute. Bethesda, MD: NIH Publication No. 97-4053; October 1997, p. 10, Figure 3 and p. 13, Figure 6.

These next questions ask about how your asthma symptoms have been in the past 4 weeks.

- F1. During the past 4 weeks, how often did your asthma wake you up during the night?
- | | |
|----------------------|-----------------------|
| 0 Never | 3 5 to 10 nights |
| 1 Less than 3 nights | 4 More than 10 nights |
| 2 3 to 4 nights | |

F2. During the past 4 weeks, how often did you get out of breath? (Was it:)

- | | | | |
|---|-----------|---|---------|
| 0 | Never | 2 | Usually |
| 1 | Sometimes | 3 | Always |

F3. During the past 4 weeks, how often did you have problems with coughing?
(Was it:)

INTERVIEWER: ONLY INCLUDE COUGHING DUE TO ASTHMA

- | | | | |
|---|-----------|---|---------|
| 2 | Never | 2 | Usually |
| 3 | Sometimes | 3 | Always |

F4. During the past week, on how many days did you have asthma symptoms during the daytime? Was it:

- | | | | |
|---|------------------|---|-------------|
| 0 | No days | 2 | 3 to 6 days |
| 1 | Less than 3 days | 3 | Every day |

F5. During the past week, did you use a fast acting or quick relief medication (like Albuterol, Ventolin, Proventil) from an inhaler?

DEFINITION: Fast acting inhalers contain medication that you “puff” or inhale to get quick relief from coughing or breathing problems.

- 1 Yes
- 5 No → **Skip to F8**
- n Not Sure → **Skip to F8**

F6. During the past week, about how many times each day did you use fast acting or quick relief medication from an inhaler?

- | | | | |
|---|--------------|---|-------------------------|
| 0 | Not at all | 3 | 4 to 6 times |
| 1 | 1 to 2 times | 4 | More than 6 times a day |
| 2 | 3 times | | |

F7. I need to know which kind of fast acting or quick relief inhaler you used. Can you tell me what color it is, or the name of the medication? (I can wait while you go get it.)

- 1 Name or Colors match a fast-acting inhaler on sheet
- 2 Name or Colors match a long-acting inhaler on sheet
- 3 Name or Colors **do not** match any inhaler on sheet

(Enter NAME/COLORS:_____)

FAST ACTING/QUICK RELIEF INHALERS TO BE COUNTED IN F7:

COLOR	MEDICATION NAME
WHITE WITH WHITE CAP	ALBUTEROL (AL-BEW-TER-ALL)
LIGHT BLUE WITH DARK BLUE CAP	ALBUTEROL (AL-BEW-TER-ALL) OR VENTOLIN (VEN-TOE-LIN)
CLEAR WITH BLUE CAP	ALUPENT (AL-YOU-PENT)
WHITE WITH BLUE CAP	ALUPENT (AL-YOU-PENT) OR INTAL (IN-TALL)
CLEAR WITH GREEN CAP	ATROVENT (AT-ROW-VENT)
WHITE WITH GREEN CAP	ATROVENT (AT-ROW-VENT)
YELLOW WITH AN ORANGE CAP	PROVENTILL (PRO-VENT-ILL)
WHITE WITH GREEN LETTERS ON TUBE AND CAP	TILADE (TIE-LADE)

QXQ ISSUE: CAN'T DISTINGUISH FROM AZMACORT, SO GIVE CREDIT IN F7

LONG ACTING INHALERS SHOULD NOT BE COUNTED IN F7:

COLOR	MEDICATION NAME
GRAY WITH A PURPLE CAP	AEROBID (ARROW-BID)
LIGHT GREEN WITH A DARK GREEN CAP	AEROBID (ARROW-BID)
WHITE WITH WHITE CAP	AZMACORT (ASTHMA-COURT)
TAN WITH A BROWN CAP	BECLOVENT (BECK-LOW-VENT)
DARK ORANGE WITH A LIGHT ORANGE CAP.	FLOVENT (FLOW-VENT)
WHITE AND BROWN TUBE	PULMICORT (PUHL-MIH-COURT)
PINK WITH A PURPLE CAP	VANCERILL (VAN-SIR-ILL)
DARK GREEN WITH A LIGHT GREEN CAP	SERAVENT (SER-A-VENT)

Now I'm going to ask some questions about health care you may have had.

