

**SECTION 600: SAMPLE PRELOAD AND SCREENING QUESTIONS**

**BASE: ALL RESPONDENTS**

**Q600** Our first few questions are for classification purposes and will help us determine which questions to ask you later in the survey. They will also help us properly analyze responses to this survey. As you may already know, we never disclose the identity of any individual. Your answers will always be kept strictly confidential. We report results only for groups of people, not for individuals.

**BASE: SCREENING ON GENDER**

**Q268** Are you...?

- 1 Male
- 2 Female

**BASE: QUERY ON AGE**

**Q270** In what year were you born? Please enter your response as a four-digit number (for example, 1977).

[RANGE: 1900 TO CURRENT YEAR-6]

|\_|\_|\_|

**BASE: ALL RESPONDENTS AGE 18+**

**Q1318** In what state or territory do you currently reside?

**BASE: ALL RESPONDENTS AGE 18+**

**Q1326** What is your zip code?

[MANDATORY]

|\_|\_|\_|\_|

**BASE: ALL RESPONDENTS AGE 40+**

**Q605** How would you describe your current overall health?

[SINGLE RESPONSE]

- 1 Poor
- 2 Fair
- 3 Good
- 4 Excellent

**BASE: ALL RESPONDENTS AGE 40+**

**Q610** How concerned are you about your health right now?

- 1 Not at all concerned
- 2 Not very concerned
- 3 Somewhat concerned
- 4 Very concerned

**BASE: ALL RESPONDENTS AGE 40+**

**Q615** Have you ever been told by a doctor or clinician that you have any of the following health conditions? Please select all that apply.

[MULTIPLE RESPONSE; RANDOMIZE BUT KEEP ITEMS 1-3 TOGETHER]

- 1 Chronic obstructive pulmonary disease (COPD)
- 2 Chronic bronchitis
- 3 Emphysema
- 4 Diabetes (Type 1 or Type 2)
- 5 Depression
- 6 Asthma
- 7 Stroke
- 8 Lung cancer

- 9 Heart disease
- 10 Sleep apnea
- 11 Anxiety
- 12 Severe or chronic acid reflux or "heartburn"
- 12 Osteoporosis
- 13 High blood pressure
- 97 None of these [ANCHOR, E]
- 98 Not sure [ANCHOR, E]
- 99 Decline to answer [ANCHOR, E]

**SECTION 700 – COPD PATIENT PROFILE**

**BASE: DID NOT SELECT COPD (Q615/ NOT 1)**

**Q700** You indicated that you have been told by a doctor or clinician that you have [INSERT RESPONSE FROM Q615/2,3]. As you may already know, [INSERT RESPONSE FROM Q615/2,3] [PN: IF Q615/2 OR 3 INSERT:is] [IF Q615/2 AND 3 INSERT: are] a form of chronic obstructive pulmonary disease (COPD). Throughout this survey, when we say COPD, please think about your experiences with [INSERT RESPONSE FROM Q615/2,3]. This description is not intended as a diagnosis. Please speak to your doctor or clinician if you have further questions.

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q701** [PN: IF 615/1 INCLUDE: You indicated that you have been told by a doctor or clinician that you have chronic obstructive pulmonary disease (COPD), chronic bronchitis or emphysema.] We would now like to ask you a few questions about your experiences with COPD.

How old were you when you were told you had COPD?

years old [RANGE = 1 – AGE AT Q280]

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q705** Which type of doctor or clinician told you that you have COPD?

[RANDOMIZE; SINGLE RESPONSE]

- 1 Primary care physician
- 2 Pulmonologist (physician lung specialist)
- 3 Allergist/Immunologist
- 4 Emergency room (ER) physician
- 5 Nurse practitioner
- 6 Respiratory therapist
- 7 Physician assistant
- 96 Other [ANCHOR]
- 98 Don't recall/Not sure [ANCHOR; E]

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q710** Which of the following types of doctors or clinicians, if any, do you currently see on a regular basis (at least once a year) as part of managing your COPD? Please select all that apply.

