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NATIONAL HEALTH INTERVIEW SURVEY

2019 CAPI MANUAL FOR NHIS
FIELD REPRESENTATIVES



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PART A. – NATIONAL HEALTH INTERVIEW SURVEY

Section 1. Description of the Survey

1.1 Purpose of the NHIS

The purpose of the National Health Interview Survey (NHIS) is to obtain national information about the amount and distribution of illness, its effects in terms of disability and chronic impairments, the kinds of health insurance and health care access people have, and the kinds of health services people receive. It is unique in both the wide range of topics it covers and its very large, representative sample.

Although there was extensive research on individual diseases in the years 1937-1957, that research only collected piece-meal information from the people themselves on their illnesses and disabilities, or the medical care they obtained. Many persons, although sick or injured, were not represented in the data because requirements for reporting illnesses were limited to hospitalized illnesses and certain contagious diseases.

In recognition of the fact that existing information on the Nation's health was inadequate, and that national and regional health statistics were and are essential, in 1957 Congress authorized a continuing National Health Survey (Public Law 652 of the 84th Congress). A few years later, this survey was renamed the National Health Interview Survey. Ever since, it has been the principal source of information on the health of the civilian, noninstitutionalized population of the United States.

1.2 Examples of Uses of the Data

How is the information obtained from the National Health Interview Survey used? The following are just some of the many uses of these important data.

Understanding Trends in Occurrence and Severity of Illness and Disability

Epidemiologists, researchers, and public health officials use NHIS data to understand how the distribution of illness and disability in the population changes over time and are related to access to and use of health care. They also use NHIS data to plan, evaluate, and improve programs that keep kids, older adults, veterans, and families healthy.

Chronic illness and disability among both adults and children constitute our greatest public health challenge today. Chronic illness and disability lower the earning power, living standards, and the general well-being of individuals and families. They reduce the nation's potential output of goods and services. In advanced stages, they burden individuals, families, and communities with the high cost of care and assistance. The information collected by the NHIS on the risk factors, distribution, occurrence and severity of diseases and disability are vitally needed in order to reduce their prevalence and impact through needed and effective prevention and health education programs.

Health of the Aged

As life expectancy increases, there is a nationwide interest in promoting the well-being of the aged and aging. Knowledge of the health status of people in their middle and later years is essential to effective community planning for the health, general welfare, and continued activity of older persons.

Health Education and Research

Governmental health programs have their counterparts in many of the national and local voluntary associations and organizations. These associations collect many millions of dollars annually to promote research and education in such fields as cancer, lung disease, heart disease, mental health, multiple sclerosis, alcoholism, and so on.

Before 1957, these organizations had to rely on mortality statistics almost exclusively as a source of information about the disease or condition with which they are principally concerned. Current health statistics produced by the National Health Interview Survey aid such groups greatly in planning their activities and expenditures.

Health Facilities: Hospital Care, Rehabilitation, Insurance

Illness statistics provide an improved measurement of the need for hospitals and other health facilities and assist in planning for more effective distribution of resources. Public school authorities use NHIS data to plan for the educational needs of children with developmental disabilities, physical disabilities, and learning disabilities. Vocational rehabilitation programs, public officials and industries concerned with manpower problems and industrial safety health measures, the insurance industry, the pharmaceutical and appliance manufacturers are also greatly assisted by reliable statistics on illness and disability.

Illuminating New Directions for Medical Research

Population-level research using NHIS that maps relationships between economic, demographic, and geographic factors such as age, sex, marital status, and occupation, and various diseases open up new avenues of exploration and may suggest hypotheses for more intensive testing by medical researchers. Data on the geographic distribution of diseases can also provide clues to their causes.

1.3 Who Uses the Data

- Local, state, and federal policymakers use NHIS statistics to decide how to spend your tax dollars. This includes deciding which kinds of health prevention programs to fund or cut and which kinds of health research to prioritize. They also use NHIS data to guide policy-related decisions, to protect and improve our health and well-being.
- Epidemiologists and public health officials use NHIS data to plan and improve programs that keep kids/older adults/veterans/families healthy.

- Researchers and medical doctors use NHIS data to understand what factors to target in order to most efficiently and cost-effectively prevent illness and disability.
- Non-profits use NHIS statistics to efficiently allocate their resources and plan their activities and research.
- The CDC uses NHIS data to track trends in health and health care over time and monitor how well we're meeting our nation's health goals.
- Health-related non-profits use NHIS statistics to decide how to spend your donations.
- Businesses use NHIS data to understand medications and medical equipment needs.

1.4 Sponsorship of the NHIS

The National Health Interview Survey is sponsored by the National Center for Health Statistics (NCHS), which is part of the Centers for Disease Control and Prevention (CDC), within the U.S. Department of Health and Human Services. The U.S. Census Bureau is the data collection agent for the NHIS. The findings of the survey are analyzed and published regularly by NCHS.

1.5 Design of the NHIS Sample for 2019 and Beyond

The National Health Interview Survey is a cross-sectional household interview survey. The target population for the NHIS is the civilian noninstitutionalized population residing in the United States at the time of the interview. Excluded from the survey are persons in long-term care institutions (for example, nursing homes for the elderly, hospitals for the chronically ill or physically or intellectually disabled, and wards for abused or neglected children), correctional facilities (for example, prisons or jails, juvenile detention centers, and halfway houses), and U.S. nationals living in foreign countries. Active-duty Armed Forces personnel are also excluded from the survey, unless at least one other household member is a civilian eligible for the survey (for example, a child whose parents are both active-duty military).

Sampling and interviewing for the NHIS are continuous throughout each year. The sample design permits the representative sampling of households and noninstitutional group quarters and is stratified by state; sample is drawn from each state and the District of Columbia. The sample design is redesigned after every decennial census; the last sample design was implemented in 2016.

Because the NHIS is conducted in a face-to-face interview format, the costs of interviewing a large simple random sample of households and noninstitutional group quarters would be prohibitive; randomly sampled dwelling units would be too dispersed throughout the nation. The NHIS survey planners select a sample of dwelling units for the NHIS using a scientific process that ensures that the sampled dwelling units represent the entire nation.

The total NHIS sample is subdivided into four separate panels, or subdesigns, such that each panel is a representative sample of the U.S. population. This design feature has a number of

advantages, including flexibility for the total sample size. With four sample panels and no sample cuts or augmentations, the expected NHIS sample size (completed interviews) is approximately 35,000 households containing about 87,500 persons.

1.6 About the Instrument – The Basics

The NHIS instrument has three major core parts:

- Roster Section
- Sample Adult Questionnaire
- Sample Child Questionnaire

Each section of the NHIS instrument is briefly described below. For a description of the questions in each section, see [Part C](#), Instrument and [Part D](#), Survey Content.

Roster Section

This section gathers all of the individual information necessary for setting up the flow of questions in the Sample Adult and Sample Child Questionnaires.

Name, age, sex, race, ethnic background, armed forces status, and adult education level are the major topics covered. Information about household members' usual residence is also covered. This will determine if some or all individuals are included as household members.

Sample Child Questionnaire

A Sample Child is randomly selected by the computer from each household with at least one child 17 years of age or younger. An adult respondent who was previously indicated to be knowledgeable about and responsible for the Sample Child's health at KNOWSC will be asked questions about that child. The child topics include conditions, limitations of activities, health status, mental health, and access to care. You will also ask for the last four digits of the Sample Child's Social Security Number.

Sample Adult Questionnaire

A Sample Adult is randomly selected by the computer from each household with at least one household member equal to or greater than 18 and is asked more detailed health related questions. There are questions about cigarette smoking, physical activity, alcohol consumption, height and weight, and gender specific questions. There are also questions about specific conditions such as heart disease, cancer, respiratory ailments, chronic conditions, joint pains, sensory impairment, mental health, activities of daily living, and health care access and utilization. You will also ask for the last four digits of the Sample Adult's Social Security Number and the last four characters of the Sample Adult's Medicare or Health Insurance Claim Number.

Section 2. Conducting the NHIS Interview

2.1 Introducing the Survey

In order for the NHIS to be carried out under federal law, it must operate under several elements of informed consent from the respondents. Informed consent is both a legal and ethical issue. Potential NHIS respondents must be made aware of their rights if they choose to participate in the survey and to understand how their responses will be kept confidential, while data are protected.

Informed Consent

All of the steps listed below must be followed for ALL CASES.

- 1. Verify you are at the correct address before you speak to the respondent.**
- 2. Show your official Census Bureau I.D. and introduce yourself. Give the following introduction (or a similar introduction):**

"I am _____ from the U.S. Census Bureau. Here is my identification card. We are conducting the National Health Interview Survey on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC)."

- 3. Hand the respondent a copy of the Advance Letter, HIS-600, and say (something like):**

"You may remember receiving this letter a few days ago. Please take some time to read this important information."

- Allow time for him or her to read the letter. If necessary, or if the respondent requests, read the letter to him or her.
- If you are conducting a telephone follow-up with a new respondent, you must read the letter.
- Ask whether the respondent is currently driving. If so, end the call.

- 4. Then ask: "Do you have any questions about the National Health Interview Survey?"**

- 5. After answering any questions, ask: "Are you willing to participate in the survey?"**

Respondents may change during the interview. For each new respondent, use the following introduction (or a similar introduction that conveys the same information):

"I am _____ from the U.S. Census Bureau. Here is my identification card. We are conducting the National Health Interview Survey on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). I have some information from (previous respondent). Now, I would like to ask you some questions."

Repeat steps 3-5 above.

- 6. If the respondent is not willing to participate in the survey, use your judgment as to whether you should attempt to convert this reluctant respondent.** If you feel this is a "soft" refusal, try to convince the respondent of the merits of the survey. You may also mention that some interviews take about five minutes to complete, but most interviews will take about an hour to do all parts, depending on the size and health of the household. Be prepared with the NHIS materials available to you, such as the Selling the Survey (Because America's Health Counts) brochure, the More Information Letter, and the Refusal Letter to help gain respondent cooperation. If the respondent continues to refuse, or you feel this is a "hard" refusal, thank him or her and end the interview.

2.2 Authorization

The National Health Interview Survey is authorized by Title 42, United States Code, Section 242m(d).

2.3 Confidentiality

All information that would permit identification of the individual is held strictly confidential by NCHS and Census Bureau staff, contractors, or agents who work on the National Health Interview Survey (including related studies carried out by the Public Health Service) with a need-to-know. NCHS and Census Bureau staff, contractors, or agents will not disclose or release information to anyone for any other purpose without the written consent of the respondent.

You must avoid mentioning or providing anyone with materials that would link a specific household or person with a specific survey. When discussing your job, be careful never to reveal any information you obtain during an interview to an unauthorized person.

Unauthorized disclosure of individual information collected in the National Health Surveys is punishable by a fine of up to \$250,000, or imprisonment up to five years, or both (44 USC 3501 note). Deliberate falsification, by an employee, of any information in this survey is punishable by a fine up to \$10,000, or imprisonment up to five years, or both (18 USC 10001). (See [Appendix 2](#) for a thorough discussion of confidentiality.)

2.4 Eligible Household Respondents

Any responsible household member equal to or greater than 18 is eligible to act as a respondent.

“Responsible” means the respondent must be both mentally and physically able to provide adequate and appropriate responses to the questions.

Exceptions to this rule are also covered in [Part B, Concepts](#). One such exception would be for a person who is unable to answer questions for himself or herself due to illness, such as a stroke. If no other relative is living in the household, a non-household member, such as a caregiver, can respond.

2.5 Maintaining Rapport with Respondents

As you know, you begin to build a harmonious relationship with the respondent even before he or she first answers the door. Parking your car with consideration and being respectful of and to the neighbors sets the tone for all that follows. Maintaining rapport throughout the interview will ensure that you collect complete and accurate information. Through your sincere understanding and interest in the respondent, you provide a friendly atmosphere in which the respondent can talk honestly and fully. If rapport is broken because the respondent finds a particular question "too personal," take time to reassure him or her that NCHS and its agents, which includes the Census Bureau, will not disclose any of his or her answers to anyone.

2.6 Answering Respondent Questions

Some respondents will want additional information before agreeing to participate in the survey. Some respondents may be reluctant to provide information about themselves or their family members, or may refuse to be interviewed. It is your responsibility to sell the survey. You will be provided with a supply of informational brochures to help you accomplish this.

To convert a reluctant respondent, try to identify his or her specific objection(s) to participating in the survey and tailor your answer accordingly. A thorough understanding of the survey is the key to a good explanation. The following are a few examples of questions you may receive and suggested responses:

General Explanation of the Survey

You may need to give some respondents a general explanation of the survey. An example of a general explanation is shown below.

"Most families have or will be affected in the future by health problems. It is extremely important to know about the health of the Nation's people. Unless there is adequate information about the current health situation, government and medical care personnel may fail in their efforts to maintain a health care system that is equipped to handle the present and future medical needs of the people. However, to measure the health of the Nation, we need to interview healthy persons as well as those with health problems. If we know in advance the direction the Nation's health is moving, it is easier to initiate programs to meet current and future health care needs. The statistical information developed from this survey is urgently needed in order to plan intelligently for the health needs of the population."

How Long Will the Interview Take?

The entire NHIS will take about an hour. This will vary depending on the number of health problems the family has had.

I Don't Have the Time

If the respondent states that he or she has no time to be interviewed, find out when you may come back. **However**, always assume (without asking) that the respondent has the time unless you are told otherwise.

I Don't Want to Tell You About Myself and My Family

Ask the respondent to allow you to begin the interview on a "trial basis," explaining that he or she does not have to answer any question(s) that he or she feels is too personal. In most cases, you will find that respondents provide most, if not all, of the needed information. Also, mention that the information about the household is confidential by law and that personally identifiable information (PII) will be seen only by sworn persons who have a need-to-know.

Why Are You Interviewing This Household?

Explain that it would be too costly and time-consuming to interview everyone in the United States and, therefore, a sample of addresses was selected. The respondent lives at one of the representative addresses picked.

The selection was not based on who lives at the address, or whether they have problems with their health. Each person represents approximately 3,500 other persons. Taken as a group, the people living at these sample addresses will represent the total population of the United States in the health statistics produced and published by NCHS and the CDC.

Why Don't You Go Next Door?

The National Health Interview Survey is based on a scientifically selected sample of addresses in the United States. Since this is a sample survey, we cannot substitute one address for another without adversely affecting the information collected. Also, all addresses have an equal chance of being selected for the sample.

I Consider This a Waste of Taxpayers' Money

The information obtained from this survey helps ensure a more efficient allocation of funds for health care programs. Without this information, health care dollars would be wasted.

2.7 The Voluntary Nature of the Survey

The fact that participation in the NHIS is voluntary does not diminish your responsibility to convert reluctant respondents. When a person says the survey is voluntary and that he or she

would prefer not to participate, tell him or her how important he or she is to the survey and how important the survey is to the Nation. Tell him or her about the confidential nature of the survey, noting that neither NCHS nor the Census Bureau will disclose any of his or her answers, and ask him or her to let you begin the interview on a "trial basis." Inform the respondent that he or she can refuse to answer any question he or she feels is too personal.

2.8 Beginning the Interview

The first few screens allow you to verify the housing unit listing. Next, you will record the household roster and collect demographic information for each household member listed. You will then be ready to begin asking health related questions.

How to Ask Questions

[Ask Questions Exactly as Worded](#)

You must ask questions exactly as worded so they will yield comparable results. Avoid changing words or phrases and adding or dropping words to the question.

[Ask Every Question](#)

Although the answer to a particular question may seem obvious to you, do not fill the answer without asking the question. The respondent may provide an answer which applies to a question asked later in the interview. In this case you may verify the answer to the question. It is important that you ask or verify each applicable question.

[If the Respondent Misunderstands or Misinterprets a Question](#)

Repeat the question as worded and give the respondent another chance to answer. If you still do not get an acceptable response, use the probing techniques discussed next.

How to Probe

When the respondent's answer does not meet the question's objective, probe to clarify or expand his or her answer. The probing procedures listed below are useful in stimulating discussion. Introduce these devices casually as a natural expression of interest.

[Brief Assenting Comments](#)

Comments such as "Yes, I see" show the respondent that you are giving your attention to the answer. They often stimulate the respondent to talk further.

[An Expectant Pause](#)

An expectant pause, accompanied by an inquiring look after the respondent has given only a brief reply often conveys to the respondent that he or she has merely begun answering the question. It will often bring forth a more detailed response.

Repeating the Question

Repeating the question or listing the response categories (when applicable) is useful when the respondent does not understand the question, misinterprets it, seems unable to make up his or her mind, or strays from the subject.

Repeating the Respondent's Reply

Repeating the respondent's reply is useful in helping to clarify the response and prompting the respondent to provide additional information. Be sure you adhere strictly to the respondent's answer and do not interject your own ideas.

Neutral Questions (Probes)

Neutral questions (probes) in a neutral tone of voice will bring fuller, clearer responses. For example:

*"I don't quite understand what you mean." or
"Which figure would you say comes closest?"* (Probe to clarify hours worked last week, income, and so on.)

Such questions show your interest and are successful when used correctly. You must immediately recognize how the respondent's answer fails to meet the question's objective and use a neutral probe to get the correct information. Your manner of asking neutral questions is important; a sharp demanding tone can damage rapport. It is sometimes good for you to appear slightly bewildered by the respondent's answer. Indicate in your probe that it might be you who did not understand. For example, "I'm not sure what you mean by that, could you tell me a little more?" This can arouse the respondent's desire to help someone who is trying to do a good job. However, do not overplay this technique. The respondent should not get the feeling that you do not know when a question is properly answered. Interviewers often have to separate the facts wanted from the respondent's attitudes. The basic procedure is:

- Know the question's objective thoroughly.
- Know how to probe when the answer is inadequate, while maintaining good rapport.

Importance of Using Neutral Probes

We have stressed that you need to stimulate discussion. This does not mean that you should influence the respondent's answer or unnecessarily prolong the interview. Probing should be as neutral as possible so you do not distort the respondent's answers. When you ask neutral questions of all respondents, we have comparability between all the interviewers in the survey. If each FR asks a leading probe, we would not be

comparing responses to the same questions. This would thoroughly defeat the goal of having a standardized survey.

Respondent Replies "I Don't Know"

Respondents do not always mean what they first say. The "I don't know" answer might mean:

- The respondent does not understand the question and answers "I don't know" to avoid saying that he or she did not understand.
- The respondent is thinking and says, "I don't know" to give himself or herself time to think.
- The respondent may be trying to evade the issue, so he or she begs off with the "I don't know" response.
- The respondent may actually not know.

Discussion often presents a truer picture of the respondent's thoughts and may help you determine if you should probe further. In such cases you may try a statement like *"There are no right or wrong answers. Your best estimate will be fine."*

2.9 Your Own Manner

Your greatest asset in conducting an interview efficiently is to **combine a friendly attitude with a businesslike manner**. If a respondent's conversation wanders away from the interview, try to cut it off tactfully, preferably by asking the next question.

Appearing too friendly or concerned about the respondent's personal troubles may actually lead to obtaining less accurate information.

It is especially important in this survey that you maintain an objective attitude. Do not indicate a personal opinion about replies you receive to questions, even by your facial expression or tone of voice. Since the illness discussed may be of a personal or serious nature, expressions of surprise, disapproval, or even sympathy on your part may cause respondents to give untrue answers or to withhold information. Your own objectivity about the questions will be the best method for putting respondents at ease and making them feel free to tell you the conditions and illnesses in the family.

Sometimes it may feel awkward to ask particular questions. If you ask these questions without hesitation or apology and in the same tone of voice as other questions, you will find that most respondents will not object. If there are any questions or concerns on the respondent's part,

explain that the instrument is made up of a prescribed set of questions that must be asked in all households, even though they may seem to be inappropriate in some cases.

Avoid "talking down" to respondents when explaining terms, but give as direct an explanation as possible.

Section 3. Spanish Translation

3.1 Availability and Accessing the Spanish Instrument

The Spanish version of the NHIS is available for **only** those field representatives (FRs) designated as bilingual and approved to conduct cases in Spanish. This instrument can be accessed using the Shift + F5 keys where you can select the language in which you would like to conduct the interview. For example, if you begin the NHIS in English but when you speak to the respondent, it is easier for him or her to conduct the interview in Spanish. Simply toggle or use the Shift + F5 keys together where you will then see a pop up window that will allow you to select "English" or "Spanish." Use your down arrow to select "Spanish" and click "ok" to return to your place in the instrument. Any information already entered will automatically be saved when you toggle between the English and Spanish instrument.

All paper forms are available in Spanish and can be requested through your Regional Office.

3.2 Spanish Instrument Overview

In the past, the NHIS was translated literally, which often times resulted in Spanish translation that didn't sound natural or used a term that may not have made a lot of sense to all respondents from different Spanish speaking countries. On top of that, different sections or questions were translated by different people at different times, so there was no consistency in the translation. The Redesign Spanish instrument went through an updated Spanish translation process to ensure that questions can be read clearly and easily, use less formal language and use common terminology to be more consistent.

The translation went through a 5 step process.

1. The first people to work on this translation were certified translators. Once they had completed a draft of the questionnaire, different translators reviewed it for quality control.
2. Next, an independent group or committee provided alternative phrasing for words that were confusing or difficult in Spanish for Spanish-speakers from different countries. This committee included experts with experience testing questionnaires in Spanish with respondents from different countries.
3. The next step involved Spanish-speaking interviewers. We asked some of you, FRs, to participate in focus groups about the translation. Interviewer suggestions were recorded and each recommendation was reviewed individually. This step is where the

NHIS bilingual interviewers provided feedback to us and were able to give valuable feedback to make the Spanish NHIS the best it could possibly be.

4. The next step in developing the translation involved expert review conducted by bilingual Census Bureau and National Center for Health Statistics (NCHS) subject matter experts. They responded to each suggestion individually and also carefully reviewed the entire questionnaire for consistency.
5. Sometimes, they made a change to the English questionnaire based on suggested changes to the Spanish version in order to make the two versions stay consistent.

3.3 Spanish Interview Strategy and Feedback

Using the official translation, not translation “on-the-fly,” is a procedure or strategy that will help you complete the survey in Spanish while getting high quality data from the respondent. Translating on the fly is when you translate the questionnaire into Spanish yourself instead of using the official translation. Lots of time and effort has gone into developing this translation. There are three main reason why you shouldn’t translate on the fly.

1. The Spanish translation uses a “broadcaster” Spanish. It’s a version of Spanish that’s understood by Spanish-speakers from many different countries such as Spanish that you hear when you turn on TV channels such as Univisión or Telemundo. We tried to be thoughtful about creating a translation that will work for people from many different backgrounds.

One example of a translating challenge is translating “high school” in Spanish. Depending on where you are, you may say “preparatoria” (Mexico and Colombia) or “bachillerato,” but in Puerto Rico the latter means “college.” Some say “secundaria,” but this can actually means “middle school” if you live in Mexico. As a solution, we are using the phrase “doce grado con diploma o high school (secundaria/preparatoria)”. This translation lists the number of years of school that a high school graduate has completed to help the respondent understand what we are asking. It also includes the English term “high school”, which can help respondents who have been in the U.S. for a while or who have kids in the U.S. school system. It also includes two widely used terms in Spanish in parentheses. You can see that we put a lot of thought into how to make sure that respondents understand the questions no matter what country they are from.

2. When you translate on-the-fly, you will probably translate the question differently than another interviewer. That means each respondent will hear a different version of the question and answer categories. When everyone hears the same questions, it ensures that differences in responses are not due to people hearing different questions. When researchers report survey findings, they are interpreting the findings based on the question as written in the survey. Consistency helps us know that we are measuring the same thing in every survey.

For example, depending on the age of a child, the text will read a “well baby visit” or a “well child visit.” If we had used the “well baby visit,” there would be three possible versions to say “baby.” “Bebé,” the most commonly understood word for baby, but also “nene(a)” and “guagua” can be possible translations depending on what the bilingual interviewer uses based upon the interviewer’s choice of word for “baby.” We are using the gender neutral phrase “visita pediátrica” in Spanish to use in place of identifying the baby or child. This solves the problem of consistency and it is why we’re asking you to please read what is on the screen.

3. We want to collect high quality interviews in both Spanish and English, and one way we do that is by ensuring transparency. Transparency means that the questionnaires are public documents and have been reviewed by government officials. When interviewers translate on the fly, they make wording changes that could violate the approved language of the survey. It is misleading to respondents when interviewers ask questions differently than what NCHS tells the public we will ask in the survey.

We are committed to continuing to improve the Spanish translation. You are our eyes and ears in the field. We need to hear from you if there are issues with the translation. We welcome an email at fld.nhis.questions@census.gov with the following information:

- Question name and/or text
- The problem experiences
- Provide suggestions you may have

Feel free to write your email in Spanish or English. Please do not send screenshots. We do not want any PII to be sent to us by accident.

PART B. – CONCEPTS

Section 1. Respondent Rules

1.1 Who May Respond to Questions in the Front Section (Listing and Coverage)?

Ask these questions of any responsible adult household member. It is necessary before asking these questions to determine whether the person to whom you are speaking is a household member.

1.2 Who May Respond to the Roster Section?

Any responsible household member equal to or greater than the age of 18 may respond. Family members under 18 should not act as Household respondent unless there are not any people age 18 or greater in the family. Adult Armed Forces members living at home may respond to the Roster Section.

1.3 Who May Respond to the Sample Adult Questionnaire?

Only the person selected as the Sample Adult can be the respondent for the Sample Adult Questionnaire. No proxy respondents are allowed, except in extreme circumstances where the Sample Adult is physically or mentally unable to answer for himself or herself. For example, a proxy respondent can answer for a Sample Adult who has had a stroke and cannot communicate clearly. However, if the person selected as the Sample Adult is not available, you will need to make a callback to interview him or her. If the Sample Adult is out of town, however, and cannot be reached, a spouse or other relative may not answer questions about the Sample Adult.

1.4 Who May Respond to the Sample Child Questionnaire?

For the Sample Child Questionnaire, the respondent will be one of the people indicated (up to four, at the KNOWSC screen) as being knowledgeable about and responsible for the health care of the child. Potentially, any adult household member in the Sample Child's family can be the respondent for the Sample Child Questionnaire, so long as he or she is listed as being knowledgeable about and responsible for the child's health care at KNOWSC.

1.5 Exceptions to Eligible Respondent Rules

For persons who are not able to answer the questions for themselves and have no relative living in the household who can answer for them, you may interview someone who is responsible for their care. The person providing the care may or may not be a member of the household. In such situations where the Sample Adult is unable to answer for herself, enter "3. Physical or mental condition prohibits responding" at the AVAIL_A screen at the beginning of the Sample Adult interview, which then takes you to the PROXY_A screen.

1.6 Return Visits May Be Necessary

In some instances, it may be necessary to make return visits to the household in order to interview an eligible respondent. If the Sample Adult is not available, or a respondent knowledgeable about and responsible for the health care of the Sample Child is also not available, you will need to return to the household to complete the interview. If possible, make an appointment to conduct the interview. If it is not possible to make a definite appointment, determine when would be a good time to call back. The interview may be completed over the telephone, if necessary.

1.7 Important Terms

An **Adult** is any person equal to or greater than 18.

A **Deleted Person** is a non-household member who was originally listed in error. For example, an Armed Forces member **not living at home**, a student living away at college in **off-campus** housing, or a person with a usual residence elsewhere who is not usually away at school or college.

An **Eligible Respondent** is any responsible adult equal to or greater than 18. Any person that meets these requirements may respond to the NHIS health questions for all **related** household members of any age.

For this survey, a **family** is two or more people living together who are related by birth, marriage, or adoption, as well as any unrelated children who are cared for by the family, such as foster children, and any people living together as a couple and their children. For example, a married couple, their biological daughter, son-in-law, and grandchildren are a family. Unmarried couples (same-sex and opposite-sex couples) are considered as belonging to the same family. Additional groups of persons living in the household who are related to each other are considered to be separate families. Hence, there may be more than one family living in a household, or a family can consist of only one person. For the Redesign NHIS, we are most interested in knowing if everyone in the household is a member of the same family, and if not, who is a member of the Sample Adult's family and/or the Sample Child's family.

A **Household** is the entire group of persons who live in one housing unit or one Group Quarters (GQ) unit, composing one or more families. It may be several persons living together or one person living alone.

The term **Related** includes being related by blood, marriage, or adoption. Consider foster children and wards as related when determining who are members of the same family.

A **Respondent** is a person who provides answers to the questions asked.

- A **Self-Respondent** is a person who responds to questions about himself or herself.
- A **Proxy-Respondent** is a person who responds to questions about other family and household members.

Responsible means the respondent must be both mentally and physically able to provide adequate and appropriate responses to the questions.

Section 2. Definitions and Procedures

2.1 Definitions

An **Adult** is any person equal to or greater 18 years old.

Armed Forces "Active duty in the Armed Forces" means full-time active duty in the United States Army, Navy, Air Force, Marine Corps, Coast Guard, or any National Guard or Reserve unit currently activated as part of the regular Armed Forces. Included in active duty is the 6-month period a person may serve in connection with the provisions of the Reserve Forces Act of 1955 and cadets appointed to one of the military academies, such as West Point, the Naval Academy, and so on. Also, include persons on full-time active duty in the military service of a foreign nation.

A **Business** exists when at least one of the following conditions is met:

- Machinery or equipment of substantial value, in which the person has invested capital, is used by him or her in conducting the business. Hand rakes, manual mowers, hand shears, and the like would not meet the "substantial value" criteria.
- An office, store, or other place of business is maintained.
- There is some advertisement of the business or profession by listing it in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or otherwise publicizing that a particular kind of work or service is being offered to the general public.
 - Consider the selling of newspapers, cosmetics, and the like as a business if the person buys the newspapers, cosmetics, and the like, directly from the publisher, manufacturer, or distributor, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer. Otherwise, consider it as working for pay (job) rather than a business.
 - Do not consider domestic work in other persons' homes, casual work such as that performed by a craft worker, or odd-job carpenter or plumber as a business. This is considered wage work. Whether the person is considered as having a job is described under Job.
 - Do not consider the sale of personal property as a business.

For questionable or borderline cases, do not consider persons as having a business. Determine whether a person is considered as having a job as described under **Job**.

CAPI stands for **Computer-Assisted Personal Interviewing**.

A **CAPI Instrument** is the computerized version of the survey questionnaire displayed on the laptop computer.

Case Management (CM) is a CAPI feature that allows you to manage and control all of your assigned cases on the laptop computer. Several functions in case management allow you to:

- Display information for each case
- Make required address corrections
- Sort cases and get counts of cases for specific categories
- Interview households
- Transmit completed assignments

A **Condition** is the respondent's perception of a departure from physical or mental well-being. In general, consider as a condition any response describing a health problem of any kind.

The terms **Doctor** and **Medical Doctor** refer to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). Include general practitioners and all types of specialists. Do not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, and psychologists.

The term **Doctor's Assistant** is respondent defined. Include any person mentioned by the respondent; for example, general practitioners, psychologists, nurses, or chiropractors. However, do not include visits to dentists or oral surgeons.

Doctor Visits

Include as doctor visits:

- A visit by or for the person to the doctor or doctor's assistant for the purpose of obtaining medical advice, treatment, testing, or examination. For example, if a mother visits the doctor about her child, count this as a doctor visit for the child.
- A visit to a doctor's office, clinic, hospital emergency room, or outpatient department of a hospital where a person goes for treatment or examinations even though a doctor may not actually be seen or talked to.

- A visit by the doctor or doctor's assistant to the person. If the doctor or doctor's assistant visits the home to see one patient and while there examines or professionally advises another member of the household, count this as a "doctor visit" for each individual receiving the doctor's or assistant's attention.
- Telephone calls to or from a doctor or assistant for the purpose of discussing the health of the person. Include calls to or from a doctor or assistant for obtaining or renewing a prescription or calls to obtain the results of tests or X-rays. Count the telephone call as a doctor visit for the person about whom the call was made. For example, if the wife calls the doctor about her husband's illness because he is too ill to call himself, count the call for the husband, not the wife.
- Medical advice obtained from any non-household member (related or not) who is a doctor, even if this is done on an informal basis.
- Laboratory visits.
- Physicals for athletes or the U.S. Armed Services.
- Visits to a nurse at work or school unless such visits were mass visits. For example, include an individual visit, but exclude visits by all or many persons for the same purpose, such as for TB tests, hearing exams, and so on.

Exclude as doctor visits:

- A visit made by a doctor or assistant while the person was an overnight patient in the hospital.
- Visits for shots or examinations (such as X-rays) administered on a mass basis. If it is reported that the person went to a clinic, a mobile unit, or some similar place to receive an immunization, a chest X-ray, or a certain diagnostic procedure that was being administered identically to all persons who were at the place for this purpose, do not count this as a doctor visit.
- Immunizations or examinations administered to children in schools on a mass basis. (Physicals for athletes or the U.S. Armed Services are NOT considered mass visits; count these as doctor visits.)
- Telephone calls made between a pharmacist and a doctor to obtain, renew, or verify prescriptions or calls made between the person and a pharmacist. Also **exclude** calls for appointments, inquiries about a bill, and other topics not directly related to the person's health, and calls that are connected to a recording.

