

2023 BRFSS Asthma Call-back (ACBS) Data Collection Guidelines

1. For Asthma Call-back Survey (ACBS), all standard Behavior Risk Factor Surveillance System (BRFSS) data collection protocols (such as call attempts, assigning dispositions to cases, etc.) should be followed. Data collection for the follow-up must meet guidelines and data quality criteria established for the annual state-wide survey.
2. The BRFSS core and (where applicable) child selection modules will be required to select a respondent for the follow-up. The respondent will be either an adult (BRFSS respondent) or child (chosen using the Random Child Selection and Childhood Asthma Prevalence module) who has ever had asthma. ACBS sample includes all cases meeting the qualification criteria in BRFSS. ACBS will only conduct one call-back interview per household. If a household contains both an eligible adult and child, then only one will be selected for the call-back using a random selection process built into the BRFSS interview. For household contains both an eligible adult and child, the program should select the child 75% vs adult 25%, or child 100% vs adult 0%. If a child is the selected sample member for the ACBS, the interview will be conducted with the most knowledgeable parent or legal guardian in the household; persons under age 18 years will not be interviewed directly.
3. **The BRFSS respondent at the core must be the parent/guardian of the child selected. If the BRFSS respondent is not the parent/guardian of the selected child, a call-back survey for the child with asthma is not to be conducted (e.g. a core BRFSS respondent who is a sibling of the selected child, who is over 18, but is not the guardian of the selected child could not transfer the child call-back over to the parent/guardian of the child). The reason for this is that the core BRFSS data must also be for the parent/guardian of the selected child. However, the parent/guardian of the child can transfer the interview to the Most Knowledgeable Person (MKP) and grant this person permission to conduct the interview.**
4. **Data Collectors, please be sure to ask every respondent that responds, YES to the BRFSS C07.04 (Ever told) (you had) (ASTHMA3) question. Whether or not you can call them back for the ACBS questionnaire. The YES responses to the BRFSS C07.04 is the sample size for the ACBS, but when**

you stop asking the CALLBACK question, due to having met the preconceived quotas you unknowingly create a biasedness in the ACBS weighting process. Therefore, an adjustment factor is required to weight the data. Large adjustment factors are somewhat unreliable.

5. All states should make the BRFSS respondent aware that a callback will take place if an adult and/or child has ever had asthma and eligible for the ACBS. A template with recommended wording for the question requesting permission to call the respondent back sometime in the next two weeks is provided in Attachments 5e -5f. Because IRBs in different states may require slight changes in the wording of this question, states have the latitude to modify this template as necessary. We request only that they forward a copy of the final wording to the ACBS contact Wil Murphy (PHSB) for documentation purposes.
6. The ACBS is an extension of the regular surveillance efforts conducted as a part of BRFSS. A copy of the new BRFSS exemption of IRB email for the 2023 BRFSS is provided in a .pdf document. **“NOA 0920-1061 BRFSS_21DEC2022”.**

Excerpt from

OMB No. 0920-1061, Exp. Date 3/31/2022

1. Institutional Review Board (IRB) and Justification for Sensitive Questions

CDC has determined that the BRFSS information collection is exempt from the requirements of 45 CFR 46. IRB approval is not required.

The BRFSS includes standard demographic questions (such as race, gender identity and income category) which may be considered sensitive. In addition, some questions regarding preventive behaviors, such as HIV testing, may be considered sensitive. One module on adverse childhood experiences is also sensitive and interviewers are trained specifically to reassure respondent who respond to this module (see appendices in Attachment 14). Participating states have used these standardized questions on state behavioral risk surveys for many years. Sensitive questions are necessary to identify changes in behaviors and/or self-assessments of health status when aggregated to local or state levels. In order to assess changes in health risk behaviors, it is necessary to ask questions of a sensitive nature. This sensitive information would be pertinent to determine state needs for health programs and services.