[MULTIPLE RESPONSE; RANDOMIZE]

- 1. Primary care physician
- 2. Pulmonologist (physician lung specialist)
- 3. Allergist/Immunologist
- 4. Emergency room (ER) physician
- 5. Nurse practitioner
- 6. Respiratory therapist
- 7. Physician assistant
- 96 Other [ANCHOR]
- 97 None [ANCHOR; E]

**BASE: CURRENTLY SEE ANY DOCTOR OR CLINICIAN (Q710/1-7, 96)**

**Q715** Which type of doctor or clinician is primarily responsible for helping you manage your COPD?

[SHOW ONLY RESPONSES SELECTED AT Q710, IN SAME ORDER]  
 [IF ONLY ONE RESPONSE AT Q710 AUTO-FILL RESPONSE AT Q715]

- 1 Primary care physician
- 2 Pulmonologist (physician lung specialist)
- 3 Allergist/Immunologist
- 4 Emergency room (ER) physician
- 5 Nurse practitioner
- 6 Respiratory therapist
- 7 Physician assistant
- 96 Other [ANCHOR]
- 97 None [AUTO-PUNCH IF Q710/97: DO NOT DISPLAY]

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q720** Have you ever had a lung function test (a breathing test)?

- 1 Yes
- 2 No
- 8 Not sure

**BASE: NOT DIAGNOSED, CURRENTLY SEE OR PRIMARILY MANAGED BY PULMONOLOGIST (Q705/NE 2 AND Q710/NE 2 AND Q715/NE 2)**

**Q725** Have you ever seen or visited a pulmonologist (physician lung specialist)?

- 1 Yes
- 2 No
- 8 Not sure

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q730** Which of the following best describes your current ability to perform everyday activities?

[DO NOT RANDOMIZE; SINGLE RESPONSE]

- 1 Not troubled by breathlessness except on strenuous exercise
- 2 Short of breath when hurrying on level (flat) ground or walking up a slight hill
- 3 Walk slower than most people on level (flat) ground, stop after about a mile or stop after 15 minutes of walking at my own pace
- 4 Stop for breath after walking about 100 yards or after a few minutes on level (flat) ground
- 5 Too breathless to leave the house or breathless when doing ordinary tasks, such as dressing or eating

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q735** Have you visited the emergency room or been admitted to the hospital for a slow or sudden worsening of your COPD symptoms (otherwise known as an acute exacerbation or flare-up of your COPD) in the past year?

[MANDATORY OPEN END NUMERIC]

- 1. Visited the emergency room      |\_|\_| times in the past year [RANGE 0-365]
- 2. Been admitted to the hospital   |\_|\_| times in the past year [RANGE 0-365]

**SECTION 800 – COPD, CHRONIC BRONCHITIS OR EMPHYSEMA KNOWLEDGE, GENERAL TREATMENT EXPERIENCE**

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q800** How knowledgeable are you about each of the following aspects of COPD?

**Q801** [REPEAT SCALE AT BOTTOM OF GRID]

- 1 Not at all knowledgeable
- 2 Not very knowledgeable
- 3 Somewhat knowledgeable
- 4 Knowledgeable
- 5 Very knowledgeable
- 6 Extremely knowledgeable

[RANDOMIZE BUT KEEP ITEMS 7 AND 8 TOGETHER ANCHOR CODE 5 ABOVE 7 & 8]

- 1 Symptoms of COPD
- 2 Causes of COPD
- 3 Breathing tests (spirometry)

- 4 Medications to treat/manage COPD
- 5 Treatment devices (inhaler [MDI or DPI] or hand-held small volume nebulizer)
- 6 Preventing a slow or sudden worsening of your COPD symptoms (COPD exacerbation)
- 7 How to use treatment device(s) (inhaler [MDI or DPI] or hand-held small volume nebulizer)
- 8 How to clean and store treatment device(s) (inhaler [MDI or DPI] or hand-held small volume nebulizer)

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q805** As far as you know, which of the following, if any, are causes (risk factors) of COPD? Please select all that apply.

[MULTIPLE RESPONSE; RANDOMIZE BUT KEEP ITEMS 1, 2 TOGETHER]

1. Cigarette smoking
2. Exposure to secondhand cigarette smoke
3. Indoor/outdoor air pollution (molds, household solvents, pesticides, smog)
4. Wood stoves
5. Frequent lung infections during childhood
6. Work-related (occupational) exposures
7. Other [ANCHOR]Not sure [ANCHOR; EXCLUSIVE]

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q810** Which, if any, of the following do you remember discussing during your first visit with the doctor or clinician who told you that you have COPD? Please select all that apply.