- Visits to dentists or oral surgeons.
- Self-treatment or medical advice prescribed for one's self.
- Medical advice or treatment given at home by a related household member who is a doctor.

Doctor Visits - Special Situations

The following instructions apply to other medical contacts and special situations. Do not probe to determine if any of these situations occurred. If the respondent reports the information or raises a question, use the procedures given below so that all doctor visits will be properly counted.

- **Two or more doctors seen on the same visit**--If two or more doctors are seen on the **same** visit, each doctor seen counts as a separate doctor visit. Indicate this type of situation in an F7 note. Situations of this kind may occur when a person visits a clinic where he or she sees doctors with different specialties; for example, a dermatologist in one office and an internist in another office. It might also occur when a person visits his or her family doctor, who, in the course of the visit, calls in a specialist to examine or treat the person.
- **Doctors and assistants seen on the same visit**--A visit in which the person sees both a doctor and one or more of the doctor's assistants who work under **this** doctor's supervision should be counted as only **one** doctor visit.

For example, if the person sees a nurse and then the doctor who supervises that nurse, count this as only one visit. If, however, the person sees both a doctor and a doctor's assistant supervised by a **different** doctor, this counts as two visits. For example, if a patient sees a doctor and then is referred to a physical therapist who works under the supervision of another doctor, two visits should be recorded.

- **More than one assistant seen on the same visit**--When the person sees more than one assistant on the same visit, count as a separate visit each assistant seen who works under the supervision of a **different** doctor. If each of the assistants seen on the same visit work under the supervision of the same doctor, count this as only one visit. For example, count it as two visits if the person first saw one doctor's nurse and then was referred to another doctor's therapist. Count it as one visit if the person first had his or her blood pressure checked by one nurse and temperature checked by another, both working for the same doctor.
- **Laboratory visits**--Do not probe to determine if a visit took place at a laboratory. However, if a laboratory visit is reported, count this as a doctor visit.

An **Eligible Respondent** is any responsible household member eligible to act as a respondent for a given section of the interview. For example, any person age 18 or older is eligible to be the Household Respondent.

A **Family** can be a single person or a group of two or more related persons living in the same household; for example, the reference person, his or her spouse (or unmarried partner), foster son, daughter, son-in-law, and their children, and the wife's uncle. Additional groups of persons living in the household who are related to each other, but not to the reference person, are considered to be separate families; for example, a lodger and his or her family, or a household employee and his or her spouse. Hence, there may be more than one family living in a household.

Status **Flags** signify that a person on the household roster has a special status. An 'X' in the following HHSTAT column on the Household Roster tab specifies the status of that person.

- A – Sample Adult
- C – Sample Child
- D – Deleted Person
- H – Household Respondent
- M - Member of the Armed Forces

Group Quarters (GQs) are places where people live or stay in a group living arrangement that are owned or managed by an entity or organization providing housing and/or services for the residents. People living in a group quarters are usually unrelated. A GQ does not meet the regular housing unit definition. Examples include college dormitories, group homes, and shelters for people experiencing homelessness. (See also [Appendix 3](#), Group Quarters Types and Descriptions, and [Appendix 4](#), Distinguishing Institutional and Non-Institutional Group Quarters from Housing Units at the Time of Interview). **Continuing for 2019, we will not be interviewing at GQ sample units that are identified as student quarters in a college dormitory.** Student quarters in a college dormitory are ineligible for interviewing, and should be assigned a Type C outcome of “Unit does not exist or unit is out of scope.”

Health Care is any kind of medical treatment, diagnosis, examination, or advice provided by a doctor, doctor's assistant, or other health care professional.

A **Home** is any place in which a family member was staying at the time of the doctor's or assistant's visit. It may be the person's own home, the home of a friend or relative, a hotel, or any other place the person may have been staying.

A **Hospital Stay (Hospitalization)** is a stay of one or more nights in a hospital. Exclude visits to an emergency room or outpatient clinic, even if they occur at night, unless the person is admitted and stays overnight. Do not include stays in the hospital during which the person does not spend at least one night, even though surgery may have been performed.

If a person was moved (transferred) from one hospital to another; for example, from a general hospital to a veteran's hospital, record each move as a separate hospital stay if each lasted overnight or longer. When a hospitalization is for childbirth, record one hospital stay for the mother and one for the baby.

The **Household** is the entire group of persons who live in the sample unit. It may consist of several persons living together or one person living alone.

A **Household Member** includes the following two categories of persons in the household.

- Persons, whether present or temporarily absent, whose usual place of residence at the time of interview is the sample unit.
- Persons staying in the sample unit who have no usual place of residence elsewhere. **Usual place of residence** is the place where a person usually lives or sleeps the majority of the time. A usual place of residence must be specific living quarters held by the person to which he or she is free to return at any time. Living quarters, which a person rents or lends to someone else, cannot be considered his or her usual place of residence during the time these quarters are occupied by someone else. Likewise, vacant living quarters that a person offers for rent or sale during his or her absence should not be considered his or her usual place of residence while he or she is away.

A **Housing Unit (HU)** is any house, townhouse, apartment, mobile home or trailer, single room, group of rooms, or other location, or if vacant, intended for occupancy. An HU may be occupied by a family or one person, as well as by two or more unrelated persons who share the living quarters. A housing unit does not have to be a structure. For example, trailers, tents, boats, trucks, buses, caves, and so forth may be housing units if they are used as living quarters.

The **Interview Function Keys** along the top of the keyboard, labeled F1 to F12, allow you to move around within the instrument, change answers, enter notes, and perform many other necessary functions. The Function Keys are defined below:

- F1** **Question Help** - Brings up help screens
- F2** Not used "within instrument" in the NHIS
- F3** Not used "within instrument" in the NHIS
- F4** **Jump menu**
- F5** **Show Status** - Shows the status of all sections of the instrument for the household (for example, Sample Adult)
- F6** Not used "within instrument" in the NHIS
- F7** **Item Notes/Remarks** - Enter notes for a specific question
- F8** **Return**- Takes you back to where you were after using the F10 key
- F9** **Arrange Callback**
- F10** **Exit** - Skips to the end of the interview
- F11** **Calculator**
- F12** **Copy Down/Repeat** - Makes duplicate entries in a table

SHIFT-F1	Show HH - Shows the list of all persons in the household roster, household phone numbers
SHIFT-F2	FAQ - Frequently Asked Questions and Answers
SHIFT-F3	Not used "within instrument" in the NHIS
SHIFT-F4	Not used "within instrument" in the NHIS
SHIFT-F5	Language - Toggle to Spanish instrument
SHIFT-F6	Not used "within instrument" in the NHIS
SHIFT-F7	Show Notes/Remarks that were entered for specific question
SHIFT-F8	Not used "within instrument" in the NHIS
SHIFT-F9	Contacts Tab – Add a new phone number or modify or remove existing phone numbers for the household
SHIFT-F10	Show Function Keys
SHIFT-F11	Show Standard Abbreviations
SHIFT-F12	Not used "within instrument" in the NHIS
CTRL-D	Don't Know - To enter a "don't know"
CTRL-F	Search Tag
CTRL-H	Blaise Version
CTRL-K	Show Function Keys
CTRL-M	Show Don't Knows and Refusals - Listing of all "don't know" and "refused" answers
CTRL-R	Refused - To enter a "refused" answer
CTRL-F3	Show Question Text -Displays popup window with question text of current item
CTRL-F7	Case Level Notes - To enter notes about a case from anywhere in the instrument
CTRL-F11	Calendar - Brings up a calendar for reference
END	Next Unanswered Question - Takes you directly to next unanswered question after backing up in a case or reentering a case
ESC (Escape)	Exit Help Screen

The **Interview Period** is the month-long span which the Field Representatives have to complete their NHIS assignment. The interview period will begin on the first day of the month and end on the last day of the month, regardless of what day of the week these days fall on. For example, the interview period for January 2019 starts on January 1, 2019 and closes out on January 31, 2019.

A **Job** exists if there is a definite arrangement for regular work **for pay** every week or every month. This includes arrangements for either regular part-time or regular full-time work. A formal, definite arrangement with one or more employers to work a specified number of hours per week or days per month, but on an irregular schedule during the week or month, is also considered a job.

- Do not consider a person who is "on call" and works only when his or her services are needed as having a job during the weeks in which he or she does not work. An example of a person "on call" is a substitute teacher who was not called to work during the past week.
- Consider seasonal employment as a job only during the season and not during the off-season. For example, a ski instructor would not be considered as having a "job" during the off-season.
- Consider school personnel (teachers, administrators, custodians, and so on) who have a definite arrangement, either written or oral, to return to work in the fall as having a "job" even though they may be on summer vacation.
- Consider persons who have definite arrangements to receive pay while on leave of absence from their regular jobs to attend school, travel, and so on, as having a "job." This may be referred to as "sabbatical leave." Probe to determine if the person is receiving pay if this is not volunteered.
- Do **not** consider persons who work **only** at an unpaid job on a family farm or in a family business as having a "job" during a period when they are not working.

Do **not** consider persons who **do not have a definite job to which they can return** as having a "job." For example, do not consider a person to have a job if his or her job has been phased out or abolished or if the company has closed down operations.

Listing is entering into a laptop computer either the addresses or descriptions of living quarters where people live, or could live, within an address or Census block. This can also be done using a sheet of paper if needed.

A **Merged Unit** is a unit that results from combining two or more units to form one basic address. A merger could involve two single-family homes or two or more apartments in a multi-unit structure. Instructions for handling mergers can be found in [Part F](#).

A **Noninterview Household** is a household for which information is not obtained because:

- The unit is occupied but an interview was not possible.
- The unit is occupied entirely by persons not eligible for interview.
- The unit is not occupied or not eligible for interview.

You must classify noninterview households as either Type A, Type B, or Type C (see [Part F](#) for detailed information concerning each noninterview type).

On-campus housing includes residence halls and dorms where students live together. It also includes buildings that are owned, leased, or managed by the school. Fraternities and sororities are on-campus housing.

Primary Sampling Units (PSUs) contain large metropolitan areas or groups of adjacent counties, independent cities, parishes, or boroughs that are scientifically selected for the NHIS.

Probing is a technique used to get more information from a respondent when he or she has given an incomplete or inappropriate answer. See [Part A, Section 2](#), for more information about probing.

Reference Periods

There are many different reference periods used in the NHIS:

Last Week - This is the week (seven days) just prior to the date the first question is asked in each core section (Sample Adult and Sample Child) of the interview. This reference period does not include any days during the interview if a section is completed over more than one day. For example, if the Sample Adult interview begins on February 12, 2019, the last week reference period is from February 5, 2019 to February 11, 2019. For this same household, if the Sample Child interview did not begin until February 22, 2019 the last week reference period is from February 15, 2019 to February 21, 2019. The interview period does not include any days during the actual interview; therefore, if the Sample Child interview is conducted over a three-day period from February 22, 2019 through February 24, 2019, the last week reference period remains the same, from February 15-21, 2019.

Two-Week Reference Period - The two-week reference period is the two weeks (14 days) just prior to the start date of the first question asked in each core section of the interview. The two-week reference period does not include any days during the interview if a section is completed over more than one day. For example, if the Sample Adult core interview begins on February 12, 2019, the two-week reference period is from January 29, 2019 to February 11, 2019. For this same household, if the Sample Child interview also began on February 12, 2019, the two-week reference period for the Sample Child section is from January 29, 2019 to February 11, 2019.

30-Day Reference Period - This is the period 30 days just prior to the start date of the first question asked in each core section of the interview. The 30-day reference period does not include any days during the interview if a section is completed over more than one day. For example, if the Sample Adult core interview begins on February 12, 2019, the 30-day reference period is from January 13, 2019 to February 11, 2019. For the same household, if the Sample Child interview began on February 21, 2019, the 30-day reference period for the Sample Child interview is from January 22, 2019 to February 20, 2019.

Three-Month Reference Period – This is the period three months just prior to the start date of the first question asked in each core section of the interview. The three-month reference period does not include any days during the interview if a section is completed over more than one day. For example, if the Sample Adult core interview

begins on February 12, 2019, the three-month reference period is from November 11, 2018 to February 11, 2019. For the same household, if the Sample Child interview began on February 21, 2019, the three-month reference period for the Sample Child interview is from November 20, 2018 to February 20, 2019.

Six-Month Reference Period - This is the period six months just prior to the start date of the first question asked in each core section of the interview. The six-month reference period does not include any days during the interview if a section is completed over more than one day. For example, if the Sample Adult core interview begins on February 12, 2019, the six-month reference period is from August 11, 2018 to February 11, 2019. For the same household, if the Sample Child interview began on February 21, 2019, the six-month reference period for the Sample Child interview is from August 20, 2018 to February 20, 2019.

Twelve Month Reference Period - This is defined as the 12 months prior to the start date of the first question asked in each core section of the interview. The twelve-month reference period does not include any days during the interview if a section is completed over more than one day. For example, if the Sample Adult core interview begins on February 12, 2019, the twelve-month reference period is from February 11, 2018 to February 11, 2019. For the same family, if the Sample Child core interview begins on February 25, 2019, the twelve-month reference period is from February 24, 2018 to February 24, 2019.

Related includes being related by blood, marriage, or adoption. Consider foster children and wards as related.

A **Replacement** is a structure or mobile home that now exists where a previously listed structure or mobile home once stood, but has been demolished or moved since it was originally listed.

A **Respondent** is any person who provides answers to the survey questions.

A **Self-respondent** is a person who responds to questions about himself or herself.

A **Proxy-respondent** is a person who responds to questions about other family or household members.

Responsible means mentally and physically able to provide adequate responses to the questions.

A **Sample Address** is a general lot or parcel of land that contains the sample unit that you are assigned to interview. The house number and street name of your assigned case, the Global

Positioning System (GPS) coordinates of your assigned case, or the map spot of your assigned case can determine the sample address.

The **Sample Adult** is the one randomly selected adult, age 18 or older, chosen from each household.

The **Sample Child** is the one randomly selected child, 17 years of age or younger, chosen from each household with one or more children.

A **Sample Unit** is the individual case for which you must conduct an interview. One or more sample units may be associated with a **sample address**. For example, an apartment building located at 154 Riverside Court, Any Town ME, could have multiple sample units (Apartment A, Apartment B, Apartment C, etc.) with the same sample address of 154 Riverside Court.

A **Structure** is a separate building with open space on all sides (no other building is attached to it) or a portion of a building with dividing walls that extend from the ground to the roof. Some buildings are a single structure while others may contain several structures. Structures are classified into several types including single unit, mobile home, multi-unit, commercial/non-residential, and Group Quarters (GQ).

The terms **Surgery** and **Operation** are respondent defined.

Work includes the following:

- Working for pay (wages, salary, commission, piecework rates, tips, or "pay-in-kind" such as meals, living quarters, or supplies provided in place of cash wages).
- Working for profit or fees in one's own business, professional practice, partnership, or farm even though the efforts may produce a financial loss.
- Working as a military or civilian employee of the National Guard or Department of Defense.
- Participating in a government sponsored work program such as Public Employment Program (PEP), Volunteers in Service to America (VISTA), Foster Grandparent Program, Work Incentive Program (WIN), and so on.

Do **not** include the following as work:

- Unpaid work that does not contribute to the operation of a family business or farm (for example, home housework).
- Unpaid work for a related household member who is a salaried employee and does not operate a farm or business (for example, typing for a wife who is a lawyer for a corporation).
- Unpaid work for an unrelated household member or for a relative who is not a household member.

- Volunteer or other unpaid work for a church, charity, political candidate, club, or other organization, such as the Red Cross or Community Fund.
- Temporary duty with the National Guard or Reserves.
- Owning a business solely as an investment to which no contribution is made to the management or actual operation (for example, owning a grocery store which someone else manages and operates).
- Jury duty.
- Participating in a government sponsored program such as Job Training Partnership Act (JTPA) if it involves only training in a school or other institutional setting and does not include on-the-job training (if it includes a combination of on-the-job training and classroom training, consider the person as working; count only the time spent on the job as working).
- Work without pay in a business or farm operated by a related household member.

Work-Loss Days include any day a person missed more than one-half of the usual workday from a job or business because of illness or injury.

2.2 Procedures

Locating an Address

Most addresses in your assignment can easily be located based on your general knowledge of your interviewing area. If you have difficulty locating an address:

- Use resources for locating a sample unit using the Listing and Mapping Application – Time of Interview (LiMA-TOI), such as the Computer Based Training (CBT) on your laptop titled “Locating the Sample Unit Training.” For more information on using LiMA to locate addresses, see the LiMA-TOI and the Form HIS-100C.1, Locating Sample Units and Time of Interview Field Procedures for NHIS Sample Units, for assistance.
- Ask for help from a knowledgeable person. For example, post office employees are familiar with the locations of addresses and are the best sources of information on the locations of "rural route" mail delivery addresses. However, obtain postal help from the Post Office itself. Do not ask postal carriers for information.
- Ask for help from police, fire, and other local government officials, such as assessors, building inspectors, and zoning officials.
- Ask for help from local business persons who deal with people in the area as they may be able to give you the location of an address.
- Ask for help from utilities, such as electric companies and telephone companies, because they service most households in an area and may be helpful in locating many addresses.
- Check for any spelling differences between the street name listed and the street name posted on the street sign or map.

- Check for street name changes that may have occurred since the previous listing.

Remember when inquiring about addresses or residents, you may say you are a representative of the U.S. Census Bureau, and you are conducting a survey for the National Center for Health Statistics, which is part of the Centers for Disease Control and Prevention, but you must not mention the particular name of the survey.

When locating addresses, canvass the area thoroughly. Look for units that are:

- Not visible from the street.
- Accessible through an alley or side road.
- Down a flight of stairs.
- Above a store or garage.
- Uninhabitable.
- Demolished.
- Out of house number order.
- In a structure with two or more addresses. (For instance, each unit in a multi-unit structure may have a separate house number.)

Resolving Address Problems

If you have difficulty locating a specific address, you can use LiMA-TOI and the Form HIS-100C.1 for assistance. If you are unable to find the address on your own, you should contact your supervisor for guidance.

The problem resolution system for resolving address problems is as follows:

- You retrieve your NHIS assignments.
- When you encounter an address problem you report the problem to your supervisor who will, if necessary, report the problem to your RO supervisor.
- If your RO supervisor cannot solve the problem, they escalate the problem to the National Processing Center or the Field Liaison in the Field Health Surveys Branch at Headquarters.
- The Field Headquarters liaisons make sure the problem contains the required information and forwards the question to the Demographic Statistical Methods Division (DSMD).
- DSMD uses available resources to investigate the problem and responds to the Field Liaison, who in turn responds to the regions, and subsequently to you. DSMD works under a 24-hour (1 business day) problem resolution turnaround goal.
- You use the provided additional information to locate the sample unit and conduct the interview.

DSMD has the expertise to help resolve multiple problems. You can help them assist you in finding the correct address by following these steps.

- Provide a completed control number. It is essential that complete tracking information is provided. This includes survey code, Primary Sampling Unit (PUS), frame indicator, sample designation, sequence numbers, and any Extra/Additional Unit or Spawn indicators.
- Clearly state what you would like headquarters to do (for example, provide map, etc.)
- Describe any discrepancies between information found in Case Management vs. ground, LiMA vs. ground, and any other pertinent information. Your description of what you found on the ground is very important.

Headquarters will use all available resources to investigate the problem and respond to you as soon as possible. The more complete the information you send, the quicker they can resolve your problem.

Remember that for this survey you are to interview at the address as given in case management. If you cannot find the address exactly as given in case management, or if a respondent indicates that the address is not correct as given, please confirm using LiMA or speaking with your supervisor before making any address changes. Address changes that should be confirmed before changing include differences in street identifier (i.e., St., Ave., Ct., Cir., etc.), a change in street name, Zip code, city, or house number. Updates to the "+4" portion of the Zip code can be made to the address without further confirmation.

Contacting the Household

Since the NHIS is a personal visit survey and not a telephone survey, visit the household at the sample unit and introduce yourself using an introduction similar to the one shown in [Part A, Section 2](#) of this manual. If a discrepancy is found between the address given and the address found, inform your supervisor and update the address at the VERADD screen.

No One Home on First Visit

If no one is home on your first visit, find out from neighbors, janitors, and the like, what the best time would be to contact the occupants of the sample unit. Try to find out from neighbors, janitors, or other knowledgeable persons when the occupants will be home; however, do not identify the specific name of the survey. Note the time in the Case Level Notes in Case Management, and call back at that time.

Fill a Request for Appointment (Form 11-38 or 11-38a) indicating when you plan to call back. Enter your name and telephone number in the space provided. Also, enter the date and time you plan to call back in the Case Level Notes in Case

Management. Do not leave this form where it is easily visible, as this may anger the respondent.

Note: Form 11-38a, the door hanger, has a Spanish version as well as an English version.

If you are able to determine that the occupants are temporarily absent (according to the conditions listed in [Part F, Noninterviews](#)), follow the instructions under Type A Noninterviews.

[No One Home on the Second and Subsequent Visits](#)

If no one is home on the second and subsequent visits, use the suggestions below, as well as suggestions from your supervisor, as an aid in establishing contact with the household.

Visit the address at different times of the day and night. Ask neighbors, janitors, and knowledgeable persons when the occupants will be at home. If the occupant's name is visible on the outside of a mailbox or from a knowledgeable person, look up the name in a telephone directory. If you find the name at that address in the directory, you may use the telephone in an effort to arrange a visit. (Do not look inside the mailbox to get the household name.) If the name is not available, you may look the name and telephone number up in a reverse directory.

Remember when inquiring of neighbors or other persons about the occupants, say that you are a representative of the U.S. Census Bureau and you are interested in contacting the occupants for a survey for the National Center for Health Statistics, which is part of the Centers for Disease Control and Prevention, but you must not mention the particular name of the survey. As an additional tool you can request that the Regional Office mail the household a No One Home letter or postcard.

[Number of Callbacks to Obtain an Interview](#)

It is important to obtain as many interviews as possible; therefore, we are not prescribing a specific number of callbacks. In some cases, you may have to make many callbacks before you are able to interview the respondent. For most cases, however, one or two visits will be sufficient to obtain the interview.

Section 3. Quality Assurance for the NHIS

3.1 Purpose

Quality Assurance is an issue that is at the heart of the basic mission of both the National Center for Health Statistics and the U.S. Census Bureau. The NCHS developed a set of indicators

to measure the quality of the National Health Interview Survey data and the performance of the field interviewing staff who collect the data. The development of these indicators reflects the commitment of both the NCHS and the Census Bureau to produce accurate, quality data for use by the public.

Starting for 2016, NHIS moved to a Centralized Reinterview operation, with the continued goals of detecting and deterring interviewer data falsification. Interviewers are identified who falsified interview data, misclassified eligible household units as noninterviews to avoid interviewing them, and/or intentionally did not follow established survey interviewing procedures with regards to not using a laptop for a personal visit interview and collecting household roster information.

3.2 Definitions

PANDA stands for **Performance ANd Data Analysis** tool. It is a web-based tool used to track the progress and performance of each FR during a survey and to provide an early indication of the quality of specific data items. This tool provides critical and time sensitive data to Headquarters and Regional Office (RO) staff to see if the FRs are having difficulty with concepts or are falsifying data so action can be taken to correct the problem quickly. RO staff can use PANDA to make comparisons between FRs within their own RO, as well as across all ROs at the national level. ROs can also monitor FR performance on an individual case level.

Paradata are data (information) about the survey process and data collection process, such as response rates, keystrokes, interview times and number of contact attempts. Analysis of paradata is very useful for quality assurance and improving FS/FR performance, as well as understanding how the data collection process may affect the survey results.

An **outlier** is any data point that falls outside of a normal range of RO or national level results.

An **indicator flag** is set for a given measure (or indicator) of paradata (for example, Interview Time) to distinguish that data as falling outside of a normal range of RO or national level results (for example, Short Interview Time Flag). An indicator flag can be set either for a specific case (Case Level Flags) or for an FR's entire workload (FR Level Flags). Each month for follow-up, Field Division at Headquarters identifies FS/FRs in each RO who have the most significant outlier data, as determined by the setting of specific indicator flags.

- Individual cases receive a **case level indicator flag** if the case data meet the criteria for a given indicator. For example, a case will receive a case level Partial Rate indicator flag if that case was a partial case (OUTCOME = 203). Cases that receive a given number of distinct case level indicator flags are identified for follow-up by Field Division at Headquarters. Case level indicator flags provide a picture of what happened in a specific case. The only case level indicator flags that are assigned by comparing a specific case outcome to national level results are the case level Interview Time flags. For example, a case will receive a case level Sample Adult Interview Time flag if the

completion time for the Sample Adult Questionnaire for that specific case is extremely low when compared to all other cases completed nationally. Cases that have Excessive Don't Know/Refused entries are also flagged for follow-up on the case level.

- FRs receive **FR level indicator flags** if there are characteristics in their work as a whole, over a given time period, that are unusual in comparison with the RO or national level results for a given indicator or measure of paradata. For example, FRs will receive an FR level Partial Rate indicator flag if their partial interview rate is extremely high when compared to other FRs on a national level.

Data falsification occurs when an interviewer knowingly deviates from interviewing procedures. This includes:

- making up some or all information
- deliberately miscoding the answer to a question to avoid follow-up questions
- misclassifying occupied units as Type B or Type C noninterviews

Failure to follow survey procedures is not the same as data falsification, although excessive failure to follow survey procedures can lead to data falsification. Examples of failure to follow survey procedures are:

- Not asking all questions as worded
- Not using a laptop for personal visits

PART C. INSTRUMENT

Section 1. Front Sections (FRT)

1.1 Purpose and Description

The Front section of the NHIS instrument contains the opening questions of the interview. In this section, you will determine whether you can proceed with the interview, or if this household will be a noninterview. You will also indicate whether the interview is being conducted in person or over the telephone. Telephone interviews will be read a series of questions to determine whether the respondent is driving, and to provide information about the survey. If you are contacting a respondent on the telephone and the person is also driving, you will be prompted to end the interview for safety purposes.

If you are unable to conduct an interview, you will answer a series of questions about your noninterview in the Front section (see [Part F](#) for more information on noninterviews). You will need to classify your noninterview as Type A, Type B, or Type C. You will be asked a series of follow-up questions about the type you select, including the reason for the noninterview.

1.2 Instructions

The START screen introduces you to the sample case by displaying the status of the case.

The "date" that appears in the title bar above the menu bar throughout the case is the date that this version of the NHIS CAPI instrument was programmed.

The "CASE STATUS" field will contain one of the following entries:

- New case
- Incorrect address
- Household reached
- Coverage section complete
- Sample persons selected
- Roster section complete
- Partial
- Fully Complete

Enter "1" at the START screen to continue with the interview and the instrument will take you to the INTMODE screen where you will indicate whether the interview is being conducted in person or over the telephone.

Enter "2" at the START screen for any Type A, Type B, or Type C Noninterview. After entering "2", you will still need to indicate whether the interview is being conducted in person or over the telephone at INTMODE before accessing the noninterview path.

If you are unable to continue the interview at this time (for example, no eligible respondent is available or the respondent has no time and asks you to come back later), press "F10." The instrument will take you to the closing screen where you can exit and enter notes about the case.

Section 2. Coverage Sections (COV)

2.1 Purpose and Description

The Coverage section is where you will verify the physical address, making minor changes if necessary, and establish if you are interviewing at the correct housing unit. This is where you will collect a phone number for the housing unit and/or collect contact information for noninterview respondents.

2.2 Instructions

There are three answer choices available when verifying the respondent's physical address:

1. Yes, address is EXACTLY CORRECT as listed
2. Address is MOSTLY CORRECT, but needs some minor changes
3. INCORRECT ADDRESS – terminate interview and find correct address

If the respondent tells you his or her address is the same as the one on your screen, enter '1'. Enter '2' if you know you are at the correct sample unit, but there are minor differences between the address the respondent tells you and the one displayed on the screen. For example, in some instances, there will not be a specific street address. There may only be a physical description, such as "brick house with green shutters." Another example of a minor difference would be if the respondent tells you "Valley Court" but you have "Valley Drive" showing on the screen. In these types of situations, you will enter '2' and ask the respondent for his or her exact address. Enter '3' ONLY if you determine you are not at the correct sample unit. Entering '3' will terminate your interview and the only way to get back into the case is to return to the Case List Screen in Case Management again.

A household telephone number is collected because it may be more efficient to make a telephone callback than another personal visit, to collect missing information, or to complete a portion of the interview with a designated respondent. In addition, the NCHS is considering several different random digit dialing (RDD) telephone surveys to augment the NHIS. A household telephone number may also be used for reinterview in order to verify your work. If

the respondent wants to know why you want his or her telephone number, explain that it will save the expense and time of a personal visit if you find that some needed information is missing.

If you are given a number for a telephone not in the household (such as a neighbor's number, a work number, a common phone in the hall or lobby), press F7 and note the location of the telephone. Also press F7 to note anything else about the telephone (such as an unlisted number, only operational during certain hours). If a respondent offers both a cell phone number and a landline number, he or she should give whichever he or she feels most comfortable giving first, and the additional number can be listed by selecting the Contacts parallel tab.

Section 3. Household Roster

3.1 Collecting the Household Roster

There are three parts to collecting the household roster:

1. Household Composition
2. Identifying parents
3. Family Identification

Household Composition

Purpose and Description

In the Household Composition section, you will collect the names and basic demographic information of everyone in the household, including their names, ages, sex, race, national origin, armed forces status, and education level. You will also make sure that everyone who lives in the household is listed on the roster.

The purpose of these questions is to obtain a complete list of all persons living or staying in the sample unit and to identify non-household members. List all of the persons living or staying in the sample unit, whether or not you think they are household members.

Instructions

First, record the first name of the first adult age 18 or over you talk to as the first person on the roster. If the respondent provides a last name, enter it in the last name field. Do not assume members of the household have the same last name. A last name is optional, so probing for a last name is not necessary. The instrument does not require that a last name be entered. If there are two or more persons in the household with the same name, they must be further identified by entering Sr., Jr., and so on after the name. A full name will later be collected for the Sample Adult and Sample Child as full names are used for linking a person to other sources of data.

If a person refuses to give his or her first name enter "Ctrl-R" in the first name field. This will then take you to the screen ALIAS, where you can enter an alias for this person. This screen was designed specifically for this purpose, and it is important for those who analyze the data to know if the name given is an alias or not.

After collecting the first names of all household members, you will ask the respondent one or more questions about each person's usual residence. Depending on the answers, each person will either stay on the roster or be deleted from the roster. For example, persons who usually live away at college in off-campus housing will be deleted from the roster.

When the household respondent tells you there are no more people in the household, you will ask a series of three questions to make sure that no members of the household were forgotten, such as babies or small children, people living away at school or college, or unrelated persons such as renters, or persons currently away traveling. Ask each of these questions, as some people need multiple reminders to recall everyone in the household. The Household Roster can hold up to 25 people. It is highly unlikely that you will ever exceed this limit.

When collecting the age of each household member, date of birth is not needed in the Household Composition section. Date of Birth will later be collected only for the Sample Adult and/or Sample Child. If an age is not provided by the respondent, you will follow instrument prompts to determine if the person is under the age of 18, between 18 and 65, or over age 65.

Next, general information about race and ethnicity will be collected. More specific race and ethnicity information will be collected later for the Sample Adult and/or Sample Child.

For adults only, you will collect armed forces status and education level of each adult in the household.

If the household contains children under the age of 18, then you will identify the parents of each child that is living in the household. You will include as parents biological, step, and adoptive parents, but not foster parents or other relatives who may act as parents. Legal guardians who are not biological, step or adoptive parents should not be selected when identifying parents who live in the household.

If no parents are identified for a child, you will ask if the child is currently in foster care, that is if any adult living in the household is acting as a foster parent to the child under the supervision of a state or county child welfare agency. Foster children are a special group of children and we want to gain more information about them, thus we want to

be careful in identifying them. Note that not all children with guardians are in foster care.

After identifying parents of children in the household, the Household Composition section of the instrument will be locked.

In the final section of collecting the roster, a Sample Adult and Sample Child will be selected for the household. You will then ask questions to determine who is in the Sample Adult and/or the Sample Child's family. It is possible that the Sample Adult and the Sample Child are unrelated and in two separate families. Instead of determining how everyone in the household is related to one Household Reference person, you will first ask if everyone in the household is a member of the same family.

For this survey, a family is two or more people living together who are related by birth, marriage, or adoption, as well as any unrelated children who are cared for by the family, such as foster children, and any people living together as a couple and their children. We want to know if any household members are related to the Sample Adult and/or Sample Child, with less focus on how they are related. Roommates, housemates, room renters or employees who live in the same home should not be included as family. We will not question the respondent's definition of a family if she says everyone is in the same family. If the respondent states that not everyone is in the same family, the instrument will first ask how household members are related to the Sample Adult to determine who is in the Sample Adult's family. Then, the instrument will ask how household members are related to the Sample Child to determine who is in the Sample Child's family. If a child's guardian is a family member select the type of relationship to the child, for example, grandparent.

No matter how many families are in the household, only one Sample Adult and one Sample Child will be selected for the household, with no requirement that the Sample Adult and Sample Child be in the same family. Also, families will no longer be spawned into separate interviews.

