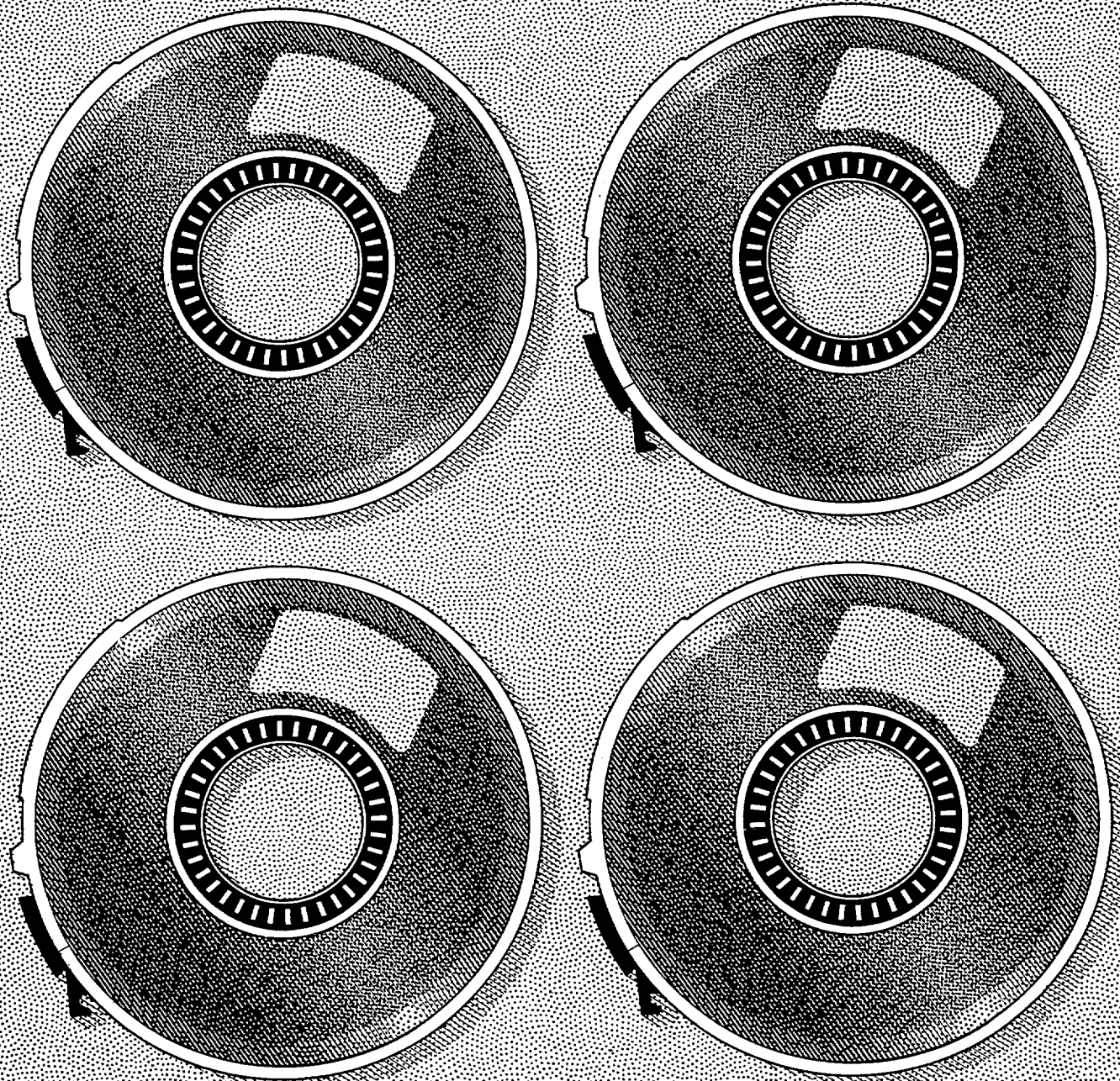


# Public Use Data Tape Documentation — Part II



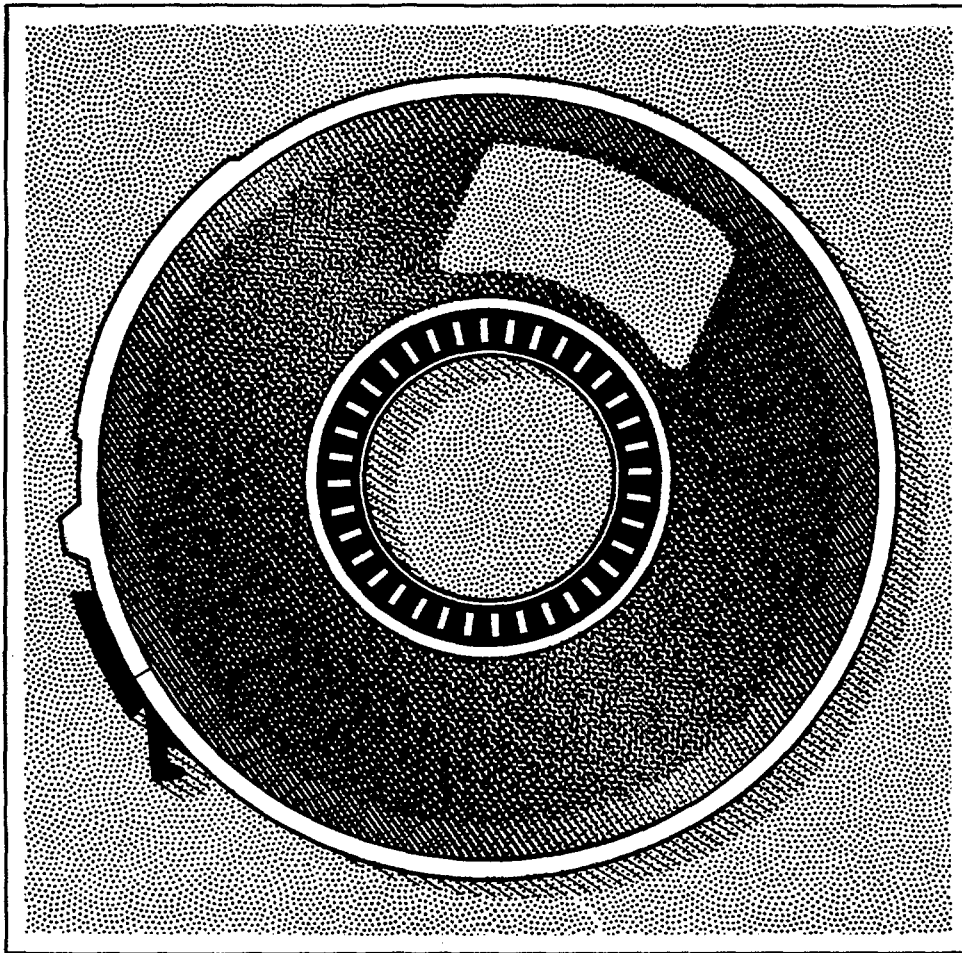
1985 Interviewers Manual  
NHIS, 1985

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • Public Health Service • National Center for Health Statistics



# Public Use Data Tape Documentation—Part II

1985 Interviewers Manual  
NHIS, 1985



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
National Center for Health Statistics

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**HIS-100**  
**1985**

**PART A**

**THE NATIONAL HEALTH INTERVIEW SURVEY AND YOU**

CHAPTER 1. DESCRIPTION OF THE SURVEY

A. Purpose of the  
National Health  
Interview Survey

1. General

The basic purpose of the National Health Interview Survey is to obtain information about the amount and distribution of illness, its effects in terms of disability and chronic impairments, and the kind of health services people receive.

The National Health Interview Survey is part of the National Health Survey, which began in May 1957. Prior to that time, the last nationwide survey of health had been conducted in 1935-36. Many developments affecting the national health had taken place in the intervening years:

The Nation went from depression to prosperity and through two wars.

"Wonder drugs" such as penicillin were discovered and put into use.

Public and private health programs were enlarged.

Hospitalization and other health insurance plans broadened their coverage to protect many more people.

Increased research programs were providing information leading to the cure, control, or prevention of such major diseases as heart disease, cancer, tuberculosis, muscular dystrophy, and polio through the development of products like the Salk Polio Vaccine.