[MULTIPLE RESPONSE; RANDOMIZE BUT KEEP ITEMS 1-2, 4-5, 7-8 TOGETHER]

- 1 What is COPD
- 2 Causes of COPD
- 3 Ways to manage or reduce my risk of a slow or sudden worsening of my COPD symptoms (exacerbations)
- 4 Treatment options for COPD
- 5 Risks and benefits of treatment options
- 6 My concerns about living with COPD (activities of daily living)
- 7 How to use my treatment device (inhaler [MDI or DPI] or hand-held small volume nebulizer)
- 8 How to clean and store my treatment device (inhaler [MDI or DPI] or hand-held small volume nebulizer)
- 9 Additional educational resources (pamphlets, websites, support groups, etc.)
- 10 Who to contact for additional support
- 11 Advice to quit smoking
- 97 None of these [ANCHOR; E]
- 98 Not sure/don't recall [ANCHOR; E]

**BASE: HAVE A DR WHO IS PRIMARILY RESPONSIBLE FOR MANAGING COPD (Q715/NE 97)**

**Q815** How often do you discuss each of the following with the doctor or clinician who currently has the primary responsibility for helping you manage your COPD?

**Q816** [DISPLAY HORIZONTALLY] [REPEAT SCALE AT BOTTOM OF GRID]

- 1 Never
- 2 During less than half of visits
- 3 During about half of visits
- 4 During more than half of visits
- 5 During every visit
- 6 Not sure

[RANDOMIZE BUT KEEP ITEMS 1-2, 4-5, 7-8 TOGETHER]

- 1 What is COPD
- 2 Causes of COPD
- 3 Ways to manage or reduce my risk of a slow or sudden worsening of my COPD symptoms (exacerbations)
- 4 Treatment options for COPD
- 5 Risks and benefits of treatment options
- 6 My concerns about living with COPD (activities of daily living)
- 7 How to use my treatment device (inhaler [MDI or DPI] or hand-held small volume nebulizer)

- 8 How to clean and store my treatment device (inhaler [MDI or DPI] or hand-held small volume nebulizer)
- 9 Additional educational resources (pamphlets, websites, support groups, etc.)
- 10 Who to contact for additional support
- 11 Advice to quit smoking

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q820** What do you do when you have a slow or sudden worsening of COPD symptoms (exacerbations)? Please select all that apply.

[RANDOMIZE; MULTIPLE RESPONSE]

- 1. Use my hand-held inhaler (pump) for rescue therapy
- 2. Use my hand-held small volume nebulizer for rescue therapy
- 3. Take a steroid pill
- 4. Take an antibiotic
- 5. Call the doctor's office
- 6. Go to the hospital
- 7. Other [ANCHOR]
- 8. None [ANCHOR; E]

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q825** Which of the following, if any, has your doctor or clinician ever recommended or prescribed to you to treat or manage your COPD? Please select all that apply.

To see images of an MDI or DPI inhaler or hand-held small volume nebulizer, please hold your cursor over the item where it appears in the answer choices below.

[MULTIPLE RESPONSE; RANDOMIZE KEEP 8 & 9, 2 & 3, 4 & 5 AND 6 & 7 TOGETHER]

- 1 Quit smoking (advised me to quit, prescribed treatments to help me quit)
- 2 Flu shot (Influenza vaccine)
- 3 Pneumonia shot (Pneumococcal vaccine)
- 4 MDI inhaler [PN: INCLUDE MOUSE-HOVER IMAGE "MDI INHALER"] for rescue therapy (medication you take only when you experience worsening symptoms)
- 5 MDI [PN: INCLUDE MOUSE-HOVER IMAGE "MDI INHALER"] or DPI [PN: INCLUDE MOUSE-HOVER IMAGE "DPI INHALER"] inhaler for control therapy (medication you take every day to help control symptoms)
- 6 Hand-held small volume nebulizer [PN: INCLUDE MOUSE-HOVER IMAGE "HHSV NEBULIZER"] for rescue therapy (medication you take only when you experience worsening symptoms)
- 7 Hand-held small volume nebulizer [PN: INCLUDE MOUSE-HOVER IMAGE "HHSV NEBULIZER"] for control therapy (medication you take every day to help control symptoms)
- 8 Pill for control therapy (medication you take every day to help control symptoms)
- 9 Pill for rescue therapy (medication you take only when you experience worsening symptoms)
- 10 Lifestyle modifications (exercise, quit smoking, diet, keeping emergency contact list handy)
- 11 Pulmonary rehab (exercise programs, education, nutrition counseling programs)
- 97 None of these [ANCHOR; E]
- 98 Not sure [ANCHOR; E]

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q830** Which of the following, if any, are you currently doing or using for your COPD? Please select all that apply.