7. **State-added Questions:** If a Random Child Selection and Childhood Asthma Prevalence modules identify a child as eligible for ACBS, then the most knowledge person about the child’s asthma must be identified. States to add their own extra questions to their BRFSS state-added questionnaire and identify the most knowledge person at BRFSS interview, not at the ACBS interview. Each state must decide whether to cognitively test its state-added questions before use.
8. Since both the adult and child questionnaires have been running consecutively for 15 years and have been pre-tested and administered in three states in 2005, 25 states in 2006, 35 states in 2007, and 33 states in years 2016-2022. We will not require pretest of the 2023 questionnaire. However, pretests conducted by individual states are optional. CA and PR provide a Spanish translation of each instrument and in cases such as this, may want pretesting of new instruments. Additionally, it is recommended that new grantee states test their CATI, if not using one of the contractors currently conducting ACBS.
9. Due to the complexity of the cell-phone data-swapping process, the survey will not be supporting this record swapping technique. Therefore, interviewers will only call cellular respondents identified as being in- state and follow BRFSS cellular calling rules. Data collection for the ACBS should begin by February 1st. Guidelines recommend conducting call-back interviews within two days of the BRFSS interview completion date. Conducting the interview earlier than the 2-day limit is preferred, and if the respondent is willing, an immediate callback survey can be conducted. *An immediate callback is tracked this by entering a “2” in pre-defined column position of Data Submission Layout provided by BRFSS with annual questionnaire*
10. Standard BRFSS case disposition codes and code assignment rules are required. A set of additional codes have been added for the call-back survey only: A case should be considered as a partial complete (disposition code 1200) if either:
 - i. the respondent completed through section 8 (medications) before terminating the interview; OR the respondent completed section 7 (modifications to environment) but didn’t complete section 8 (medications) before terminating the interview but would have

skipped section 8 due to a legitimate skip because he or she had responded “Never” to LAST_MED (3.4) “How long has it been since you last took asthma medication?”.

- ii. A case would be considered as a termination within questionnaire (disposition code 2100) if the respondent should have answered the questions about medications in section 8 but did not and ended questionnaire earlier, or if they would have skipped section 8 but terminated the questionnaire before reaching the end of section 7 (modifications to environment).

- 11. ACBS will weight the data and produce a final data set that includes the state-wide BRFSS data and the call-back survey data. Midyear files will be made available to the states for quality control checks.
- 12. OneEditsUltra programs for the adults and children’s datasets will be provided by PHSB. This is expected to be available at end of February, of the 2023 processing year.
- 13. Data will be submitted to the BRFSS Upload/Download Website under heading “BRFSS Data Submission”. The schedule shown in Table 1 includes an example of typical timeline to follow for data submission, although earlier submissions are acceptable.

Table 1. Typical Annual Data Submission Schedule

Activity	Approximate Time Schedule
Monthly data submission by states	March (Year 1) –April (Year 2)
Quarterly data submission by states	<p>April (Year 1) - (for months January, February, March)</p> <p>July (Year 1) - (for months April, May, June)</p> <p>October (Year 1) - (for months July, August, September)</p> <p>December (Year 1) - (for months October, November, December)</p> <p>April (Year 2) - (for months January, February, March Year 2)</p>
<i>Note: You can submit your data earlier!</i>	

Filename convention:

AAL_SMMMMYYx.DAT for the asthma follow-up of adults using landline (AAL)

AAC_SMMMMYYx.DAT for the asthma follow-up of adults using cell phone (AAC)

ACL_SMMMMYYx.DAT for the asthma follow-up of children using landline (ACL)

ACC_SMMMMYYx.DAT for the asthma follow-up of children using cell phone (ACC)

These files should be uploaded to the BRFSS website, under the **Special Surveys** link, and the **Submit Files** portal.

SS: represents the two-character state abbreviation

MMM: the three-character month abbreviation (the last month interviews were conducted). For example, if you send the data quarterly; ex: File with 2023 January, February, March should be named AAL_MIMAR23.DAT

YY: as the last two digits of the year. **Example 23 for 2023 DATA**

X: ONE LETTER (A-M) OR A NUMBER (1-9) FOR DIFFERENT VERSIONS (use with updated versions of a previous data file).

Examples:

AAL_	[Asthma Landline Adults]	e.g. AAL_GAAPR23x.DAT
ACL_	[Asthma Landline Children]	e.g. ACL_GAAPR23x.DAT
AAC_	[Asthma Cellphone Adults]	e.g. AAC_GAAPR23x.DAT
ACC_	[Asthma Cellphone Children]	e.g. ACC_GAAPR23x.DAT

*For states that will be completing their December 2022 data collection sample in January or February 2023, please name this file **AAL_GADEC23.DAT**, using the sample's month and year.*

Appendix A

**2023 BRFSS Asthma Call-back
Recommended Permission Script
BRFSS Survey Column (673)**

“We would like to call to you again within the next 2 weeks to talk in more detail about (your/your child’s) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?”

- 1 Yes
- 2 No

Can I please have either (your/your child’s) first name or initials so we will know who to ask for when we call back?

_____ Enter first name or initials