F8. In the past 6 months, did you have an asthma attack that was so bad you had to see a doctor right away that same day?

1 Yes 5 No

F9. Have you ever had to stay overnight in the hospital because of your asthma?

1 Yes 5 No

F10. Have you ever been put on a ventilator where the doctors had to put a tube down your throat and a machine had to breathe for you?

1 Yes 5 No

G. PATIENT SATISFACTION

REF: G2-G5: Adapted from "CAHPS™ 2.0 Survey and Reporting Kit," U.S. Department of Health and Human Services, Public Health Services. Agency for Healthcare Research and Quality. AHRQ Publication Number 99-0039, October 1999.

G1. These next questions are about your asthma care provider. This is the doctor or other health provider you see most often for care related to your asthma.

Do you have one doctor or other health provider you go to for care related to your asthma?

1 Yes 5 No → **Skip to G6**

G2. Is your asthma care provider:

INTERVIEWER: CODE GENERAL PRACTITIONER (GP) AS 1

- 1 A general internist or a family medicine doctor
- 2 A specialist doctor, (like a pulmonologist or an allergy specialist)
- 3 A nurse or physician assistant
- 4 Or someone else (SPECIFY) _____

G3. How long have you been seeing your asthma care provider? Is it:

DEFINITION: Your asthma care provider is the person you see most often for care related to your asthma.

- 1 Less than 6 months
- 2 6 to 12 months
- 3 12 to 24 months,
- 4 2 to 5 years
- 5 5 years or more

G4. In the past 6 months, did you see your asthma care provider?

1 Yes 5 No → **Skip to G6**

G5. We want to know your overall rating of the health provider you see most often for your asthma care.

Use any number from 0 to 10 where 0 is the worst asthma care provider possible and 10 is the best asthma care provider possible. How would you rate your asthma care provider in the past 6 months? (If you saw more than one provider for your asthma please rate the provider you saw most often)

ENTER NUMBER: _____

EVERYONE SKIP TO G7

G6. In the past 6 months, did you see a doctor or other health provider for care related to your asthma?

1 Yes

5 No → **Skip to G13**

REF: QG7-QG12: Adapted from "CAHPS™ 2.0 Survey and Reporting Kit," U.S. Department of Health and Human Services, Public Health Services. Agency for Healthcare Research and Quality. AHRQ Publication Number 99-0039, October 1999.

G7. These next questions are about all health care providers who treated your asthma in the past 6 months, not just the person you saw most often. Include all of the doctors, nurses, educators and any other health provider who helped you take care of your asthma in your answers to these questions.

In the past 6 months, how often did the health care providers who treated your asthma listen carefully to you? Was it:

1 Never

3 Usually

2 Sometimes

4 Always

G8. In the past 6 months, how much of a problem, if any, was getting the care you and your health care providers believed necessary for your asthma? Was it:

1 A big problem

2 A small problem

3 Not a problem

G9. In the past 6 months, how often did the health providers who treated your asthma explain things in a way you could understand? Was it:

1 Never

3 Usually

2 Sometimes

4 Always

G10. In the past 6 months, how often did the health providers who treated your asthma show respect for what you had to say? Was it:

1 Never

3 Usually

2 Sometimes

4 Always

G11. In the past 6 months, how often did the health providers who treated your asthma spend enough time with you? Was it:

1 Never

3 Usually

2 Sometimes

4 Always

G12. We want to know your overall rating of all your asthma care in the past 6 months from all doctors, nurses, educators and any other health providers who helped you take care of your asthma.