[Household Roster Tab](#)

By pressing Shift-F1, you can access the Household Roster tab in the instrument to review the household roster. Below is an example of a Household Roster with one family of two adults and two children.

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Forms Answer Navigate Options Help Show Watch Window

HIS Adult Child Roster Status FAQs Contacts / Shift+F9 Callbacks / F9 Exit / F10

Family				HHSTAT						
LN	SA	SC	Name	A	C	D	H	M	Age	Gender
1	X	X	John				X		40	Male
2	X	X	Mary	X					39	Female
3	X	X	Tom						10	Male
4	X	X	Cindy		X				8	Female

- ◆ Press Enter to return to the interview.
- ◆ Read if necessary (Sample Adult Family): We have that John, Tom, and Cindy are in Mary's family.
- ◆ Read if necessary (Sample Child Family): We have that John, Mary, and Tom are in Cindy's family.

LN refers to each individual's line or person number.

An X in the **SA** column indicates that a person is a member of the Sample Adult's family.

An X in the **SC** column indicates that a person is a member of the Sample Child's family.

If a person has X's in both SA and SC, this indicates that the Sample Adult and Sample Child are in the same family.

An X in the following HHSTAT column indicates

- A – Sample Adult
- C – Sample Child
- D – Deleted Person
- H – Household Respondent
- M - Member of the Armed Forces

The table will also indicate the name, age and sex of each person on the roster. At the bottom of the screen is read if necessary text listing all the members of both the Sample Adult's family and Sample Child's family.

3.2 Special Situations Regarding Household Membership

You may encounter certain situations where household membership is unclear. Below are guidelines for handling these situations. You may have to ask several probe-type questions to determine the actual situation and therefore, make the proper decision as to household membership.

Families with two or more homes

Some families have two or more homes and may spend part of the time in each. For such cases, the usual residence is the place in which the family members spend the largest part of the calendar year. Only one unit can be the usual residence. For example, the Citizens own a home in the city and live there most of the year. They

spend their summer vacation at their beach cottage. Neither house is rented in their absence. The home in the city is their usual place of residence.

Students

Students living away at college, trade, or commercial schools in **on-campus** housing are eligible to be interviewed in the locality **they consider to be their usual residence, such as their parent's or other family member's home**. Consider a student to be a household member of his or her parents' home only if he or she is living away at school or college in on-campus housing. **On-campus housing** includes residence halls and dorms where students live together. It also includes buildings that are owned, leased, or managed by the school. Fraternities and sororities are on-campus housing. Students living away at school or college in off-campus housing will **not** be included as members of the household.

Children under 18 attending boarding school away from home should be considered as household members in their parents' homes.

Persons who work at sea

Consider crew members of a vessel (such as, crews and officers on freighters, ferries, and cruise ships, fishermen, fishing personnel) to be household members at their homes rather than on the vessel, regardless of the length of their trips and regardless of whether they are at home or on the vessel at the time of your visit (assuming they have no usual place of residence elsewhere).

Members of Armed Forces

Consider active duty members of the Armed Forces as household members if they are stationed in the locality and usually sleep in the sample unit.

Citizens of foreign countries temporarily in the United States

Determine whether to interview citizens of foreign countries staying at the sample unit according to the following rules:

- Do **not** interview citizens of foreign countries and other persons who are living on the premises of an embassy, ministry, legation, chancellery, or consulate. Code these cases as Other Type B – Outcome 233.
- Interview citizens of foreign countries and other persons who are living in the United States, but not on the premises of an embassy, and the like. This applies only if they have no usual place of residence elsewhere **in the United States**. However, **do not** consider foreign citizens merely visiting or traveling in the United States as household members.

Persons with two concurrent residences

Ask how long the person has maintained two concurrent residences and consider the residence in which the greater number of nights was spent during that period as the person's usual place of residence.

Persons in vacation homes, tourist cabins, and trailers

Interview persons living in vacation homes, tourist cabins and trailers if they usually live there or if they have no usual residence anywhere else. Do not interview them if they usually live elsewhere. Indicate at roster screens that the usual residence is elsewhere and the instrument will close the case.

Inmates of specified institutions

Persons who are inmates of certain types of institutions at the **time of interview** are not household members of the sample unit. They are usual residents at the institution. (See Group Quarter Tables in [Appendix 3](#) and [Appendix 4](#) for more information.)

Section 4. Back Section (BCK)

4.1 Purpose and Description

After completing all appropriate sections for the sample household, you are ready to end the interview. The Back Section of the instrument wraps up the interview. For each complete and sufficient partial interview, you will enter the answers to a few FR debriefing questions such as language (English, Spanish, or other), interview mode (telephone or personal visit), and so on.

Based on the progress you made in the interview, the Back Section evaluates the overall status of the case and sets "OUTCOME" and "ACTION" codes, which determine what happens to the case.

4.2 Instructions

Exiting the Case with the F10 Key

If you exit the case using the F10 key, you will go to the FIN screen shown below:

Item: FIN

* This case is not complete. Enter the appropriate answer code.

* Press F9 to arrange a callback.

(1) Exit case

(2) Noninterview or No callback before closeout/Breakoff/Ready to transmit

Entering "1" in FIN is the "quick exit" option. This will get you out of the instrument encountering the fewest number of screens. You will be taken directly to the "Case Level Note Editor" screen in case management. If a callback has been setup you will go to the THANKS_CB screen where you will thank the respondent for their help and exit the case.

Depending on your progress within the instrument, the answer choices for an entry of "2" will appear either as "Noninterview" or "No callback before closeout/Breakoff/Ready to transmit." If you have not yet reached the VERADD screen to verify the sample address, the answer choice at FIN will appear as "2. Noninterview." If selected answer choice 2 will take you to a soft error message, ERR1_FIN. If your intention is to make the case a noninterview, then enter "S" to suppress the error and continue to the TYPEABC screen where you will be able to enter the type of noninterview. If you do not intend on making the case a noninterview, close the error message to go back to FIN and change your answer. If more progress is made in the interview, the answer choice "2 No callback before closeout/Breakoff/Ready to transmit" will be available for selection. Enter "2. No callback before closeout/Breakoff/Ready to transmit" in FIN if it is not possible to callback before closeout or if the case is a refusal or break-off and you are ready to transmit.

If you selected "2. No callback before closeout/Breakoff/Ready to transmit" and a callback has been setup for either the household, Sample Adult or Sample Child module you will go to the CALLCK screen. If you plan to make a callback to the household, you will get the THANKS_CB screen where you will thank the respondent for their help and exit the case. If you do not plan to make a callback to the household, you will get the TRANS screen where you will confirm if you are ready to transmit.

If you selected "2. No callback before closeout/Breakoff/Ready to transmit" and there is no callback setup you will go directly to the TRANS screen. If you are not ready to transmit you will return to the FIN screen to change your answer. If you are ready to transmit you will get the appropriate THANKS screen to thank the respondent for their time and/or cooperation.

You will get the PARWHY screen for all sufficient and insufficient partial cases (Outcomes 203 or 215). PARWHY collects information about the reasons for a partial interview. A Separate but a similar question, BRKREASON, is asked if the interview was stopped in progress (break-off) or completion before closeout was not possible. On the BRKREASON screen, select the answer that best represents the reason the interview ended. If the reason is not one of the categories listed, you may select "13. Other".

You will enter the answer to each of the debriefing questions without asking the respondent. These questions are designed to capture information on such topics as

language of interview, use of an interpreter, presence of people other than the respondent during the interview, mode of interview, switch in Sample Child respondent, your assessment of the quality of collected the data, location of interview, and the group quarters or housing type for the household.

Questions about the interview are specific to the Sample Adult and Sample Child modules. You must identify what language (English, Spanish, both English and Spanish, other) was used to conduct the Sample Adult and Sample Child modules. If the interview was conducted in a language other than English, you must enter if an interpreter was used to conduct the interview. An interpreter is considered to be anyone paid or unpaid, hired or unsolicited who translates questions/answers during the interview because the respondent would have been unable to participate otherwise. If the interview was conducted in a language that is not English nor Spanish, you must specify for each module the language used.

To evaluate the quality of the data, we need to know if other people were present during the Sample Adult and Sample Child modules. At OTHERSSA and OTHERSSC indicate whether there was anyone present during any part of the adult or child modules in the interview. Do not include small children or interpreters when answering.

All NHIS interviews should be conducted by personal visit. However, there may be times when the only way you can complete the interview is by telephone. On the INTMODESA screen, indicate whether the Sample Adult interview was conducted primarily by telephone. On the INTMODESC screen, indicate whether the Sample Child interview was conducted primarily by telephone. For example: If you completed the Household Composition and Sample Child module by personal visit, but you had to call back by phone to complete the Sample Adult module, enter "3" (None) at INTMODESA and enter "1" (All) at INTMODESC since only the Sample Adult module was conducted by telephone. The INTMODEWHYSA and INTMODEWHYSC questions in the BACK section asks for a reason the Sample Adult or Sample Child modules were conducted primarily by telephone. Indicate as many reasons that apply from the answer categories on the screen. If the reason is not one of the categories listed, you may select "10. Other".

If there is more than one knowledgeable Sample Child respondent identified during the interview you will be asked if the Sample Child respondent switched to another knowledgeable adult who answered questions about the Sample Child's health.

Completed and sufficient partial cases will receive questions about the quality of the information obtained within the interview. You will rate the quality of the interview for each module (Sample Adult, Sample Child). If the quality of the interview was less than excellent you should enter all of the reasons why at QREASONSA and QREASONSC.

You will record the location the interview took place at the LOCATION screen. In instances when the interview took place in multiple locations you can select multiple answers that apply to all of the locations. If you are calling the respondent on the phone for part of the interview, this should be recorded as “over the telephone” regardless of your location. If the reason is not one of the categories listed, you may select “9. Other”.

Some sample units are located in places with special living arrangements, such as boarding houses, group homes or convents. These types of living quarters are classified as "Group Quarters" (GQs). At the LOCATE screen indicate whether the sample unit is located in group quarters or not. You will then need to specify the housing unit or group quarter type at the LIVQRT screen. See the important terms below for definitions of housing unit and group quarter types. If the type does not fit any of the categories listed select, “7. Housing unit not specified above” or “11. Group quarter unit not specified above” and provide the type at the LIVQRT_SP screen.

Before exiting a case, a windows box pops up called “Case Level Note Editor” after the instrument is exited. Enter any notes about the case that you think may be helpful to you if you still need to make callbacks to complete the interview or to others who may get this household in sample for another health-related survey.

The outcome code, action code, and number of times in the case, can be found in the case management screens. A list of the possible outcome codes and a description of each can be found in [Appendix 1](#).

PART D. SURVEY CONTENT

All sections in the NHIS instrument fall under one of the following three categories: core, rotating core, and supplemental.

- **Core instrument sections** are on the survey every year and cover key health measures and sociodemographics.
- **Rotating core sections** come on and off the survey over the years on a pre-determined schedule and cover newer topic areas and/or expand upon topics in the core sections.
- **Supplemental sections** are on the survey for one to two years at a time on varying topics based on available federal sponsorships and funding.

Section 1. Questions Asked of Sample Adult and Sample Child

1.1 Verification and Health Status

Adult and Child Verification (VFY)

Section Type: Core

Purpose and Description

The purpose of the verification sections is to identify the Sample Adult and the Sample Child and to verify and/or collect some additional detailed demographic information about them. This also applies if the Sample Adult or Sample Child is living away at school or college on campus.

The information verified in these sections includes age, sex, race and national origin. Detailed questions on Hispanic ancestry, type of Pacific Islander, type of Asian ethnicity, and other or multiple races are asked here. Also, you will ask about the Sample Adult and Sample Child's date of birth in this section.

In the Sample Adult section, you can record using a proxy respondent if the Sample Adult has a physical or mental problem that prohibits him or her from responding. For example, using a proxy for a Sample Adult who has been incapacitated by a stroke is a legitimate use of a proxy respondent. However, if the Sample Adult is currently away on business, using his or her spouse as a proxy respondent is not a proper use of a proxy. You will collect a proxy respondent's relationship to the Sample Adult and his or her availability to conduct the interview.

In Sample Child section, you will need to identify the person you are speaking to and verify that he or she is knowledgeable about the Sample Child's health. If the person you are speaking to is not knowledgeable about the Sample Child's health, this section is designed to help identify a respondent who is knowledgeable, based upon the responses given at KNOWSC, "Who lives here and is knowledgeable about and responsible for [Sample Child's] health care?" in the Family Composition section. If not

already known, you will also ask the respondent how he or she is related to the Sample Child and to confirm that he or she is responsible for the Sample Child's health care. In both sections, if the respondent you are speaking to is different from the respondent who answered questions in the Household Composition Section, the instrument will ask you to determine whether the new respondent is speaking on the phone. If yes, you will ask whether he or she is driving. If the respondent is driving, the interview will end immediately. If the respondent is not driving, the interview will continue.

Instructions

Number of questions in the **Sample Adult** section: 34

Number of questions in the **Sample Child** section: 33

If, while verifying the age of the Sample Adult or Sample Child, it is determined that this person really should not have been selected as a Sample Adult or Sample Child, the instrument will skip this section. The instrument will **not** select another person as the Sample Adult or Sample Child.

We also verify the housing (on- or off-campus) for Sample Adults or Sample Children living away at school or college, if the Household Respondent is not the Sample Adult or Sample Child respondent. If it is found that the Sample Adult or Sample Child is living in off-campus housing, the instrument will skip this section, and not select another person as Sample Adult or Sample Child.

Further, if the Sample Child respondent is determined to be a spouse or partner of the Sample Child, the instrument will skip the Sample Child section, and not select another person as Sample Child.

If a cultural situation arises, for instance, a female Sample Adult is selected but the Sample Adult's culture does not allow women to speak to you, the following guidelines should be followed: If your gender or cultural background is the issue, another FR of a different gender or cultural background could be sent to conduct the interview. Also, you could ask whether the interview would be allowed if the spouse were present during the interview. Similarly, an offer could be made to conduct the interview over the telephone. For major cultural or religious issues where no options are acceptable, you should contact your supervisor for permission to conduct a proxy interview. All instances of proxy interviews should be well documented in the interviewer notes for the case. You should take special care in entering the appropriate information into:

- PROXY_A, "*Proxy interviews can be done for Sample Adults that have a mental or physical condition that prevents them from responding for themselves. Is a family member or caregiver that is knowledgeable about [Sample Adult]'s health available?"
- PROXYREL_A, "What is this person's relationship to [Sample Adult]?"

- PROXYLNO_A, “* Select the person in this household who is the proxy for [Sample Adult].

Some of the follow-up race questions in this section use a look-up table where you are to select a specific ethnic group the Sample Adult or Sample Child respondent specifies. If you cannot find the ethnic group or race on the list, you can type “ZZ” which will bring up a screen where you can type a verbatim response. Any questions with a lookup table can only accommodate one answer selection from the table. If a respondent provides more than one ethnic group or race, select “ZZ” from the lookup table and enter ALL the ethnic groups in the follow-up verbatim field.

The instrument calculates an age based on the date of birth given in the verification section and compares it to the Sample Adult or Sample Child’ age previously recorded in the Roster section. If the calculated age does not match the previously provided age, you will read the respondent the difference and ask him or her to verify the date of birth. If the respondent says the date of birth is correct, the instrument will continue. If the respondent says the date of birth is incorrect, the instrument will loop back to the date of birth questions in order for you to collect new date of birth information. The instrument will only verify and loop back one time. If after the second date of birth collection the age and date of birth still do not match, the instrument, in most situations, defaults to using the calculated age in any age-dependent questions for the remainder of the interview.

Important Terms

On-campus/off-campus housing includes residence halls and dorms where students live together. It also includes buildings that are owned, leased, or managed by the school. Fraternities and sororities are on-campus housing.

Proxy respondent is a person who responds to questions about other family and household members. A proxy can only be used if the Sample Adult is mentally or physically unable to answer

Adult and Child Health Status (HIS)

Section Type: Core

Purpose and Description

The purpose of the questions about health status is to collect the general level of health of the Sample Adult and the Sample Child, ranging from excellent to poor.

Number of Questions

Number of questions in both the **Sample Adult** and **Sample Child** sections: 1

1.2 Chronic Conditions

Adult and Child Asthma (AST)

Section Type: Core

Purpose and Description

The purpose of the questions about asthma is to determine if the Sample Adult and Sample Child currently have asthma or have ever had asthma. For the Sample Child, this is the first of a series of sections asking about medical conditions (Sample Adult questions about conditions begin with the Hypertension section (HYP)).

All Sample Adults and Sample Children will be asked the asthma questions. If it is determined that a Sample Adult or Sample Child has ever had asthma, you will ask the follow-up questions about whether he or she has had an episode in the past 12 months and whether he or she has been to the emergency room or urgent care because of asthma.

Number of Questions

Number of questions in the **Sample Adult** section: 4

Number of questions in the **Sample Child** section: 5

Important Terms

Asthma is a chronic respiratory disorder characterized by labored breathing and wheezing resulting from obstructed and constricted air passages.

During an **asthma attack**, also called an asthma exacerbation, the airways become swollen and inflamed. The muscles around the airways contract and the airways also produce extra mucus, causing breathing (bronchial) tubes to narrow. During an attack, a person may cough, wheeze and have trouble breathing.

Adult and Child Diabetes (DIB)

Section Type: Core

Purpose and Description

The purpose of the questions about diabetes is to determine if the Sample Adult or Sample Child has ever had any type of diabetes.

All Sample Adults and Sample Children will be asked if they have ever had prediabetes and diabetes. While Sample Children will only be asked these two questions, Sample Adults will receive further questions. Female Sample Adults will be asked if they have had gestational diabetes.

If the Sample Adult has had diabetes, he or she will be asked the age at which he or she was first diagnosed. If the Sample Adult was diagnosed at the age of 1 or younger, enter 1 at this question. The Sample Adult will also be asked if he or she takes diabetic pills, if he or she takes insulin, and if yes, a series of follow up questions about insulin usage, and for the type of diabetes he or she has.

Instructions

Number of questions in the **Sample Adult** section: 10

Number of questions in the **Sample Child** section: 2

When asking Sample Adults when a doctor or other health professional FIRST told them they had diabetes, answers of “since birth” should be recorded as “1”.

When asking Sample Adults how long it has been between first being diagnosed with diabetes and starting to take insulin, you may need to probe to determine the best answer category to select for the answer given. The answer categories are:

1. Less than 1 month
2. 1 month to less than 6 months
3. 6 months to less than 1 year
4. 1 year or more

For example, if a respondent answers “about 6 months” you should probe “*Was that 1 month to less than 6 months or 6 months to less than 1 year?*”

Important Terms

Diabetes is a chronic disorder of carbohydrate metabolism involving insulin. Symptoms include elevated sugar in the urine and the blood, excessive urination, thirst, hunger, weakness, weight loss, and itching.

Prediabetes describes a state of impaired carbohydrate metabolism that places a person at risk for later developing diabetes. Blood glucose levels that are higher than normal but not high enough for a diagnosis of diabetes characterize this condition. The two forms of prediabetes are Impaired Fasting Glucose and Impaired Glucose Tolerance.

Borderline diabetes is a former term used for type 2 diabetes or impaired glucose tolerance.

Gestational diabetes is diabetes that you did not have prior to being pregnant and goes away after you are pregnant. Pregnant women are usually screened for gestational diabetes during the 24th to 28th week of pregnancy.

Hypoglycemia is a condition caused by a very low level of blood sugar (glucose).

Insulin is a hormone in the body that controls the amount of sugar in the blood.

Type 1 diabetes, previously called insulin-dependent or juvenile diabetes, is a chronic condition in which the pancreas produces little or no insulin. It is usually diagnosed in children, teens, and young adults, but it can develop at any age.

Type 2 diabetes, previously called adult-onset or noninsulin-dependent diabetes, is a chronic condition in which the body does not use insulin properly (insulin resistance) or does not make enough insulin, resulting in high blood sugar. It is the most common type of diabetes.

1.3 Limitations, Difficulties, Disability

Adult and Child Vision (VIS)

Section Type: Core

Purpose and Description

The purpose of the questions about vision is to determine if the Sample Adult or Sample Child wears glasses or contact lenses and if they have difficulty seeing.

The vision questions will be asked of all Sample Adults and of Sample Children ages 2 to 17. If the Sample Adult or Sample Child says they do wear glasses or contact lenses, you will ask if they have difficulty seeing WHILE wearing their glasses or contact lenses. Sample Children under age 5 will only be asked if they wear glasses (not contact lenses). People who wear glasses to read or to do other occasional tasks should answer yes to this question.

Instructions

Number of questions in both the **Sample Adult** and **Sample Child** sections: 3

For questions WEARGLSS_A/WEARGLSS_C, if the Sample Adult or Sample Child only wears glasses occasionally or for specific tasks, this should be recorded as “1. Yes.” Many questions on the survey have the answer categories “No difficulty, some difficulty, a lot of difficulty, or cannot do this it all”, including a question in each Vision section. If the respondent answers “Yes,” remember to probe to determine which answer category their yes should fit into: some difficulty, a lot of difficulty, or cannot do this at all. If the respondent answers “No”, you do not have to probe and can select “Not at all.”

Adult and Child Hearing (HEA)

Section Type: Core

Purpose and Description

The purpose of the questions about hearing is to determine if the Sample Adult or Sample Child uses a hearing aid and if he or she has difficulty hearing.

As with the Vision section, the Hearing Section is asked of Sample Children ages 2 to 17. You will ask the Sample Children both questions in this section.

Sample Adults may be asked an extra question: if they indicate that they do use a hearing aid, they will be asked how frequently they use it. Note that if the Sample Adult or Sample Child does use a hearing aid, you will ask if they have difficulty hearing while using their hearing aid.

Number of Questions

Number of questions in the **Sample Adult** section: 3

Number of questions in the **Sample Child** section: 2

Adult and Child Mobility (MOB)

Section Type: Core

Purpose and Description

The purpose of the questions about mobility is to determine the ease of mobility of the Sample Adult and Sample Child. These questions collect information about the following topics:

- Use of equipment or assistance for getting around/walking
- Difficulty walking various distances for those who do not use equipment/assistance
- Difficulty walking various distances with the use of equipment/assistance for those who do use equipment or require assistance
- Difficulty walking various distances without the use of equipment/assistance for those who do use equipment or require assistance

In addition to the topics above, the Sample Adult Mobility and Sample Child Mobility sections have several differences.

The Sample Adult mobility section begins by asking if the Sample Adult has difficulty walking or climbing steps. Sample Adults who indicate that they use equipment or require assistance for getting around will be asked whether they use specific types of equipment:

- Cane or walker
- Wheelchair or scooter
- Someone's assistance

In addition to the questions about difficulty walking distances of 100 yards and 1/3 of a mile with and without their aid, Sample Adults who use a cane, walker, or someone's assistance will be asked if they have difficulty walking up or down 12 steps with the use of their aid. Those who use a wheelchair or scooter will not be asked this question. Sample Adults who use any of the equipment or assistance above will be asked if they have difficulty walking up or down 12 steps without the use of their aid. Sample Adults who do not use an aid will be asked if they have difficulty walking 100 yards, 1/3 of a mile, and up or down 12 steps.

The Sample Child mobility section does not ask about specific types of equipment used or about difficulty with steps. As with the Sample Adult Section, all Sample Children ages 2 to 17 will be asked whether they use equipment or require assistance for walking. Sample Children ages 2 to 4 who do use equipment/assistance will be asked if they have difficulty walking with the use of equipment or assistance and if they have difficulty walking without the use of equipment or assistance. Sample Children ages 2 to 4 who do not use equipment or assistance will be asked if they have difficulty walking compared to children the same age.

Sample Children ages 5 to 17 will be asked similar sets of questions, depending on whether they use equipment or assistance, but they will be asked each set of questions for the specific distances of 100 and 500 yards.

Instructions

Number of questions in the **Sample Adult** section: 14

Number of questions in the **Sample Child** section: 10

Many questions on the survey have the answer categories "No difficulty, some difficulty, a lot of difficulty, or cannot do this at all", including multiple questions in the Mobility sections. If the respondent answers "Yes," remember to probe to determine which answer category their yes should fit into: some difficulty, a lot of difficulty, or cannot do this at all. If the respondent answers "No", you do not have to probe and can select "Not at all."

Questions in these sections may seem repetitive to the respondent, but it's important to note there are critical differences that need to be emphasized. For example, for those Sample Adults and Sample Children (5-17 years old) who use equipment, we ask about their difficulty walking 100 yards WITHOUT USING equipment or assistance and also the same question WHEN USING equipment or assistance.

Adult and Child Communication (COM)

Section Type: Core

Purpose and Description

The purpose of the Sample Adult Communication section is to identify adults with difficulty communicating, understanding, or being understood using their usual language. Similarly, the purpose of the Sample Child communication section is to identify children with difficulty communicating. These questions are a part of the Washington Group (WG) Short Set of questions on disability.

For children ages 2 to 4, this section asks if the child has difficulty understanding others and if other people have difficulty understanding the child. Similarly, for children ages 5 to 17. This section asks if the child has difficulty being understood by people inside and outside the household.

Instructions

Number of questions in the **Sample Adult** section: 1

Number of questions in the **Sample Child** section: 4

Many questions on the survey have the answer categories “No difficulty, some difficulty, a lot of difficulty, or cannot do this at all”, including question(s) in the Communication sections. If the respondent answers “Yes,” remember to probe to determine which answer category their yes should fit into: some difficulty, a lot of difficulty, or cannot do this at all. If the respondent answers “No”, you do not have to probe and can select “Not at all.”

Adult and Child Cognition (COG)

Section Type: Core

Purpose and Description

The purpose of the questions about cognition is collect information on difficulty with remembering and concentrating.

There are four questions in this section for the Sample Adult. First, you will ask the Sample Adult if they have difficulty remembering or concentrating. If the Sample Adult reports that they do have difficulty remembering or concentrating, you will ask if that difficulty is with remembering, with concentrating, or with both. If the Sample Adult answers that they have either difficulty with remembering OR difficulty with both remembering and concentrating, you will then ask two follow up questions related to difficulty remembering.

There are two questions in this section for the Sample Child. You will ask of Sample Children, ages 2 to 17, if they have difficulty learning things. Children ages 5 and older will receive an additional question asking if they have difficulty remembering things.

Instructions

Number of questions in the **Sample Adult** section: 4

Number of questions in the **Sample Child** section: 2

Many questions on the survey have the answer categories “No difficulty, some difficulty, a lot of difficulty, or cannot do this it all”, including question(s) in the Cognition sections. If the respondent answers “Yes,” remember to probe to determine which answer category their yes should fit into: some difficulty, a lot of difficulty, or cannot do this at all. If the respondent answers “No” you do not have to probe and can select “Not at all.”

Adult and Child Self-care and Upper Body (UPP)

Section Type: Core

Purpose and Description

The purpose of the questions about self-care and upper body is to determine if the Sample Adult or Sample Child has any difficulties in these areas.

The Sample Adult Self-care and Upper Body section consists of three questions, asked of all Sample Adults. You will ask Sample Adults if they have difficulty with self-care, raising a bottle from waist to eye level, and using hands and fingers.

The Sample Child Upper Body, Motor Skills and Self Care section consists of two questions. You will ask one question about each Sample Child, depending upon their age. Sample Children ages 2 to 4 will get a question about difficulty picking up small objects with their hands, compared to other children the same age. Sample Children ages 5 to 17 will get a question about difficulty with self-care.

The Self-Care and Upper Body sections are core sections of the instrument, appearing in both the Sample Adult and Sample Child modules, and will be on the survey every year.

Instructions

Number of questions in the **Sample Adult** section: 3

Number of questions in the **Sample Child** section: 2

All questions in the Upper Body, Motor Skills, and Self Care sections will be answered with a scale of difficulty, ranging from no difficulty to cannot do at all. If the respondent answers “Yes,” remember to probe to determine which answer category their yes

should fit into: some difficulty, a lot of difficulty, or cannot do this at all. If the respondent answers “No” you do not have to probe and can select “Not at all.”

1.4 Health Insurance Coverage and Utilization

Adult and Child Health Insurance (INS)

Section Type: Core

Purpose and Description

The purpose of collecting health insurance coverage information is to determine the number of persons with health care coverage. Access to affordable health care coverage is a major factor affecting the health of the population and the access they have to health care services. Identification of how a person's demographic characteristics, health status, and economic circumstances are associated with his or her health insurance coverage is important in developing public policy. Information about health care coverage can be linked to the usual source of medical care for an individual, the out of pocket expenditures for that person's health services, treatment patterns, and the quality and frequency of a person's health care. The INS section is a core section of the instrument, appearing in both the Sample Adult and Sample Child modules, and will be on the survey every year.

In these sections, you will ask about the **Sample Adult's** and **Sample Child's** health care coverage and, if they have health care coverage, identify the kind of health care coverage they have: Private health insurance, Medicare, Medicare supplement, Medicaid, Children's Health Insurance Program or CHIP, military related health care including TRICARE, CHAMPUS, VA health care and CHAMP-VA, Indian Health Service, a state-sponsored health plan, or another government program. Each type of insurance has a series of follow-up questions, such as recording the plan name, if the plan was obtained through the Health Insurance Marketplace, if he or she pays a premium for the plan, and if the plan has a deductible.

For those Sample Adults or Sample Children that may have lost health care coverage in the past 3 years, you will ask a series of questions to determine the reasons for the loss. For those Sample Adults or Sample Children who are currently uninsured, there is a series of questions to determine why they are not getting coverage and why they remain uninsured.

Instructions

Number of questions in the **Sample Adult** section: 76

Number of questions in the **Sample Child** section: 73

It is very important that you record the correct kind of health care coverage, as each kind of coverage has different follow up questions. If the wrong type of health care

coverage is recorded at the beginning of this section, then the follow up questions will not be appropriate and important data will not be collected.

In trying to determine the appropriate type of health care coverage that an individual has, it is important to remember that for the purpose of this survey, single service plans are not considered private health insurance and should not be recorded as such. There are three specific single service plan questions (vision, dental, and prescription) where you will be able to record if the Sample Adult or Sample Child has one of those plans. Some respondents may have a hard time classifying the type of health insurance they have. Utilize the help screens in these sections to help respondents. Note that COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) and TCC (Temporary Continuation of Coverage) should be coded as a Private Health Insurance Plan from an employer or workplace. COBRA provides a bridge between health care plans for qualified workers, their spouses, and their dependent children when their health insurance might otherwise be cut off. Under this act, if a person voluntarily resigns from a job or is terminated for any reason other than “gross misconduct,” they are guaranteed the right to continue in their former employer’s group health insurance plan as an individual or family for up to 18 months at their own expense. In some cases, a spouse and dependent children are also eligible for COBRA coverage for as long as three years.

The TCC program is similar to COBRA. This program is available to federal employees. If a person loses Federal Employees Health Benefit (FEHB) coverage because of separation from federal service, he or she may enroll under the TCC provision of FEHB law and continue coverage for up to 18 months at his or her own expense. Family members who lose coverage because they are no longer eligible may enroll under TCC to continue FEHB coverage for up to 36 months at their own expense.

When recording the health insurance plan name, probe and record only the specific name of the plan. Do not record the type of plan (for example, family plan, high-option). Do not record abbreviations for plan names. (The exception here is Blue Cross and Blue Shield, for which you may use the abbreviation BC/BS.) If the respondent does not know the complete name, ask to see a membership card or other document with the complete name. If the complete name is unavailable, record as much of the name as the respondent knows.

You can record up to two private plan names for the Sample Adult and/or Sample Child. For each private plan, there is a series of 15 follow-up questions on the plan, such as if the plan covers others, how the plan was obtained, how much of a premium is paid for the plan, etc. If the Sample Adult and Sample Child are in the same family, and the Sample Adult health insurance section is completed first, once in the Sample Child module under certain conditions the instrument will ask if the Sample Child is covered by the same private plan(s) as the Sample Adult. If they are covered under the same

plan, the private insurance plan-specific follow-up questions will be skipped in the Sample Child module. This feature also works in reverse, if the Sample Child health insurance section is completed first, then the Sample Adult, under certain conditions, will be asked if they share the same plan with the Sample Child.

[Important Terms](#)

CHIP (State Children’s Health Insurance Program) is a program that targets uninsured children under 19 with family incomes below 200 percent of poverty that are not currently eligible for Medicaid or covered by private insurance. Every state and the District of Columbia has a CHIP program in place.

Coinsurance is the certain percent you must pay each benefit period after you have paid your deductible. This payment is for covered services only. You may still have to pay a copay. Example: Your plan might cover 80 percent of your medical bill. You will have to pay the other 20 percent. The 20 percent is the coinsurance.

Copayment (Copay) is the amount you pay to a healthcare provider at the time you receive services. You may have to pay a copay for each covered visit to your doctor, depending on your plan. Not all plans have a copay.

Deductible is the amount you pay for your healthcare services before your health insurer pays. Deductibles are based on your benefit period (typically a year at a time). Example: If your plan has a \$2,000 annual deductible, you will be expected to pay the first \$2,000 toward your healthcare services. After you reach \$2,000, your health insurer will begin to cover the rest of the costs.