Despite extensive research on individual diseases in the years 1937-1957, one important element had been missing. We had only piecemeal information from the people themselves on their illness and disability or the medical care they obtained. Many persons, although sick or injured, never became a "health statistic," since requirements for reporting illnesses were limited to hospitalized illnesses and certain contagious diseases.

In recognition of the fact that current information on the Nation's health was inadequate, and that national and regional health statistics are essential, the Congress authorized a continuing National Health Survey (Public Law 652 of the 84th Congress). Since May 1957, the United States Public Health Service has regularly collected health statistics under Congressional authority.

2. Examples of uses of the data

How is the information obtained from the National Health Survey used? Here are some examples taken from a discussion of the program before the Congress.

a. Helps give direction to health expenditures

Total health expenditures, both public and private, run into many billions of dollars a year. Better statistical information helps to give more effective direction to the expenditure of these large sums.

b. Occurrence and severity of illness and disability

Data on health statistics are valuable tools for the public health officer. The nationwide system of reporting communicable diseases has been an important factor in the reduction, and in some instances virtual eradication, of some diseases which were chief causes of illness, disability, and even death several generations ago. Knowledge of the number and location of many diseases made it possible to develop effective programs of immunization, environmental sanitation, and health education which are essential factors in their control.

Today, chronic illness and disability among both adults and children, constitute our greatest public health challenge. 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 and, in advanced stages, burden individuals, families, and communities with the high cost of care and assistance. The basic public health principle to be applied is the same: Prevention. Better information on the occurrence and severity of diseases and disability are needed in order to prevent their occurrence.

c. Control of accidents

Programs for the effective control of accidents are still in their infancy. Statistics on the cause and frequency of nonfatal as well as fatal accidents of various types help to shape accident prevention programs and measure their success.

d. Health of the aged

There is a nationwide interest in prolonging the effective working life 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.

e. 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 polio-myelitis, cancer, lung disease, heart disease, mental health, crippling conditions, multiple sclerosis, alcoholism, and so on.

Before Congress authorized the continuing National Health Survey, 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 Survey aid such groups greatly in planning their activities and expenditures.

f. Health facilities-- hospital care, rehabilitation, insurance, etc.

The growth of prepayment coverage under voluntary health insurance has increased the demand for the kind of illness statistics which can provide reliable estimates of the number of people who will be ill for a given number of weeks or months. Illness statistics provide an improved measurement of the need for hospitals and other health facilities and assist in planning for their more effective distribution. Public school authorities are aided in their planning for the special educational problems of mentally retarded or physically handicapped children. 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.

g. Factors related to various diseases

Furthermore, statistical information of this kind is an additional tool for medical research. A study of data showing this relationship between certain economic, geographic, or other factors and the various diseases indicates new avenues of exploration and suggest hypotheses for more precise testing.

3. Who uses the data

The principal users of the data are the U.S. Public Health Service, state and local health departments, public and private welfare agencies, medical schools, medical research organizations, and corporations engaged in the manufacture of drugs and medical supplies. Many other organizations and individuals also use the data.

B. Sponsorship of the Survey

\* The National Health Survey is sponsored by the National Center for Health Statistics which is part of the U.S. Public Health Service. Because of the Bureau's broad experience in conducting surveys, we conduct much of the interviewing for the Public Health Service. The findings of the survey are analyzed and published regularly by the Public Health Service.

The National Health Survey is not a single survey but a continuing program of surveys which includes the following:

\*Revised February 1985

1. The National Health Interview Survey (HIS)
 

The National Health Interview Survey, which is covered in this Manual, is the one which you will be working on most of the time. It is referred to simply as "HIS" to distinguish it from the other surveys which are described below.
  
  2. The National Health and Nutrition Examination Survey (HANES)
 

The National Health and Nutrition Examination Survey, as the name suggests, collects health information primarily by means of an actual clinical examination. Census interviewing played an important role in past cycles of this survey in that it identified the representative sample of persons who were asked to participate in the examinations. The latter were conducted by doctors and dentists from the Public Health Service.
  
  3. The National Hospital Discharge Survey (HDS)
 

The National Hospital Discharge Survey collects information on hospital stays for persons discharged from short-stay hospitals, such as length of stay, age, race, sex, marital status, diagnoses, and operations.
  
  4. The National Medical Care Utilization and Expenditure Survey (NMCUES)
 

The National Medical Care Utilization and Expenditure Survey contains information on health, access to and use of medical services, associated charges and sources of payment, and health insurance coverage.
- C. Design of the HIS Sample
- The National Health Interview Survey is based on a sample of the entire civilian noninstitutional population of the United States. Over the course of a year, a total of approximately 50,000 households are interviewed. These households are located in the 50 states and the District of Columbia.
1. Selection of sample PSUs
 

The HIS sample is designed as follows:

    - a. All the counties in the United States, as reported in the 1980 Decennial Census, are examined.
    - b. Counties which have similar characteristics, are grouped together. These include geographic region, size and rate of growth of population, principal industry, type of agriculture, etc.

- c. From each group, one or a set of counties is selected to represent all of the counties in the group. The selected counties (or sets of counties) are called primary sampling units, which we abbreviate to PSU. There are 201 PSUs in the HIS sample.

2. Sample EDs and segments

Within each PSU:

- a. A sample of Census Enumeration Districts (EDs) is selected.
- b. Each selected ED is divided into either small land areas or groups of addresses. These land areas and groups of addresses are called segments.
- c. Each segment contains addresses which are assigned for interview in one or more samples. Two types of segments, Area and Block, are land area segments, the third type of segment, Permit, is a sample of new construction addresses. (See paragraph 4, below.)

3. Sample units

Depending on the type of segment, you will either interview at units already designated on a listing sheet, or you will list the units at a specific address and interview those on designated lines of the listing sheet. In either case it is a sample of addresses, not persons or families.

4. Sample of newly constructed units

In areas where building permits are issued for new construction (Permit Areas), we select a sample of building permits issued since the 1980 Decennial Census. These addresses are assigned as Permit segments.

In places where no building permits are required (Non-Permit Areas), newly constructed units are listed and, if in sample, interviewed in Area Segments only. In Non-Permit Areas, only Area segments are assigned. In these segments, units built after 4/1/80 are eligible for interview since they are not selected in the permit universe.

5. Sample of special places

Some sample units are located in places with special living arrangements, such as dormitories, institutions, convents, or mobile home parks. These type of living quarters are classified as special places. Units in special places are listed and interviewed in Area and Block segments.

**6. The quarterly sample**

For purposes of quarterly tabulations of data, separate samples are designated for each quarter of the year. Each quarterly sample is then distributed into 13 weekly samples, of approximately equal size, so that any seasonal factors will not distort the survey results.

The sample designation identifies the calendar year and quarter in which sample units are interviewed. For example, 851 designates the sample beginning in January 1985, 852 designates the sample beginning in April 1985, etc.

**D. Scope of the survey**

Each year, health information is gathered for every civilian person in about 50,000 sample households. Adult residents, found at home at the time of your call, provide the information required.

The HIS-1 questionnaire for the survey provides for certain information to be collected on a continuing basis. In addition to this basic information, supplemental inquiries are added from time to time in order to provide information on special topics. Any one supplemental inquiry may be repeated at regular intervals, or may be used only once.

**E. Information accorded confidential treatment**

All information which would permit identification of the individual is held strictly confidential, seen only by persons engaged in the National Health Survey (including related studies carried out by the Public Health Service) and not disclosed or released to others for any other purpose without the written consent of the individual. (See Appendix A to part E of this manual for a thorough discussion of confidentiality.)



CHAPTER 2. YOUR JOB PERFORMANCE ON THE HIS

A. General

As an interviewer for the National Health Interview Survey you will be assigned to work in one or more of the sample areas (PSUs). Your duties will be much the same on each assignment, although you may also perform various functions in different parts of the sample area.

B. Basic field duties

It will be your responsibility to perform field duties of the following types:

1. Listing or updating units at time of interview in Permit Segments.
2. Prelisting or updating area and block segments.
3. Interviewing at units designated for the current sample in various types of segments.

You will interview households by personal interview only. Occasionally, callbacks by telephone are permitted. Courtesy and discretion at all times are especially important in gaining the confidence and cooperation of the respondents.