Use any number from 0 to 10 where 0 is the worst asthma care possible and 10 is the best asthma care possible. How would you rate all your asthma care in the past 6 months?

ENTER NUMBER: _____

REF: QG13-19: Adapted from set from the Sandi MacColl Institute for Healthcare Innovation, Group Health Coop., Puget Sound, Seattle, WA.

G13. Please tell me how much you disagree or agree in general with the following statements about the doctors and nurses who treated your asthma.

My asthma doctors and nurses have given me choices and options about my asthma treatment. Do you:

DEFINITION, CHOICES AND OPTIONS: This means talking with you about different ways to treat your asthma.

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly agree |
| 3 Neither disagree nor agree | |

G14. My asthma doctors and nurses have given me confidence that I can make changes in my life to control my asthma:

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly agree |
| 3 Neither disagree nor agree | |

G15. My asthma doctors and nurses are interested in my questions . Do you:

IF NEEDED: Give me the answer that comes closest to your experience most of the time.

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly agree |
| 3 Neither disagree nor agree | |

G16. At least one of my asthma care providers regularly talks with me about how I am doing in managing all aspects of my asthma. Do you:

- | | |
|------------------------------|------------------|
| 1 Strongly disagree | 4 Agree |
| 2 Disagree | 5 Strongly agree |
| 3 Neither disagree nor agree | |

G17. Have your asthma doctors or nurses worked with you to develop an asthma action plan so that you know how to take care of your asthma?

- | | |
|-------|---------------------------|
| 1 Yes | 5 No → Skip to G20 |
|-------|---------------------------|

G18. Do you have a copy of this plan in writing?

- | | |
|-------|------|
| 1 Yes | 5 No |
|-------|------|

G19. Did you work with one of your asthma doctors or nurses to set personal goals for your asthma treatment?

- | | |
|-------|------|
| 1 Yes | 5 No |
|-------|------|

REF G20-G22: Adapted from RAND's ICICE Baseline Interview for Diabetes Patients

G20. In the past 6 months, did you get a letter, a postcard, or a call to remind you about appointments for asthma care?

- | | |
|-------|------|
| 1 Yes | 5 No |
|-------|------|

G21. In the fall, do you usually get a letter, a postcard, or a call to remind you to get a flu shot?

- 1 Yes
- 5 No
- n Does not apply

G22. In the last 6 months did any of the health providers who treat your asthma call you to check and see how you were doing without you calling them first?

- 1 Yes
- 5 No

G23. Have any of the health providers who treat your asthma ever explained the possible side effects of your asthma medications?

- 1 Yes
- 5 No → **Skip to H1**
- d Don't know → **Skip to H1**
- n Don't take asthma medications → **Skip to H1**

G24. Did your asthma doctors or nurses answer your questions about side effects from your asthma medications?

- 1 Yes
- 5 No

G25. How worried are you about the side effects of asthma medications?

- 1 A lot
- 2 A little
- 3 Not at all

H. PATTERNS OF SERVICE USE

REF: Adapted from RAND's ICICE Baseline Interview for Diabetes Patients

I'm going to read you a list of health providers you might have seen in the past 6 months.

H1. Did you see an asthma specialist (like a pulmonologist or an allergy specialist) in the past 6 months?

- 1 Yes
- 5 No

H2. Did you see an asthma educator in the past 6 months?

DEFINITION: An asthma educator is a health provider who teaches you how to take your medications, avoid things that trigger your asthma, and tells you what to do to keep your asthma under control. An asthma educator often follows up with you to make sure you remember how to do these things after being taught.

- 1 Yes
- 5 No

I. EDUCATION

REF: Adapted from RAND's ICICE Baseline Interview for Diabetes Patients

Content based on information obtained from the NHLBI Practical Guide for the Diagnosis and Management of Asthma, Based on the *Expert Panel Report 2: Guidelines for the Diagnosis and Management of Asthma*. U.S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute. Bethesda, MD: NIH Publication No. 97-4053; October 1997, pg. 24, Figure 10.