To see images of an MDI or DPI inhaler or hand-held small volume nebulizer, please hold your cursor over the item where it appears in the answer choices below.

[SAME LIST OF RESPONSES AS AT Q825 ABOVE]  
 [SHOW CODE 1 AS "Quit smoking"]  
 [MULTIPLE RESPONSE; RANDOMIZE IN SAME ORDER AS Q825]

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q835** Are you currently using oxygen therapy (supplemental oxygen)?

- 1 Yes
- 2 No

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q840** How much do you agree or disagree with each of the following statements about COPD treatment?

- Q841** [DISPLAY HORIZONTALLY]
- 1 Strongly disagree
  - 2 Somewhat disagree
  - 3 Somewhat agree
  - 4 Strongly agree

[RANDOMIZE]

- 1 I wish my doctor or clinician and I talked more about the medication(s) I take. [PN: ASKED ONLY IF Q830/4-9]
- 2 My doctor or clinician often ignores my concerns regarding my COPD treatment(s). [PN: ASKED ONLY IF Q830/1-12]
- 3 There is not enough time at my appointments with my doctor or clinician to cover all my questions about [PN: IF Q830/1-12, INSERT "my"] COPD treatment(s).
- 4 I understand my disease and the treatment options available.

**SECTION 900 – EXPERIENCE WITH/KNOWLEDGE ABOUT/ATTITUDES TOWARD NEBULIZERS**

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q900** Have you ever used, or are you currently using, a hand-held small volume nebulizer [PN: INCLUDE MOUSE-HOVER IMAGE "HHSV NEBULIZER"] to take medication for your COPD? Please select all that apply.

To see an image of a hand-held small volume nebulizer, please hold your cursor over the item where it appears in the question above.

- 1 Yes, I have used a hand-held small volume nebulizer in the past in a hospital or other medical facility.
  - 2 Yes, I have used a hand-held small volume nebulizer in the past outside of a hospital or medical facility.
  - 3 Yes, I currently use a hand-held small volume nebulizer at home or during day-to-day activities.
  - 4 No, I have never used and am not currently using a hand-held small volume nebulizer.
- [EXCLUSIVE]
- 8 Not sure [EXCLUSIVE]

**BASE: CURRENTLY UTILIZES A NEBULIZER (Q900/3)**

**Q905** You mentioned that you are currently utilizing a hand-held small volume nebulizer to take medication for your COPD. Which of the following best describes your current hand-held small volume nebulizer use?

[ROTATE; SINGLE RESPONSE]

- 1 Short-acting (rescue) therapy only (medication you take only when you experience worsening symptoms)
- 2 Long-acting (control) therapy only (medication you take every day to help control symptoms)
- 3 Both short-acting (rescue) and long-acting (control) [ANCHOR]

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q910** How knowledgeable are you about each of the following aspects of hand-held small volume nebulizers?

**Q911**

- 1 Not at all knowledgeable
- 2 Not very knowledgeable
- 3 Somewhat knowledgeable
- 4 Knowledgeable
- 5 Very knowledgeable
- 6 Extremely knowledgeable

[RANDOMIZE BUT KEEP ITEMS 4-5 TOGETHER]

[PN: IF Q900/3]

- 1 What my hand-held small volume nebulizer is for
- 2 Why I am using a hand-held small volume nebulizer instead of (or in addition to) an MDI or DPI inhaler
- 3 When I should use my hand-held small volume nebulizer
- 4 How to use my hand-held small volume nebulizer
- 5 How to clean and maintain my hand-held small volume nebulizer to prevent infections

[PN: IF Q900/NE3]

- 6 What a hand-held small volume nebulizer is intended for
- 7 Why to use a hand-held small volume nebulizer instead of (or in addition to) an MDI or DPI inhaler
- 8 When to use a hand-held small volume nebulizer
- 9 How to use a hand-held small volume nebulizer
- 10 How to clean and maintain a hand-held small volume nebulizer to prevent infections

**BASE: EVER USED/CURRENTLY USE HH NEBULIZER (Q900/1,2,3)**

**Q915** Which healthcare provider explained each of the following aspects of hand-held small volume nebulizers to you? Please select all that apply in each column.