C. Additional duties

You will also be expected to:

1. Be available for day and evening work.
2. Read instructional material and complete home study exercises.
3. Complete your assignment within a prescribed period of time.
4. Make weekly transmittals of completed work to your office.
5. Keep an accurate daily record of the work you do, the time you spend, and the miles you travel.
6. Meet the standards of accuracy and efficiency described below.

D. Standards of performance for interviewers

The National Health Interview Survey is operated on a fixed budget which means that every phase of the survey must be conducted in the most efficient way. Otherwise, it will be impossible to conduct the survey or to continue the employment of the persons assigned to it.

The success of HIS depends on each interviewer getting and recording accurate and complete information. Otherwise, no amount of review or correction can improve the reliability of the results. Equally important, if you do not complete your assignments efficiently in the prescribed time period, the survey cannot be conducted within its time schedule or its budget.

Standards of performance have been established so that each interviewer will know what is required.

1. Production standards

We have determined the amount of time (based on past experience of HIS interviewers) required to complete each assignment accurately at a reasonable working pace. This standard, which includes time for travel, listing, interviewing, and other required activities, will be compared with the amount of time you actually take for the assignment, to see how efficiently you are performing your work.

Always begin on Monday of "interview" week and complete your interviews as soon as possible during that week. Completion of your assignment within the specified time is not only important from a cost standpoint, but is also essential in order to meet production deadlines.

a. Planning your travel route

The time and mileage spent in traveling from one segment to the next is one of the major costs of the survey. Hold travel to a minimum by carefully planning which segments to visit on a particular day and the order in which to visit them.

**b. Reduction of callbacks**

Costs and timing are also affected by the number of callbacks (revisits to an address) required. You may find that your rate of production is relatively high during the first few days of interviewing because somebody is at home at most of the addresses you visit. However, production may fall off if you have scattered callbacks. You can minimize this by planning your initial visits at the most productive time, and by tying in callbacks with remaining initial visits to the same part of the sample area.

Where a household is not at home during your first visit, make a careful inquiry of neighbors, janitors, etc., to find out when would be the best time to call.

**c. Efficient conduct of interviews**

Another time saver is the efficient conduct of interviews. If you are thoroughly familiar with the sequence of items on the HIS-1 questionnaires, and how to fill each one, you can conduct a rapid and efficient interview without sacrificing accuracy. Be prepared to explain, briefly and clearly, the purpose of the survey, how the information is used, and related subjects. You will be given copies of publications which you can show the respondent to help you in your explanation. You should also save any articles from local newspapers or magazines that report results of Census survey work in association with the National Center for Health Statistics.

**2. Quality of interviewing**

No matter how efficiently the survey is conducted, the results may be seriously affected by incomplete, or inaccurately filled, listing and interview forms. In rating interviewers, the quality of their work is given as much weight as their productivity. This manual, and other materials which will be provided, contain all of the instructions needed to list and interview. Learn how to use the manual to look up unfamiliar things. Also, learn how to use the INTERviewer COMMunication to advise your office of special situations or problems.

- a. Interviewer's error rate  
Each week, your supervisor will give you a report of errors detected in the course of reviewing your work. The report will specify steps you should take to avoid similar errors in the future. Serious and frequent errors can be eliminated if you are thoroughly familiar with the instructions, and if you ask the questions on the questionnaire in a uniform and consistent fashion.
  - b. Field evaluation of interviewer's work  
Aside from the office review, there will be field observations of each interviewer's listing and interviewing work. From time to time, you will be observed by your supervisor as you actually perform these duties. Your office will also reinterview some of your households to be sure that you obtain accurate and complete information.
- 3. Performance rating  
Each quarter, your supervisor will tell you how your performance in the preceding quarter compared with the production and mileage allowances, and how you may improve your performance. The administrative handbook for interviewers gives standards of performance, and tells how to accurately complete payroll and other administrative forms.

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**HIS-100  
1985**

**PART D**

**HOW TO CONDUCT THE HIS INTERVIEW**

PART D

HOW TO CONDUCT THE HIS INTERVIEW

CHAPTER 1. INTERVIEW FORMS

The purpose of this chapter is to give a general description of the questionnaire and related forms used to complete an interview.

The interviewing materials for the 1985 HIS consist of two survey questionnaires.

A. Description of the HIS-1 Questionnaire

The HIS-1 is the basic questionnaire used in the National Health Interview Survey. It contains the basic core questions that remain fairly constant from year to year. Only minor changes are made to accommodate the needs of the supplement questionnaire. The questionnaire contains several types of pages. Each type covers a certain kind of information.

1. Household Page

The Household Page is the front cover of the questionnaire and contains identification information, including the address of the sample household, PSU, segment, and serial numbers, as well as other items about the sample unit, such as the type of unit, etc.

2. Household Composition Page

This page contains questions to determine who lives in the household, several reference dates needed during the interview, and an introductory statement describing the purpose of the survey and the kinds of information that will be collected. The initial health questions about hospitalizations occurring in the past 13 months also appear on this page. Space is provided in each person's column for recording conditions and other health-related information reported throughout the interview.

3. Limitation of Activities Page--(Pages 4-9)

Questions on these pages determine the ways in which persons may be limited in carrying out their daily activities due to long-term health problems or impairments. The conditions which cause the limitations are also obtained.

4. Restricted Activity Pages—(Pages 10-14)

These questions determine whether anyone has experienced any health problem which caused him/her to miss work or school, stay in bed, or cut down on usual activities for more than half of a day during the 2-week reference period. Questions about conditions causing these restrictions are also included. Use page 15 for footnotes.

5. 2-Week Doctor Visits Probe Page—(Pages 16-17)

Questions on this page obtain the number of times a medical doctor or a doctor's assistant was contacted for health care or services during the 2-week reference period.

6. 2-Week Doctor Visits Page—(Pages 18-19)

Detailed information about each reported contact with a doctor or doctor's assistant including the date, the place where the care was received, the type of doctor consulted, the condition about which the doctor was consulted, and surgeries and operations performed during this visit are collected on this page.

7. Health Indicator Page—(Pages 20-21)

These questions obtain information about 2-week accidents and injuries, the number of days spent in bed during the 12-month reference period, general health status, and height and weight.

8. Condition Lists—(Pages 22-24)

Six separate lists of conditions appear on these pages. Only one list is asked in each household. Each list contains about 20-25 conditions associated with a major body system: musculo-skeletal system, circulatory system, etc. The reference periods used in this set of questions vary according to the nature of the specific conditions. Use page 25 for footnotes.

9. Hospital Page—(Pages 26-27)

These questions obtain detailed information about each reported hospital stay occurring within the past 13 to 14 months, including the date of admission and the actual length of each stay (number of nights) and the reason for the hospitalization, as well as information on any operations performed. The hospital name and location are also obtained for coding the type of hospital.

10. Condition Pages--(Pages 28-41)

Seven sets of Condition Pages, each set consisting of two pages, are included in the questionnaire. Questions on the Condition Page obtain information about conditions reported earlier in the interview and recorded in item C2. Impact measures associated with the condition (restricted activity, 12-month bed-days, hospitalizations, etc.) are collected for certain conditions. For conditions resulting from accidents, additional questions about the accident itself are also asked.

11. Demographic Background Page--(Pages 42-50)

These pages contain most of the socio-demographic items obtained for the survey: education, veteran status, current employment status and occupation, racial background and national origin, marital status, and family income.

Information is also obtained that can be matched to records maintained by NCHS and provides a contact person if the household is selected for inclusion in other NCHS sponsored surveys.

Use page 51 for footnotes.

12. Table X and Item E--(Page 52)

These items contain questions to determine if additional living quarters at this address are part of the sample unit or an EXTRA unit.

B. Description of the HIS-1(SB) Supplement Booklet

The HIS-1(SB) is made up of supplemental items. This booklet usually change from year to year to allow the collection of detailed information on a variety of health-related topics over a period of years. The supplement for 1985 is the Health Promotion and Disease Prevention Supplement (HPDP). See instructions in chapter D15 for completing the supplement.