Health Insurance Marketplace and the state-based exchanges were established following the enactment of the Affordable Care Act (ACA). The Health Insurance Marketplace is the name for the federally run exchange. States that have established their own exchanges have specific names for those exchanges (e.g. Connect for Health Colorado in Colorado or Covered California in California). The Marketplace is a resource where individuals, families, and small businesses can: learn about their health coverage options; compare health insurance plans based on costs, benefits, and other important features; choose a plan; and enroll in coverage. The Marketplace also provides information on programs that help people with low to moderate income and resources pay for coverage. This includes ways to save on the monthly premiums and out-of-pocket costs of coverage available through the Marketplace, and information about other programs, including Medicaid and CHIP. In some states, the Marketplace is run by the state. In others it is run by the federal government. Persons who obtain their health care coverage through the Health Insurance Marketplace are considered to have private health insurance.

Healthcare.gov is another term for the Health Insurance Marketplace. This is the federal government's website that individuals can go to learn about their health coverage options; compare health insurance plans based on costs, benefits, and other important features; choose a plan; and enroll in coverage.

Indian Health Service (IHS) provides services for eligible members of federally recognized Indian tribes and their decedents. The IHS operates a comprehensive health service delivery system for approximately 75% of the nation's American Indians and Alaska Natives. IHS services are provided directly and also through tribally contracted and operated health programs.

Medicaid is authorized under Title XIX of the Social Security Act (1965), Medicaid is a means-tested entitlement program financed by the state and federal governments and administered by the states. Federal financial assistance is provided to states for coverage of specific groups of people and benefits through federal matching payments based on the state's per capita income.

Medicare is a program that was enacted in 1965. Today, virtually everyone age 65 and older is insured under Medicare. The Centers for Medicare and Medicaid Services (CMS) administers Medicare, the nation's largest health insurance program. Medicare provides insurance to:

- People who are 65 years old;
- People who are disabled; and
- People with permanent kidney failure.

Medicare has four parts:

(1) Medicare Part A

Medicare Part A provides coverage for inpatient hospital services, skilled nursing facilities, home health services, and hospice care.

(2) Medicare Part B

Medicare Part B helps to cover the cost of physician services, outpatient hospital services, medical equipment, supplies, and other health services.

(3) Medicare Part C (aka Medicare Advantage)

The Balanced Budget Act of 1997 (BBA) created Medicare + Choice, Part C of Medicare, which expands the range of private health plans that may contract with Medicare to provide care to Medicare beneficiaries. A newer name for Medicare + Choice is Medicare Advantage. Medicare Advantage is intended to increase beneficiary participation in Health Maintenance Organizations (HMOs) and other private plans. Medicare Advantage options are: HMOs, HMOs with a Point of Service Option, Preferred Provider Organizations (PPOs), Provider-Sponsored Organizations (PSOs), Private Fee-for-Service, and Medical Savings Accounts (MSAs).

(4) Medicare Part D

Medicare Part D offers prescription drug coverage to everyone with Medicare. Enrollment is offered twice a year however a penalty for late enrollment is enforced for those individuals who do not pick up the coverage when first eligible.

Medicare Advantage Plans are considered Medicare coverage. A Medicare Advantage Plan is a plan offered by a private company that contracts with Medicare to provide Medicare Part A (Hospital) and Part B (Medical) benefits. The plan provides these benefits to people with Medicare who enroll in the plan. Medicare services are covered through the plan and are not paid for by original Medicare. Types of Medicare Advantage plans include: health maintenance organizations (HMOs), preferred provider organizations (PPOs), private fee-for-service plans, special needs plans, and Medicare medical savings account plans. Many Medicare Advantage plans include Medicare Part D (prescription drug coverage) and may also cover additional services such as dental and vision care.

Medigap (Medicare Supplement) or Medicare Supplement Insurance helps pay some of the health care costs that Original Medicare does not cover like: copayments, coinsurance, and deductibles. Medigap policies are sold by private companies. A Medigap policy is different from a Medicare Advantage plan. Medicare Advantage plans are ways to get Medicare benefits while a Medigap policy only supplements your Original Medicare benefits. Medigap or Medicare Supplement plans are considered to be private health insurance.

There are several types of **Military Health Coverage** that are related to present or former military service.

TRICARE

In response to the challenge of maintaining medical combat readiness while providing the best health care for all eligible personnel, the Department of Defense (DOD) introduced TRICARE. TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors. TRICARE offers eligible beneficiaries many choices for their health care.

Veterans Health Administration (VA)

The VA provides a broad spectrum of medical, surgical, and rehabilitative care to persons who are eligible to receive VA services. The VA emphasizes prevention/primary care.

CHAMPVA

This is a health care benefits program for dependents (or survivors) of veterans who have been rated by the VA as having a total and permanent disability, or survivors of veterans who died from a VA-rated service-connected disability or survivors of

person who died in the line of duty. In general, CHAMPVA covers most health care services and supplies that are medically and psychologically necessary.

Other State and Local Programs vary from state to state. Examples of these programs include: The Ryan White Act of 1990, which established funding for various programs at the state and local level to provide care and services to HIV and AIDS infected individuals, health insurance risk pools to enable persons to obtain private health coverage who would not be able to afford individual coverage; and special programs to provide health care coverage to farm workers and refugees are also include.

Out-of-pocket Costs are costs you must pay. Out-of-pocket costs vary by plan and most plans have a maximum out of pocket cost.

Policyholder refers to the person whose name the health insurance policy is written. Other family members who are covered by the same policy are referred to as “dependents” on the policy. Example: if you ever find yourself in a doctor’s office filling out health insurance paperwork, and the form asks about the policyholder, give them the information of the employee in the family whose company sponsored the policy.

Premiums are payments you make to your insurance provider to keep your coverage. The payments are due at certain times. Premiums can be paid by individuals, employers, unions, employees, or shared by both the insured individual and the plan sponsor. In addition to your premium, you usually have to pay other costs for your health care, including a deductible, copayments, and coinsurance. Example: The amount you pay for your health insurance every month. For those with employment-based coverage it may be the amount deducted from your paycheck every two weeks to pay for your health insurance.

Private Health Insurance includes coverage that is comprehensive in that it covers both outpatient and inpatient care or major medical policies. Private health insurance may be obtained through a person’s own or family member’s employment or purchased directly. Employment-based coverage also includes coverage obtained through a union. Policyholders who obtain their coverage through their employment for local, state, or federal government, are considered to have private health insurance. Directly purchased plans may be obtained through the insurance company directly, through brokers or through the Federal Health Insurance Marketplace and state-based exchanges. Private coverage may also be obtained through enrollment in institutions of higher education.

Single Service Plans (SSPs) refer to health insurance coverage paid for by an individual or an employer that provides for only one type of service. Examples of SSPs are dental care, vision care and prescriptions.

Adult and Child Difficulty Paying for Insurance (PAY)

Section Type: Core

Purpose and Description

The purpose of the **Sample Adult** and **Sample Child** questions about difficulty paying for insurance is to determine if the sample person's family has problems paying, is unable to pay, or has worried about paying medical bills.

Instructions

Number of questions in both the **Sample Adult** and **Sample Child** sections: 4

Be sure to utilize the glossary of health insurance terminology provided in the help screen on PAYINTRO_A/C and PAYBLL12M_A/C. When discussing medical bills be sure to include bills for doctors, dentists, hospitals, therapists, medication, equipment, and nursing home or home care. If the Sample Adult lives on campus the respondent should think about their family at the sample address.

The Sample Adult and Sample Child Difficulty Paying for Insurance sections are family-level sections, and will only need to be asked in the Sample Adult module or Sample Child module, but not both, if the Sample Adult and Sample Child are in the same family. There is one exception, we will always ask the last question PAYWORRY_A or PAYWORRY_C for both the Sample Adult and the Sample Child.

You will be prompted to ask all of the questions in the Difficulty Paying for Insurance section in both the Sample Adult module and Sample Child module if:

- The Sample Adult and Sample Child have *not* been reported as being in the same family
- The Sample Adult and Sample Child have been reported as being in the same family, the Sample Adult module is asked first, all questions in the Sample Adult Difficulty Paying for Insurance section were refused, and the Sample Adult respondent is a different person than the Sample Child respondent
- Or vice versa, the Sample Adult and Sample Child have been reported as being in the same family, the Sample Child module is asked first, all questions in the Sample Child Difficulty Paying for Insurance section were refused, and the Sample Child respondent is a different person than the Sample Adult respondent.

Adult and Child Dental Care (DNC)

Section Type: Rotating Core

Purpose and Description

The purpose of the questions about dental care is to collect information on the use of preventive dental care and whether there was a delay in obtaining, or if there was an inability to obtain, needed dental care because of the cost.

All Sample Adults and Sample Children ages 1 and older, are asked how long it has been since their last dental cleaning. The next questions will ask if there was a delay in obtaining, or if there was an inability to obtain, needed dental care because of the cost.

Number of Questions

Number of questions in both the **Sample Adult** and **Sample Child** sections: 4

Important Terms

Dental care provider includes dentists, orthodontists, oral surgeons, dental hygienists, and all other dental specialists.

Adult and Child Utilization (UTZ)

Section Type: Core

Purpose and Description

The purpose of the questions about utilization is to collect information on how the country's health care system is being utilized.

The Utilization section asks questions about the Sample Adult and Sample Child's utilization of care, including:

- When a doctor or other health professional was last seen
- Type of doctor visit
- Time since wellness visit
- Where the Sample Adult/Sample Child usually goes for health care
- Type of place the Sample Adult/Sample Child usually goes for health care
- Times visited an urgent care center or a clinic in a drug store or grocery store
- Emergency room visits
- Overnight hospitalizations
- Delay in medical care due to cost
- Did not get medical care due to cost

Instructions

Number of questions in both the **Sample Adult** and **Sample Child** sections: 11

When asking about the place where the Sample Child or Sample Adult **usually** goes when he or she is sick, note that this may or may not be the doctor or clinic most recently contacted. (For example, the most recent contact may be with a specialist never seen before.) Also, it need not be a doctor or clinic the respondent has ever contacted before. In this case, the question refers to the doctor or place the respondent **would** contact if the Sample Child is sick or needs advice about his or her health. As with all questions that ask the respondent to give a specific amount of times (e.g., times visited hospital ER), always probe for an exact number. If the respondent reports a range or an interval, assist the respondent in making an estimate by probing. For example, you might ask “Could you give me a more exact number?”

When recording emergency room visits, **do not** include visits to outpatient clinics, urgent care facilities, and the like. Clinics in drug stores or grocery stores are common in some parts of the country but not in other parts of the country.

Important Terms

Wellness visit/General purpose check-up typically includes: blood pressure, cholesterol, and blood sugar checks, height and weight measurements, and vaccinations. The doctor or other health professional may also discuss topics related to your health such as smoking, alcohol use, diet and exercise. These visits are usually scheduled in advance and occur when you are not sick or injured.

Urgent care center/clinic in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.

Doctor’s office/health center is a place where you see the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file.

Adult and Child Prescription Medication (PMD)

Section Type: Core

Purpose and Description

The purpose of the questions about prescription medication is to collect information on cost-related medication underuse.

The Prescription Medication questions refer to the past 12 months and are asked of all Sample Adults and Sample Children. The first question asks if at any time in the past 12 months the Sample Adult/Sample Child took prescription medication.

In the Sample Adult Prescription Medication section, if the Sample Adult reports having taken prescription medication, they will then be asked if they skipped medication doses

to save money, if they took less medication to save money, and if they delayed filling a prescription to save money. The final question in this section asks all Sample Adults if at any time they needed prescription medication, but did not get it because of the cost.

In the Sample Child Prescription Medication section, if the respondent reports that the Sample Child took prescription medication during the past 12 months, they will be asked if they delayed filling a prescription for the Sample Child to save money. The final question in this section asks if at any time the Sample Child needed prescription medication, but did not get it because of the cost.

Number of Questions

Number of questions in the **Sample Adult** section: 5

Number of questions in the **Sample Child** section: 3

Important Terms

Prescription medication are medications that can only be obtained through a doctor or dentist. The medication is usually obtained from a pharmacy or mail order pharmacy using a written note or telephoned instruction from a doctor or dentist.

Adult and Child Immunization (IMS and IMM)

Section Type: Core with Supplement

Purpose and Description

The purpose of the questions about immunization is capture data on the receipt of vaccines. Many of the IMS questions are sponsored by CDC's National Center for Immunization and Respiratory Diseases (NCIRD). Vaccinations are an important example of preventative care that individuals with at least adequate health care access should be receiving.

The IMS module includes questions that aim to better monitor influenza vaccination coverage among pregnant women. These questions ask women aged 18-49 about pregnancy anytime during the influenza vaccination period (August through March) and the timing of vaccination relative to the course of their pregnancy. Also, you will ask all Sample Adults if they had a flu vaccination in the past 12 months, as well as the month and year the shot occurred. NHIS data can help public health researchers monitor the levels of flu vaccination in the U.S. and help plan for next year's flu season.

The IMS section also includes questions about the number of pneumonia shots ever received and detailed questions on Shingles vaccinations, including the Zostavax vaccine and Shingrix vaccine. There is a question about Tdap booster shot for women who have had a live birth in the past 12 months and questions on the tetanus shot and Human Papillomavirus (HPV) shot. There are also questions to measure vaccine use among

health care workers that ask whether respondents work or volunteer in a health care setting and whether they come into direct contact with patients.

For 2019, the Sample Adult IMS section is part core and part supplemental. Questions about the flu vaccination are considered core, and will appear in future years, whereas the questions about the other vaccines such as pneumonia, shingles, HPV, etc. are considered supplemental and will not necessarily appear every year.

The IMM section is designed to determine if and when the majority of children get seasonal flu vaccinations. This section allows you to indicate up to two flu vaccinations for the Sample Child during the past 12 months, starting with the most recent. The Sample Child IMM section is a core section that will appear on the survey every year.

[Instructions](#)

Number of questions in this section: 24

The flu vaccine questions are about the past 12 months. If the respondent gives a date prior to 12 months ago, verify if the date given is correct. If not, change the respondent's answer from "yes" to "no." In the Sample Child section, if collecting dates for two flu vaccinations, make sure the first date recorded is the MOST RECENT vaccination and the second date recorded is the SECOND most recent vaccination. If the dates are recorded out of order, an error will pop up asking you to correct it.

[Important Terms](#)

Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. There are two vaccines now available for shingles; **Zostavax**[®], which requires 1 shot, and **Shingrix**[®], a new vaccine which requires 2 shots.

Adult and Child Physical and Other Therapeutic Care (PTC)

Section Type: Rotating Core

[Purpose and Description](#)

The purpose of the questions about physical and other therapeutic care is to collect information on the use of certain therapy or treatment services.

The questions for both the Sample Adult and Sample Child ask about the receipt of the following types of care over the past 12 months:

- Eye exams
- Physical therapy, speech therapy, rehabilitative therapy, or occupational therapy
- Care at home from a nurse or other health professional

[Instructions](#)

Number of questions in this section: 3

The HOMEHC12M asks, “*During the past 12 months, did you/Sample Child receive care at home from a nurse or other health professional?*” If the respondent answers, “Yes” and the care at home was received from a spouse, family member, or friend who is also a nurse or other health care professional, then this is acceptable. If the spouse, family member, or friend is not a nurse or other health care professional, the respondent should answer “No.” The intention is to measure access to adequate care, so a trained professional, even if the person is a relative, paid or unpaid, would count.

[Important Terms](#)

Occupational therapy is a treatment which involves working on functional activities such as dressing, feeding, and writing.

Physical therapy is a treatment to develop, improve, or restore gross motor skill movements, such as walking.

Speech therapy is a treatment for stuttering, impaired articulation, or language or voice impairment.

Rehabilitative therapy is a treatment that seeks to help a patient regain a skill or function that was lost as a result of injury or sickness.

1.5 Mental Health

Adult and Child Anxiety (ANX)

Section Type: Core

[Purpose and Description](#)

The purpose of the questions about anxiety is to collect information on feelings of anxiety.

In the Sample Adult Anxiety section, you will ask all Sample Adults how often they felt worried, nervous or anxious. You will then ask if they take prescription medication for these feelings. Respondents who report never feeling anxious AND do not take prescription medication for these feelings will proceed to the next section of the instrument. All other respondents will be asked an additional question about the level of these feelings.

In the Sample Child Anxiety section, the Anxiety question is only asked of Sample Children ages 5 to 17 years old. You will ask the Sample Child respondent how often the child seems very anxious, nervous, or worried.

Instructions

Number of questions in the **Sample Adult** section: 3

Number of questions in the **Sample Child** section: 1

When asking the Sample Adult how often he or she feels worried, nervous, or anxious, if the respondent asks whether they are to answer about their emotional states after taking mood-regulating medications, say: "Please answer based on your usual use of medication."

Adult and Child Depression (DEP)

Section Type: Core

Purpose and Description

The purpose of the questions about depression is to collect information on feelings of depression.

In the Sample Adult Depression section, you will ask all Sample Adults how often they feel depressed. You will then ask if they take prescription medication for depression. Respondents who report never feeling depressed AND do not take prescription medication for these feelings will proceed to the next section of the instrument. All other respondents will be asked an additional question about the level of these feelings.

In the Sample Child Depression section, as with the previous question about feelings of anxiety, the Depression question is only asked of Sample Children ages 5 to 17 years old. You will ask the Sample Child respondent how often the child seems very sad or depressed.

Instructions

Number of questions in the **Sample Adult** section: 3

Number of questions in the **Sample Child** section: 1

When asking the Sample Adult how often he or she feels depressed, if the respondent asks whether they are to answer about their emotional states after taking mood-regulating medications, say "*Please answer based on your usual use of medication.*"

Adult and Child Mental Health Care (MHC)

Section Type: Rotating Core

Purpose and Description

The purpose of the questions about mental health care is to collect information on the use of mental health care.

The Sample Adult Mental Health Care section questions will only come up for Sample Adults based on answers provided earlier in the Anxiety (ANX) section and the Depression (DEP) section. You will ask the questions if the respondent reported earlier that they are NOT taking prescription medication for feelings of anxiety at the ANXMED_A screen AND they reported that they are NOT taking prescription medication for depression at the DEPMED_A screen. The Adult Mental Health Care questions will also be asked if the respondent answered “Don’t know” or “Refused” for both ANXMED_A and DEPMED_A. All questions refer to the past 12 months.

The Adult Mental Health Care questions refer to the past 12 months and ask about:

- The use of prescription medication to help with any other emotions or with concentration, behavior or mental health
- Receipt of counseling or therapy from a mental health professional
- Whether or not they are currently receiving counseling or therapy from a mental health professional
- DELAY of getting counseling or therapy from a mental health professional because of the cost
- Inability to obtain, needed counseling or therapy because of the cost

The Sample Child Mental Health Care questions are asked of Sample Children ages 2 to 17. The child questions are nearly identical to the adult questions listed above, with the exception that children are not asked if they are currently receiving counseling or therapy from a mental health professional.

Number of Questions

Number of questions in the **Sample Adult** section: 5

Number of questions in the **Sample Child** section: 4

Important Terms

Mental health professional is a health care practitioner who offers services for the purpose of improving an individual's mental health or to treat mental disorders. Types of mental health professionals include psychiatrists, psychologists, psychiatric nurses, or clinical social workers.

1.6 Demographics

Adult and Child Nativity (NAT)

Section Type: Core

Purpose and Description

The purpose of the questions about nativity is to determine the place of birth and citizenship status of the Sample Adult and Sample Child.

You will ask if Sample Adults and Sample Children ages 0 to 17 were born in the U.S. or a U.S. territory. If yes, you will collect the U.S. state or territory where the Sample Adult or Sample Child was born.

If the Sample Adult or Sample Child was not born in the U.S. or a U.S. territory, you will ask which year they came to the U.S. and if they are a U.S. Citizen. If they are a U.S. Citizen, you will ask if they were born abroad to an American parent, born abroad and adopted by an American parent, or became a U.S. citizen by naturalization. If the Sample Adult or Sample Child was born in American Samoa, you will be prompted to ask if they are a U.S. citizen, and the follow up questions mentioned above.

[Number of Questions](#)

Number of questions in both the **Sample Adult** and **Sample Child** sections: 5

Adult and Child Schooling (SCH)

Section Type: Core

[Purpose and Description](#)

The **Sample Adult** and **Sample Child** schooling questions ask about current enrollment in school by adults and whether adults or children ever missed school because of illness or injury. We also ask questions for children about whether they have ever received special education services or early intervention plans, and whether this was due to an emotional or behavioral problem.

The Sample Adult Schooling section starts by asking if the Sample Adult is currently enrolled in or attending school. Adults who are enrolled in, or attending school, will receive a follow up question which asks about how many days of school were missed because of illness, injury, or disability during the past 12 months.

The Sample Child Schooling section includes a question for Sample Children ages 5 and older and also asks about how many days of school were missed due to illness, injury, or disability. For the next question(s), all Sample Children ages 0 to 17 are asked about their use of special education or early intervention services.

[Number of Questions](#)

Number of questions in the **Sample Adult** section: 2

Number of questions in the **Sample Child** section: 4

[Important Terms](#)

Special Education is education designed to meet the needs of children with special needs and/or disabilities. Special Education involves special teaching programs paid for

by the public school system that may take place at a regular school, a special school, a private school, at home, or at a hospital.

Early Intervention Services are services designed for very young children and may include, but are not limited to medical and social services, parental counseling, and therapy that may be provided at the child's home, a medical center, a day care center, or other place. Generally, these services are provided by the State or school system at no cost to the parent.

1.7 Employment, Income, Food Security

Adult and Child Employment of Family Members (FEM)

Section Type: Core

Purpose and Description

The purpose of the questions about the employment of family members is to record the employment status of all adults in the Sample Adult and Sample Child's households. This is a family-level section and the questions will be asked about adults 18 years or older in the household who are in the family of the Sample Adult or Sample Child.

First, you will ask if each adult works for pay at a job or business. If the adult does work, you will ask if he or she usually work 35 hours or more per week in total at his or her job or jobs.

Instructions

Number of questions in both the **Sample Adult** and **Sample Child** sections: 3

If a respondent reports that someone in the household works at a family-owned job or business, but not for pay, we **do** consider that to be working.

If the Sample Adult and Sample Child have been reported as being in the same family in the Roster section of the interview, you will be prompted to ask the Employment of Family Members questions only once. Either in the Sample Adult module or in the Sample Child module, but not in both.

You will be prompted to ask the Employment of Family Members section in both the Sample Adult module and Sample Child module if:

- The Sample Adult and Sample Child have *not* been reported as being in the same family
- The Sample Adult and Sample Child have been reported as being in the same family, the Sample Adult module is asked first, all questions in the Sample Adult Employment of Family Members section were refused, and the Sample Adult respondent is a different person than the Sample Child respondent

- Or vice versa, the Sample Adult and Sample Child have been reported as being in the same family, the Sample Child module is asked first, all questions in the Sample Child Employment of Family Members section were refused, and the Sample Child respondent is a different person than the Sample Adult respondent

Adult and Child Family Income (INC)

Section Type: Core

Purpose and Description

The Adult Family Income and Child Family Income sections collect information on the type of income a family may have. These sections first ask about different types of income, so that when the respondent is asked about total family income, all types of income previously asked about are considered. This method helps the respondent make a better estimate of the total family income. Income is an important factor in the analysis and interpretation of the health information we collect. For example, the use of and access to medical care depends partly on the financial resources of the family. In addition, federal, state, and local health policies and programs are developed based on the data from our survey. So that these programs may be better planned, we need to know the types of income and total income for each family.

Types of income include:

- Wages, salaries, commissions, bonuses, tips, or self-employment
- Interest-bearing accounts or investments, dividends from stocks or mutual funds, net rental income, royalty income, or income from estates and trusts
- Social Security or Railroad Retirement
- Supplemental Security Income or Social Security Disability Income
- Public assistance or welfare payments
- Retirement, survivor, or disability pensions
- Other sources of income such as VA payments from the Veterans Benefits Administration, unemployment compensation, child support, or alimony

Instructions

Number of questions in both the **Sample Adult** and **Sample Child** sections: 20

If the respondent reports income from Supplemental Security Income or Social Security Disability Income, you may be prompted to ask some follow up questions to determine which of the two was received, whether it was received as a disability benefit, or who in the household received the benefit.

If the Sample Adult or Sample Child respondent refuses to provide the total family income amount or answers “Don’t know,” a series of follow-up questions that attempt to place the total family income into a broad income interval will be asked. Included,

but not asked of all, are questions that attempt to ascertain a family income in relation to the poverty threshold and 200% of the poverty threshold for that family size.

If necessary, assure respondents that neither NCHS nor the Census Bureau will disclose any of this information.

The Sample Adult and Sample Child Family Income sections are family-level sections, and will only need to be asked in the Sample Adult module or Sample Child module, but not both, if the Sample Adult and Sample Child are in the same family.

You will be prompted to ask the Family Income section in both the Sample Adult module and Sample Child module if:

- The Sample Adult and Sample Child have *not* been reported as being in the same family
- The Sample Adult and Sample Child have been reported as being in the same family, the Sample Adult module is asked first, all questions in the Sample Adult Family Income section were refused, and the Sample Adult respondent is a different person than the Sample Child respondent
- Or vice versa, the Sample Adult and Sample Child have been reported as being in the same family, the Sample Child module is asked first, all questions in the Sample Child Family Income section were refused, and the Sample Child respondent is a different person than the Sample Adult respondent

Adult and Child Food Related Programs (FOO)

Section Type: Core

Purpose and Description

The purpose of the questions about food related programs is to determine if anyone in the family receives food related government services. Questions on food related program participation provide information for policy makers who need to know which families are participating in them. For example, in order to better track health trends, participation in programs that provide nutrition (that is, food) is important because access to proper nutrition can directly affect health outcomes.

Both the Sample Adult and Sample Child Food Related Program sections ask if anyone in the family received food stamp benefits in the last 12 months, and if so, did they also receive these benefits in the last 30 days. In families with females ages 12 to 55 or children ages 0 to 5, you will ask if anyone in the family received the Women, Infants, and Children (WIC) program. If the family contains at least one child of age 5 to 17, we will ask if the child or any child in the family received free or reduced meals at school.

[Instructions](#)

Number of questions in both the **Sample Adult** and **Sample Child** sections: 4

The Sample Adult and Sample Child Food Related Programs sections are family-level sections, and will only need to be asked in the Sample Adult module or Sample Child module, but not both, if the Sample Adult and Sample Child are in the same family. If the Sample Adult and Sample Child have been reported as being in the same family in the Roster section of the interview, you will be prompted to ask the Food Related Programs questions only once. Either in the Sample Adult module or in the Sample Child module, but not in both.

You will be prompted to ask the Food Related Programs section in both the Sample Adult module and Sample Child module if:

- The Sample Adult and Sample Child have *not* been reported as being in the same family
- The Sample Adult and Sample Child have been reported as being in the same family, the Sample Adult module is asked first, all questions in the Sample Adult Food Related Programs section were refused, and the Sample Adult respondent is a different person than the Sample Child respondent
- Or vice versa, the Sample Adult and Sample Child have been reported as being in the same family, the Sample Child module is asked first, all questions in the Sample Child Food Related Programs section were refused, and the Sample Child respondent is a different person than the Sample Adult respondent

[Important Terms](#)

Supplement Nutrition Assistance Program (SNAP) or Food Stamp benefits are benefits that can be used to purchase food. SNAP benefits are utilized by recipients through EBT (Electronic Benefits Transfer) cards. The SNAP or Food Stamp program is a joint federal-state program which is administered by the state and local governments.

Women, Infants, and Children program (WIC) provides food and/or vouchers which can be exchanged for food. Pregnant women without children may also qualify for this program. Children are eligible for WIC benefits until their 5th birthday (although the parent/guardian receives the food/vouchers).

National School Lunch Program/School Breakfast Program provide cash assistance to states to operate breakfast and lunch programs in schools and residential childcare institutions. The programs provide low-cost or free breakfasts and lunches to low-income children in kindergarten through 12th grade.

Adult and Child Food Security (FDS)

Section Type: Supplement

Purpose and Description

The purpose of the questions about food security is to assess whether the family has been able to afford adequate food for all adults during the previous 30 days. These questions are sponsored by the U.S. Department of Agriculture, Economic Research Service.

Past research has found that food security, meaning consistent access to adequate food, is an essential foundation for good nutrition and health. Responses to these questions in the NHIS will be used to study the associations between food security and health and developmental problems in more detail and for a wider range of health and nutrition outcomes. Results will be used by policy officials in designing and evaluating programs that support the food security of low-income households.

The first three questions pose statements about worries over running out of food, food not lasting, and not eating balanced meals due to a lack of financial resources. The respondent is asked if each statement applied to his or her family in the last 30 days. Depending on responses to these initial questions, additional questions directed to adults in the family may be asked on the following topics:

- Cutting the size of meals, or skipping meals because there wasn't enough money for food
- Eating less because there wasn't enough money for food
- Hungry but not eating because there wasn't enough money for food
- Losing weight because there wasn't enough money for food
- Not eating for a whole day because there wasn't enough money for food

Instructions

Number of questions in both the **Sample Adult** and **Sample Child** sections: 11

The Sample Adult and Sample Child Food Security sections are family-level sections, and will only need to be asked in the Sample Adult module or Sample Child module, but not both, if the Sample Adult and Sample Child are in the same family.

If the Sample Adult and Sample Child have been reported as being in the same family in the Roster section of the interview, you will be prompted to ask the Food Security questions only once. Either in the Sample Adult module or in the Sample Child module, but not in both.

You will be prompted to ask the Food Security section in both the Sample Adult module and Sample Child module if:

- The Sample Adult and Sample Child have *not* been reported as being in the same family
- The Sample Adult and Sample Child have been reported as being in the same family, the Sample Adult module is asked first, all questions in the Sample Adult Food Security section were refused, and the Sample Adult respondent is a different person than the Sample Child respondent
- Or vice versa, the Sample Adult and Sample Child have been reported as being in the same family, the Sample Child module is asked first, all questions in the Sample Child Food Security section were refused, and the Sample Child respondent is a different person than the Sample Adult respondent

1.8 Housing

Adult and Child Housing (HOU)

Section Type: Core

Purpose and Description

The purpose of the questions about housing status is to determine the Sample Adult's or Sample Child's length of time in the residence, if the residence is owned or rented, and if being rented are they receiving assistance from the government to lower the cost of rent.

Instructions

Number of questions in both the **Sample Adult** and **Sample Child** sections: 3

You will notice, when asking about how long the Sample Adult/Child has lived at the sample address, an answer category may be in gray text. This means that the number of years living at the sample address is greater than the age of the Sample Adult. If the grayed answer category is selected, you will get an error message to go back to the question and correct the answer.

The Sample Adult and Sample Child Housing sections are family-level sections, and will only need to be asked in the Sample Adult module or Sample Child module, but not both, if the Sample Adult and Sample Child are in the same family.

If the Sample Adult and Sample Child have been reported as being in the same family in the Roster section of the interview, you will be prompted to ask most of the Housing questions only once. Either in the Sample Adult module or in the Sample Child module, but not in both. There is one exception, we will always ask how long the Sample Adult or Sample Child has lived at the sample address in each section.

You will be prompted to ask all of the Housing section in both the Sample Adult module and Sample Child module if:

- The Sample Adult and Sample Child have *not* been reported as being in the same family
- The Sample Adult and Sample Child have been reported as being in the same family, the Sample Adult module is asked first, all questions in the Sample Adult Housing section were refused, and the Sample Adult respondent is a different person than the Sample Child respondent
- Or vice versa, the Sample Adult and Sample Child have been reported as being in the same family, the Sample Child module is asked first, all questions in the Sample Child Housing section were refused, and the Sample Child respondent is a different person than the Sample Adult respondent.

Important Terms

Public housing is considered housing assistance from the government.

1.9 Contact Information and Linkage

Adult and Child's Full Name (REC)

Section Type: Core

Purpose and Description

The recontact section collects the Sample Adult' and Sample Child's full name. The data is needed to assist in contacting the family if a follow-up survey is conducted at a later time.

After you collect the Sample Child's full name, you will also collect the Sample Child Respondent's phone number in this section (the Sample Adult's phone number is collected in the Sample Adult TEL section).

Instructions

Number of questions in both the **Sample Adult** and **Sample Child** sections: 3

If the Sample Adult or Sample Child's name was provided in the roster section, the name fields will be prefilled and you will need to verify that the names are spelled correctly. If only the Sample Adult or Sample Child's first name was given at the beginning of the interview, you will be prompted to input their full names (first, middle, and last name). If the Sample Adult or Sample Child does not have a middle name, press "Enter" at LNKMNAME_A/LNKMNAME_C to skip to last name. If the Sample Adult or Sample Child respondent prefers not to provide their name, refused and don't know are allowed as acceptable answer responses.

If, when explaining the purpose of the Recontact questions, you are asked when the household will be recontacted, explain that NCHS periodically conducts other health surveys with a sample of persons or families who participate in the NHIS. If asked, say

that you do not know when this may take place. Do not, however, state that there will be no other contacts. You may need to recontact the household for additional information or the household may be reinterviewed. A respondent's refusal of these items will not disqualify the family from being selected for future surveys.