These next questions are about materials or programs you may have received or taken part in during the past 6 months.

11. (In the past 6 months) did you get any materials, like a newsletter, magazine, pamphlet, or videotape on caring for asthma?
 1 Yes 5 No
12. Not counting visits to your regular asthma provider, did you get any one-on-one educational or counseling session(s) on caring for asthma in the past 6 months?
 1 Yes 5 No
13. (In the past 6 months) did you attend any group classes to learn more about asthma?
 1 Yes 5 No
- 14 (In the past 6 months) did a doctor, nurse or other health provider go over with you how to use a peak flow meter?
 DEFINITION: This is where you blow air as hard as you can into a tube that measures how bad your asthma is by giving you a number, for example 150 or 200.
 1 Yes 5 No
15. (In the past 6 months) did a doctor, nurse or other health provider go over with you the correct way to use your asthma medications?
 1 Yes 5 No
 n Don't take asthma medication
16. (In the past 6 months) did you get any information about asthma from the internet or visit a web site about asthma?
 1 Yes 5 No
17. Certain things like tobacco smoke, dust, pets or animal hair, cockroaches, and mold can make asthma worse. In the past 6 months did a doctor, nurse or other health provider talk with you about ways to avoid these kinds of things?
 1 Yes 5 No

J. CHRONIC CONDITIONS

REF: Adapted from RAND's ICICE Baseline Interview for Diabetes Patients

Now I would like to ask you about health conditions you may have.

- J1. Have you had high blood pressure?

PROBE: Has a doctor ever told you that you had high blood pressure?

- 1 Yes 5 No → **Skip to J2**

- J1a. Do you receive treatment for it?

- 1 Yes 5 No

- J1b. Does it limit your activities?

- 1 Yes 5 No

J2. Do you have diabetes?

1 Yes 5 No

PROBE: Has a doctor ever told you that you have diabetes?

1 Yes 5 No → **Skip to J3**

J2a. Do you receive treatment for it?

1 Yes 5 No

J2b. Does it limit your activities?

1 Yes 5 No

J3. Do you have a chronic lung disease other than asthma?

DEFINITION: Chronic lung disease includes chronic bronchitis, emphysema or any other chronic lung disease (besides asthma) a doctor has told you that you have.

1 Yes 5 No → **Skip to J4**

J3a. Do you receive treatment for it?

1 Yes 5 No

J3b. Does it limit your activities?

1 Yes 5 No

J4. Do you have peptic ulcer disease?

PROBE: This is the same as a stomach ulcer.

1 Yes 5 No → **Skip to J5**

J4a. Do you receive treatment for it?

1 Yes 5 No

J4b. Does it limit your activities?

1 Yes 5 No

J5. Have you had a heart attack?

PROBE: Has a doctor ever told you that you had a heart attack?

1 Yes 5 No → **Skip to J6**

J5a. Did you receive treatment for it?

1 Yes 5 No

J5b. Does it limit your activities?

1 Yes 5 No

J6. Do you have heart failure?

PROBE: Has a doctor ever told you that you have heart failure or that your heart was not pumping strongly enough?

1 Yes 5 No → **Skip to J7**

J6a. Do you receive treatment for it?

1 Yes 5 No

J6b. Does it limit your activities?

1 Yes 5 No

J7. Do you have depression?

PROBE: Did a doctor tell you that you have depression?

1 Yes 5 No → **Skip to J8**

J7a. Do you receive treatment for it?

1 Yes 5 No

J7b. Does it limit your activities?

1 Yes 5 No

J8. Do you have any other medical problems?

1 Yes (SPECIFY): _____

5 No → **Skip to Section K**

J8a. Do you receive treatment for [CONDITION NAMED IN J8]?

1 Yes 5 No

J8b. Does it limit your activities?