C. Format of the HIS-1 Questionnaires

1. The Household Composition Page, Limitation of Activities Page, 2-Week Doctor Visits Probe Page, Health Indicator Page, and parts of the Demographic Background Page are arranged in a person-column format; that is, there are five columns, one corresponding to each person listed in the HIS-1.

Ask the respondent the questions on the left side of the page and record the answers for each person in his/her column to the right of the questions.

2. The 2-Week Doctor Visits Page, and the Hospital Page are also arranged in column format but the answer columns represent separate medical contacts or hospitalizations. The questions are on the left side of the page with answer spaces for four doctor visits or hospitalizations provided in the four columns to the right of the questions.

The balance of the Demographic Background Page is also arranged in column format with questions on the left side of the page and answer spaces for up to four persons to the right of the questions.

3. There are five numbered Restricted Activity Pages, one for each person listed on the Household Composition Page. All information for each person will be entered on his/her corresponding Restricted Activity Page.
4. The three pages containing the Condition Lists have two Condition Lists on each page. Reported conditions are recorded in item C2 in the person's column on the Household Composition Page.
5. Each HIS-1 Condition Page, consisting of two facing pages contains questions about a single condition.
6. In general, the questions on the Health Promotion and Disease Prevention Supplement are arranged with one column on each page, with the answer spaces immediately across from the questions. There are, however, a few "chart-type" items with questions across the top and answer spaces under them.



**D. Interviewer's Flashcard and Information Booklet--Form HIS-501**

1. The Interviewer's Flashcard and Information Booklet (referred to as the Flashcard Booklet) consists of a group of cards to be used for reference during the interview. Some cards are shown to the respondents as an aid in answering certain questions while others aid you as a reference source and are not shown to the respondents. Have a second Flashcard Booklet for the respondents' use so that the necessity of passing the booklet back and forth can be reduced.
  - a. Card HM (page 2) contains a summary table for determining who to include as a household member.
  - b. Use Card A (page 3), the Age Verification Chart, with question 3 on the Household Composition Page to determine the person's age.
  - c. Page 4 contains the list of independent cities to be used with question 6 on the Household Page.
  - d. Use Cards CP1 through CP3 (pages 5 through 7) as guides during the interview and when editing the Condition Pages.
  - e. Show Cards R and O (pages 8 and 9) to the respondent when asking the race and origin questions (3 and 4) on the Demographic Background Page. When interviewing in Spanish-speaking households, show the Spanish versions of Cards R and O on pages 28 and 29. (See paragraph 2 below for instructions on the use of Spanish cards.)
  - f. Show Card I or J (pages 10 and 11), as appropriate, to the respondent when asking the income question (8b) on the Demographic Background Page. The Spanish versions are on pages 31 and 32. Page 30 contains the Spanish version of income question 8a.
  - g. Show Cards N1 and N2 (pages 12 and 13) to the respondent when asking about ways to lose weight (question 5) and medical care (question 15) in Section N of the HPDP. The Spanish versions are on pages 33 and 34.
  - h. Show Card P (page 14) to the respondent when asking about conditions causing heart disease (question 1) in Section P of the HPDP. The Spanish version is on page 35.
  - i. Show Card R1 (page 15) to the respondent when asking about heart rate and breathing (question 6) in Section R of the HPDP. The Spanish version is on page 36.
  - j. Show Card S (page 16) to the respondent when asking about conditions caused by cigarette smoking (questions 4 and 5) in Section S of the HPDP. The Spanish version is on page 37.
  - k. Show Card T (page 17) to the respondent when asking about conditions caused by alcohol drinking (questions 9 and 10) in Section T of the HPDP. The Spanish version is on page 38.

- l. Show Card U (page 18) to the respondent when asking about dental care (questions 1, 2, and 5) in Section U of the HPDP. The Spanish version is on page 39.
  - m. There is a card giving the dates of various holidays in 1984 and 1985 and yearly calendars for 1984 and 1985 (pages 19, 20, and 21).
  - n. Show Condition List 1, 2, 3, 4, 5, or 6 to the respondent when asking the Condition List in Spanish-speaking households (pages 22-27).
  - o. Page 40 contains a list of items to be filled when additional questionnaires are used and instructions for determining which Condition List to ask in such situations.
  - p. Page 41 contains the Privacy Act listing statement and some verification examples.
  - q. Page 42 contains a brief explanation of the National Health Interview Survey and suggested introductions for both personal and telephone interviewing.
2. Use of the Spanish Cards in the Flashcard Booklet

All HIS interviewers receive the same training and instructions on how to ask questions and record responses so that all HIS interviews are conducted in a consistent manner. When conducting an interview in a Spanish-speaking household, it is equally important that the HIS concepts and procedures be applied in a similar and consistent manner. To assist in this type of interview, the Flashcard Booklet contains several cards printed in Spanish. The following provides the instructions for the use of these cards in conducting two types of Spanish interviews: (1) for utilizing a Spanish-speaking interpreter; and (2) for bilingual interviewers who conduct the interviews in Spanish.

- a. When conducting the HIS interview through an interpreter:
  - (1) Condition List Cards 1-6 (pages 22-27)--Hand the appropriate card to the interpreter, not the respondent. Since neither the interpreter nor the respondent will have been trained on HIS procedures for administering the Condition List, explain that you will be asking the questions in English and the interpreter should relay your questions to the respondent in Spanish, using the terminology printed on the card. Be sure to follow the same procedures for asking the Condition Lists as specified on pages D11-1 through D11-12 of this manual.
  - (2) Race (R), Origin (O), Income (Page 30 and I and J), and cards pertaining to the Health Promotion and Disease Prevention Supplement (pages 33-39)--Hand the appropriate card to the interpreter to review while you ask the question in English. The interpreter should relay your question in Spanish and hand the card to the respondent for a response.


b. When conducting the HIS interview in Spanish:

- (1) Condition List Cards 1-6 (pages 22-27)--Refer to the appropriate card for the terminology to be used in asking the Condition List in Spanish. Do not hand the card to the respondent. Follow the same procedures specified on pages D11-1 through D11-12 when conducting the interview in Spanish.

NOTE: Not all of the special instructions, identifications of the body systems, etc., are included on the Spanish Condition List cards. Therefore, you must always refer to the Condition List page of the HIS-1 while you use these cards.

- (2) Race (R), Origin (O), Income (Page 30 and I and J), and cards pertaining to the Health Promotion and Disease Prevention Supplement (pages 33-39)--Hand the appropriate card to the respondent while you ask the question in Spanish. Use your copy of the Flashcard Booklet and refer to the wording printed on the card when asking these questions.

E. Calendar Card



**UNITED STATES  
NATIONAL HEALTH INTERVIEW SURVEY  
1985**

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>MAY</b>				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	
							1
<b>JUNE</b>	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30						

Holidays

FORM **HIS-501B**  
(3-13-84)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Red Line (the past  
2 weeks)

Week 11, Sample 852  
(interview week)

A separate calendar card is furnished with each week's assignment. Hand the card to the respondent and refer to it at different times throughout the interview to remind the respondent of the particular 2-week period.

Before starting each interviewing assignment, prepare two or three calendar cards by outlining the dates of the 2-week reference period in red. The beginning and ending dates should correspond with the 2-week dates entered in the "2-Week Period" space in item A1 of the Household Composition Page. Use a ruler or straight edge and a sharp red pencil or a pen with red ink to mark off the 2-week period on the calendar card.

If an entire interview is delayed until the week following interview week, it will be necessary to update the reference period. Prepare a new calendar card showing the new reference period, that is, the 2-week period ending the Sunday night immediately prior to your actual interview date. Also, correct the "Reference dates" entered in A1 to reflect the new reference period.

If only the completion of the Health Promotion and Disease Prevention Supplement is delayed until the week following the week in which the core interview is completed, do not update the reference period. The reference period for the supplement should always be the same as the reference period for the basic HIS-1 core interview.

CHAPTER 2. GENERAL INSTRUCTIONS FOR USING THE HIS QUESTIONNAIRES

This chapter describes a number of basic rules which apply throughout the HIS questionnaires. These rules involve types of print and symbols, making and correcting entries, and other topics you must know to conduct the interview. Individual questions sometimes have special instructions. These are covered in later chapters of this manual which describe each question in detail. Apply the following rules in a consistent manner for the entire questionnaire in order to provide reliable statistical data.