Adult and Child Telephone Use (TEL)

Section Type: Core

Purpose and Description

The purpose of the telephone use questions is to track over time the prevalence and demographic characteristics of families that have substituted wireless telephone service for their home landline telephones. The responses to these questions are important in assessing questions about the sample frame for telephone surveys and have been reported at many professional conferences. Health surveys conducted by telephone may not include wireless telephone numbers, or may not include enough wireless numbers to adequately represent the cell-only population. These cell phone questions will help researchers understand who is cell-only and whether their exclusion from telephone surveys will bias the results.

Instructions

Number of questions in the **Sample Adult** section: 4

Number of questions in the **Sample Child** section: 2

When asking the question about whether there is at least one phone inside the home that is currently working and is not a cell phone, include Magic Jack, VOIP, internet phones, etc. if a phone is connected to it and is currently working. If so, then the respondent should answer "Yes" to this question. We treat all of these just as we do landlines. Google Voice is a service that provides a single phone number that then rings one or more other telephone devices or it rings nothing but it collects voice mail messages that are then delivered to e-mail. We are interested in the devices, not the service. So, if Google Voice rings a working telephone inside the home that is not a cell phone, then the respondent should answer "Yes." If Google Voice only rings a cell phone and there is no other working telephone inside the home, then the respondent should answer "No." You may need to probe a bit in these situations.

In addition, the NCHS is considering several different random digit dialing (RDD) telephone surveys to augment the NHIS. To properly weight the RDD data, NCHS needs to know the number of NHIS sample units with a telephone, with access to a telephone, and with loss of telephone service for extended periods in the past 12 months. The telephone number given can be either landline or cell.

Two questions, TELCURWRK_A/_C and PHONELIVE_A/_C, are family-level questions. They will only need to be asked in the Sample Adult module or Sample Child module, but not both, if the Sample Adult and Sample Child are in the same family.

You will be prompted to ask the family-level Telephone Use questions in both the Sample Adult module and Sample Child module if:

- The Sample Adult and Sample Child have *not* been reported as being in the same family
- The Sample Adult and Sample Child have been reported as being in the same family, the Sample Adult module is asked first, TELCURWRK_A was don't know or refused, and the Sample Adult respondent is a different person than the Sample Child respondent.
- Or vice versa, the Sample Adult and Sample Child have been reported as being in the same family, the Sample Child module is asked first, TELCURWRK_C was don't know or refused, and the Sample Adult respondent is a different person than the Sample Child respondent.

Adult and Child Linkage (LNK)

Section Type: Core

Purpose and Description

The purpose of the questions about linkage is to collect information about the Sample Adult and Sample Child that will help us to match our survey data with certain statistical records maintained by other government agencies. This allows us to conduct additional research without asking further questions. The Linkage sections are the final sections in the Sample Adult and Sample Child modules.

NHIS data have been linked with health-related records of government agencies such as the Centers for Medicare and Medicaid Services and the Social Security Administration. NHIS data have also been linked with death certificate data stored in the National Death Index (NDI). The NDI is a database of death certificate information provided to NCHS by State offices.

All personal identifying information is removed from the linked data files. NCHS does not link to immigration records, IRS data, or private health insurance companies. Social security numbers enhance the ability to make a good match.

In these sections, you will ask for last four digits of the social security number for all Sample Adults and Sample Children. For Sample Adults who have been recorded as having Medicare insurance coverage, you will ask if they received a new Medicare number after April 1, 2018. You will also ask for the last four digits and any letter of their Medicare or health insurance claim number.

If the Sample Adult respondent refuses to provide the last four digits of the social security number, you will still attempt to ask for the Medicare number information. If this is also refused, you will ask if we may try to link our survey data without this information.

If the Sample Child respondent refuses to provide the last four digits of the social security number, you will ask if we may try to link the Sample Child's survey data without this information.

At the end of the Sample Child Linkage section, you will also collect the first and last names of the Sample Child respondent. This information is collected in case we need to get back in touch with the Sample Child respondent.

Instructions

Number of questions in the **Sample Adult** section: 8

Number of questions in the **Sample Child** section: 6

It is required by the sponsor of the survey that the entire text of the linkage and Social Security questions be read. If you are asked for the legal authority for permission to collect information such as the last four digits of a Social Security Number, cite the title and section of the United States Code as printed on the screen.

If the number given has more than four digits, record only the last four digits. Do not record alphabetic prefixes or suffixes. Enter "N" if the person does not have a Social Security number.

Be sure to utilize the help screens in this section for some examples of possible research studies using NHIS data together with other health-related records or the NDI.

Section 2. Questions Asked Only of the Sample Adult

2.1 Chronic Conditions

Adult Hypertension (HYP)

Section Type: Core

Purpose and Description

The purpose of the Hypertension section is to collect information on Sample Adults that have hypertension/high blood pressure. You will ask if the Sample Adult has ever been told by a doctor or other health professional that they had hypertension, and if so, if

they were told on two or more different visits they had hypertension, if they had hypertension in the past 12 months, and if they are now taking medication prescribed by a doctor for high blood pressure.

[Instructions](#)

Number of questions in this section: 5

When asking about hypertension, remember to only include reports of hypertension/high blood pressure that were diagnosed by a doctor or other health care professional. Do not include home blood pressure testing or testing by a machine in the mall or other commercial establishment. For these questions, if the respondent is taking medication to control his/her high blood pressure or high cholesterol, answer “Yes.”

[Important Terms](#)

Hypertension, also called high blood pressure, is elevated blood pressure resulting from an increase in the amount of blood pumped by the heart or from increased resistance to the flow of blood through the small arterial blood vessels (arterioles).

Adult Cholesterol (CHL)

Section Type: Core

[Purpose and Description](#)

The purpose of the questions about Cholesterol is to address the CDC ABCs of Heart Disease and Stroke Prevention initiative to focus on cholesterol control (the “C” in ABCs). These questions are sponsored by the National Center for Health Statistics. These questions ask if the Sample Adult has ever been diagnosed with high cholesterol, had high cholesterol in the past 12 months, and is taking medication to lower their high cholesterol.

[Instructions](#)

Number of questions in this section: 3

If the respondent is taking medication to control his/her high cholesterol, answer “Yes” to the questions.

Adult Cardiovascular Conditions (CVC)

Section Type: Core

[Purpose and Description](#)

The purpose of the questions about cardiovascular conditions is to address the CDC ABCs of Heart Disease and Stroke Prevention initiative. These questions are sponsored

by the National Center for Health Statistics. The questions asked in the CVC section refer to the Sample Adult's entire life by asking if the Sample Adult EVER had Coronary heart disease, Angina, a heart attack, or a stroke.

[Number of Questions](#)

Number of questions in this section: 4

[Important Terms](#)

Coronary heart disease, also known as coronary artery disease, is a disease in which a waxy substance called plaque builds up inside the coronary arteries. The buildup of plaque occurs over many years.

Angina/angina pectoris is chest pain or discomfort that occurs if an area of your heart muscle doesn't get enough oxygen-rich blood.

Heart attack/myocardial infarction happens when the flow of oxygen-rich blood to a section of heart muscle suddenly becomes blocked and the heart cannot get oxygen.

A **Stroke** is a cerebral hemorrhage or embolism of the cerebral blood vessels.

Adult Aspirin (ASP)

Section Type: Rotating Core

[Purpose and Description](#)

One of the primary goals of the CDC ABCs of heart disease and stroke prevention initiative is to increase low dose aspirin therapy according to recognized prevention guidelines. To address the CDC ABCS initiative, beginning in 2012 and continuing for 2019, four questions on aspirin use have been embedded in the Sample Adult module to focus on appropriate aspirin therapy (the "A" in ABCs). These questions are sponsored by the National Center for Health Statistics. The questions in the ASP section ask about aspirin use and are for Sample Adults 40 years of age or older.

[Instructions](#)

Number of questions in this section: 4

If a respondent offers that he or she has taken or been advised to take aspirin every other day or "regularly," count this as "every day" for the purpose of answering these questions.

[Important Terms](#)

Low-dose aspirin is commonly defined as the dose of 75 to 325 mg taken daily to prevent cardiovascular disease.

Adult Cancer (CAN)

Section Type: Core

Purpose and Description

The cancer section is sponsored by the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP, CDC) and the National Cancer Institute (NCI, NIH). The purpose of these questions is to determine if the Sample Adult has ever had cancer and if so what kind(s) of cancer. These questions are a part of the annual core and will be asked every year. For many cancers, adopting protective behaviors and undergoing regular cancer screening examinations and tests are the best tools we have for reducing the burden of cancer through prevention and early detection. In 2019, there will be a follow up of additional questions in regards to preventive screenings. We cover some practices that are known to reduce mortality from cancer, and some for which evidence of effectiveness is not available. See the [Preventive Screening Supplement \(PRV\)](#) for more details. The cancer and preventive screening questions measure the Healthy People 2020 objectives.

Instructions

Number of questions in this section: 8

Some of the questions in the Cancer section are dependent upon the answers to the first question in this section. You may notice specifically, that if the Sample Adult indicates he or she has cancer, this triggers a series of questions about kinds of cancer and the age when cancer was first diagnosed. You may enter up to 3 types of cancer and the age when each kind was first diagnosed.

Important Terms

Cancer is a term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissue and can spread through the bloodstream and lymphatic system to other parts of the body.

Malignancy is a term for diseases in which abnormal cells divide without control and can invade nearby tissues. Malignant cells can also spread to other parts of the body through the blood and lymph systems.

Melanoma is the most deadly form of skin cancer. It can be caused by too much exposure to ultraviolet (UV) rays from sun or sources such as indoor tanning.

Lymphoma is a general term for a group of cancers that originate in the lymph system (the tissues and organs that produce, store, and carry white blood cells that fight infections and other diseases).

Leukemia is a cancer of the bone marrow (the soft, sponge-like tissue in the center of most bones that makes blood cells) and blood.

Adult Other Chronic Conditions (CON)

Section Type: Core

Purpose and Description

The purpose of the questions about other chronic conditions is to record any other chronic conditions the Sample Adult ever had in his/her entire life including: chronic obstructive pulmonary disease (COPD), arthritis, dementia, anxiety disorder, or depression.

Beginning for 2012, and continuing for 2019, the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP, CDC) is sponsoring a question on chronic obstructive pulmonary disease (COPD). This question is a part of the annual core for the Sample Adult interview. In prior years, the NHIS collected data on chronic bronchitis and emphysema (items from which a measure of COPD can be developed), but did not address COPD directly. This question aims to capture the prevalence of COPD among the adult population.

The CON section focuses on if the Sample Adult has EVER been told by a doctor or other health professional that he/she had a specific condition.

Instructions

Number of questions in this section: 5

If the Sample Adult has ever been told by a doctor or health professional that he/she had some form of arthritis (ARTHEV_A=1) then some additional questions, in the Arthritis (ART) section, will be asked later on in the interview. Arthritis/rheumatism includes osteoarthritis and degenerative joint disease.

Important Terms

Chronic Obstructive Pulmonary Disease, or **COPD**, refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema, chronic bronchitis, and in some cases asthma.

Emphysema is an abnormal enlargement or distension of the air sacs of the lungs, causing difficulty in breathing. Usually chronic and progressive, the condition is associated with heredity, smoking, and long-standing respiratory ailments such as chronic bronchitis.

Chronic bronchitis is a lung condition that develops over time in which the bronchi (large air passages that lead to the lungs) become inflamed and scarred. This causes the bronchi to make large amounts of mucus and can lead to a chronic cough and breathing problems. The most common cause of chronic bronchitis is cigarette smoking.

Arthritis is an inflammation of one or more joints of the body, usually producing pain, redness, and stiffness.

Rheumatoid arthritis (RA) is an autoimmune and inflammatory disease, which means that your immune system attacks healthy cells in your body by mistake, causing inflammation (painful swelling) in the affected parts of the body. RA mainly attacks the joints, usually many joints at once.

Gout is a form of arthritis that causes painful and stiff joints. It is caused by a buildup of crystals made of a substance called uric acid in your joints and kidneys. It usually affects one joint at a time (often the big toe joint).

Lupus is a chronic, autoimmune disease in which the immune system attacks healthy cells and tissues by mistake and that can potentially damage many parts of the body.

Fibromyalgia is a condition that causes pain all over the body (also referred to as widespread pain), sleep problems, fatigue, and often emotional and mental distress.

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—and behavioral abilities to such an extent that it interferes with a person's daily life and activities.

Alzheimer's disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks.

Anxiety disorders differ from normal feelings of nervousness or anxiousness, and involve excessive fear or anxiety.

Types of depression include persistent depressive disorder, postpartum depression, psychotic depression, seasonal affective disorder, and bipolar disorder. Depression (major depressive disorder or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working.

2.2 Height and Weight

Adult Current pregnant, height, weight (BMI)

Section Type: Core

Purpose and Description

The purpose of the questions about current pregnant, height, weight is to record the Sample Adult's current height and weight and if the Sample Adult is female record their pregnancy status.

Instructions

Number of questions in this section: 7

If the Sample Adult is currently pregnant (PREGNOW_A=1) then some additional questions, in the Immunization (IMS) section, will be asked later on in the interview. Questions about height and weight give you the option of entering the information in metric measurements by entering "M." If the Sample Adult's height is less than 2 feet, you should enter "2" at that question. If the Sample Adult's height is greater than 7 feet, you should enter "7" at that question. If the Sample Adult's height is only in feet, enter "0" at HEIGHTIN_A. If the height is given in centimeters, enter "0" at HEIGHTM_A and enter the measure in centimeters at HEIGHTCM_A. If the Sample Adult's weight is less than 50 pounds, enter 50 at WEIGHTLB_A. If the Sample Adult's weight is greater than 500 pounds, enter 500 at WEIGHTLB_A. If the Sample Adult's weight is less than 23 kilograms, enter 23 at WEIGHTKG_A. If the Sample Adult's weight is more than 226 kilograms, enter 226 at WEIGHTKG_A.

2.3 Limitations, Difficulties, Disability

Adult Social Functioning (SOC)

Section Type: Core

Purpose and Description

The purpose of the questions about social functioning is to determine how much difficulty the Sample Adult may have doing certain activities because of a physical, mental, or emotional condition, such as doing errands and participating in social activities.

Instructions

Number of questions in this section: 3

When asking about limitations in the kind or amount of work the Sample Adult can do because of a physical, mental, or emotional problem include paid work, volunteer work, school work, and homework.

2.4 Health Insurance Coverage and Utilization

Adult Opioid Use (OPD)

Section Type: Supplement

Purpose

The purpose of the questions about opioid use is to monitor the opioid epidemic. Of particular interest to the larger research community are reliable national estimates of legal, prescription opioid use. With input from members of the National Pain Strategy Task Force and experts on opioids, questions have been added to capture prescription opioid pain reliever use in the past 12 months and in the past 3 months (if used in the past 12 months). In addition, questions on reasons for use (to treat acute and/or chronic medical conditions) and frequency of use in the past 3 months have also been added. The questions appear after items on prescription medication use more generally and prior to questions on preventive screenings.

Examples of research questions that can be answered with these items include:

- What percentage of U.S. adults are taking prescription opioids?
- Does the percentage of U.S. adults taking prescription opioids vary by age? By race or ethnicity? By sex?
- Over time, is the percentage of U.S. adults taking prescription opioid pain relievers increasing or decreasing?
- What percentage of adults taking prescription opioid pain relievers are doing so to treat acute and/or chronic health conditions? What are the most common acute and chronic health conditions associated with prescription opioid use?
- What percentage of U.S. adults who report chronic pain or high-impact chronic pain are taking prescription opioid pain relievers?

In the Opioid section, you will ask if the Sample Adult has taken any opioid pain relievers prescribed by a doctor, dentist, or other health professional in the past 12 months and if so, has he or she also taken any in the past 3 months. For those that have taken prescription opioids in the past three months, you will ask if it is to treat short-term or acute pain and/or longer-term chronic pain. For those taking prescription opioids to treat long-term chronic pain, you will ask how often he or she takes the prescription opioid – some days, most days, or every day.

Instructions

Number of questions in this section: 5

There is an alphabetized list of prescription opioid names provided on a help screen associated with the first question in the Opioid section, OPD12M_A, where you are asking if the Sample Adult has taken prescription opioid in the past 12 months. Use function key F1 to access this help screen if you need to verify a certain drug name is an opioid or if the respondent is unsure about his or her medication.

Important Terms

Pain relievers are medicines that reduce or relieve headaches, sore muscles, arthritis, or other aches and pains.

Opioids/prescription pain relievers (like hydrocodone, oxycodone, and morphine) are one of the many options for treating severe acute pain. While these medications can reduce pain during short-term use, they come with serious risks including addiction and death from overdose when taken for longer periods of time or at high doses.

Adult Preventive Screening (PRV)

Section Type: Rotating Core with Supplement

Purpose and Description

The purpose of the questions about preventive screening is to determine the practices and knowledge of the public with regard to cancer screening practices, such as Pap tests, mammography, PSA testing and colorectal screening, which are known to reduce mortality from cancer. Many of the questions measure Healthy People 2020 objectives. For many cancers, adopting protective behaviors and undergoing regular cancer screening examinations and tests are the best tools we have for reducing the burden of cancer through prevention and early detection.

This information allows for monitoring changes in screening exam practices in comparison with earlier NHIS surveys. It also allows for comparisons among subgroups of the population and to examine factors that may influence cancer screening exam practices. Together, this information will be useful in developing public health and health services programs to increase the use of regular and effective screening. This section includes questions for men about the test for Prostate Specific Antigen (PSA). This test is mainly used to monitor changes in PSA levels over time in a given patient. At present, there is not a consensus that PSA screening can help reduce mortality due to prostate cancer, and there is concern about potential harm from treating people unnecessarily as a result of PSA screening, so we are just monitoring its use, including the reasons for having this test done.

The PRV section also includes questions about the human papillomavirus (HPV). It is a member of a family of viruses that can cause abnormal tissue growth (for example, genital warts) and other changes to cells. Infection with certain types of HPV increases the risk of developing cervical cancer. These questions are designed to capture information on knowledge about the virus and to monitor usage of the HPV test in combination with Pap tests for cervical cancer screening.

The preventative screening section is considered rotating core, meaning it will come on and off the survey over the years. For 2019, the PRV section also includes some embedded supplemental questions. The supplemental questions are asked of the Sample Adult on topics such as:

- The main reason he or she had a colonoscopy
- If he or she paid for none, part, or all of the most recent colonoscopy
- If he or she has ever had a Cologuard test and if so, was a FIT test part of it and when was it
- For those that have not had any recent preventative screenings, has a doctor ever recommended testing to look for problems in the colon or rectum

Instructions

Number of questions in this section: 43

For any of the questions that ask, “*What is the MAIN reason you had this exam?*” if the respondent had a problem, but was not sure which reason to pick, then record the first one he or she gives, as his or her initial thought is probably the best option. The main purpose of this question is to distinguish between a regularly scheduled exam, such as an annual checkup exam, and an exam she has scheduled specifically because of a problem, whether new or already known.

For the question that asks, “*Have you had a hysterectomy?*” if the respondent responds that she has had a partial hysterectomy, then mark “Yes.” A partial hysterectomy counts as a hysterectomy.

Important Terms

Colonoscopy is an exam in which a doctor inserts a tube into the rectum to look for polyps or cancer. For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone drive you home.

Sigmoidoscopy is an exam in which a doctor inserts a tube into the rectum to look for polyps or cancer. For a Sigmoidoscopy, the doctor checks only part of the colon and you are fully awake.

CT/virtual colonoscopy is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.

Cologuard test is a new type of stool test to check for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool.

The Cologuard test is shipped to your home in a box that includes a container for your stool sample.

Fecal Immunochemical/fecal occult blood/FIT test is a type of test to check for colon cancer which tests to determine whether you have blood in your stool or bowel movement. These tests can be done at home using a kit.

Prostate-Specific Antigen (PSA) test is a blood test to detect prostate cancer.

Human Papillomavirus (HPV) is a type of virus that can cause abnormal tissue growth (for example, warts) and other changes to cells. Infection for a long time with certain types of human papillomavirus can cause cervical cancer.

PAP smear/PAP test is a procedure in which cells are removed from the cervix to check for cervical cancer or cell changes that may lead to cervical cancer. A Pap smear may also help find other conditions, such as infections or inflammation.

A Mammogram is an X-ray picture of the breast that doctors use to look for early signs of breast cancer. A **breast exam** is a physical exam of the breast performed by a health care provider to check for lumps or other changes.

2.5 Mental Health

Adult Patient Health Questionnaire Depression Scale (PHQ)

Section Type: Rotating Core

Purpose and Description

The Patient Health Questionnaire scale (PHQ-8) is a diagnostic tool used to identify Sample Adults whom experience symptoms of depression. These questions are also used by health care professionals as a quick and easy questionnaire for patients to complete to identify mental health disorders. In the PHQ-8 Depression section you will ask how often the Sample Adult has been bothered by the following problems over the last 2 weeks:

- Little interest in doing things
- Feeling down
- Trouble with sleeping
- Feeling tired
- Poor appetite
- Feeling bad about yourself
- Trouble concentrating
- Moving or speaking slowly or the opposite, being fidgety

For each problem there are four possible answers: not at all, several days, more than half of the days, or nearly every day.

[Number of Questions](#)

Number of questions in this section: 9

Adult General Anxiety Disorder Scale (GAD)

Section Type: Rotating Core

[Purpose and Description](#)

The General Anxiety Disorder scale (GAD-7) is a diagnostic tool used to identify Sample Adults whom experience symptoms of anxiety. In the GAD-7 Anxiety section you will ask how often the Sample Adult has been bothered by the following problems over the last 2 weeks:

- Feeling nervous
- Can't stop worrying
- Worrying too much about things
- Trouble relaxing
- Can't sit still
- Becoming easily annoyed
- Feeling afraid

For each problem there are four possible answers: not at all, several days, more than half of the days, or nearly every day.

[Number of Questions](#)

Number of questions in this section: 7

2.6 Pain

Adult Chronic Pain (PAI)

Section Type: Core

[Purpose and Description](#)

The purpose of the questions about chronic pain is to be able to study the prevalence of chronic pain and the characteristics of those that suffer from it. Chronic pain was previously considered as just the symptom or consequence of underlying health conditions. However Chronic Pain is now considered a health condition in its own right. There is much more attention to the topic nationally, and this attention is in many ways linked to the response to the opioid epidemic. There is, for example, now a National Pain Strategy, and reduction in chronic pain has become a Healthy People Objective.

In the Chronic Pain section, you will ask whether or not a person has had pain in the past 3 months, and how much pain they experienced. For those who have had chronic pain there are questions on:

- How this pain limited life or work activities in the past three months
- Whether their OWN pain affected others (for example their family)
- What methods the respondent has employed to manage their pain

Instructions

Number of questions in this section: 21

If a respondent asks whether they are to answer about their pain when taking their medications, say *“Please answer based on your usual use of medication.”*

For the purpose of this section, pain refers to physical pain and not mental or emotional pain.

With the series of questions about types of pain you have been bothered by over the past three months (e.g., back pain, jaw pain, etc.), if the respondent answers “Yes”, remember to probe to determine which answer category their yes should fit into: a little, a lot, or somewhere in between. If the respondent answers “No”, you do not have to probe and can select “Not at all.”

Important Terms

Spinal manipulation, sometimes called “spinal manipulative therapy,” is practiced by health care professionals such as chiropractors, osteopathic physicians, naturopathic physicians, physical therapists, and some medical doctors. Practitioners perform spinal manipulation by using their hands or a device to apply a controlled force to a joint of the spine. The goal of the treatment is to relieve pain and improve physical functioning.

Chiropractic care is a form of health care that focuses on the relationship between the body’s structure, primarily of the spine, and function. Doctors of chiropractic, who are also called chiropractors or chiropractic physicians, use a type of hands-on therapy called manipulation (or adjustment) as their core clinical procedure.

Cognitive-behavioral therapy (CBT) is one of the most common and best studied forms of psychotherapy that aims to improve mental health. It focuses on challenging and changing unhelpful cognitive distortions and behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems.

Used for healing or health maintenance, **Guided Imagery** involves a series of relaxation techniques followed by the visualization of detailed images, usually calm and peaceful in nature. If used for treatment, the individual will visualize their body free of the specific

problem or condition. Sessions are typically 20 to 30 minutes in length, and may be practiced several times a week.

Meditation refers to a group of techniques, most of which started in Eastern religious or spiritual traditions. In meditation, a person learns to focus his attention and suspend the stream of thoughts that normally occupy the mind. This practice is believed to result in a state of greater physical relaxation, mental calmness, and psychological balance. Practicing meditation can change how a person relates to the flow of emotions and thoughts in the mind.

Tai Chi is a mind-body practice that originated in China as a martial art. A person doing tai chi moves his body slowly and gently, while breathing deeply and meditating (tai chi is sometimes called "moving meditation"). Many practitioners believe that tai chi helps the flow throughout the body of a proposed vital energy called "qi." A person practicing tai chi moves her body in a slow, relaxed, and graceful series of movements. One can practice on one's own or in a group. The movements make up what are called forms (or routines).

Yoga combines breathing exercises, physical postures, and meditation to calm the nervous system and balance body, mind, and spirit. Usually performed in classes, sessions are conducted once a week or more and roughly last 45 minutes.

Adult Arthritis (ART)

Section Type: Supplement

Purpose and Description

The purpose of the questions about arthritis is to ask more detailed questions of those Sample Adults who reported ever having arthritis or a related condition.

You will ask about having any symptoms of pain, aching, or stiffness around a joint during the past 30 days and if he or she has had those symptoms, ranking his or her pain on a scale of 1 to 10. You will also ask if the respondent is limited in any way in his or her usual activities because of arthritis or joint symptoms and if arthritis affects ability, amount or type of work he or she can do. Finally, you will ask if a doctor or other health professional ever suggested losing weight or physical activity or exercise to help with arthritis.

Instructions

Number of questions in this section: 6

This section is about pain, aching, or stiffness in or around joints. Back or neck pain should not be included in answers here.

[Important Terms](#)

See arthritis, rheumatoid arthritis, gout, lupus, fibromyalgia in [Other Chronic Conditions](#)

2.7 Tobacco Usage

Adult Cigarettes and E-Cigarettes (CIG)

Section Type: Core

[Purpose and Description](#)

The purpose of the questions about cigarettes and e-cigarettes is to record information about the Sample Adult's general health behavior or habits. This information helps researchers measure how a person's cigarette habits affect his or her overall health. You will ask if the Sample Adult ever smoked 100 cigarettes in his or her entire life and, if so, does he or she now smoke every day, some days or not at all. You will ask current smokers how many cigarettes they now smoke a day, the number of days smoked in the past month, and the number of cigarettes smoked on those days smoked in the past month. Finally, you will ask if the Sample Adult ever used an e-cigarette and, if so, if they now use them every day, some days, or not at all.

[Instructions](#)

Number of questions in this section: 8

Some questions in this section ask about smoking behavior over the course of the Sample Adult's entire life, some ask about the past 30 days, and some ask about now. Be sure the respondent understands the reference periods that are being asked about.

[Important Terms](#)

Electronic cigarettes (e-cigarettes) and other **electronic vaping products** include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. E-cigarettes and similar products can be bought as one-time, disposable products, as reusable kits with a cartridge, or with refillable chambers. These usually contain a liquid, often called an "e-liquid" or "e-juice." Popular brands include NJOY, BLU, LOGIC, and VUSE.

Adult Other Tobacco (OTB)

Section Type: Supplement

[Purpose and Description](#)

The purpose of the questions about other tobacco products is similar to the purpose of the Cigarettes and E-cigarettes (CIG) section above in that collecting information of the

Sample Adult's other tobacco habits helps researchers measure how a person's tobacco habits affect his or her overall health.

You will ask the Sample Adult if he or she has ever smoked a cigar, and if so, if he or she now smoke cigars. If the Sample Adult now smoke cigars, you will ask how many days in the past 30 days he or she has smoked. You will also ask if the Sample Adult has ever smoked a pipe and, if so, if he or she now smoke a pipe. Finally, you will ask if the Sample Adult has ever used smokeless tobacco, and if so, if he or she now uses smokeless tobacco.

[Instructions](#)

Number of questions in this section: 7

As with the Cigarettes and E-Cigarettes section, in the Other Tobacco section some questions in this section ask about other tobacco behavior over the course of the Sample Adult's entire life, some ask about the past 30 days, and some ask about now. Be sure the respondent understands the reference periods that are being asked about.

[Important Terms](#)

Cigarillos are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer.

Hookah is a type of water pipe. It is sometimes called a "narghile" (NAR-ge-lee) pipe.

Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.

Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), or dissolvable tobacco.

2.8 Demographics

Adult Marital Status (MAR)

Section Type: Core

[Purpose and Description](#)

The purpose of the questions about marital status is to collect a marital status for the Sample Adult. NHIS estimates relating to health characteristics may differ considerably depending on demographic characteristics, such as marital status. This information is useful to health care providers in developing more specialized care, early detection, prevention, and intervention procedures for some conditions.

In the Marital Status section, you will ask if the Sample Adult is married, living with a partner together as an unmarried couple, or neither. If the Sample Adult is married, there will be follow-up questions to identify if his or her spouse lives in the household, and if so, identify which person on the roster is his or her spouse. If his or her spouse does not live in the household, you will ask if this is due to a legal separation. If the Sample Adult is living with a partner, there will be a follow-up question to identify the person on the roster, if any, as the partner. For both spouses and partners on the roster, there are questions to confirm their gender.

For those Sample Adults that do not identify as married at the beginning of the section, you will ask if he or she has ever been married. And, if he or she has been married before, you will go on to determine if he or she is now widowed, divorced or separated.

Instructions

Number of questions in this section: 13

The Marital Status section is a family-level section in that the instrument is set up to also collect marital status of all-parents in the family in the Sample Child module via the Child Parent Demographics section (PAR). If the Sample Adult answers questions about his or her marital status in the Child Parent Demographics section first, the Marital Status section will be skipped and no marital status questions would be asked of him or her in the Sample Adult module. Similarly, if the Sample Adult's marital status is determined in the Adult Marital Status section first, and he or she is a parent of the Sample Child, the instrument will not ask for the Sample Adult's marital status in Child Parent Demographic.

It is appropriate to probe in this section when the respondent may have already shared certain information with you. For example, if you ask MARITAL_A, *“Are you now married, living with a partner together as an unmarried couple, or neither?”*, and the respondent answers *“I’m married to Henry”*, it is appropriate for you to probe at SPOUSWHO_A by saying something like *“And you said Henry is your spouse, correct?”* instead of reading the question as worded *“Which person is your spouse?”*

Important Terms

Cohabitation is a living arrangement in which an unmarried couple lives together in a long-term relationship that resembles a marriage.

Legal separation is a court order that mandates the rights and duties of a couple while they are still married, but living apart.

Adult Sexual Orientation (ORN)

Section Type: Core

Purpose and Description

By collecting sexual orientation data on the NHIS, researchers, policy makers, health providers and advocates will be able to identify and address health disparities affecting the LGB community. There are tremendous gaps in information about the health status and health care utilization of Lesbian, Gay, and Bisexual (LGB) persons. Over two dozen Healthy People 2020 objectives on eliminating disparities have no data for this population. These gaps exist because most general health studies do not include questions on sexual orientation and those studies that do are usually targeted to a specific health-related issue or population subgroup. The NHIS first began collecting sexual orientation in 2013.

In the Sexual Orientation (ORN) section you will read an introductory screen to the Sample Adult followed by the sexual orientation question.

Instructions

Number of questions in this section: 2

Some respondents may find the sexual orientation question sensitive. Because of this, it is important that you read this question with the same tone and intonation you would read any other question. Since there are no longer flashcards in 2019, it is important to read the question as worded. Note that “*I don’t know the answer*” is answer category 5 on this screen and you cannot use Ctrl + D here.

The NHIS sexual orientation question asks about only one component of sexual orientation: sexual identity. Sexual attraction, sexual behavior, and sexual identity all make up sexual orientation. The NHIS sexual orientation question does not measure sexual attraction or sexual behavior.

Important Terms

Gay refers to a sexual orientation that describes a person who is emotionally or sexually attracted to people of their own gender; commonly used to describe men.

Lesbian refers to a woman who is emotionally or sexually attracted to other women.

Bisexual refers to a person who is emotionally or sexually attracted to more than one sex or gender.

Sexual attraction refers to a sexual interest in another person based on a combination of factors including a person’s looks, movement, voice, smell, etc. that are appealing to

the person attracted. Sexual attraction can also be defined as having sexual feelings towards someone.

Sexual behavior refers to how people behave sexually. That is whether they have sexual partners of the same sex or not. Sexual behavior does not necessarily form a basis for a person's sexual orientation or sexual attraction.

Sexual identity is how individuals think of themselves. This does not necessarily match their sexual behavior or attraction and may change over time. Sexual orientation can be derived from any of the aspects already mentioned above.

Adult Veteran Status (VET)

Section Type: Core

Purpose and Description

The purpose of the questions about veteran status is to collect information on if the Sample Adult was ever active duty military and the nature of his or her service (Reserves, National Guard, and service abroad). The well-being of military personnel and their families is a topic of growing concern in public health. Military veterans in the U.S. are acknowledged to have a range of both unique and complex health care needs. Our NHIS data has shown that veterans overall, and specifically veterans ages 45 to 54, are more likely to report poor health compared to non-veterans the same age. Many veterans also have health care options (such as TRICARE and VA health services) not available to their civilian counterparts with no history of military duty.