1 Yes 5 No

J9. Do you have any other medical problems?

1 Yes (SPECIFY): _____

5 No → **Skip to Section K**

J9a. Do you receive treatment for [CONDITION NAMED IN J8]?

1 Yes 5 No

J9b. Does it limit your activities?

1 Yes 5 No

K. DEMOGRAPHICS

REF: K1-K4 Adapted from "CAHPS™ 2.0 Survey and Reporting Kit," U.S. Department of Health and Human Services, Public Health Services. Agency for Healthcare Research and Quality. AHRQ Publication Number 99-0039, October 1999.]

These next questions are about you and will help us to describe all the asthma patients who take part in this study.

K1. Have you ever smoked at least 100 cigarettes in your entire life?

PROBE: That would be at least 5 packs over your whole life.

- 1 Yes
- 5 No → **Skip to K5**
- d Don't Know → **SKIP TO K5**

K2. Do you now smoke every day, some days, or not at all?

- 1 Every day → **SKIP TO K4**
- 2 Some days → **SKIP TO K4**
- 3 Not at all
- 4 Don't Know → **SKIP TO K5**

K3. How long has it been since you quit smoking cigarettes? Is it:

- 1 Less than 12 months
- 2 12 months or more → **Skip to K5**
- 3 Don't Know → **Skip to K5**

K4. In the last 6 months, were you advised to quit smoking by a doctor or other health provider?

- 1 Yes
- 5 No
- n I did not see a doctor or health provider in the past 6 months.

Age and Gender

REF: K5–END, except for K12, K34, and K35, are adapted or taken directly from RAND's ICICE Baseline Interview for Diabetes Patients

[K12, K34, and K35 are new items created for this survey.]

K5. What is your age now? Stop me when I get to the right category.

- 1. 18 to 24
- 2. 25 to 34
- 3. 35 to 44
- 4. 45 to 54
- 5. 55 to 64
- 6. 65 to 74
- 7. 75 or older

K6. INTERVIEWER, ASK ONLY IF NECESSARY: Just so I can be sure, are you male or female?

- 1. Male
- 2. Female

Race, Ethnicity

K7. How would you describe your race or ethnicity? Are you:

- 1. Latino or Hispanic
- 2. White
- 3. Black or African-American
- 4. Asian or Pacific Islander
- 5. Another race or multiracial

Education

K8. What is the highest grade or level of school that you have completed?

PROBE: Did you graduate with a diploma or degree?

INTERVIEWER: Code Trade School or Technical School as "Some college or 2-year degree."

1. 8th Grade or less
2. Some High School, but did not graduate
3. High School graduate or GED
4. Some College or 2-year degree
5. 4-year College graduate
6. More than 4-year college degree

Health Insurance

K9. Do you have any kind of health insurance, or are you enrolled in any kind of program that helps to pay for your health care?

- 1 Yes 5 No → **Skip to K13**

K10. Do you belong to a health maintenance organization or HMO?

- 1 Yes 5 No → **Skip to K13**

K11. Does your insurance plan or program allow you to go to any doctor you want or does it require you to choose from a group or list of doctors?

- 1 Any doctor
2 Select from group or list
d Don't Know

K12. Does your insurance plan or program pay all, part or none of the cost for:

	<u>ALL</u>	<u>PART</u>	<u>NONE</u>	<u>DON'T KNOW</u>
a. Prescription medicine?.....	1	2	3	d
b. Peak Flow Meters?	1	2	3	d
c. Aerochambers (Spacers)?	1	2	3	d

DEFINITION: This is a tube you attach to your inhaler. You spray the medicine into the tube and then breath into through the tube.

d. Renting or buying a nebulizer.....	1	2	3	d
---------------------------------------	---	---	---	---

DEFINITION: A nebulizer is a machine that uses a liquid form of medicine (Albuterol for example) and turns it into a mist to help you breathe in through a mask or a tube.