A. Types of Questions

There are two basic types of questions in the HIS-1 questionnaires: family-style and individual-style.

1. Family-Style--For family-style questions, ask the question once for the entire family. Enter the answer in the space provided near the question. For example:

4a. Are any of the persons in this family now on full-time active duty with the armed forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (5)
---	------------------------------	---------------------------------

When interviewing in a one-person household, substitute "you" for "anyone in the family." When interviewing in a two-person household, substitute "you and --" or "either of you." Do not include deleted household members when asking family-style questions.

2. Individual-Style--For individual-style questions, repeat the questions for each person in the family. Enter the answers in the appropriate columns for each of the family members. When asking such questions for the second and subsequent family members, it is important that you again read the question exactly as worded. Do not shorten the question as this may change its meaning.

6a. Since ( <u>13-month hospital date</u> ) a year ago, was -- a patient in a hospital OVERNIGHT?	6a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Mark "HOSP." box, THEN NP)
---	---

B. Symbols and Print Type

The following rules are used throughout the questionnaires to simplify the entering of information and to standardize the asking of questions.

1. Two dashes (—)—Where two dashes appear, insert the name of the person, the relationship to the respondent, or use he/she, his/her, as appropriate. Refer to adults by their proper title; such as, Mr., Mrs., Miss, Ms., Dr., etc. For example, ask "Would you say Mr. Smith's health in general is excellent, very good, good, fair, or poor?" Do not refer to adults by their first names unless the respondent specifically requests you to do so.

4. Would you say ... health in general is excellent, very good, good, fair, or poor?	4. 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor
--	---

2. One dash (-)—Where a single dash appears, pause, and then continue with the remainder of the item.

h. What part of the ( <u>part of body in 3b-g</u> ) is affected by the [infection/sore/soreness] - the skin, muscle, bone, or some other part?  Specify _____
---

3. Underlined Word(s) in Light Italics Within Parentheses—Words in light italics within parentheses and underlined indicate that you must substitute the appropriate word(s). The underlined word(s) identify which questions or items to refer to for the appropriate wording. In the first example below, insert the names of all family members, such as, "...that is, yours, your wife's, Bill's, and your uncle's?..."

8a. Was the total combined FAMILY income during the past 12 months - that is, yours, ( <u>read names, including Armed Forces members living at home</u> ) more or less than \$20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.  Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.	8a. 1 <input type="checkbox"/> \$20,000 or more (Hand Card I) 2 <input type="checkbox"/> Less than \$20,000 (Hand Card J)
--	---

In the second example, insert in question b the name of the condition reported earlier, such as, "Besides arthritis, is there any other condition that causes this limitation?"

b. Besides ( <u>condition</u> ) is there any other condition that causes this limitation?	b. <input type="checkbox"/> Yes (Reask 4a and b) <input type="checkbox"/> No (4d)
---	---

4. Words Within Parentheses (Regular Type)—Parentheses around words in regular type indicate words which may or may not be read when asking the question, depending on the situation. Based on previous information the respondent has provided, you must determine whether or not to include the phrase. In the example below, read the word "other" if the respondent has already reported a condition. If the respondent has not mentioned any conditions, do not read "other."

c. Is this limitation caused by any (other) specific condition?	c. <input type="checkbox"/> Yes (Read <i>a</i> and <i>b</i> ) <input type="checkbox"/> No
---	--

5. Brackets ([ ])—Brackets are used to indicate a choice of words. These words may be either separated by a slash (/) or vertically aligned.

In the first example below, you would select the appropriate word from the bracketed phrase, depending on how the previous question was answered; such as, "Was a condition found as a result of the examination?"

c. Was a condition found as a result of the [test(s)/examination]?	c. 1 <input type="checkbox"/> Yes ( <i>4h</i> ) 2 <input type="checkbox"/> No
--	---

In the second example below, you would select all appropriate phrases depending on the respondent's previous answers. For example, if the respondent had missed work and stayed in bed, the question would be phrased, "Did any other condition cause you to miss work or stay in bed during that period?"

b. Did any other condition cause -- to	<table border="1"> <tr> <td>miss work</td> </tr> <tr> <td>miss school</td> </tr> <tr> <td>(or) stay in bed</td> </tr> <tr> <td>(or) cut down</td> </tr> </table>	miss work	miss school	(or) stay in bed	(or) cut down	during that period?
miss work						
miss school						
(or) stay in bed						
(or) cut down						
1 <input type="checkbox"/> Yes (Read <i>7a</i> and <i>b</i> )	2 <input type="checkbox"/> No					



6. Braces (    )—Braces contain statements which must be read the first time the question is read to the respondent and may be repeated thereafter as often as you feel it is necessary. In the example below, the 12-month reference date must be inserted the first time the question is read. Thereafter, this date may be repeated if you feel that doing so will help the respondent to better understand the question.

2. During the past 12 months, (that is, since (12-month date) a year ago) ABOUT how many days did illness or injury keep — in bed more than half of the day? (Include days while an overnight patient in a hospital.)	2. 000 <input type="checkbox"/> None  _____ No. of days
---	---

7. Alternative Wording for Children Under 14 Years Old—Several questions contain alternative wording which should be used whenever you are asking about children under 14 years old. For example:

b. About how long has it been since (—/anyone) last saw or talked to a medical doctor or assistant (about —)? Include doctors seen while a patient in a hospital.	b. 1 <input type="checkbox"/> Interview week (Reask 3b) 2 <input type="checkbox"/> Less than 1 yr. (Reask 3a) 3 <input type="checkbox"/> 1 yr., less than 2 yrs. 4 <input type="checkbox"/> 2 yrs., less than 5 yrs. 5 <input type="checkbox"/> 5 yrs. or more 0 <input type="checkbox"/> Never
---	--

When asking this question about children under 14 years old, use the word "anyone" in brackets and read the parenthetical "about —." For example, for 13-year-old Susan ask: "About how long has it been since anyone last saw or talked to a medical doctor or assistant about Susan? Include doctors seen while a patient in a hospital."

For persons 14 years old and over, use the "—" in brackets but do not use the parenthetical "about —." For example, for 19-year-old David ask: "About how long has it been since David last saw or talked to a medical doctor or assistant? Include doctors seen while a patient in a hospital."

8. Print Type Used—The words you read to the respondent appear in bold print, lower-case type. Stress words in all capital letters to the respondent by reading slightly louder and pausing slightly.

Special instructions in the question areas appear in light-print italics. Never read these instructions to the respondent.

These types of print do not apply to the answer spaces. Categories in the answer spaces are generally in light-face, regular type with skip instructions in italics.

In the example below, the words, "Mark box if only one condition" in italics are an interviewing instruction and should not be read aloud. Stress the word, "MAIN" when reading d since it is in capital letters.

d. Which of these conditions would you say is the MAIN cause of this limitation?	d. <input type="checkbox"/> Only 1 condition  _____ Main cause
--	--

C. Skip Instructions

Many questions in the questionnaires are asked in an order other than the numerical order presented. Also, not all questions are appropriate for every respondent. For these reasons, there are several types of skip instructions which indicate how to proceed.

1. Shaded Areas ("Zip-a-tone")—Make no entries in any shaded areas. When the shaded area stretches across the entire page, complete the items above these areas for all family members (including those listed on separate questionnaires when more than five columns are needed for the family) before going to the question below the shaded area. In the example below you would ask questions in the following order: for person 1, ask questions 2 and 3; then, for person 2, ask questions 2 and 3; etc., until you have asked questions 2 and 3 for all persons. Then ask questions 4 and 5 for person 1; 4 and 5 for person 2; etc., for all persons.

