

# Breathe Michigan Screening Survey

University of Michigan; Ann Arbor, Michigan

This is a questionnaire designed to be completed by African American adults with chronic care needs in patient homes. The tool includes questions to assess the current state of patient-generated health data.

## Breathe Michigan Screening Questionnaire

*Begin script once you have verified who you are speaking with.*

Hello. This is \_\_\_\_\_ calling from the \_\_\_\_\_ about Breathe Michigan. As we indicated in a letter that was mailed to your house, we had identified your name from the \_\_\_\_\_ registry as someone who has asthma. If you qualify for our study, you may be able to participate in a computerized program that could improve your asthma. You can also earn up to \$120 by participating in the study. Does this sound like something you would be interested in being part of?

(If yes, continue)

(If no, go to last page)

I need to ask you some screening questions first. Would that be OK?

(If yes, continue)

(If no, go to last page)

Before we start, I would like to remind you that all information you provide will remain strictly confidential. If you do not wish to answer a particular question, please let me know and we will move on to the next one. Also, please let me know if you would like to stop at any time and complete the interview at another time.

(IF CALL BACK REQUIRED) When would be a good time to call you back? Note date and time on participant sheet.

## SECTION A – DIAGNOSIS OF ASTHMA

I would like to begin by getting a better understanding of your asthma:

	YES	NO
1. Have you ever had episodes of asthmatic symptoms such as wheezing, shortness of breath, chest tightness, or repetitive coughing?	1	0 (SKIP TO 8)
1a. Have you had any of these symptoms in the past 12 months?	1	0 (SKIP TO 8)
2. Have you ever been told by a doctor that you have asthma? 2a. How old were you when diagnosed? _____years of age	1	0
3. Are you African American?	1	0 (SKIP TO 8)
4. How old are you?	Age 18 - 30	Any other age (SKIP TO 8)
5. Do you take any medications for asthma? <b>Please take a minute to get those medication. Next, please list these medications and dose (strength) and times taken/day</b>  _____  _____  _____  _____  <b>(If albuterol only, do you take this medication more than twice per week?)</b>	1	0 (SKIP TO 8)
6. Do you have access to email and the internet at least twice per week?	1	0 (SKIP TO 9)
8. Do you have a primary care doctor, or clinic you go to for general care? Please list that person/clinic: _____	1	0 (SKIP TO 11)
9. To participate in this study, we will contact you through email. Do you have an email address that we could contact you through for this trial? We would never give or sell your email address to anyone else.	1 <b>Enter address</b>	0 (SKIP TO 8)
10. During the study, we may contact you through text messages as well, if this were easier for you. Do you have a phone number we could send text messages to? We would never give or sell your phone number to anyone else.	1 <b>Enter phone number</b>	
11. Are you participating in any other clinical trials currently?	1	0 (SKIP TO 10)

You qualify for our project looking at an online self-management program for young adults with asthma. I would like to tell you a little more about the project. Would that be OK?

**(If no, SKIP to A)**

Great, we are interested in looking at online asthma education as a way to improve asthma in adults age 18 - 30. This study is not a drug study, and we will not using any experimental treatments on you. You will not be required to come into the office for any part of the study, and all information will be done at home. During the program, you will be shown a series of about 5 short videos on asthma, and each will only take a few minutes to watch. We will also ask you to identify barriers to asthma care, and will give tips on how to overcome these barriers. Finally, we will give you a peak flow meter, and show you how to enter the data online so that a personalized asthma action plan can be generated with your doctor. The program will run over 8 weeks, and you will be given \$80 for completing it. We will also call you back at 3 and 6 months to see how you are doing, and you will be given another \$20 at each of these phone calls, for a total of \$120. Do you have any questions about the study?

(If yes, answer question or say ‘That is a good question, I will find out and get back to you’)

Does this sound like something you would be interested in participating in?

**(If no, SKIP to A)**

Great, please let me know of your email address, and we will send you a link of where to get started.

- A. We are specifically interested in African American individuals between the ages of 18 – 30 with asthma that requires medication. Thank you very much for your time.
- B. We are specifically interested in individuals with asthma who have regular access to the internet. Thank you very much for your time.
- C. Thank you for your interest, we are specifically interested in individuals not currently participating in other clinical trials.
- D. We are specifically interested in individuals with asthma who have a primary care physician. Thank you very much for your time.