K13. On average, how much do you spend out of your own pocket each month on prescription medicines? Is it:

- | | |
|-------------------------|---------------------------|
| 0. Nothing | 3. \$51 to \$100 dollars |
| 1. Less than \$20 | 4. \$101 to \$150 dollars |
| 2. \$20 to \$50 dollars | 5. More than \$150 |

K14. In the last 6 months, have you ever had to go without health care or medicine that you needed because you needed the money for food, clothing, housing, etc.?

- 1 Yes 5 No

K20. In the past 6 months, how many times did you spend one night or more in the hospital? (Your best estimate is fine).

PROBE: Include all of your health care in your answer, not just care related to your asthma.

Enter Number (0-50): _____ *IF ZERO, Skip to K25*

If K20 = 1:

K21. How many nights did you spend in the hospital?

Enter Number: _____ (acceptable range is 0-99 nights) **Skip to K25**

If K20 ≥ 2, Skip to K22: (All others Skip to K25)

K22. Think about your last hospital stay, how many nights was it?

Enter Number: _____ (acceptable range is 0-99 nights)

K22a Now the stay before that one – how many nights was it?

Enter Number: _____ (acceptable range is 0-99 nights)

If K20 ≥ 3 (All others Skip to K25)

K22b. Now the stay before that one – how many nights was it?

Enter Number: _____ (acceptable range is 0-99 nights)

IF K20 ≥ 4 (All others Skip to K25)

K22c Now the stay before that one – how many nights was it?

Enter Number: _____ (acceptable range is 0-99 nights)

K25. Think about all the doctor's offices and clinics you've visited for health care in the last 6 months. In total, about how many visits have you made to get care for yourself? (Your best estimate is fine.) Was it:

PROBE: Include all of your health care in your answer, not just care related to your asthma.

- | | |
|-----------------|----------------------|
| 0 None | 2 4 to 6 |
| 1 1 to 3 visits | 3 More than 6 visits |

K26. During the last month, how many days did your health keep you in bed all day or most of the day?

Enter days _____ (0-31)

Language

K27. What language do you usually speak at home?

- 1 English → **Skip to K29**
- 2 Spanish
- 3 Other (Specify) _____

K28. In the last 6 months, how often did you have a problem communicating with your doctor or nurse because of language differences? Was it:

- | | |
|-------------|-----------|
| 1 Never | 3 Usually |
| 2 Sometimes | 4 Always |

What is your relationship to [fill L5a@1]?

- 1 Friend
- 2 Daughter/Son
- 3 Sister/Brother
- 4 Grandchild
- 5 Other Relative
- 6 Other

We respect your decision. To help the researchers in this study, would you mind telling me the main reason you don't want to do the follow-up interview?

You may remember that the letter from [FILL SITE CO-SIGNER] of [SITE] and Dr. Emmett Keeler of RAND said that we would like to combine your answers to this interview with a review of your health care records at [SITE]. Your health care records include your medical charts, and any information [SITE] may have about the cost of your care, pharmacy use, tests and procedures, as well as general administrative data.

I'm asking for your permission to have a member of our study team look at your health care records from [SITE] to collect information RAND researchers can use to get the full picture of your care for asthma. Your decision is voluntary and will not affect the care you get from [SITE]. Do you give your OK for our study staff to look at your [SITE] health care records?

IF NEEDED: Any and all information that can be used to identify you will be kept confidential. Your interview answers and health care record data will be used only for the purposes of this study. RAND will not release your information to anyone without your prior consent, except as required by law.

IF NEEDED: RAND will give [SITE] a report that combines your information with the information we get from other patients treated there. All information will be reported as group summaries and other group statistics. No individual patient information will be given to your doctors or anyone else at [SITE].

- 1 Yes, can look at health care record
- 2 No, refuses health care record
- 3 Undecided at this time

>bye<

That's all of the questions I have for you today. You should receive your \$10 check in the next 4 weeks. We'll send you a letter to remind you about the follow-up interview. Thank you for your help.