<p>2. During the past 12 months, (that is, since (12-month date) a year ago) ABOUT how many days did illness or injury keep -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)</p>	<p>2. 000 <input type="checkbox"/> None _____ No. of days</p>
<p>3a. During the past 12 months, ABOUT how many times did [--/anyone] see or talk to a medical doctor or assistant (about --)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the (number in 2-WK DV box) visit(s) you already told me about.)</p>	<p>3a. 000 <input type="checkbox"/> None (3b) 000 <input type="checkbox"/> Only when overnight patient in hospital _____ No. of visits } (NP)</p>
<p>b. About how long has it been since [--/anyone] last saw or talked to a medical doctor or assistant (about --)? Include doctors seen while a patient in a hospital.</p>	<p>b. 1 <input type="checkbox"/> Interview week (Reask 3b) 2 <input type="checkbox"/> Less than 1 yr. (Reask 3a) 3 <input type="checkbox"/> 1 yr., less than 2 yrs. 4 <input type="checkbox"/> 2 yrs., less than 5 yrs. 5 <input type="checkbox"/> 5 yrs. or more 0 <input type="checkbox"/> Never</p>
<p>4. Would you say -- health in general is excellent, very good, good, fair, or poor?</p>	<p>4. 1 <input type="checkbox"/> Excellent      4 <input type="checkbox"/> Fair 2 <input type="checkbox"/> Very good.      5 <input type="checkbox"/> Poor 3 <input type="checkbox"/> Good</p>
<p>Mark box if under 18. 5a. About how tall is -- without shoes?</p>	<p>5a. <input type="checkbox"/> Under 18 (NP) _____ Feet _____ Inches</p>
<p>b. About how much does -- weigh without shoes?</p>	<p>b. _____ Pounds</p>

2. Numbers or Letters in Parentheses Following Answers or Check Boxes-- These instructions indicate which question to ask next. If there is no number or letter in parentheses, go to the next question for the same person. At the end of a set of questions (that is, above a shaded area or at the end of a page), go to the beginning of that set for the next person.

"(NP)" means go to the next person, "(Next DR visit)" means go to the next 2-week doctor visit, "(Next HS)" means go to the next hospital stay, and "(NC)" means go to the next condition.

In the following example, if the answer to 2a is "yes," mark the "Yes" box and then ask 2b. However, if the answer to 2a is "no," mark the "No" box and skip to question 4 without asking question 2b or 3 for this person.

2a. During these 2 weeks, did -- miss any time from a job or business because of illness or injury?	
<input type="checkbox"/> Yes	oo <input type="checkbox"/> No (4)
-----	
b. During that 2-week period, how many days did -- miss more than half of the day from -- job or business because of illness or injury?	
oo <input type="checkbox"/> None (4)	<input type="text"/> No. of work-loss days (4)

3. Check Items--The purpose of check items is to direct you to the appropriate question for an individual by requiring you to refer to previous information and to mark a box in the response column. Check items are not read to the respondent. In the example below, one box will be marked in E1, depending on the person's age. If the first box is marked, ask question 1b next. If the second box is marked, continue by asking question 1a.

E1	Refer to age.	E1	<input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)
1a. During these 2 weeks, how many times did -- see or talk to a medical doctor? (Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.) (Do not count times while an overnight patient in a hospital.)		1a. and 1b.	oo <input type="checkbox"/> None
-----			} (NP)
b. During these 2 weeks, how many times did anyone see or talk to a medical doctor about --? (Do not count times while an overnight patient in a hospital.)			

4. Interviewer's Instructions—Sometimes above a question there will be an instruction in italics to indicate whether, given a particular situation, a question should be asked or how it should be asked. In the example below, if the medical advice was received over the telephone (that is, the "Telephone" box was marked in question 2), mark the box in the appropriate doctor visit column and skip to the next 2-week doctor visit.

<i>Mark box if "Telephone" in 2.</i>	Se.	0 <input type="checkbox"/> Telephone in 2 (Next DR visit)
5a. Did -- have any kind of surgery or operation during this visit, including bone settings and stitches?	1 <input type="checkbox"/>	Yes
	2 <input type="checkbox"/>	No (Next DR visit)

- D. How to Make Entries—There are three types of entries that you will make on the questionnaire: an "X" in a check box, a written entry, and a circle around a number.

1. Check Box—Wherever a box is provided, enter an "X" as appropriate.

1. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? <i>Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.</i>	1.	1 <input checked="" type="checkbox"/> Working (2)
		2 <input type="checkbox"/> Keeping house (3)
		3 <input type="checkbox"/> Going to school (5)
		4 <input type="checkbox"/> Something else (5)

For some questions, boxes are provided for intervals of time. If an answer falls at the breaking point between two categories, you must always probe. For example, in the illustration below, if the response is "2 years," you must probe by saying, "Would you say it was less than 2 years or more than 2 years?"

b. About how long has it been since [---/anyone] last saw or talked to a medical doctor or assistant (about ---)? Include doctors seen while a patient in a hospital.	b.	1 <input type="checkbox"/> Interview week (Reask 3b)
		2 <input type="checkbox"/> Less than 1 yr. (Reask 3a)
		3 <input type="checkbox"/> 1 yr., less than 2 yrs.
		4 <input type="checkbox"/> 2 yrs., less than 5 yrs.
		5 <input type="checkbox"/> 5 yrs. or more
		6 <input type="checkbox"/> Never

2. **Written Entries**--For many items, space is provided for a written response. Sometimes the item will require a date or a number, as described in paragraphs a and b below. Others will require you to write in reported information as in the example below. In all cases, record exactly what the respondent says; that is, the "verbatim" response. Do not summarize, paraphrase, or condense the response. Be sure your writing is legible--if at all possible, print the answer. This is especially important when entering names, addresses, and other information that may be needed for followup surveys. Use the nearest footnote space for answers which are too long to write in the space provided.

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it?           EPILEPSY          

Specify

1  Color Blindness (NC)      2  Cancer (3e)  
 3  Normal pregnancy, } (5)  
    normal delivery,    }      4  Old age (NC)  
    vasectomy            }      5  Other (3c)

- a. **Recording Dates**--Always record the month, date, and the year in that order. Use two digits for the month and date; for example, "01/08" for January eighth. Use four digits for the year unless the "19\_\_" is preprinted.

Date of birth		
Month	Date	Year
04	17	1941

- b. **Number Entries**--In many cases, a single numerical entry is required, as in the example below. However, the respondent may not be able to give an exact number but may answer in terms of a range or an interval. In such cases, assist the respondent in making an estimate by probing. For example, in the question below, if the respondent answered, "10 to 15 nights," you should probe by asking, "Could you give me a more exact number?"

In such cases, try as tactfully as possible to obtain a specific number, even if it is an estimate. However, do not force the issue to the point where it harms the interview. If the final answer is an interval or range, for example, "10-12 nights," record "10-12" in the answer space; or if the best answer you can get is an estimate, note this fact, such as, "12 est."

3. How many nights was -- in the hospital?	3. 0000 <input type="checkbox"/> None (Next HS)
	10-12 Nights

Some questions require a written entry for the length of time, height, weight, etc. Enter verbatim the number response, including fractions, on the appropriate line.

Mark box if under 18. 5a. About how tall is — without shoes?	5a. <input type="checkbox"/> Under 18 (NP) 5 Feet 7½ Inches
---	--

3. Circled Numbers—For a few questions, the answer space contains a series of numbers corresponding to flashcard categories or representing years of education. When circling the appropriate response(s), be sure the circle completely surrounds the number and does not overlap any other number.

2a. What is the highest grade or year of regular school — has ever attended?	2a. <input type="checkbox"/> Never attended or kindergarten (NP) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4-5 6+
--	--

4. "Don't Know" Responses—When asked a question, the respondent may indicate that he/she does not know the answer. If, after probing, the person still cannot answer the question, you must indicate on the questionnaire that the respondent "doesn't know." This will be done in one of two ways, depending on the question. If there is a box for "DK" in the answer space, mark this box with an "X."

4. Is this [tumor/cyst/growth] malignant or benign? 1 <input type="checkbox"/> Malignant      2 <input type="checkbox"/> Benign      3 <input checked="" type="checkbox"/> DK
--

If there is no "DK" box, write "DK" in the answer area for that person.

Except for eyes, ears, or internal organs, ask if there are any of the following entries in 3b-f: Infection                  Sore                  Soreness h. What part of the (part of body in 3b-g) is affected by the [infection/sore/soreness] — the skin, muscle, bone, or some other part?  Specify <u>DK</u>
--

5. Refused Items--If a respondent refuses to answer a particular question, explain the need to have all applicable questions answered. If the respondent still refuses to answer after this explanation, enter "REF" in the answer space and footnote the reason(s) given for not answering the question. Do not let the refusal interfere with the asking of all other appropriate items.