**Q916**

[SAME ORDER AS Q910] [REPEAT SCALE AT BOTTOM OF GRID]

- 1 What my hand-held small volume nebulizer is for
- 2 Why a hand-held small volume nebulizer is an appropriate choice for me to take inhaled medicine
- 3 When I should use my hand-held small volume nebulizer
- 4 How to use my hand-held small volume nebulizer
- 5 How to clean and maintain my hand-held small volume nebulizer to prevent infections

[RANDOMIZE; MULTIPLE RESPONSE]

- 1 My doctor or clinician who is primarily responsible for managing my COPD [SUPPRESS IF Q715/97]
- 2 A nurse in my doctor's practice
- 3 A representative from a medical equipment company (such as Invacare or Apria)
- 4 A pharmacist
- 5 Other respiratory care practitioner
- 6 A respiratory therapist
- 7 A physician assistant
- 8 Someone else [ANCHOR]
- 9 No one [ANCHOR; E]
- 10 Not sure [ANCHOR; E]

**BASE: EVER USED/CURRENTLY USE HH NEBULIZER (Q900/1,2,3)**

**Q920** To what extent did your healthcare provider explain each of the following aspects of hand-held small volume nebulizers when prescribing nebulized treatments for you?

**Q921**

- 1 Not at all [DO NOT DISPLAY; AUTOFILL IF Q916/9,10]
- 2 A little
- 3 A lot

[RANDOMIZE BUT KEEP ITEMS 4-5 TOGETHER]

[ONLY DISPLAY STUBS Q916/NE9,10; IF Q916/9,10 AUTO CODE AS Q921/1- DO NOT DISPLAY TO RESPONDENT]

- 1 What my hand-held small volume nebulizer is for
- 2 Why a hand-held small volume nebulizer is an appropriate choice for me to take inhaled medicine
- 3 When I should use my hand-held small volume nebulizer
- 4 How to use my hand-held small volume nebulizer
- 5 How to clean and maintain my hand-held small volume nebulizer to prevent infections

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q925** Which of the following, if any, describe your opinion of hand-held small volume nebulizers? Please select all that apply.

[MULTIPLE RESPONSE; RANDOMIZE]

- 1 Complicated
- 2 Burdensome
- 3 Time-consuming
- 4 Portable
- 5 Undesirable side effects
- 6 Efficient
- 7 Fast-acting
- 8 Easy to use
- 9 Convenient
- 10 Expensive
- 11 Possible contamination
- 12 Essential
- 97 None of these [ANCHOR; EXCLUSIVE]
- 99 I do not have an opinion of hand-held small volume nebulizers. [ANCHOR; E]

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q930** How much do you agree or disagree with each of the following statements about hand-held small volume nebulizers?

**Q931**

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree

[SHOW ITEMS 2 AND 4 ONLY IF EVER USED/CURRENTLY USE HH NEBULIZER (Q900/1,2,3)]  
[RANDOMIZE]

- 1 I would appreciate additional guidance and education about hand-held small volume nebulizers.
- 2 My doctor or clinician takes time to explain how hand-held small volume nebulizers work when prescribing nebulized treatments for me.
- 3 I would like to learn about different kinds of nebulizers.
- 4 I prefer hand-held small volume nebulizers over MDI or DPI inhalers.

**BASE: EVER USED/CURRENTLY USE HH NEBULIZER (Q900/1,2,3)**

**Q935** You indicated that you [PN: IF Q900/1,2 INCLUDE: have used] [PN: IF Q900/3 INCLUDE: are currently using] a hand-held small volume nebulizer. Who, if anyone, [PN: IF Q900/1,2 INCLUDE: had] [PN: IF Q900/3 INCLUDE: has] assessed your technique for using and cleaning your hand-held small volume nebulizer? Please select all that apply.

[MULTIPLE RESPONSE; RANDOMIZE]

- 1 My doctor or clinician who is primarily responsible for managing my COPD [SUPPRESS IF Q715/97]
- 2 A nurse in my doctor's practice
- 3 A representative from a medical equipment company (such as Invacare or Apria)
- 4 A pharmacist
- 5 Other respiratory care practitioner
- 6 A respiratory therapist
- 7 A physician assistant
- 8 Someone else [ANCHOR]
- 9 No one [ANCHOR; E]
- 10 Not sure [ANCHOR; E]



**BASE: SOMEONE ASSESSED PATIENT TECHNIQUE (Q935/NE 9,10)**

**Q940** When has a doctor or clinician assessed your technique in using and cleaning your hand-held small volume nebulizer?