In addition to questions on military service, the Veteran Status section also has questions on if the Sample Adult has a VA service-connected disability rating and if he or she has received any care at a Veteran's Health Administration facility in the past 12 months. You may also ask Veterans if they have ever enrolled in or used VA health care (if not previously reported in the survey's health insurance section). Veterans who have access to the VA are different in terms of disability, income and other factors. It is important to capture this information as it can be used by researchers to investigate how to improve health care access for veterans, and also investigate whether there are disparities in care and health for veterans.

Number of Questions

Number of questions in this section: 6

Important Terms

A **Veteran** is someone who has served in the past on active duty in the armed forces.

Active duty in the Armed Forces means full-time, current active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard. Included in "active duty" is the 6-month period a person may serve in connection with the provisions of the Reserve Forces Act of 1955 and cadets appointed to one of the military academies such as West Point, the Naval Academy, and the like.

Persons in the **Reserves or National Guard** are not full-time active duty military personnel, although they can be deployed at any time should the need arise. Each branch of the military has a reserve component. The purpose of the **Reserve** is to provide and maintain trained units and qualified persons to be available for active duty in the armed forces when needed, such as in times of war, national emergency, or threats to national security. The **National Guard** consists of the Army National Guard and the Air Force's Air National Guard. National Guard members are given Veteran status if they have served for 30 consecutive days in a war zone.

Disability compensation is a monetary benefit paid to Veterans who are determined by VA to be disabled by an injury or illness that was incurred or aggravated during active military service. These disabilities are considered to be service connected. **A service-connected disability rating** is a rating used to determine compensation payments and access to certain other benefits. The VA takes each individual injury or illness into consideration and gives it a numerical disability rating from 0 to 100 percent.

VA (Department of Veterans Affairs) provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

Veterans Health Administration facilities include VA hospitals, VA medical centers, VA outpatient clinics, and VA nursing homes.

2.9 Employment

Adult Employment (EMP)

Section Type: Core

[Purpose and Description](#)

The purpose of the questions about employment is to gather detailed employment status for the Sample Adult, such as if he or she was working last week, the hours he or she worked, and if paid sick leave and health insurance are offered. This information, when combined with the health data obtained in other parts of this survey, will provide statistics on the characteristics of people with and without health problems. These data will also enable analysts to compare the health status and use of health services among those with different employment, access to healthcare through work, paid sick leave, etc.

[Instructions](#)

Number of questions in this section: 9

If having to ask EMPRSNOWK_A, “*What is the MAIN reason you were not working for pay at a job or business last week?*” it is important that you listen carefully to the response the Sample Adult gives and select the appropriate answer category from the screen. If the respondent’s answer doesn’t clearly fit into one of the provided answer categories, probe to determine the best fit.

Do not include paid maternity or paternity leave when reporting how many days of work you missed because of illness, injury or disability in the past 12 months.

Section 3. Questions Asked Only of the Sample Child

3.1 Limitations, Difficulties, Disability

Child Developmental and Learning Disabilities (DLD)

Section Type: Core

[Purpose and Description](#)

The purpose of the questions about developmental and learning disabilities is to determine if the Sample Child currently has, or has ever had, Attention-Deficit/Hyperactivity Disorder, an intellectual disability, Autism, any other developmental delay, or a learning disability.

Questions in this section will be asked in pairs. First, you will ask if a doctor or other health professional has ever said that the Sample Child has the listed disability. If the answer is yes, you will then ask if the Sample Child currently has the disability.

Sample Children ages 2 to 17 will be asked about Attention-Deficit/Hyperactivity Disorder, Autism, and learning disabilities. All Sample Children, ages 0 to 17, will be asked about intellectual disabilities and other developmental delays.

[Number of Questions](#)

Number of questions in this section: 10

3.2 Mental Health

Child Behavior (BEH)

Section Type: Core

[Purpose and Description](#)

The purpose of the questions about behavior is to determine whether, compared to children of a similar age, Sample Children have difficulty playing and controlling

emotions. We also ask to what degree children have difficulty concentrating on activities, making friends, and accepting changes to their routine. Along with the Strengths and Difficulties questionnaire (SDQ), these items give information about a child's behavior, emotions, and activities.

The Behavior section is asked of Sample Children ages 2 to 17. There are two different sets of questions that you will ask depending on the child's age.

Two questions are asked of Sample Children ages 2 to 4. First, you will ask if compared with children the same age, the Sample Child has difficulty playing. Then, you will ask how much does the Sample Child kick, bite, or hit other children or adults.

Four questions are asked of Sample Children 5 to 17. The questions ask how much difficulty the Sample Child has with any of the following:

- Controlling his/her behavior
- Concentrating on an activity that he/she enjoys doing
- Accepting changes in his/her routine
- Making friends

Number of Questions

Number of questions in this section: 6

3.3 Child Well-Being

Child Baby Pediatric Symptom Checklist (BSC)

Section Type: Core

Purpose and Description

The Baby Pediatric Symptom Checklist is a 13-item screening questionnaire designed to collect information on the early social and emotional development of young children, aged 0 to 2. The questions were designed to help us better capture the link between a child's early development and their physical and mental health. These questions are also part of the larger Survey of Wellbeing of Young Children, a screening instrument designed for use in pediatric care settings.

All of the questions ask about the Sample Child's behavior, and ask the respondent to answer to what degree each statement applies to the child. For each statement there are three possible answers: not at all, somewhat, or very much.

Number of Questions

Number of questions in this section: 13

3.4 Mental Health Care

Child Mental Health Questionnaire (SDQ)

Section Type: Rotating Core

Purpose and Description

The Child Mental Health Strengths and Difficulties Questionnaire (SDQ) is a 34-item questionnaire asked of Sample Children ages 4 to 17 years old. The questionnaire is designed to monitor emotional and behavioral problems and the impact these problems have on children's lives.

The first 25 questions in the SDQ ask the respondent if each attribute is not true, somewhat true, or certainly true for the Sample Child during the past six months. These 25 items are divided between five scales: emotional symptoms (5 items), conduct problems (5 items), hyperactivity/inattention (5 items), peer relationship problems (5 items), and prosocial behavior (5 items).

Following this series of questions, the first of the eight impact questions ask whether the respondent thinks the Sample Child has difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people. If so, additional questions are asked about these difficulties including length of time, distress, social impairment, and burden to others.

Instructions

Number of questions in this section: 34

Please note that parents or other respondents knowledgeable about the Sample Child's health are to answer these questions based on a 6 MONTH time period.

Respondents are to respond to the questions about the child's behavior in general.

Some of the items include more than one behavior, such as "*has many worries or often seems worried.*" For those questions, emphasize the "**or.**" Be sure the respondent understands that the question should be answered positively if the child does any part of the question.

If the respondent indicates that the child is taking medication, he or she should answer the questions as best as possible describing the child's behavior when the child is not on the medication. However, do not ask if the child is on medication. Only if the respondent states that the child takes medication and they do not know how to respond to the question, inform the respondent to answer as best as they can, describing the child when the child is not on the medication.

Child Mental Health Stressful Life Events (SLE)

Section Type: Rotating Core

Purpose and Description

The purpose of the questions about stressful life events screening for children is to help us better understand the link between stressful events experienced in childhood and adverse health outcomes that emerge later in life. For example, research has found links between stressful life events, such as observing violence in the neighborhood or substance abuse by a family member, and heart disease, high blood pressure, and depression. The more we learn about these links and the characteristics of children most at risk for stressful life events, the better doctors and other health professionals will become in screening for and the reducing the health impacts of these events. Please read the questions exactly the same, with the same pace and intonation, as any other question in the interview.

After an introductory screen, four questions are asked about events that may have happened during the Sample Child's life. The first question asks if the Sample Child has ever been the victim of or witnessed violence in his/her neighborhood. The next questions ask if the child has ever lived with the following:

- A parent or guardian who served time in jail or prison after the Sample Child was born
- Anyone who was mentally ill or severely depressed
- Anyone who had a problem with alcohol or drugs

Number of Questions

Number of questions in this section: 5

3.5 Demographics

Child Parent Demographics (PAR)

Section Type: Core

Purpose and Description

The purpose of the questions about the parent's demographics is to determine the exact relationships of non-foster parents to the Sample Child, the marital and cohabitation statuses of all parents of the Sample Child, and the nativity of all parents of the Sample Child.

Questions in the PAR section can be asked of a maximum of four parents of the Sample Child. These parents have been identified in the Roster section, or in the Sample Child Verification Section.

You will ask for the specific relationship to the Sample Child for each parent who has not been identified as a foster parent. The relationship categories for this question are biological parent, adoptive parent, step parent, or other parent.

You will ask questions about marital status and cohabitation for all parents of the Sample Child, including foster parents. If one of the parents is also the Sample Adult, you may have already collected his or her marital and cohabitation status in the Sample Adult Marital Status section. If one of the parents is married to the Sample Adult, or living with the Sample Adult as a partner or unmarried couple, you may also have already determined this information in the Sample Adult Marital Status section. In these situations, you will generally not be prompted to ask marital and cohabitation status questions that have already been answered in the Sample Adult Section.

The exception being, if all of the following conditions are met:

- The Sample Adult is a parent of the Sample Child
- The Sample Adult respondent is NOT the same person as the Sample Child respondent
- The Sample Adult respondent has answered don't know or refused to all of the questions in the Sample Adult Marital Status section

In the above situations, you will have the chance to ask the new respondent for the Sample Adult's marital and cohabitation status.

If a parent of the Sample Child has been identified as the unmarried partner of the Sample Adult in the Sample Adult Marital Status section, the instrument will retain this information and you will not ask for that parent's marital status. Instead, you will skip directly to the related follow up questions for partners/unmarried couples.

After you have identified the marital status of the Sample Child's parent, you will ask follow up questions depending on whether the parent is married, living with a partner together as an unmarried couple, or neither.

Married parents may be asked about some of these topics:

- If their spouse lives in the household
- Who their spouse is on the household roster
- To verify their own sex and their spouse's sex, previously collected in the Roster or Sample Adult Verification sections
- To correct either sex if necessary
- If they are legally separated

Parents living with a partner maybe be asked about some of these topics:

- Who their partner is on the household roster
- To verify their own sex and their partner's sex, previously collected in the Roster or Sample Adult Verification sections
- To correct either sex if necessary
- If they have ever been married
- If they are widowed, divorced, or separated
- Current legal marital status

Parents who are neither married or living with a partner may be asked about some of these topics:

- If they have ever been married
- If they are widowed, divorced, or separated
- Current legal marital status

Lastly, the Parent Demographics section asks whether each parent of the Sample Child was born in the U.S. or in a U.S. territory. If the Sample Adult is a parent of the Sample Child and has already answered this question in the Sample Adult Nativity section, you will not be prompted to ask him or her again in this section.

[Instructions](#)

Number of questions in this section: 18

As you ask about each parent, you may find that they are married to or partners with other parents in the household. The instrument will be able to take this information and record it for those parents and you will not need to ask about them directly. As an example, if Dad reports the he is married to Mom, the instrument will remember that Mom is married and will not prompt you to ask for her marital status.

[Important Terms](#)

See [Sample Adult Marital Status](#)

PART E. CONTACT HISTORY INSTRUMENT

Section 1. Introduction to the Contact History Instrument (CHI)

1.1 Introduction

This chapter provides information on the Contact History Instrument (CHI), pronounced “KI,” and its different modules used by Field Representatives to manage survey assignments in the field. These modules are: Household-level CHI (simply referred to as “CHI”) and Person-level CHI (pCHI). Each of these modules is discussed later in this manual.

The CHI was developed to capture details of **all** contact attempts made on a household. This means each time an **attempt** to make contact **or** contact is **made** with a household, information is entered into the CHI.

1.2 Benefits of CHI

There are many benefits to utilizing CHI, including:

- CHI is a tool you can use to help track and manage your caseload easily.
- CHI provides a record of the best times to make contact so you can use your time efficiently.
- CHI shows all of the hard work that you put into each case since it records every contact attempt you make.
- CHI records follow a case, so that if a case is reassigned, the new FR has a history of contact attempts and outcomes.
- CHI is fast! It only takes a few seconds to record an entry.

1.3 Key Points to Remember

There are several key points to keep in mind when using the CHI. They are:

- A CHI entry is made for **every** individual contact attempt, whether you speak with a neighbor or call a respondent and no one answers.
- Each CHI entry is for **one** contact attempt. Do not record information for all contact attempts into one CHI record.
- CHI is not just for Type As. You should record contact attempts for **all** outcomes including Type As, Bs, Cs, and successful interviews too.

1.4 Case Management Contact History Tab

This tab is located in the case management details pane. Clicking on this tab will show all contact attempt information for the case you have highlighted in your case list. The columns displayed in the Contact History tab are:

- FR code
- Contact Date - Lists the date of the contact attempt.
- P/T - Lists “P” for Personal Visit or “T” for Telephone Attempt

- Status - Lists “C” for Completed case, “P” for Partial interview, “U” for Unable to conduct interview, or “N” for Noncontact.
- Description - Lists entries made at the noncontact and noninterview screens.
- Strategy - Lists strategies used for **THAT** contact attempt.
- Reluctance - Lists any concerns or reluctance expressed by the respondent for that contact attempt. If contact was not made, this column will display an “N/A.”

1.5 Asterisk (*)

You may see a small asterisk (*) next to some of the columns. Clicking on the snowflake will bring up a box that displays **all** entries made for that column.

1.6 Launching CHI

There are two ways to initiate, or launch, the CHI. CHI automatically launches after you exit a case, **or** you can launch the CHI from Case Management using the F12 function key while highlighting a specific case.

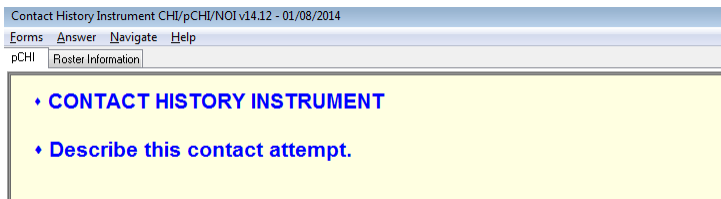
Section 2. Introduction to Household-Level CHI

2.1 Household-Level CHI Questions

As noted earlier, the household-level CHI questions make up one of the two components of the CHI. Household-level questions record contact attempt information not associated with a specific person within the household. The household-level CHI will come up as long as there is no household roster.

2.2 Describe This Contact Attempt

The first household-level screen you will come to is the CTATEMPT screen. This screen allows you to capture whether you are making a contact attempt or not. If it is a contact attempt, it additionally enables you to record whether the attempt is via personal visit or telephone (outgoing or incoming).



<input type="radio"/> 1. Personal visit <input type="radio"/> 2. Telephone (outgoing) <input type="radio"/> 3. Telephone (incoming) <input type="radio"/> 4. Not attempting contact	
Continue CHI / Exit	
Immediate Attempt	
Date	
Time	

2.3 Time of Contact

Answering Precodes '1', '2' or '3' at the CTATEMPT screen will bring you to the TIMEOFCT screen where you will be asked whether you are entering CHI at the time of a contact attempt. If you answer "No" here, you will be asked to enter the date and time of the contact attempt.

2.4 Not Attempting Contact

If you are **not** making a contact attempt (precode '4' at CTATEMPT), the NOATTEMPT screen allows you to select the action you were taking when you entered CHI without attempting contact.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014	
Forms Answer Navigate Help	
pCHI	Roster Information
<p>♦ NOT ATTEMPTING CONTACT</p> <p>♦ What were you doing?</p> <p>♦ Enter all that apply, separate with commas.</p>	
<input type="checkbox"/> 1. Reviewing or changing case information <input type="checkbox"/> 2. Ready case for transmission <input type="checkbox"/> 3. Doing ACS geocode verification <input type="checkbox"/> 4. Locating activities (canvassing, management or government office, FastData, ALMI, etc.) <input type="checkbox"/> 5. Verification of Type B/C <input type="checkbox"/> 6. Opened case / CHI by mistake <input type="checkbox"/> 99. Other - specify	
Not Attempting Contact	
Other Activities	

Notice that the NOATTEMPT screen includes seven possible pre-coded answers with the last precode (Other – specify) numbered '99'. All "Other - specify" pre-codes have been standardized throughout the CHI instrument to be coded as '99' responses.

Precode – '2' would include marking a case as "Ready to Transmit."

Precode – ‘4’ includes activities such as calling or visiting a permit office, management company, post office, or other government office that contains public records. These actions include visits or calls to verify sample unit location and use of databases such as TransUnion to obtain phone numbers or other contact information.

Precode – ‘5’ would apply in instances when you are specifically trying to contact someone other than a sample unit member, for example calling a rental office to confirm a unit is vacant.

However, if you make a visit to a sample unit, trying to contact a sample unit member, and wind up talking to a neighbor or someone else, you would record that as a contact attempt and contact with a non-sample unit member.

Precode – ‘99’ will send you to a screen where you can type in the “Other-specify” information.

Once this screen is completed, the CHI will close out and no further screens will appear.

2.5 Contact/Noncontact

If this contact attempt was your first personal visit, and you were able to observe the sample unit (or building in which the sample unit resides), you will complete the Neighborhood Observation Instrument (NOI) questions as described later in this manual.

After answering the NOI observation questions, you will select either “Contact with sample unit member,” “Contact with **non- sample** unit member,” or “Noncontact” at the CASECONTACT screen.

The household-level CASECONTACT screen captures the description of the contact or noncontact when a household roster **has not yet** been created. The CASECONTACT screen is below.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms [Answer](#) [Navigate](#) [Help](#)

pCHI [Roster Information](#)

♦ **CONTACT OR NONCONTACT**

♦ Select the category that best describes this attempt.

No Roster Present - Household CHI

1. Contact with sample unit member
 2. Contact with NON-SAMPLE unit member
 3. Noncontact

Contact or Noncontact

If you select “Contact with sample unit member,” you will receive a series of follow-up questions about the contact.

At the “Contact” screen, CTTYPE, you must enter the type of contact: Completed case – ready to transmit, Partial interview - follow-up required, or Unable to conduct interview.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms [Answer](#) [Navigate](#) [Help](#)

pCHI [Roster Information](#)

♦ **CONTACT**

♦ Select the category that best describes this contact attempt.

1. Completed case - ready to transmit
 2. Partial interview - follow-up required
 3. Unable to conduct interview

Contact

2.6 Describe Reason for Noninterview

If you select “Partial Interview – follow-up required” or “Unable to conduct interview,” the “Partial Interview or Unable to conduct interview” screen, NONINTER, is displayed, where you must select a description of why you were unable to conduct or unable to complete the interview during that contact attempt. See below for the NONINTER screen.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

• PARTIAL INTERVIEW OR UNABLE TO CONDUCT INTERVIEW

- Select the categories that describe why you were not able to conduct or complete the interview during this contact attempt.
- Enter all that apply, separate with commas.

1. Eligible person not available

2. Inconvenient time

3. Respondent is reluctant

4. Language problem - specify

5. Health problem

6. Successful paper questionnaire placement / pick-up

99. Other - specify

Partial/Unable to Conduct

2.7 Concerns, Behaviors, and Reluctance

If you select “Completed case – ready to transmit” at CTTYPER, or once you have completed the “Partial Interview or Unable to Conduct Interview” screen, the “Concern/Behavior/Reluctance” screen (RSPNDENT) is displayed where you can enter any concerns, behaviors, or reluctance the respondent may have expressed or demonstrated during THAT contact attempt.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

• CONCERN / BEHAVIOR / RELUCTANCE

- Select the categories that describe respondent concerns, behaviors, or reluctance during this contact attempt.
- Enter all that apply, separate with commas.

1. Not interested

2. Too busy

3. Interview takes too much time

4. Scheduling difficulties

5. Survey is voluntary

6. Privacy concerns

7. Local / State / Federal government concerns

8. Asks questions about the survey

9. Hang-up / slams door on FR

10. Hostile or threatens FR

11. Family issues (death, illness, block participation in survey)

12. Gave that information last time

13. Asked too many personal questions last time

14. Too many interviews

15. Intends to quit survey

98. No concerns

99. Other - specify

Concern/Behavior/Reluctance

2.8 Contact Strategies Attempted

Next, the “Contact Strategies Attempted” screen, STRATEGES, is displayed. There you can enter the categories that represent the strategies you used on THAT contact attempt. After completing the strategies screen, you will exit the CHI.

Contact History Instrument CHI/pCHI/NOI.v14.13 - 07/11/2016
Forms Answer Navigate Help
pCHI Roster Information

• **CONTACT STRATEGIES ATTEMPTED**

• Select the categories that describe the strategies used on [this](#) contact attempt.
• Enter all that apply, separate with commas.

<input type="checkbox"/> 1. Advance letter given	<input type="checkbox"/> 8. Checked with neighbors
<input type="checkbox"/> 2. Scheduled appointment	<input type="checkbox"/> 9. Contacted other family members
<input type="checkbox"/> 3. Left note / appointment card	<input type="checkbox"/> 10. Contacted property manager / doorman
<input type="checkbox"/> 4. Left promotional packet / informational brochure	<input type="checkbox"/> 11. Offered incentive
<input type="checkbox"/> 5. Called household	<input type="checkbox"/> 98. No Strategies
<input type="checkbox"/> 6. Left message on answering machine	<input type="checkbox"/> 99. Other - specify
<input type="checkbox"/> 7. Waited for respondent	

Strategies attempted

2.9 Contact with Non-Sample Unit Member or Noncontact

If you select “Contact with **non-sample** unit member” or “Noncontact,” at the CASECONTACT screen, you will receive a series of questions regarding this non-contact.

If you are attempting a personal visit, you will proceed to the NCTPER screen and select one of the options to describe the contact/noncontact situation.

Contact History Instrument CHI/pCHI/NOI.v14.12 - 01/08/2014
Forms Answer Navigate Help
pCHI Roster Information

• **CONTACT-NONCONTACT / PERSONAL VISIT**

• Select the categories that describe this personal visit contact/noncontact.
• Enter all that apply, separate with commas.

<input type="checkbox"/> 1. No one home / No eligible person home	<input type="checkbox"/> 7. On vacation, away from home / at second home
<input type="checkbox"/> 2. No one home -- previous note / letter taken	<input type="checkbox"/> 8. Spoke with neighbor
<input type="checkbox"/> 3. Household does not answer door -- evidence someone is home	<input type="checkbox"/> 9. Building management / doorman contact
<input type="checkbox"/> 4. Observed HH from vehicle	<input type="checkbox"/> 10. Completed case (Type B/C or Vacant interview)
<input type="checkbox"/> 5. Unable to reach / locked gate / buzzer entry	<input type="checkbox"/> 99. Other - specify
<input type="checkbox"/> 6. Address does not exist / unable to locate	

Noncontact Personal Visit

If you are attempting to contact by telephone, and contact is not made with a household member, select one of the options listed on the NCTTEL screen to describe the contact/noncontact situation.

The screenshot shows a web browser window with the title 'Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014'. The browser's address bar shows 'pCHI' and 'Roster Information'. The main content area has a yellow background and contains the following text:

- **CONTACT-NONCONTACT / TELEPHONE**
- Select the categories that describe this telephone contact/noncontact.
- Enter all that apply, separate with commas.

Below this text is a list of seven options, each with a checkbox:

- 1. Got answering machine
- 2. Ring, no answer
- 3. Busy signal
- 4. Disconnected
- 5. Wrong number
- 6. Spoke with ineligible person
- 7. Respondent left message
- 99. Other - specify

At the bottom of the form, there is a dropdown menu with the text 'Noncontact Telephone attempt' and an empty text input field to its right.

2.10 Exiting CHI

After describing the personal or telephone contact/non-contact at NCTPER or NCTTEL, the “Contact Strategies Attempted” screen, STRATEGS, is displayed, allowing you to select the strategies you used on THAT contact attempt. You will then exit the CHI.

Section 3. Introduction to Person-Level CHI

3.1 Introduction to the Person-Level CHI

In 2013, the person-level CHI, or pCHI, was implemented. The pCHI was developed to record contact history on individual respondents within a household for person-level surveys because:

- There may be varying degrees of availability and willingness to be interviewed among different members of the same sample household; and
- Different strategies may be used for each respondent.

Regional Office management uses reports generated from CHI and pCHI data to provide feedback on your contact attempts and make suggestions for future contacts. Headquarters

and the survey sponsors also analyze the CHI, including the pCHI data, in order to formulate better strategies for non-contact refusal cases

3.2 The pCHI and CHI Households without a Roster

When an NHIS household does not yet have a roster, you will be taken to the household-level CHI. pCHI will NOT appear as there are no eligible respondents established within the household.

3.3 The pCHI and Households with a Roster

When a roster exists for a household, CHI brings up the pCHI section of the instrument. This section of the CHI allows you to enter contact information for individual respondents within the sample household. The pCHI receives roster information from the survey instrument and cycles through each eligible person (The Sample Adult and Sample Child). After you complete a sample household member's NHIS interview, and have completed pCHI for that person, no further entries in pCHI are required for that household member during that interview period, even if you return to the household to complete the interview with other family members.

Section 4. The pCHI Questions

4.1 Description of Contact/Noncontact

At the beginning of the pCHI section, the CHI-Contact screen pCASECONTACT captures the description of the contact or noncontact when a household roster **has** been created. The pCASECONTACT screen (shown below) is the pCHI screen that shows the entire household roster. It shows six columns:

- LNO – person's line number
- STATUS – Person's interview status:
 - (C) denotes a completed interview – person has completed his/her NHIS pCHI interview during a previous contact.
 - (I) denotes an ineligible person/non-household member – persons who are no longer eligible household members or were not selected as the Sample Adult or Sample Child. Note that household members who are neither the Sample Adult nor the Sample Child will always appear grayed out on the roster for pCHI.
 - If neither (C) nor (I) is displayed, it means that this line number is eligible for pCHI: he/she is either the Sample Adult or the Sample Child and his/her respective pCHI questionnaire was not completed during a previous contact. Note that the Sample Child's line number will appear in blue, though it is the Sample Child respondent who actually completes the pCHI interview for the Sample Child questionnaire.
- NAME – person's name

- AGE – person’s age
- BIRTHDATE – person’s birth date
- SEX – person’s sex

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

♦ CHI - CONTACT

♦ Select the category that best describes this attempt.

LNO	STATUS	NAME	AGE	BIRTHDATE	SEX
1	(I)	Dejuan (line1) Loe	46	03/22/1965	M
2	(I)	Derrek (line2) Loe	31	02/20/1980	M
3		Larry (line3) Boe	32	05/30/1978	M
4		Thomas (line4) Loe	14	01/22/2000	M

End of Roster
(C)omplete or (I)nactive HH Member

1. Made contact with **one** or **more** eligible person(s)

2. Made contact with only non-eligible persons

3. Noncontact

pContact

Enter Precode '1', "Made contact with one or more eligible person(s)," if you made contact with the Sample Adult or the Sample Child respondent, whether you completed their interview or only spoke with them. Remember that the Sample Child respondent will appear ineligible, and you will record information about contact with them under the Sample Child's line number. The instrument then goes to the PCONTACTPER (Person Contact) screen.

Enter Precode '2', "Made contact with only non-eligible persons," if the only people you made contact with were ineligible persons on the roster or those whose interview is already complete. (e.g., you only spoke with the Sample Child respondent who already completed the Sample Child pCHI interview.)

Enter Precode '3', "Noncontact," if you were unable to make a contact.

For Precodes '2' and '3', at the "CHI – Contact screen," (pCASECONTACT), the instrument continues to the NCTPER screen for a personal visit contact. It continues to the NCTTEL screen for a telephone contact (incoming or outgoing). Both answers are considered noncontacts. The pCHI will take you to either the noncontact PERSONAL VISIT or noncontact TELEPHONE screen based on how the attempt was classified on the previous screen, CTATEMPT.

4.2 Personal Visit Noncontact

On the “Contact-Noncontact/Personal Visit” screen, NCTPER, you are asked to select all categories that describe why you were unable to make contact on this personal visit. Entering ‘99’ for “Other – specify” will then bring up a screen, NCTPEROT, where you can describe why you were unable to make contact.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms [Answer](#) [Navigate](#) [Help](#)

pCHI [Roster Information](#)

CONTACT-NONCONTACT / PERSONAL VISIT

- Select the categories that describe this personal visit contact/noncontact.
- Enter all that apply, separate with commas.

<input type="checkbox"/> 1. No one home / No eligible person home	<input type="checkbox"/> 7. On vacation, away from home / at second home
<input type="checkbox"/> 2. No one home -- previous note / letter taken	<input type="checkbox"/> 8. Spoke with neighbor
<input type="checkbox"/> 3. Household does not answer door -- evidence someone is home	<input type="checkbox"/> 9. Building management / doorman contact
<input type="checkbox"/> 4. Observed HH from vehicle	<input type="checkbox"/> 10. Completed case (Type B/C or Vacant interview)
<input type="checkbox"/> 5. Unable to reach / locked gate / buzzer entry	
<input type="checkbox"/> 6. Address does not exist / unable to locate	<input type="checkbox"/> 99. Other - specify

Noncontact Personal Visit

4.3 Telephone Noncontact

The “Contact-Noncontact/Telephone” screen, NCTTEL, is the screen you will see after pCASECONTACT if you have a Noncontact during a telephone attempt. Entering ‘99’ for “Other – specify” will then bring up a screen, NCTTELOT, where you can describe why you were unable to make contact.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms [Answer](#) [Navigate](#) [Help](#)

pCHI [Roster Information](#)

CONTACT-NONCONTACT / TELEPHONE

- Select the categories that describe this telephone contact/noncontact.
- Enter all that apply, separate with commas.

<input type="checkbox"/> 1. Got answering machine
<input type="checkbox"/> 2. Ring, no answer
<input type="checkbox"/> 3. Busy signal
<input type="checkbox"/> 4. Disconnected
<input type="checkbox"/> 5. Wrong number
<input type="checkbox"/> 6. Spoke with ineligible person
<input type="checkbox"/> 7. Respondent left message
<input type="checkbox"/> 99. Other - specify

Noncontact Telephone attempt

After describing the reason(s) for noncontact during either a personal visit or telephone attempt, you will proceed to the “Contact Strategies Attempted” screen.

4.4 Contact Strategies for Personal or Telephone Noncontacts

The “Contact Strategies Attempted” screen, STRATEGS, asks about contact strategies attempted for the respondent. It appears for all contact attempts. Please mark all of the strategies used on THIS contact attempt.

Contact History Instrument CHI/pCHI/NOI v14.13 - 07/11/2016

Forms Answer Navigate Help

pCHI Roster Information

• **CONTACT STRATEGIES ATTEMPTED**

• Select the categories that describe the strategies used on this contact attempt.

• Enter all that apply, separate with commas.

1. Advance letter given

2. Scheduled appointment

3. Left note / appointment card

4. Left promotional packet / informational brochure

5. Called household

6. Left message on answering machine

7. Waited for respondent

8. Checked with neighbors

9. Contacted other family members

10. Contacted property manager / doorman

11. Offered incentive

98. No Strategies

99. Other - specify

Strategies attempted

Notice Precode ‘11’, “Offered incentive.” This refers to monetary incentives that some surveys offer. Do not select this Precode for the NHIS. Currently, the NHIS does not offer any monetary incentives.

Precode ‘98’– “No Strategies” refers to THIS particular contact attempt, not all previous attempts. Mark this category if you did not use any specific strategy for this contact attempt.

When Precode ‘99’, “Other-specify” is selected, the instrument continues to STRATOTH. Otherwise, you will exit the pCHI instrument. For STRATOTH, enter the “other” strategy. This field allows 80 characters. After you complete this item, you exit pCHI.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms [Answer](#) [Navigate](#) [Help](#)

pCHI [Roster Information](#)

♦ **OTHER STRATEGY**

♦ Specify the strategy used on this contact attempt.

Other Strategy Attempt Category	
---------------------------------	--

4.5 Person Contact

The Person Contact screen PCONTACTPER appears if Precode '1', "Made contact with one or more eligible person(s)," was selected at pCASECONTACT.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Form: [Answer](#) [Navigate](#) [Help](#)

pCHI [Roster Information](#)

♦ **PERSON CONTACT**

♦ Did you make contact with Larry (line3) Boe or a knowledgeable proxy for Larry (line3) Boe ?
(C)omplete (I)nactive HH Member

1. Made contact with Larry (line3) Boe
 2. Made contact with proxy
 3. Noncontact

	Contact	Non-Contact	Other Non-Contact Attempt	Contact Attempt	Partial /Unable to Conduct	Language Issue	Language List	Specify Language /Dialect	Other Contact Category	Concern /Behavior /Reluctance	Other Reluctant Respondent	Strategy Attempt
(I) Dejuan (line1) Loe [1]												
(I) Derrek (line2) Loe [2]												
Larry (line3) Boe [3]	<input type="checkbox"/>			<input type="checkbox"/>								<input type="checkbox"/>
Thomas (line4) Loe [4]	<input type="checkbox"/>			<input type="checkbox"/>								<input type="checkbox"/>

Enter Precode '1', "Made contact with (NAME)," if you made contact with the named household member during this contact attempt.