E. Questions Which Are Reasked

Throughout the questionnaire there are questions which are reasked to obtain additional information. The following example of a family-style question demonstrates how these should be completed.

3a. (Besides the time(s) you already told me about) During these 2 weeks, did anyone in the family get any medical advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with or for a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No (E2)		
b. Who was the phone call about? Mark "Phone call" box in person's column.		3b. <input type="checkbox"/> Phone call
c. Were there any calls about anyone else? <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No		
Ask for each person with "Phone call" in 3b: d. How many telephone calls were made about ---?		d. <input type="text"/> Number of calls
<b>E2</b>	Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK. DV" box in item C1.	

If "No" is marked in 3a, you would go to E2. If "Yes" is marked, ask 3b and mark each applicable person's column. Question 3c is a probe to remind the respondent to report additional family members. If "Yes" is marked in 3c, then 3b and c must be reasked in order to obtain the names of the other family members who received advice over the telephone. Continue reasking 3b and c until the response to 3c is "No." The important thing to remember in this type of question is that "No" must always be marked as the final answer. This means that whenever "Yes" is marked in c, "No" will also be marked. In a one-person household or if all persons are initially accounted for, mark "No" in c without asking the question. After marking the final "No" in c, ask 3d for each person reported in 3b.

F. Corrections

To correct an entry, erase the incorrect answer completely and enter the correct answer. When correcting item C1 on the Household Composition Page, footnote the reason for any change. Be sure to enter the same footnote symbol in C1 and where the change is discovered. However, cross out, NOT erase, changes to the entries made by the office in question 6a on the Household Page and item A1 on the Household Composition Page (see pages D4-3 and D5-14).

G. More Than One HIS-1 Questionnaire or More Than One HIS-1(SB) Supplement Booklet

The number of HIS-1 questionnaires needed in a household will depend on household composition and the number of 2-week doctor visits, hospitalizations and conditions.

1. Additional HIS-1 questionnaires will be needed for a household if:
  - a. There are more than five persons in the household.
  - b. There are household members not related to the reference person. In such cases, complete a separate questionnaire for each unrelated household member or family group.
  - c. There are more than five conditions for a person in item C2 on the Household Composition Page.
  - d. There are more than four 2-week doctor visits for a family.
  - e. There are more than four hospitalizations for a family.
  - f. There are more than seven conditions for a family.
  - g. There are more than four related persons aged 18 and over.

NOTE: If a second questionnaire is required because of 1d, 1e, 1f, or 1g above, use the pages of the first questionnaire to record the information as long as there is room. A second questionnaire is needed only when all of the pages of a particular type are filled in the first questionnaire.

- (1) See page D5-8 for information required on a separate questionnaire for unrelated household members.
- (2) See page 40 of the Flashcard Booklet for those items to be filled for additional questionnaires.

The number of HIS-1(SB) booklets needed in a household will depend on the number of sample persons selected, the number of females aged 18-44 and the number of children under 18.

2. Additional HIS-1(SB) booklets will be needed for a household if:
  - a. There is more than one sample person selected.
  - b. There are more than 4 females aged 18-44.
  - c. There are more than 4 children under 18.



H. Events Starting During the Interview Week

1. Do not include any illness, hospitalization, or other health-related event starting during interview week, regardless of how serious it might be. "Interview Week" is defined as the week, Monday through Sunday, in which this interview is conducted. Data obtained in all of the weeks of interviewing throughout the year are combined to produce yearly estimates. This is only possible if all data collected during a particular week apply to the identical period of time; that is, the stated reference period. If you were to include events that happened during interview week, people interviewed at the end of the week would have a longer reference period; the information reported in different households would therefore not be comparable.
2. If you record something of this kind and afterwards learn that it should not have been included, delete or correct the entry, as appropriate, and explain the change in a footnote.
3. This rule does not apply to household membership or personal characteristics, such as age, marital status, or membership in the Armed Forces, all of which apply at the time of the interview.
4. For children born during interview week, complete questions 1 through 3 on the Household Composition Page and delete the child's column. Enter as the reason for the deletion "Born interview week." Explain to the respondent that you will ask no further questions about the child because we only obtain health data up through last Sunday night.

I. Footnotes and Comments

1. Relevant and precise footnotes or comments are often helpful at later stages of the survey (for example, during coding) in resolving problems which arise out of inconsistencies or omissions, estimates, etc. When possible, make notes or comments near the answer box containing the entry to which the explanation or comment applies, or in the nearest footnote space.
2. When you footnote an explanation or comment, indicate to which entry the note applies by writing the footnote number both at the source of the note and next to the note itself. For example:

b. About how much does -- weigh without shoes?	125 <sup>U</sup> Pounds
<sup>U</sup> Pregnant - Present weight 147 pounds.	

If the footnote is entered on a different page than the source, also reference page numbers and question numbers. For example:

15. Record of calls					FOOTNOTES <sup>U</sup> 9.15, 14 page
Month	Date	Beginning time	Ending time	Completed MARK (X)	
<del>7</del>	<del>07</del>	<del>15</del>	<del>3:00</del>	<del>4:00</del>	<del>U 566</del>
7	07	15	4:00 <sup>a.m.</sup>	5:00 <sup>p.m.</sup>	U 566
					7. 07-18 - 9:00 <sup>(am)</sup>
					8. 07-18 - 2:30 <sup>(pm)</sup> - 3:15 <sup>(pm)</sup> X

## J. Computing Answers

Sometimes you may have to compute the answer to a question from the response given. For example, in response to the 12-month doctor visits question, a respondent says, "I went to the doctor twice a month for the past year and then I saw her three other times when I broke my foot." Or the family income may be given in terms of the weekly or monthly paycheck. In both of these cases, you must compute an answer to fit specified answer categories--the total number of doctor visits or a range for yearly income. Before doing so, probe or verify that the person went to the doctor twice each month or that the person received the same pay each time. Do not assume this from the original response. After doing the computation, verify the result with the respondent before recording the answer.

## K. Flashcards

1. For some questions, flashcards are used as an aid to respondents. A question requiring the use of a flashcard is preceded by an interviewer instruction, such as "Hand Card O." The cards usually contain lists from which the respondent is asked to choose. Most of the flashcard categories are printed on the questionnaires so that you do not have to refer to the card itself.
2. If the respondent is unable to read, read the flashcard categories to him/her. All categories must be read to the respondent before you accept the response so that the person is aware of all available alternatives.

## L. Conducting the Interview

1. The materials needed to conduct an interview are: HIS-600 Advance Letter, HIS-1(1985) Questionnaire, HIS-1(SB)(1985) Supplement Booklet, HIS-501(1985) Interviewer's Flashcard and Information Booklet, Segment Folder, Calendar Card, and "Thank you" letters.
2. When you receive your assignment from the regional office, complete each interview in the following manner:

Step 1--Check Part II of the Segment Folder to determine if you must list (or update) only, list (or update) and interview, or interview only. If listing (or updating) is required, proceed according to the instructions in part B of this manual for the particular type of segment. If interviewing is required, check the address of the current sample unit on the listing sheet in the Segment Folder to make sure that this address appears in item 6a of the questionnaire. Verify that the entry in item 6a is complete, legible, and corresponds to the sample unit on the Listing Sheet. Correct 6a as necessary.

Step 2--When you begin the interview, start by using the HIS-1 questionnaire and verify the sample address (6a) with the respondent and ask 6b. Be sure all entries in 6a and/or 6b are complete and legible - print. Complete items 7, 8, and Table X, if required, and items 9 and 10.

- Step 3--Complete questions 1-3 on the Household Composition Page, then complete the remaining questions on this page.
- Step 4--Complete check item B1 and ask the Limitation of Activities questions on pages 4-9.
- Step 5--Complete one Restricted Activity Page (pages 10-14) for each family member, as appropriate.
- Step 6--Complete the 2-Week Doctor Visits Probe Page for the family.
- Step 7--Complete a separate column of the 2-Week Doctor Visits Page for each visit indicated in item C1, "2-WK. DV" box of the questionnaire.
- Step 8--Complete pages 20-24, the Health Indicator Page and the appropriate Condition List.
- Step 9--Complete a separate column of the Hospital Page for each hospitalization indicated in item C1, "HOSP." box of the questionnaire.
- Step 10--Complete a separate Condition Page for each condition listed in item C2 of the questionnaire.
- Step 11--Complete pages 42-50, the Demographic Background Page.
- Step 12--Take out a HIS-1(SB) and complete the Cover Page identification information, and the sample person selection, if appropriate.
- Step 13--Complete the HPDP Supplement.
- Step 14--Complete the supplement cover page.
- Step 15--Complete the Household Page, items 11-16, and review the questionnaires for completeness.
- Step 16--Thank the respondent and leave the "Thank you" letter.