- 1 Only at first prescription
- 2 Periodically to ensure proper administration
- 8 Not sure [ANCHOR; E]

**SECTION 1000 – NEBULIZER KNOWLEDGE-TESTING**

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q1000** Below is a list of statements about the cleaning of hand-held small volume nebulizers and inhalers which may be true or false. For each, please indicate if you think the statement is true, false, or you are not sure.

**Q1001**

- 1 True
- 2 False
- 3 Not sure

[RANDOMIZE]

1. After each use, the hand-held small volume nebulizer cup should be rinsed with warm water.
2. The hand-held small volume nebulizer mouthpiece or facemask must be washed in warm, soapy water weekly.
3. The hand-held small volume nebulizer compressor should be placed in water when cleaning.
4. The hand-held small volume nebulizer compressor must be covered with a clean dry cloth when not in use.
5. Hand-held (pump) inhalers should be cleaned with an alcohol wipe after use and let dry. Three times a week, the mouthpiece or facemask should be soaked in equal parts of white vinegar and distilled water.
6. The entire hand-held (pump) inhaler should not be held underwater during cleaning.

**BASE: ALL QUALIFIED RESPONDENTS (Q615/1 OR Q700)**

**Q1002** Thank you for your responses. You indicated that you were “not sure”, or selected the incorrect response, for one or more statements at the previous question – please review the correct responses to those statements below:

[PN: DISPLAY IN SAME ORDER AS Q1000]

1. *After each use, the hand-held small volume nebulizer cup should be rinsed with warm water.* This is a true statement. [PN: IF Q1000/1 AND Q1001/2,3 ONLY]
2. *The hand-held small volume nebulizer mouthpiece or facemask must be washed in warm, soapy water weekly.* This is a false statement. The mouthpiece or facemask must be rinsed after each use, and wiped with an alcohol swab daily. Three times a week, the mouthpiece or facemask should be soaked in equal parts of white vinegar and distilled water. [PN: IF Q1000/2 AND Q1001/1,3 ONLY]
3. *The hand-held small volume nebulizer compressor should be placed in water when cleaning.* This is a false statement. The compressor should never be placed in water when cleaning. To clean the compressor, wipe it with a clean cloth so it doesn't get dusty. [PN: IF Q1000/3 AND Q1001/1,3 ONLY]
4. *The compressor must be covered with a clean dry cloth when not in use.* This is a true statement. [PN: IF Q1000/4 AND Q1001/2,3 ONLY]
5. *Hand-held (pump) inhalers should be cleaned with an alcohol wipe after use and let dry. Three times a week, the mouthpiece or facemask should be soaked in equal parts of white vinegar and distilled water.* This is a true statement. [PN: IF Q1000/5 AND Q1001/2,3 ONLY]
6. *The entire hand-held (pump) inhaler should not be held underwater during cleaning.* This is a true statement. [PN: IF Q1000/6 AND Q1001/2,3 ONLY]

**SECTION 300: DEMOGRAPHICS**

**BASE: ALL RESPONDENTS**

**Q1410** Which one of the following best describes your employment status?

1. Employed full-time
2. Employed part-time
3. Self-employed
4. Not employed, but looking for work
5. Not employed and not looking for work
6. Not employed, unable to work due to a disability or illness
7. Retired
8. Student
9. Stay-at-home spouse or partner

**BASE: ALL RESPONDENTS**

**Q1480** Which race do you most identify with:

- |    |  |          |
|----|--|----------|
| 1  | White or Caucasian   |          |
| 2  | Black or African American  |          |
| 3  | Asian or Pacific Islander  |          |
| 4  | Hispanic such as Latin American, Mexican, Puerto Rican, or Cuban |          |
| 5  | Native American or Alaskan Native                                |          |
| 6  | Mixed Race   | [ANCHOR] |
| 7  | Some other race  | [ANCHOR] |
| 94 | Decline to Answer  | [ANCHOR] |

**BASE: OTHER RACE (Q480/7)**

**Q1482** What other race do you consider yourself?

[NON-MANDATORY TEXT BOX]