Enter Precode '2', "Made contact with proxy" if you made contact with a knowledgeable proxy for the named household member. Contact with a knowledgeable proxy would apply to every Sample Child interview, as he/she cannot answer for him/herself. REMEMBER, the Sample

Adult must answer for him/herself. The only situation in which a proxy response is allowed for the Sample Adult is if he/she is physically or mentally unable to answer.

Enter Precode '3', "Noncontact," if you were unable to make contact with the named household member.

4.6 Person Noncontact

The "Noncontact" screen, pNOCONTACT, appears when Precode '3', "Noncontact" is marked at PCONTACTPER. Here you record the reasons why the identified person from the household roster was not contacted on this contact attempt. Precodes '1' through '5' take you to the "Contact Strategies Attempted" (pSTRATEGES) screen.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

- **NONCONTACT**
- Select the categories that describes this non-contact.
- Enter all that apply, separate with commas.

1. Person not home
 2. Person home but inconvenient time
 3. Person home but avoided contact
 4. Person on vacation or temporarily away
 5. Person moved
 99. Other - specify

	Contact	Non-Contact	Other Non-Contact Attempt	Contact Attempt	Partial /Unable to Conduct	Language Issue	Language List
(I) Dejuan (line1) Loe [1]							
(I) Derrek (line2) Loe [2]							
Larry (line3) Boe [3]	3	<input type="text"/>		<input type="checkbox"/>			
Thomas (line4) Loe [4]							

Precode '99' for "Other – specify" brings you to the screen, pNONCONOTH, where you can include details about the noncontact before proceeding to the pSTRATEGES screen.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

- **OTHER NON-CONTACT**
- Specify the details about this noncontact.

4.7 Person Contact Type

At the PCONTACTPER screen, if you selected that you made contact with an eligible household member or eligible proxy, then you will proceed to the “Contact Type” screen, pCTTYPE. This screen asks whether the contact resulted in a completed interview, partial interview, or no interview (unable to conduct interview).

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

• **CONTACT TYPE**

• Select the category that best describes this contact attempt.

1. Completed interview
 2. Partial interview
 3. Unable to conduct interview

	Contact	Non-Contact	Other Non-Contact Attempt	Contact Attempt	Partial /Unable to Conduct	Language Issue
(I) Dejuan (line1) Loe [1]						
(I) Derrek (line2) Loe [2]						
Larry (line3) Boe [3]				<input type="text" value="1"/>		
Thomas (line4) Loe [4]				<input type="text"/>		

Enter Precode ‘1’, “Completed interview,” at pCTTYPE for a fully completed interview for the respondent or proxy respondent. The instrument then goes to pRSPNDENT.

Enter Precode ‘2’, “Partial interview” for a partial interview for the respondent. A partial interview occurs when you start an interview with a respondent or a proxy respondent, but were unable to complete the interview. The instrument then goes to pNONINTER.

Enter Precode ‘3’, “Unable to conduct interview,” if no interview was conducted for that respondent or proxy respondent. With this selection, the instrument also proceeds to pNONINTER.

4.8 Concern/Behavior/Reluctance for Person Contact

pRSPNDENT is the “Concern/Behavior/Reluctance” screen (below) where you can record all of the respondent’s concerns, behaviors, or reluctance during THIS contact attempt. This is an ‘enter all that apply’ question. Even if this contact attempt results in a completed case, it will be helpful for future interview attempts with this case to know the household’s concerns, if

any. This screen will come up automatically every time contact is made, even if there has been no reluctance from the respondent.

Contact History Instrument CH/pCH/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCH | Roster Information

• CONCERN / BEHAVIOR / RELUCTANCE

- Select the categories that describe respondent concerns, behaviors, or reluctance during this contact attempt.
- Enter all that apply, separate with commas.

1. Not interested
 2. Too busy
 3. Interview takes too much time
 4. Scheduling difficulties
 5. Survey is voluntary
 6. Privacy concerns
 7. Local / State / Federal government concerns
 8. Asks questions about the survey
 9. Hang-up / slams door on FR
 10. Hostile or threatens FR
 11. Family issues (death, illness, block participation in survey)

12. Gave that information last time
 13. Asked too many personal questions last time
 14. Too many interviews
 15. Intends to quit survey
 98. No concerns
 99. Other - specify

	Contact	Non-Contact	Other Non-Contact Attempt	Contact Attempt	Partial /Unable to Conduct	Language Issue	Language List	Specify Language /Dialect	Other Contact Category	Concern /Behavior /Reluctance	Other Reluctant Respondent	Strategi Attempt
(I) Dejuan (line1) Loe [1]												
(I) Derrek (line2) Loe [2]												
Larry (line3) Boe [3]				1								
Thomas (line4) Loe [4]												

After making all selections, if you selected Precode '99', "Other - specify," the instrument continues with pRSPNDOTH. Otherwise, the instrument goes to pSTRATEGS.

pRSPNDOTH appears if Precode '99', "Other – specify," was marked in pRSPNDENT. Enter the "other" concern, reluctance or behavior. This screen allows 80 characters. The instrument then goes to pSTRATEGS.

Contact History Instrument CH/pCH/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCH | Roster Information

• OTHER CONCERNS/BEHAVIORS/RELUCTANCE

- Specify other concerns/behaviors/reluctance during this contact attempt.

	Contact	Non-Contact	Other Non-Contact Attempt	Contact Attempt	Partial /Unable to Conduct	Language Issue
(I) Dejuan (line1) Loe [1]						
(I) Derrek (line2) Loe [2]						
Larry (line3) Boe [3]				1		

4.9 Contact Strategies for Person Contact Attempts

The “Contact Strategies” screen, pSTRATEGES, asks about contact strategies attempted for the respondent. It appears for all contact attempts. Please mark all of the strategies used on THIS contact attempt. Note that Precode ‘11’ is not to be entered for the NHIS.

Contact History Instrument CHI/pCHI/NOI v14.13 - 07/11/2016

Forms Answer Navigate Help

pCHI Roster Information

• CONTACT STRATEGIES ATTEMPTED

- Select the categories that describe the strategies used on this contact attempt.
- Enter all that apply, separate with commas.

<input type="checkbox"/> 1. Advance letter given	<input type="checkbox"/> 11. Offered incentive
<input type="checkbox"/> 2. Scheduled appointment	<input type="checkbox"/> 98. No Strategies
<input type="checkbox"/> 3. Left note / appointment card	<input type="checkbox"/> 99. Other - specify
<input type="checkbox"/> 4. Left promotional packet / informational brochure	
<input type="checkbox"/> 5. Called household	
<input type="checkbox"/> 6. Left message on answering machine	
<input type="checkbox"/> 7. Waited for respondent	
<input type="checkbox"/> 8. Checked with neighbors	
<input type="checkbox"/> 9. Contacted other family members	
<input type="checkbox"/> 10. Contacted property manager / doorman	

	Contact	Non-Contact	Other Non-Contact Attempt	Contact Attempt	Partial /Unable to Conduct	Language Issue	Language List	Specify Language /Dialect	Other Contact Category	Concern /Behavior /Reluctance	Other Reluctant Respondent	Strategies Attempted
(I) Dejuan Loe	[1]											
Derrek Loe	[2] 1			1						2		

When Precode ‘99’, “Other-specify,” is selected, the instrument continues with pSTRATOTH. Otherwise, it goes to PCONTACTPER for the next eligible respondent. When you are finished entering the contact information for each eligible respondent, you exit pCHI.

4.10 Reasons for Partial Interview or No Interview for Person Contacts

At the pCTTYPE screen, if you had entered Precode ‘2’, “Partial interview,” or Precode ‘3’, “Unable to conduct interview,” then you will be asked to describe why you were unable to complete the interview with an eligible respondent or proxy respondent during THIS contact attempt.

pNONINTER

pNONINTER asks about the reasons for the noninterview for the Sample Adult or Sample Child respondent.

Notice Precode ‘5’, “Potential Type-Z.” This category does not apply to the NHIS instrument.

If you select Precode ‘1’, “Inconvenient time,” Precode ‘2’, “Respondent is reluctant,” and/or Precode ‘4’, “Health problem,” the instrument goes to pRSPNDENT.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

- **PARTIAL INTERVIEW OR UNABLE TO CONDUCT INTERVIEW**
- Select the categories that describe why you were not able to conduct or complete the interview during this contact attempt.
- Enter all that apply, separate with commas.

1. Inconvenient time

2. Respondent is reluctant

3. Language problem - specify

4. Health problem

5. Potential Type-Z

99. Other - specify

If you select Precode '3', "Language problem – specify," the instrument goes to pLANGUAGE.

Finally, if you select Precode '99', "Other – specify," the instrument goes to pCTOTHER.

pCTOTHER

pCTOTHER appears when Precode '99', "Other – specify," is selected at pNONINTER. Enter the "other" reason describing why you were not able to conduct or complete the interview at this time in the space provided. As with similar "Other– specify" screens in the CHI, this field allows for up to 80 characters. The instrument then goes to pRSPNDENT.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

- **OTHER Contact Category**
- Specify the reason for not completing the interview during this contact attempt.

pLANGUAGE

The "Language" screen, pLANGUAGE appears if Precode '3', "Language problem – specify," is selected at pNONINTER.

Mark the appropriate Precodes that describe the language situation that led to the noninterview during this contact attempt. Marking Precode '1', "Specify language or dialect," takes you to pLangLIST. All other responses go to pRSPNDENT.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

♦ **LANGUAGE**

♦ Select the categories that describe this language situation.
♦ Enter all that apply, separate with commas.

1. Specify language or dialect.
 2. No household member able to translate
 3. Contact RO about language problem
 4. Unable to find translator
 5. No time left to find translator

pLangLIST

Entering Precode '1' – “Specify language or dialect,” at pLANGUAGE brings you to pLangLIST where you can enter a specific language or dialect that the household member provides.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

♦ **LANGUAGE LIST**

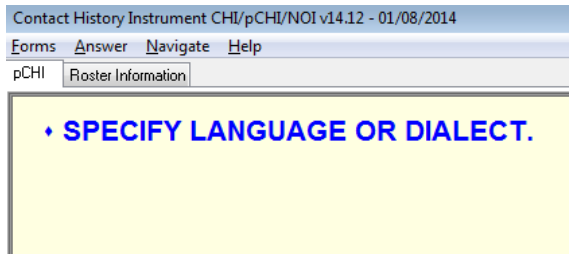
♦ Specify language or dialect.

<input type="radio"/> 11. Spanish	<input type="radio"/> 22. Russian
<input type="radio"/> 12. Arabic	<input type="radio"/> 23. Tagalog
<input type="radio"/> 13. Chinese	<input type="radio"/> 24. Urdu
<input type="radio"/> 14. French	<input type="radio"/> 25. Vietnamese
<input type="radio"/> 15. German	
<input type="radio"/> 16. Greek	<input type="radio"/> 97. Other problem - hard of hearing
<input type="radio"/> 17. Italian	<input type="radio"/> 98. Unknown language
<input type="radio"/> 18. Japanese	<input type="radio"/> 99. Other - Specify
<input type="radio"/> 19. Korean	
<input type="radio"/> 20. Polish	
<input type="radio"/> 21. Portuguese	

pSPECLANG

Selecting any of the Precodes on this screen except '99' will bring you to the “Concern/Behavior/Reluctance” screen, pRSPNDENT.

pSPECLANG appears when Precode '99', “Other – Specify,” is marked in pLangLIST. Specify the language or dialect. This item allows 80 characters. The instrument then goes to pRSPNDENT.



Section 5. Introduction to the Neighborhood Observation Instrument (NOI)

5.1 Introduction to NOI

The NOI questions consist of a set of observation questions that can only be completed during a personal visit attempt when you can observe the sample unit (or building in which the sample unit resides). Among the types of observations you are being asked to make are:

- whether there is graffiti on buildings, sidewalks, walls, or signs in the block face of the sample unit/building
- what is the physical condition of the sample unit/building (exterior)
- window bars or grating on the doors or windows of the sample unit/building
- whether there is evidence of smokers at the sample unit
- what is the age composition of the sample unit

5.2 Why Include Observation Questions

Past research has shown that many of the CHI observations you currently record are related to whether a sample unit is contacted or participates, but are NOT related to key survey outcomes.

NOI was developed to explore measures that help to identify, reduce, and adjust for possible “nonresponse bias” in health estimates in the NHIS. Nonresponse bias occurs when survey nonrespondents “look” different from survey respondents for a specific variable of interest. As a result, as response rates decline, the risk of nonresponse bias in survey estimates increases.

To effectively identify, reduce, and adjust for nonresponse bias, observations MUST be:

1. recorded for both responding AND nonresponding sample units,
2. related to survey nonresponse (or vice versa, survey response), and
3. related to key survey outcomes.

Let’s take an example. One of the observation questions you will complete asks you to estimate the age composition of the sample unit: all occupants under the age of 30, all occupants over

the age of 65, or other age composition. We know that age is a strong predictor of many health outcomes, especially diagnosed health conditions. Research has also shown age to be a predictor of survey participation. If sample units with all occupants over the age of 65 are responding at a higher rate than sample units of other age compositions, our estimates of diagnosed health conditions may be too high (since older persons report more conditions).

Because CHI is completed for all cases, regardless of whether an interview is conducted, the age observations you record will be available on all sample units, not just participating sample units. This allows NCHS to use that information to adjust the final estimates to more accurately represent the prevalence of diagnosed health conditions in the larger population.

In addition, we can use this information during data collection to guide interviewing effort. Using the same example, if sample units with all members under the age of 30 are responding at lower rates than sample units of other age compositions, we can place more emphasis on the under 30 units in an attempt to increase their response.

5.3 How Often to Complete Observation Questions

It is important to remember that you will complete these observation questions only once for each case. That is, once you have recorded the observations the questions will not appear again, even if you are able to make better observations at a later personal visit attempt.

To ensure that the data are comparable across cases, it is important that we get your initial observations for all sample units on the first personal visit attempt that you can observe the sample unit (or building in which the sample unit resides). In other words, in order to use information from responding cases to help better understand the characteristics of nonresponding cases, this observational data must be collected in a similar fashion for all cases. Plus, this information may be used daily to guide field work, so timeliness of collection is critical.

It is important that you make the **best assessment** possible with the information available.

5.4 NOI Instrument Questions

You will automatically begin in CHI before going down the path of the NOI. Recall that for the NOI to launch, you must be making your first personal visit attempt where you can observe the sample unit (or building in which the sample unit resides).

CTATEMPT

You will begin at the CHI “Contact Attempt” screen, CTATEMPT (see below). At the “Contact Attempt” screen, you will specify whether you made a personal visit, made an outgoing phone call, received an incoming phone call, or were not attempting to make a contact.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

• **CONTACT HISTORY INSTRUMENT**

• Describe this contact attempt.

1. Personal visit
 2. Telephone (outgoing)
 3. Telephone (incoming)
 4. Not attempting contact

Continue CHI / Exit

Immediate Attempt

Date

Time

Here, you will enter Precode '1' for "Personal visit". The instrument will then continue to the TIMEOFCT screen.

TIMEOFCT

The "Time of Contact" screen, TIMEOFCT, asks if you are entering the CHI at the exact time that the contact attempt was made. You may also enter your time of contact information at a later time. This provides you flexibility to enter the contact attempt information when it is convenient for you.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

• **TIME OF CONTACT**

• Are you entering the Contact History Instrument at the time of a contact attempt?

1. Yes
 2. No

Continue CHI / Exit 1 **Personal**

Immediate Attempt

Date

Time

Entering Precode '1' for "Yes" at the TIMEOFCT screen will bring up the first NOI question, OBSERVE. Entering Precode '2' for "No" at the TIMEOFCT screen will take you to the FR_DATE and FR_TIME screens where you will be asked to enter the date and time of day that the contact attempt was made. Afterwards, you will proceed to the OBSERVE screen.

OBSERVE

The instrument stops following the CHI path at the "Interviewer Observation Observe" screen, OBSERVE (see below). Depending on the response that you select, the instrument will either proceed to pCHI or follow another path for a different instrument – the Neighborhood Observation Instrument or NOI.

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• **INTERVIEWER OBSERVATION OBSERVE**

• On this contact attempt, were you able to observe the sample unit or building within which the sample unit resides?

1. Yes
 2. No

OBSERVE

At the "Interviewer Observation Observe" screen, you are asked whether you observed the sample unit or building within which the sample unit resides. If you enter Precode '1' for "Yes", you will be directed down the NOI path to the next screen, GRAFFITI. If you enter Precode '2' for "No," you will be directed to the pCHI path.

GRAFFITI

The "Interviewer Observation Graffiti" screen, GRAFFITI, asks about the presence of graffiti on buildings, sidewalks, walls, or signs in the block face of the sample unit/building.

First, what do we mean by the sample unit OR the building within which the sample unit resides? Here we are making a distinction between a sample unit that we might call a single occupancy dwelling unit (a single residential structure that stands alone) and a multi-unit structure where the sample unit resides in a building that houses other units.

The graffiti question is the only question that requires you to observe the block face. What is a block face? The block face is both sides of a street along one side of the block (the side in which the sample unit is located).

The block face can be much more difficult to determine in rural areas. If the boundaries of a block face are not obvious, do the following:

- Face the sample unit/building
- Look left and then right
- Turn 180 degrees, look left and then right
- Notice whether you observed graffiti or painted-over graffiti

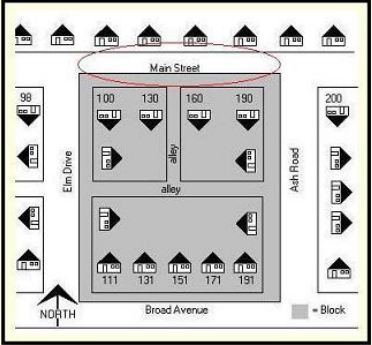
What do we mean by graffiti? Examples would be spray-painted (or sometimes chalk) drawings or writing inscribed on rocks, walls, sidewalks, fences, etc. Do NOT include community murals or commissioned artwork on the side of buildings or walls.

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♦ INTERVIEWER OBSERVATION GRAFFITI

♦ Did you observe graffiti or painted-over graffiti on buildings, sidewalks, walls, or signs in the block face of the sample unit or building within which the sample unit resides?

♦ A block face is both sides of the street along one side of the block (the side in which the sample unit is located as indicated in the illustration).



1. Yes
 2. No

GRAFFITI

After making your selection, the instrument will then go to ADDR_COND. From this question on, all precodes will proceed to the following question in the NOI.

ADDR_COND

The "Interviewer Observation ADDR_COND" screen (ADDR_ADD) asks you to describe the condition of the sample unit or building in which the sample unit resides. Use your best judgment. For the most part, the categories should be self-explanatory.

Consider the following when assessing the overall physical condition of the house or building:

- Roof problems, such as a sagging roof, shingles or other roof material missing, etc.
- Problems with windows. Windows are boarded up or broken. Window screens are missing.
- Other problems to consider are cracked or sloping outside walls, broken plaster or peeling paint, problems with gutters.

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♦ **INTERVIEWER OBSERVATION ADDR_COND**

♦ How would you describe the condition of the sample unit or building within which the sample unit resides?

1. Very poor

2. Poor

3. Fair

4. Good

5. Excellent

ADDR_COND

ACCESS

On the “Interviewer Observation Access” screen, ACCESS, you are asked about barriers to access. Keep in mind a key phrase here: “may prevent.” If there are security buzzers or doormen, but you are still able to gain access to the sample unit, answer “Yes” to this question. Guard dogs and doormen should also be considered potential barriers to access.

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• INTERVIEWER OBSERVATION ACCESS

• Based on your observation, does the sample unit or building within which the sample unit resides have:

...a security buzzer, key code, doorman, or any other barrier that may prevent access (for example dogs, locked gate, etc.)?
 ...a well-tended yard or garden?
 ...peeling paint or damaged exterior walls?
 ...window bars or grating on the doors or windows?

1. Yes
 2. No

ACCESS	<input type="checkbox"/>	BICYCLE	<input type="checkbox"/>
YARDS	<input type="checkbox"/>	SMOKER	<input type="checkbox"/>
WALLS	<input type="checkbox"/>	HHINC	<input type="checkbox"/>

YARDS

The next screen is the “Interviewer Observation Yards” screen (YARDS). Look for lawns without weeds that are uniformly green. The height of the grass should indicate if it is mowed regularly. Gardens should not be overgrown, have weeds, or have dead flowers or foliage. Bushes and hedges should be trimmed. Trees should be devoid of dead branches and have healthy leaves.

Note: these characteristics are used to define a “well-tended yard or garden” for data collection purposes only; they do not reflect a value judgment on the part of NCHS or the Census Bureau about how everyone’s yard ought to look.

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• INTERVIEWER OBSERVATION YARDS

• Based on your observation, does the sample unit or building within which the sample unit resides have:

...a security buzzer, key code, doorman, or any other barrier that may prevent access (for example dogs, locked gate, etc.)?
 ...a well-tended yard or garden?
 ...peeling paint or damaged exterior walls?
 ...window bars or grating on the doors or windows?

1. Yes
 2. No
 3. Not applicable

ACCESS	1	BICYCLE	<input type="checkbox"/>
YARDS	<input type="checkbox"/>	SMOKER	<input type="checkbox"/>
WALLS	<input type="checkbox"/>	HHINC	<input type="checkbox"/>

WALLS

The next screen is the “Interviewer Observation Walls” screen (WALLS). Here you are asked to observe the condition of exterior walls. Look for damage to exterior walls, such as cracks or holes.

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• **INTERVIEWER OBSERVATION WALLS**

• Based on your observation, does the sample unit or building within which the sample unit resides have:

- ...a security buzzer, key code, doorman, or any other barrier that may prevent access (for example dogs, locked gate, etc.)?
- ...a well-tended yard or garden?
- ...peeling paint or damaged exterior walls?
- ...window bars or grating on the doors or windows?

1. Yes

2. No

BARS

The next screen is the “Interviewer Observation Bars” screen (BARS). Look for window bars or gratings for security that keep intruders out of the home or building. If a multi-unit structure has window bars or gratings on the first floor only, you should answer “Yes” to this question. Grating, also called a grate, is a framework of metal bars set into a wall or doorframe that serves as a cover or guard but admits air and sometimes light.

If the sample unit has small windows with bars located at or just below ground level, answer “Yes” to this question.

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• **INTERVIEWER OBSERVATION BARS**

• Based on your observation, does the sample unit or building within which the sample unit resides have:

- ...a security buzzer, key code, doorman, or any other barrier that may prevent access (for example dogs, locked gate, etc.)?
- ...a well-tended yard or garden?
- ...peeling paint or damaged exterior walls?
- ...window bars or grating on the doors or windows?

1. Yes

2. No

LOCKS

The next screen is the “Interviewer Observation Locks” screen (LOCKS). For this next set of observations, we are strictly interested in the sample unit. So if your sample unit is an apartment within an apartment building, answer based on the sample unit.

For this question, focus on the outside of the door that opens into the sample unit. Do not count locks on screen doors or on grated doors that appear just in front of the door that opens into the sample unit.

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• INTERVIEWER OBSERVATION LOCKS

- If this is a multiunit structure, answer based on the sample unit, not the building within which the sample unit resides.
- Based on your observation, does the SAMPLE UNIT have:
 - ...3 or more door locks?
 - ...any indication that children under 6 (including babies) may live at the unit (visible toys, car seat, strollers, outdoor swing/play set for example)?
 - ...a wheel chair ramp or other indicators that the residents of the sample unit are handicapped, disabled, or may have a chronic health condition (deaf, blind, use oxygen, etc.)?
 - ...an adult-sized bicycle?
 - ...any indication that the residents of the sample unit are smokers (cigarette/cigar butts, ashtrays, smell smoke, etc.)?

1. Yes
 2. No
 3. Unable to observe the sample unit

ACCESS	<input type="text" value="1"/>	BICYCLE	<input type="checkbox"/>
YARDS	<input type="text" value="1"/>	SMOKER	<input type="checkbox"/>
WALLS	<input type="text" value="2"/>	HHINC	<input type="checkbox"/>
BARS	<input type="text" value="2"/>	EMPLOYED	<input type="checkbox"/>
LOCKS	<input type="checkbox"/>	HHLANG	<input type="checkbox"/>
CHILDREN	<input type="checkbox"/>	HHAGE	<input type="checkbox"/>
WHEELCHAIR	<input type="checkbox"/>		

CHILDREN

The next screen is the “Interviewer Observation Children” screen (CHLDREN). Clues to look for here include items such as toys, car seats, strollers, and outdoor swing/play sets. Interviewers working on the National Survey of Family Growth correctly judged 72% of the time that children under the age of 15 lived in the household.

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• INTERVIEWER OBSERVATION CHILDREN

- If this is a multiunit structure, answer based on the sample unit, not the building within which the sample unit resides.
- Based on your observation, does the SAMPLE UNIT have:
 - ...3 or more door locks?
 - ...any indication that children under 6 (including babies) may live at the unit (visible toys, car seat, strollers, outdoor swing/play set for example)?
 - ...a wheel chair ramp or other indicators that the residents of the sample unit are handicapped, disabled, or may have a chronic health condition (deaf, blind, use oxygen, etc.)?
 - ...an adult-sized bicycle?
 - ...any indication that the residents of the sample unit are smokers (cigarette/cigar butts, ashtrays, smell smoke, etc.)?

1. Yes
 2. No
 3. Unable to observe the sample unit

WHEELCHAIR

The next screen is the “Interviewer Observation Wheelchair” screen (WHEELCHAIR). Look for handicapped placards hanging from rearview mirrors or discarded inhalers.

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• INTERVIEWER OBSERVATION WHEELCHAIR

- If this is a multiunit structure, answer based on the sample unit, not the building within which the sample unit resides.
- Based on your observation, does the SAMPLE UNIT have:
 - ...3 or more door locks?
 - ...any indication that children under 6 (including babies) may live at the unit (visible toys, car seat, strollers, outdoor swing/play set for example)?
 - ...a wheel chair ramp or other indicators that the residents of the sample unit are handicapped, disabled, or may have a chronic health condition (deaf, blind, use oxygen, etc.)?
 - ...an adult-sized bicycle?
 - ...any indication that the residents of the sample unit are smokers (cigarette/cigar butts, ashtrays, smell smoke, etc.)?

1. Yes
 2. No
 3. Unable to observe the sample unit

BICYCLE

The next screen is the “Interviewer Observation Bicycle” screen (BICYCLE). Beyond an actual bike, look for other clues such as bike racks mounted on the rear end or roof of cars parked in the driveway/front of house.

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• **INTERVIEWER OBSERVATION BICYCLE**

• If this is a multiunit structure, answer based on the sample unit, not the building within which the sample unit resides.

• Based on your observation, does the SAMPLE UNIT have:

- ...3 or more door locks?
- ...any indication that children under 6 (including babies) may live at the unit (visible toys, car seat, strollers, outdoor swing/play set for example)?
- ...a wheel chair ramp or other indicators that the residents of the sample unit are handicapped, disabled, or may have a chronic health condition (deaf, blind, use oxygen, etc.)?
- ...an adult-sized bicycle?
- ...any indication that the residents of the sample unit are smokers (cigarette/cigar butts, ashtrays, smell smoke, etc.)?

1. Yes
 2. No
 3. Unable to observe the sample unit

SMOKER

The next screen is the “Interviewer Observation Smoker” screen (SMOKER). Look for smoking paraphernalia on the porch or other locations on the property. Do you smell smoke? Look for cigarette butts and discarded cigar/cigarette packages, empty lighters, or match cases.

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• **INTERVIEWER OBSERVATION SMOKER**

• If this is a multiunit structure, answer based on the sample unit, not the building within which the sample unit resides.

• Based on your observation, does the SAMPLE UNIT have:

- ...3 or more door locks?
- ...any indication that children under 6 (including babies) may live at the unit (visible toys, car seat, strollers, outdoor swing/play set for example)?
- ...a wheel chair ramp or other indicators that the residents of the sample unit are handicapped, disabled, or may have a chronic health condition (deaf, blind, use oxygen, etc.)?
- ...an adult-sized bicycle?
- ...any indication that the residents of the sample unit are smokers (cigarette/cigar butts, ashtrays, smell smoke, etc.)?

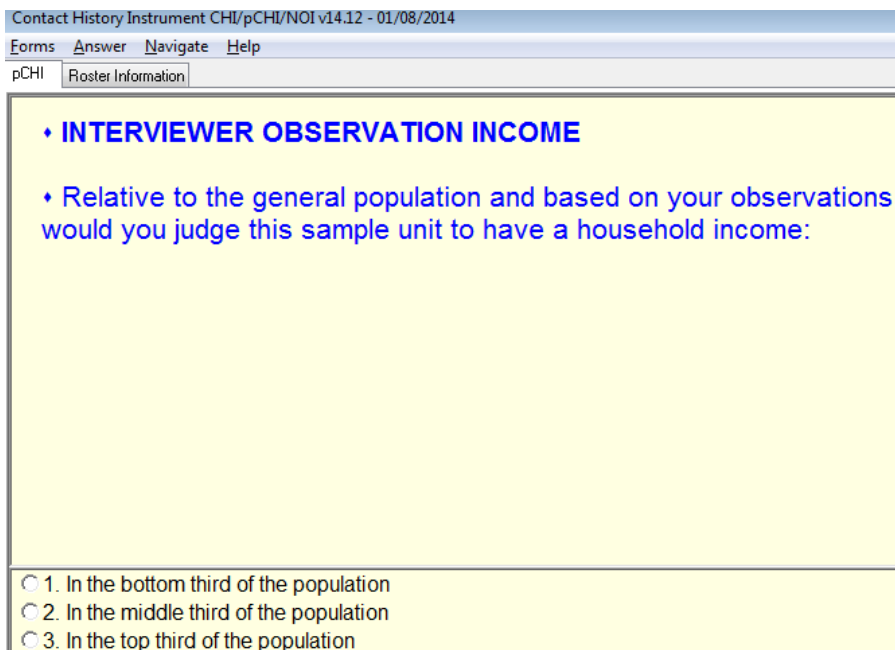
1. Yes
 2. No
 3. Unable to observe the sample unit

HHINC

The next screen is the “Interviewer Observation Income” screen (HHINC). We recognize that this question and the next few observations may be difficult. Use visual cues of the conditions of the house/building; number, make, and age of cars at the residence; and knowledge of the neighborhood/environment. If the zip code of the sample unit is 90210 (Beverly Hills), there is a good chance the household income is in the upper third of the general population.

In many cases, your “observation” will be nothing more than subjective opinion or an educated guess. Please just give us your reaction based on anything you may or may not have observed. Don’t worry about being wrong. MAKE THE BEST ASSESSMENT POSSIBLE. We want to see if these types of observations have predictive power in terms of survey contact and cooperation and important health outcomes from the survey.

As another example of the accuracy of interviewer observations, interviewers working on the National Survey of Family Growth were better than chance in judging whether the respondent was in a sexually active relationship with an opposite sex partner. Interviewers correctly judged this status 78% of the time. (West, Brady T. 2013. “An Examination of the Quality and Utility of Interviewer Observations in the National Survey of Family Growth.” Journal of the Royal Statistical Society, Series A, 176(1): 1-15.)



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• **INTERVIEWER OBSERVATION INCOME**

• Relative to the general population and based on your observations, would you judge this sample unit to have a household income:

1. In the bottom third of the population

2. In the middle third of the population

3. In the top third of the population

EMPLOYED

The next screen is the “Interviewer Observation Employed” screen (EMPLOYED). Here again, this one may be difficult. Are residents home during the day? Are there any visual cues on the property or cars that may help? If a neighbor volunteers that one or more adults at the sample unit work, use that information. However, do not ask neighbors for this information.

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♦ **INTERVIEWER OBSERVATION EMPLOYED**

♦ Based on your observation, would you say at least one adult resident of the sample unit is employed?

1. Yes

2. No

HHLANG

The next screen is the “Interviewer Observation HHLANG” screen (HHLANG). Note that we only care if a language other than English is spoken at the sample unit. This “other” language does not have to be the primary language spoken in the household. They could speak English and this “other” language. That is okay.

Like other observations, visual and aural cues from the sample unit AND the neighborhood should be used here. Use your knowledge of the areas that you work.

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♦ **INTERVIEWER OBSERVATION HHLANG**

♦ Based on your observation, would you say that the residents of the sample unit speak a language other than English?

1. Yes

2. No

HHAGE

The next screen is the “Interviewer Observation HHAGE” screen (HHAGE). Some of the other visual cues we’ve asked you to rely on could come in handy here.

- Toys, play sets, and swing sets suggest young children in the household
- Sample unit resides in a neighborhood full of retirees
- Interviewing at a college dormitory
- Bumper stickers that suggest one or more residents are retired

Additionally, aural cues such as crying or screaming noises can be used.

Take this as an example: Your sample unit resides within a neighborhood that you know from experience contains numerous retirees. There are no toys or swing sets in the front or back yard, and the lone car in the driveway has an AARP sticker on the rear bumper. Based on this information, how would you code the age composition of the sample unit?

Again, it's important that you record your observations only once and at the first personal visit where you can observe the sample unit or building. Why? Again, we need to ensure that the data you are collecting are comparable for ALL cases, responding and nonresponding.

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♦ **INTERVIEWER OBSERVATION HHAGE**

♦ How old would you estimate the residents of the sample unit to be?

1. All occupants under the age of 30

2. All occupants over the age of 65

3. Other age composition

PART F. NONINTERVIEWS

Circumstances sometimes prevent you from obtaining an interview at an address on your case list. We divide noninterview cases into Type A, Type B, and Type C. You must make special entries for each case that turns out to be a noninterview. Do not classify a case as a noninterview until you are certain of the status of the case. When you are certain that the case is a noninterview and you know what type (A, B, or C), you may make the appropriate selection on the TYPEABC screen. Entering the noninterview code tells your computer to send the case file to HQ in your next transmission. If done too soon, this keeps you from verifying the status of the case or trying again to get the interview.

Section 1. Type A Noninterviews

1.1 Explanation of Type A Codes

Type A noninterviews occur in cases of households occupied by persons eligible for interview, for whom you should have interviewed, but did not. Type A noninterviews may arise under the following circumstances:

- You find no one at home despite repeated visits.
- The entire family is temporarily away during the entire interview period.
- The respondent refuses to give information.
- The unit, although occupied, cannot be reached because of impassable roads.
- You cannot complete an interview because of serious illness or death in the family.

Keep Type A noninterviews to a minimum. Every Type A noninterview means we are losing valuable information and our sample returns may not be representative of the population. Under some circumstances, Type A noninterviews are unavoidable. However, establishing good relations with your respondents and visiting when people are likely to be home will help you avoid many noninterviews. Also, using the telephone instead of making return visits will reduce callbacks and noninterviews among households difficult to find at home.

There are nine categories of transmittable Type A Noninterviews, five of which you can set yourself at the TYPEA screen in the Front Section of the instrument:

- Language problem (213)
- No one home, repeated calls (216)
- Temporarily absent (217)
- Refused (218)
- Other (219)

If you have not progressed very far into the interview you will be determining whether or not a particular situation is actually a Type A Noninterview.

Type As and possible Type As are described below:

No one home, repeated calls (216)

When no one is at home, and you determine they are **not** temporarily absent, proceed as follows:

- Fill a Request for Appointment (Form 11-38) indicating whether you plan to telephone (if eligible) or return to the unit at a later time. Include the household's control number for identification. Enter your name and telephone number in the space provided.
- Call back or return to the unit to interview a responsible member of the household. Try to find out from neighbors, janitors, or other knowledgeable persons when the occupants will be home. Do not mention the name of the survey or describe the survey.
- If you have made repeated callbacks or visits and still have been unable to contact the respondent, call your Regional Office or Team Leader to discuss the situation. If they concur, complete it as a Type A noninterview, "No one home." Do not confuse this reason with the noninterview reason "Temporarily absent."

Temporarily absent (217)

When no one is home at the first visit, find out from neighbors, janitors, and the like, whether the occupants are temporarily absent. Report a household as "Temporarily absent" if all of the following conditions are met:

- **All** the occupants are away temporarily on a vacation, business trip, caring for sick relatives, or some other reason, and will not return before your scheduled closeout.
- The housing unit is the occupant's usual place of residence.
- The unit is not a summer cottage or other seasonal-type unit.

If a household is temporarily absent, complete it as a Type A noninterview, "Temporarily Absent" and explain in your case notes.

Callbacks for Temporarily Absent Units

If the occupants will return on a certain date, record the date in the case management notes **and** the source of the information (such as a neighbor). If the date of their expected return is before the end of the interview period, make a return visit or telephone the household if eligible for callback telephoning.

- If the occupants are definitely not expected to return before the end of the interview period, this situation is considered a noninterview.
 - On the TEMPABS screen, enter the appropriate precode.
- If you can obtain the occupant's temporary telephone number:
 - Enter "1" on the TEMPABS screen.
 - Call and report the information to your RO immediately.

Other (219)

These **occupied** units are Type A noninterviews other than "Refusal," "No one at home," "Temporarily absent," and "Language Problem."

Among others, these reasons could include the following:

- No eligible respondent available
- Death in family
- Household quarantined
- Roads impassable

This classification covers rare situations where the unit is occupied, but you are unable to get an interview.

Always talk with your supervisor before classifying a case as a Type A. The RO will ensure that all efforts have been exhausted before accepting a Type A noninterview.

Refused (218)

Occasionally, a household may refuse to give any information.

- Enter "1" on the TYPEA screen.
- In an F7 note, explain the pertinent details regarding the respondent's reason for refusing to grant the interview.
- Explain the circumstances in an email and send it to your RO. Also, include this explanation in the "Case Level Note Editor" screen in case management of the affected case.

Note: Your office will send a letter to the respondent (copy to you) requesting the household's cooperation and stating that someone will call on them again. If your supervisor will be in the area on other business, he or she may also visit the refusal household to try to obtain their cooperation or the case may be assigned to another FR for follow up.

Language problem (213)

You are unable to interview the household because of a language barrier and no interpreter is available.

1.2 Procedures

For an apparent Type A case, try all possible means to get the interview. For refusals, this normally means a repeat visit after a letter has been sent to the household by your Regional Office.

For other Type As, repeat visits are necessary.

- If all your efforts are fruitless, select the appropriate Type A from the noninterview type selection screen.
- Based on your selection, the computer assigns the case a status code, and prompts you to enter explanatory notes.

When you exit the interview program, the computer places the files for the case in a directory to be sent to the HQ computer in your next telecommunications transmission. Your supervisor reviews all Type A cases. Based on his/her review, these cases will be either reassigned for further follow-up or sent on for processing.

Section 2. Type B Noninterviews

2.1 Explanation of Type B Codes

Type Bs are units which are either unoccupied or occupied solely by persons not eligible for interview. There are ten Type B categories for NHIS:

- Occupied entirely by Armed Forces members (223)
- Occupied entirely by minors under age 18 (224)
- Occupied entirely by persons with a usual residence elsewhere (225)
- Vacant, nonseasonal (226)
- Unfit or to be demolished (228)
- Under construction, not ready (229)
- Converted to temporary business or storage (230)
- Unoccupied site for mobile home, trailer, or tent (231)
- Other (233)
- Vacant, seasonal (235)

Vacant units (226 and 235)

Vacant units include the bulk of the unoccupied living quarters, such as houses and apartments which are for rent, for sale, or being held off the market for personal reasons. This definition includes places which are seasonally closed. It also includes units which are dilapidated if they are still considered living quarters.

Note: Units that are unfit for human habitation, being demolished, to be demolished, or condemned are defined below.

Report unusual types of vacant living quarters, such as mobile homes, tents and the like as vacant.

Do **not** consider a unit whose occupants are only temporarily absent as vacant. GQ units are also included in this category (for example, vacant transient quarters, or vacant units in boarding houses or rooming houses).

For sample units that are presently unoccupied because the structure is undergoing extensive remodeling, enter the precode corresponding to the appropriate vacant category on the TYPEB screen.

Report vacant units as follows:

- **Nonseasonal (226)** - A vacant unit intended for year-round occupancy, regardless of where it is located.
- **Seasonal (235)** - A vacant unit intended for only seasonal occupancy. These may be in summer or winter resort areas, used only during the hunting season, and so on (except units for migratory workers).

Occupied entirely by persons with usual residence elsewhere (URE) (225)

The entire household consists of persons who are staying only temporarily in the unit and who have a usual place of residence elsewhere.

Do **not** interview persons if the sample unit is only a temporary place of residence.

This category can be selected at the TYPEB screen or the instrument will automatically select this category if everyone listed in the household roster has a usual residence elsewhere.

Occupied entirely by Armed Forces members (223)

All the occupants are now on full-time active duty with the Armed Forces. This includes those now serving in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, and in the military service of a foreign country. It also includes those in a Reserve branch of any of the above currently activated as part of the regular forces and U.S. Public Health Service commissioned officers currently assigned to any branch of the armed services. It also includes members of the National Guard currently blanketed into the regular forces by Presidential Order. Cadets in the U.S. military academies (West Point, Naval Academy, Air Force Academy, and Coast Guard Academy) are also considered on full-time active duty.

This category can be selected at the TYPEB screen or the instrument will automatically select this category if everyone listed is now on full-time active duty with the Armed Forces based on entries at the NOWAF and AFNOWWHO screens.

Occupied entirely by minors under age 18 (224)

This classification is assigned to households you visit where all household members are under the age of 18. This outcome can be achieved by either completing a roster of persons with ages all under 18 or by selecting the appropriate precode on the TYPEB screen. You should **only** select this outcome from the TYPEB screen if you have been able to confirm that all household members are under age 18.

Unfit or to be demolished (228)

If an occupied sample unit is unfit for human habitation (for example, through deterioration or vandalism), or most of the windows and doors of the unit are missing and the floors are unsafe, then it is classified “unfit or to be demolished.” Also included in this category are units with missing windows or doors that have been boarded up.

Note that in some areas of the country, units often do not have doors or windows. In these types of situations, do not use this classification if the unit is considered fit for habitation.

The “unfit or to be demolished” category is also assigned to unoccupied units that are to be demolished (for reasons other than the units being condemned). You will look for positive evidence, such as a sign, notice, or mark on the house or in the block, that the unit is to be demolished but demolition has not yet started. An example would be a unit that is being torn down in order for some other type of construction to begin in its place.

Under construction, not ready (229)

A sample unit that is being newly constructed but is not completed to the point where all the exterior windows and doors have been installed and usable floors are in place.

Note: Usable floors can be cement or plywood; carpeted, tiled, or hardwood flooring is not necessary.

If construction has proceeded to this point, classify the unit as one of the vacant categories.

Converted to temporary business or storage (230)

A sample unit intended for living quarters but is being temporarily used for commercial or business purposes, or for the storage of hay, machinery, business supplies, and so on.

Exceptions:

- Report unoccupied units in which excess household furniture is stored as one of the vacant categories.
- Report unoccupied units permanently converted to business or storage as Type C noninterviews—"Converted to permanent business or storage."
- Report unoccupied units which are to be used for business or storage purposes in the future, but in which no change or alteration has taken place at the time of interview as one of the vacant categories.

Unoccupied site for mobile home, trailer, or tent (231)

Choose "Unoccupied tent site or trailer site" for an unoccupied tent site or trailer (mobile home) site in a **mobile home park**.

Other (233)

For Type B units which cannot be classified under any of the above reasons, select this category. Enter the specific reason in the space provided on the follow-up screen.

Caution: Do not use this category unless directed by your RO.

2.2 Procedures

You must identify a knowledgeable contact person, such as a neighbor, janitor, or other knowledgeable person when classifying a case as a Type B or Type C noninterview. Remember

when inquiring about addresses or residents, you may say you are a representative of the U.S. Census Bureau, and you are conducting a survey for the National Center for Health Statistics, which is part of the Centers for Disease Control and Prevention, but you must not mention the particular name of the survey.

When you have confirmed the Type B status of the unit, go to the noninterview type selection screen (TYPEABC).

- Enter precode 2 to select Type B. The TYPEB selection screen appears.
- On the TYPEB item screen, select the category of Type B noninterview that applies to this case. Based on your selection, the computer assigns the case a status code, and prompts you to enter explanatory notes.

Your case management will transmit the files for type B cases in your next telecommunications transmission.

Section 3. Type C Noninterviews

3.1 Explanation of Type C Codes

Type C units are those ineligible for sample. There are nine Type C categories for NHIS:

- Demolished (240)
- House or trailer moved (241)
- Converted to permanent business or storage (243)
- Merged (244)
- Condemned (245)
- Unused line of listing sheet (247)
- Other (248)
- Removed during subsampling (256)
- Unit does not exist or unit is out of scope (259)

Demolished (240)

Sample units which existed at the time of listing, but have since been torn down, destroyed, or are in the process of being torn down.

House or trailer moved (241)

A structure or trailer moved from its site since listing.

This rule applies for trailers or mobile homes only when:

- A basic address (for example, 112 Main St.) on the listing sheet identifies a trailer.

or

- Trailers rather than sites were listed by description only.

Exception: If a site or an address/description plus a site in a mobile home park was listed, and it is now unoccupied (no mobile home on it), this situation is considered a Type B noninterview "Unoccupied site for mobile home, trailer, or tent."

Converted to permanent business or storage (243)

Units which were living quarters at the time of listing, but are now being used permanently for commercial or business purposes, or for the storage of machinery, business supplies, and the like.

Merged (244)

Any current sample unit(s) eliminated after applying the rules for mergers are Type C - "merged." (Consult your 11-8 Listing and Coverage Manual for merger rules.)

Condemned (245)

Unoccupied sample units only if there is positive evidence such as a sign, notice, or mark on the house or in the block that the unit is condemned. Be sure this refers to unoccupied units.

Exception: If **occupied** units are posted "Condemned," ignore the sign and interview the occupants of the unit.

Note: If there is no such evidence, report the unit as one of the vacant categories unless the unit is unfit for human habitation, in which case select "Unfit or to be demolished."

Unused line of listing sheet (247)

In certain situations, you will need to do informal listings of the units at a sample address and select the unit to interview based upon matching the 'Line #' Field assigned to the unit in Case Management to the unit on your listing sheet. Select this Type C outcome category for any units where the 'Line #' in Case Management does not correspond to a unit from your listing.

Removed during subsampling (256)

This applies to EXTRA and Additional units created and the parent unit associated with them. When there are more than 8 eligible units created and the units had to be subsampled, each unit that was subsampled out should be assigned this category. Please note that extra and additional units will no longer be created for NHIS starting for 2019.

Unit does not exist or unit is out of scope (259)

Select this noninterview category if there is an issue with the sampling frame and you are not able to locate the unit or easily determine which unit to interview. Also select this category when you can locate the unit but it is not in scope or eligible for interviewing (for example, a GQ comes back from listing as non-institutional, but when the interviewing FR goes out, it is converted to an institutional GQ, and no longer in scope).

Other (248)

Type C units that cannot be classified in any of the above noninterview categories. Some examples might be "duplicate unit selected for sample" or "never living quarters." Enter the specific reason in the space provided on the follow-up screen.

3.2 Procedures

Type C noninterviews are beyond your control. Explain the situation in an email and send it to your RO. Also, include this explanation in the "Case Level Note Editor" screen in case management of the affected case. Enter the appropriate precode on the TYPEC screen in the Front Section of the instrument.

As a reminder, you must identify a knowledgeable contact person, such as a neighbor, janitor, or other knowledgeable person when classifying a case as a Type C noninterview. Remember when inquiring about addresses or residents, you may say you are a representative of the U.S. Census Bureau, and you are conducting a survey for the National Center for Health Statistics, which is part of the Centers for Disease Control and Prevention, but you must not mention the particular name of the survey.

APPENDICES

Appendix 1. Outcome Codes

CODE	DEFINITION
201	Complete interview
202	Accessed instrument, no progress
203	Sufficient partial interview, no follow-up
204	Insufficient partial interview, follow-up needed
205	Sufficient partial interview, follow-up needed
215	Type A - Insufficient partial interview, no follow-up
213	Type A - Language problem
216	Type A - No one home, repeated calls
217	Type A - Temporarily absent, no follow-up
218	Type A - Refused
219	Type A - Other Type A
220	Type A - Temporarily absent, follow-up possible
221	Type A – All Respondents Ineligible
222	Type A - All Ages Guessed
223	Type B - Occupied entirely by Armed Forces members
224	Type B - Occupied entirely by minors
225	Type B - Occupied entirely by persons with URE
226	Type B - Vacant, nonseasonal
228	Type B - Unfit or to be demolished
229	Type B - Under construction, not ready
230	Type B - Converted to temporary business or storage
231	Type B - Unoccupied site for mobile home, trailer, or tent
233	Type B - Other Type B
235	Type B - Vacant, seasonal
240	Type C - Demolished
241	Type C - House or trailer moved
243	Type C - Converted to permanent business or storage
244	Type C - Merged
245	Type C - Condemned
247	Type C - Unused line of listing sheet
248	Type C - Other Type C
256	Type C - Removed during subsampling
259	Type C - Unit does not exist or unit is out of scope

Appendix 2. Confidentiality

A2.1 What is Confidentiality?

The term "confidentiality" refers to the guarantee that is made to individuals who provide survey information regarding disclosure of that information to others, as well as the uses of that information. The specific guarantee of confidentiality can vary by survey. This appendix explains the guarantee of confidentiality given to respondents in the National Health Interview Survey and what you should do to maintain this guarantee. Your 11-55 Administrative Handbook also contains information on nondisclosure policies, violations of confidentiality, and ways to prevent careless disclosure. You took an oath not to reveal information collected, and you are required to sign an annual certification of compliance with the Census Bureau's nondisclosure policy.

A2.2 The Guarantee of Confidentiality

The U.S. Public Health Service provides the guarantee of confidentiality for the National Health Interview Survey. This guarantee is contained in the "Notice" statement, which is seen on the COVER1 screen at the beginning of the NHIS instrument:

"Information contained on this form that would permit identification of any individual or establishment has been collected in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)), the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Title 5 of Public Law 107-347), and the Privacy Act of 1974 (5 U.S.C. § 552a). In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 & 151 note), which requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses."

A similar statement is also made in the HIS-600 Advance Letter to fulfill the requirements of the Privacy Act of 1974.

A2.3 Special Sworn Employees (SSEs)

The Census Bureau has the authority to use temporary staff in performing its work as long as such staff is sworn to preserve the confidentiality of the data. These temporary staff members are called Special Sworn Employees (SSEs). SSEs are subject to the same restrictions and penalties as you regarding the treatment of confidential data. Staffs from the sponsoring agency for this survey are made SSEs to allow them to observe interviewing. Anyone who is not a Census Bureau employee or an SSE of the Census Bureau is referred to as an "unauthorized person."

A2.4 Authorized Persons

The agreement between the Census Bureau and the sponsor regarding the confidentiality of the data collected in the NHIS briefly states that the sponsor's employees (including contractors

and grantees) may not disclose the data in a form permitting identification of any individual or establishment and may not use the data for law enforcement, regulatory, or any other purposes that are inconsistent with the stated purpose(s) of the survey. The sponsor is responsible for enforcing the conditions of the agreement and may authorize non-Census employees to observe interviewing or review completed questionnaires. These persons will have the same restrictions and penalties as you regarding the treatment of confidential data. Anyone who is not a Census Bureau employee or properly authorized by the sponsor to view confidential data is referred to as an "unauthorized person."

A2.5 How to Maintain Confidentiality

- a. **When No One is Home at a Sample Address:** You may ask a neighbor, apartment manager, or someone else living nearby when they expect someone to be home at the sample address. When requesting this information, do not mention the National Health Interview Survey by name and do not attempt to describe the survey. To gain cooperation, you may say:

"I am _____ from the U. S. Census Bureau. Here is my identification (show ID). I am conducting a survey for the Centers for Disease Control and Prevention, and I would like to know when someone at (address) will be home." (Or something similar)

- b. **When Conducting Interviews:** Do **not** permit unauthorized persons (including members of your family) to listen to an interview. For example:

(1) When conducting an interview with someone in a Group Quarters, such as a group home, if others are present, ask the respondent if he or she wants to be interviewed privately. If so, make the necessary arrangements to conduct the interview where and/or when it cannot be overheard by others.

(2) When conducting an interview in a home, if persons not participating in the survey are present (for example, neighbors, friends, other non-"family" members), use your discretion in asking the respondent if he or she wants to be interviewed privately. Since this may be awkward to ask in some situations, you might ask if another time would be more convenient. If so, make the necessary arrangements to accommodate the respondent. In a situation where you proceed with the interview, but persons not participating in the survey approach, it is appropriate to close the interviewing laptop or turn it away from view to protect the respondent's privacy.

(3) When conducting an interview in which an interpreter is required, ask the respondent if he or she is willing to have another person act as an interpreter. If the respondent objects to the interpreter and a more suitable one cannot be located at the time of the interview, call your Regional Office to see if another interviewer who speaks the respondent's language can conduct the interview.

(4) When conducting interviews by telephone, do not allow unauthorized persons to listen to your conversation.

- c. **Keeping Forms Secure:** Any forms that contain information about the household must be kept out of view and secure until they are mailed to the appropriate person or office. Keep them in a specially designated place in your home.

A2.6 Discussing Your Job with Family, Friends, and Others

You must **not** reveal any information which you obtained during an interview or identify any persons who participated in the survey to unauthorized persons.

A2.7 Subpoena of Records

In the event of a record collected in the National Health Interview Survey being subpoenaed, any Census Bureau employee upon whom such subpoena is served will communicate with the Director of the Census Bureau through the Regional Office. Action to satisfy such subpoena will be taken only as authorized by Public Health Service Regulations, section 1.108 of Title 42, U.S.C.

Appendix 3. Group Quarters Types and Descriptions

A3.1 Institutional Group Quarters

- Correctional Institutions, including:
 - Federal detention centers
 - Federal prisons
 - State prisons
 - Local jails and other municipal confinement facilities
 - Correctional residential facilities (for example, halfway houses for correctional purposes)
 - Military disciplinary barracks and jails
 - Other types of correctional institutions
- Juvenile Institutions, including:
 - Group homes for juveniles (non-correctional) including orphanages, maternity homes, and homes for abused and neglected children in need of services
 - Residential treatment centers for juveniles (non-correctional), including facilities for treatment of drug/alcohol abuse, mental illness, and emotional/behavioral disorders
 - Correctional facilities intended for juveniles
- Hospitals and Wards, In-patient Hospice Facilities, including facilities for:
 - Drug/alcohol abuse
 - Nursing homes/skilled nursing facilities
 - Mental (psychiatric) hospitals and psychiatric units in other hospitals
 - General hospitals for patients who have no usual home elsewhere
 - Military treatment facilities with assigned active duty patients
 - Residential schools for persons with disabilities (for example, for physically or developmentally disabled)

A3.2 Non-Institutional Group Quarters

- Military Quarters, including:
 - Barracks, dormitories, unaccompanied personnel housing, and similar living quarters on base.
 - Transient quarters for temporary residents on base.
- Emergency and transitional shelters (with sleeping facilities) for persons experiencing homelessness, including:
 - Shelters for children who are runaways, neglected or experiencing homelessness
 - Shelters (such as churches) that provide temporary shelter during extremely cold weather
 - Hotels/motels/hostels used to shelter persons experiencing homelessness
 - Group homes intended for adults (non-correctional)
- Residential treatment centers intended for adults (non-correctional), including for:
 - Drug/alcohol abuse
 - Mental illness
 - Emotional/behavioral disorders
 - Physically disabled
- Workers' dormitories, including:
 - Worker's group living quarters
 - Job Corps centers and residential vocational training facilities
 - Group living quarters at migratory farmworker camps
 - Energy enclaves in Alaska
 - Dormitories for nurses and interns in hospitals
- Religious group quarters, such as convents, monasteries, rectories, and abbeys
- Other non-household living situations, such as hostels, YMCAs, and YWCAs.
- Residential care facilities providing "protective oversight."

A3.3 Ineligible Group Quarters (Excluded from NHIS sample)

- Military ships
- Soup kitchens
- Domestic violence shelters
- Regularly scheduled mobile food vans
- Targeted non-sheltered outdoor locations
- Maritime/merchant vessels
- Living quarters for victims of natural disasters
- Student quarters in college/university housing, including dormitories, fraternity, and sorority houses. This category also includes seminaries.

Appendix 4. Distinguishing Institutional and Non-Institutional Group Quarters from Housing Units at the Time of Interview

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non-Inst.			
Abbeys - <i>see also Convents, Monasteries</i>		X			
Apartments		X	X		Treat as a GQ provided they house unmarried students only and are owned, leased, or managed by a college or university. In all other cases, apartments should be considered housing units.
Assisted Living Communities - <i>See also continuing care communities, life care communities, nursing homes.</i>	X		X		Treat an assignment in an assisted living community as a GQ if residents receive skilled nursing care; otherwise, treat as one or more housing units.
Bed and Breakfasts		X	X	X	Depending on the situation, bed and breakfasts may be considered housing units, transitory units, or group quarters: If your assigned unit within the bed and breakfast is temporarily being used to house the

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non -Inst.			
					homeless, consider it a GQ unit. If your assigned unit within the bed and breakfast is a transitory unit, it is out of scope. If your assigned unit within the bed and breakfast is a housing unit, it is in scope for interviewing.
Boarding Houses			X		Unless residents receive some kind of specialized care
Boats - <i>see also Marinas</i>			X	X	Boats that are transitory unit are not in scope for current surveys. Only interview boats considered to be housing units.
Campgrounds			X	X	Transitory units at campgrounds are not in scope for the current surveys. Only interview housing units assigned at campgrounds.
Camps			X		
Carnivals and Circuses			X		It is rare that we have a chance to capture these workers in

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non -Inst.			
					sample. These interviews are valuable as it is likely that they may have different health characteristics than the rest of the population. If occupied, conduct the interview unless all residents have another specific residence where they spend six months or more each year.
Children's Homeless Shelters		X			
College Housing - <i>see also apartments, dormitories, fraternity and sorority houses</i>		X	X		Treat on-campus dormitories, fraternity houses, and sorority houses, and apartments as GQs provided they only house unmarried students and are owned, not leased, by the college. Treat anything else off campus, such as buildings housing married students, buildings leased by the college, and rooming houses, as HUs.
Communes		X			

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non -Inst.			
Congregate care facilities - <i>see also independent living communities</i>		X	X		Treat an assignment in a congregate care facility as a GQ if residents receive skilled nursing care; otherwise, treat as one or more housing units.
Continuing Care Communities		X	X		Treat an assignment in a continuing care community as a GQ if residents receive skilled nursing care; otherwise, treat as one or more housing units.
Convents - <i>see also abbeys, monasteries</i>		X			
Correctional Facilities	X				
Dormitories		X			Examples: College dormitories (containing non-married students), agricultural worker dormitories, and non-agricultural worker dormitories. On-campus student quarters in college dormitories are considered out of scope for NHIS.
Fairs			X	X	Transitory units at fairs are not in scope for the current surveys. Only

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non-Inst.			
					interview housing units assigned at fairs.
Fraternity Houses		X			
Group homes	X	X			Treat as institutional if for juveniles (non-correctional) and as non-institutional if for adults (non-correctional)
Halfway houses	X	X			Treat as institutional if for correctional purposes, otherwise non-institutional.
Homeless Shelters		X			
Hospices	X		X		Treat as GQ unless you think the living quarters instead meets the HU definition
Hospitals	X				
Hostels		X	X	X	Depending on the situation, hostels may be considered housing units, transitory units, or group quarters: If your assigned unit within the hostel is temporarily being used to house the homeless,

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non -Inst.			
					<p>consider it a GQ unit.</p> <p>If your assigned unit within the hostel is a transitory unit, it is out of scope</p> <p>If your assigned unit within the hostel is a housing unit, it is in scope for interviewing.</p>
Hotels - <i>see also homeless shelters, inns, motels, resorts</i>		X	X	X	<p>Depending on the situation, hotels may be considered housing units, transitory units, or group quarters:</p> <p>If your assigned unit within the hotel is temporarily being used to house the homeless, consider it a GQ unit.</p> <p>If your assigned unit within the hotel is a transitory unit, it is out of scope.</p> <p>If your assigned unit within the hotel is a housing unit, it is in scope for interviewing.</p>

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non -Inst.			
Independent Living Communities - <i>see also congregate care facilities</i>		X	X		Treat an assignment in an independent living community as a GQ if residents receive skilled nursing care; otherwise, treat as one or more housing units.
Inns - <i>See also homeless shelter, hotels, motels, resorts</i>		X	X	X	Depending on the situation, inns may be considered housing units, transitory units, or group quarters: If your assigned unit within the inn is temporarily being used to house the homeless, consider it a GQ unit. If your assigned unit within the inn is a transitory unit, it is out of scope. If your assigned unit within the inn is a housing unit, it is in scope for interviewing.
Job Corps Facilities - <i>see also vocational training facilities</i>		X			
Juvenile Facilities	X				

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non -Inst.			
Life Care Communities	X		X		Treat an assignment in a life care community as a GQ if residents receive skilled nursing care; otherwise, treat as one or more housing units.
Manses - <i>see also parsonages, rectories</i>			X		Treat a manse or parsonage as one or more HUs. Treat a rectory as a GQ.
Marinas - <i>see also boats.</i>			X	X	Transitory units at marinas are not in scope for the current surveys. Only interview housing units assigned at marinas.
Military Barracks		X			
Military Campgrounds			X		
Military hotels/motels			X		
Military Transient Quarters for Temporary Residents of Military Installations		X			
Mobile Homes - <i>see also RV parks, Trailer Park, Trailers</i>			X		
Monasteries - <i>see also Abbeys, Convents</i>		X			
Motels - <i>see also Homeless Shelters, Hotels, Inns, Resorts.</i>		X	X	X	Depending on the situation, motels may be considered

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non -Inst.			
					<p>housing units, transitory units, or group quarters:</p> <p>If your assigned unit within the motel is temporarily being used to house the homeless, consider it a GQ unit.</p> <p>If your assigned unit within the motel is a transitory unit, it is out of scope.</p> <p>If your assigned unit within the motel is a housing unit, it is in scope for interviewing.</p>
Nursing Homes - <i>see also Assisted Living communities, Continuing Care Communities, Life Care Communities</i>	X				
Parsonages - <i>see also manse, rectories</i>			X		Treat a parsonage or manse as one or more HU. Treat a rectory as a GQ.
Race Tracks			X	X	Transitory units at racetracks are not in scope for the current surveys. Only interview housing units assigned at racetracks.

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non -Inst.			
Rectory - <i>see also manse, parsonage</i>		X			Treat a rectory as a GQ, treat a parsonage or manse as one or more HU.
Resorts - <i>see also homeless shelter, hotels, inns, motels</i>		X	X	X	<p>Depending on the situation, resorts may be considered housing units, transitory units, or group quarters:</p> <p>If your assigned unit within the resort is temporarily being used to house the homeless, consider it a GQ unit.</p> <p>If your assigned unit within the resort is a transitory unit, it is out of scope.</p> <p>If your assigned unit within the resort is a housing unit, it is in scope for interviewing</p>
Rooming Houses			X		Unless residents receive some kind of specialized care.
RV Parks - <i>see also mobile homes, trailer parks, trailers</i>			X	X	Transitory units at RV Parks are not in scope for the current surveys. Only interview housing units assigned at RV parks.

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non -Inst.			
Shelters - <i>see also homeless shelters</i>		X			
Sorority Houses		X			
Staff Housing within a GQ			X		
Trailer Parks - <i>see also mobile homes, RV parks, trailers</i>			X		
Trailers - <i>See also mobile homes, RV parks, trailer parks</i>			X		
Vocational Training Facilities - <i>see also job corps facilities</i>		X			
YMCAs		X			
YMHAs		X			
YWCA's		X			

Appendix 5. Household Membership

WHO IS TO BE INCLUDED AS A HOUSEHOLD MEMBER	Include as member of household	
A. PERSONS LIVING OR STAYING IN SAMPLE UNIT AT TIME OF INTERVIEW		
Any person in unit: members of family, lodgers, service staff, visitors, etc.		
1. Ordinarily stay here all the time (sleep here)	Yes	
2. Here temporarily – no living quarters held for person elsewhere	Yes	
3. Here temporarily – living quarters held for person elsewhere		No
In Armed Forces		
1. Stationed in this locality, usually sleep here	Yes	
2. Temporarily here on leave – stationed elsewhere		No
Student – Post-Secondary and/or Nursing School		
1. Staying here, attending school	Yes	
2. Here temporarily for summer vacation – no living quarters held for person elsewhere	Yes	
3. Here temporarily for break or visiting – on-campus living quarters held for person elsewhere	Yes	
B. ABSENT PERSONS WHO USUALLY LIVE HERE		
Persons living in institutionalized Group Quarters (GQs) – Absent because person living in an institution (see Field Representative Manual Appendix 4) regardless of whether or not living quarters held for person at sample address.		No
Persons temporarily absent, on vacation, in general hospital, etc. (including veterans' facilities that are general hospitals) – Living quarters held here for person	Yes	
Absent in connection with job		
1. Living quarters held here for person – temporarily absent while "on the road" in connection with job (e.g., persons on work-related travel, long-distance truck driver)	Yes	
2. Living quarters held here and elsewhere for person who comes here infrequently (e.g., construction engineers, mission workers)		No
3. Living quarters held here at home for unmarried college student working away from home during summer school vacation	Yes	
In Armed Forces – Were members of this household at time of induction but currently stationed elsewhere		No
In school – Away attending post-secondary or nursing school and living in on-campus housing	Yes	
– Away attending boarding school	Yes	
Persons who work at sea – Living quarters held here for person	Yes	
C. EXCEPTIONS AND DOUBTFUL CASES		
Person with two concurrent residences		
1. Regularly sleep greater part of week in another locality		No
2. Regularly sleep greater part of week here	Yes	
Citizens of foreign countries temporarily in the United States		
1. Living on premises of an Embassy, Ministry, Legation, Chancellery, or Consulate		No
2. Not living on premises of an Embassy, Ministry, etc. –		
a. If living and studying here and no usual place of residence elsewhere in the United States	Yes	
b. If living and working here and no usual place of residence elsewhere in the United States	Yes	
c. If merely visiting or traveling in the United States		No