CHAPTER 3. RESPONDENT RULES

A. Overall Objective

The purpose of this chapter is to cover the various rules describing who may respond to the questions in the National Health Interview Survey.

B. General Definitions

1. Adult--A person 19 years old or over or a person under 19 years old who has ever been married.
2. "Eligible respondent"--A person who may respond to questions beyond the Household Composition items, questions 1 and 2, on page 2. See paragraph C2 of this chapter for more detailed information.
3. Family--A group of two or more related persons who are living together in the same household; for example, the reference person, his/her spouse, 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/her family, a household employee and his/her spouse. Hence, there may be more than one family living in a household.
4. Household--The entire group of persons who live in the sample unit. It may consist of several persons living together or one person living alone. It includes the reference person and any relatives living in the unit as well as roomers, domestics, or other persons not related to the reference person.
5. Reference person--This is the person or one of the persons who owns or rents the sample unit, that is, the first person mentioned by the respondent in answer to question 1a on the Household Composition Page. For persons occupying the sample unit without payment of cash rent, the reference person is the first adult household member named by the respondent. This person must be a household member of the sample unit. (See instructions for question 1a on page D5-2.)
6. Related--Related by blood, marriage, or adoption. Consider foster children and wards as related when determining family membership.
7. Respondent--A person who provides answers to the questions asked.
  - a. Self-respondent--A person who responds to questions about himself/herself.
  - b. Proxy-respondent--A person who responds to questions about other household members.

8. Responsible--Mentally and physically able to provide adequate and appropriate responses to the questions.

C. General Instructions

1. Who May Respond to Questions on the Household Page and to Questions 1 and 2 (Name and relationship of all persons living in the unit)

- a. Ask these questions of any responsible adult household member. This person does not have to be related to the reference person.
- b. It may be necessary before asking these questions to determine whether or not the person to whom you are speaking is actually a household member. Use the "Household Membership" rules in your Flashcard Booklet.

2. Who May Respond to the Remaining HIS-1 Questions ("Eligible" Respondent)

NOTE: The HIS-1(SB) Supplement Booklet has specific respondent rules. See Chapter 15, for a detailed explanation.

- a. Adults

- (1) Responsible adult members of the household may answer the remaining questions for all related household members of any age.
- (2) An adult on active duty with the Armed Forces who lives at home may be interviewed for his/her family since this person is a related household member. However, no health information is obtained for Armed Forces members because the survey includes only the civilian population.

- b. 17- or 18-Year-Olds--Single persons 17 or 18 years old may not respond for other family members but may respond for themselves as described in paragraphs (1) and (2) below. The reason for this restriction is that, while 17- and 18-year-old persons should know about themselves, they are unlikely in many cases to have sufficient knowledge about the rest of the family to be able to furnish accurate information. Accept 17- or 18-year-old persons as self-respondents under the following circumstances:

- (1) If there is no related person in the household who is 19 years old or over, 17- or 18-year-old persons may respond for themselves. For example, if the household consists of two unrelated 17- or 18-year-old students living in a school dormitory room, each must respond for himself/herself.

- (2) If they are present during the interview with an older related respondent, ask 17- or 18-year-old persons to respond for themselves; you may accept responses from the older relatives as well.

NOTE: Persons under 19 years old who have ever been married are considered adults. In these situations, follow the instructions in paragraph 2a above.

- c. Children--Information about a child (under 17 years old) is normally obtained from one of the parents or another related adult in the household.

In certain situations, another person may respond for the child, as described in the following paragraphs:

- (1) When interviewing in a prep or boarding school where the occupants are under 17, arrange for a responsible, knowledgeable person to be present during the interview. The child may or may not respond for himself/herself, depending on his/her ability to provide adequate responses. Enter a footnote to explain the situation; for example: "Headmaster responded," "Counselor present."
- (2) A child who is a ward or foster child and is not related to any adult eligible respondents should be reported in the same manner as a related child. Consider this child a family member; that is, do not enter this child's name on a separate questionnaire. The person who is responding for the rest of the family with whom the child is living should also respond for the child.

d. Exceptions to Eligible Respondent Rules

- (1) If an unmarried couple is living together as husband and wife, as determined by the relationship reported in question 2, interview them together on a single set of questionnaires, regardless of their ages. Each may respond for the other and for any of their children. However, unless the person is aged 19 or older (or has ever been married), he/she may not respond for any other related household members.
- (2) Unmarried persons living with one or more of their children may respond for themselves and for their children regardless of their own age, even if living with their parents. However, persons under 19 who have never been married cannot respond for any household members other than their own children.

- (3) For persons who are not able to answer the questions for themselves and have no relative living in the household that 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, enter a footnote to explain the circumstances, including the name and relationship of the respondent if he/she is not a household member.

e. Persons Not Related to the Reference Person

For persons living in the household but not related to the reference person, apply the rules in paragraphs 2a-d above to determine who is an eligible respondent for that individual or family group. If no eligible respondent for the unrelated person or family is home at the time of the interview, a return visit must be made to obtain the interview.

3. Return Visit May Be Necessary

In some instances, it may be necessary to make return visits to the household in order to interview an eligible respondent. For example, if a respondent does not appear to be "responsible" because of illness, etc., stop the interview and arrange to return to interview a responsible eligible respondent. If an eligible respondent can answer questions for himself/herself but does not know enough about other related adults in the household, finish the interview for this person but arrange to return for the other household members.

CHAPTER 4. HOUSEHOLD PAGE

Overall Objective

The purpose of the Household Page is to record identifying and administrative information.

① **Item 1, Book of Books** ①

1. Book ____ of ____ books
----------------------------------

Instructions

If you use only one HIS-1 questionnaire for a household, fill this item to read, "Book 1 of 1 books." If you use two HIS-1 questionnaires, fill item 1 on the first to read, "Book 1 of 2 books," and the second, "Book 2 of 2 books." Make corresponding entries when three or more HIS-1 questionnaires are used.

This item on the HIS-1 questionnaire refers only to the number of HIS-1 questionnaires used for this interview. Do not include a count of the HIS-1(SB) Supplement Booklets used.



		2. R.O. number		3. Sample	
4. Segment type		5. Control number			
<input type="checkbox"/> Area <input type="checkbox"/> Permit <input type="checkbox"/> Block		PSU	Segment	Serial	

**A. Objective**

These items are filled in advance by the office to identify the sample units.

**B. Instructions**

1. Two or More HIS-1 Questionnaires for One Household--For second and additional HIS-1 questionnaires prepared for the household, transcribe items 2-5, including serial number, from the first questionnaire for the household.
2. EXTRA Units and Units Added on Sample Lines When Listing or Updating--For such sample units to which serial numbers have not been preassigned, transcribe items 2-5, except for the serial number, from any other unit in the segment. Leave the space for serial number blank. When the office assigns a serial number to the unit, it will be recorded in item 5.

6a. What is your exact address? (Include House No., Apt. No., or other identification, county and ZIP code)				LISTING SHEET
-----				
City	State	County	ZIP code	Sheet No.
-----				Line No.
6b. Is this your mailing address? (Mark box or specify if different. Include county and ZIP code.)				<input type="checkbox"/> Same as 6a
-----				
City	State	County	ZIP code	
6c. Special place name		Sample unit number	Type code	

A. Objective

Item 6 identifies the location, address or description and the mailing address of the sample unit. In addition to assisting you in locating the correct sample unit, this information may be used by NCHS to select and/or contact persons or units included in one of their population-based surveys sampled from HIS.

B. Instructions

1. Question 6a

After you have introduced yourself, explained the purpose of your visit, and verified the listing for the basic address (if required), ask 6a. You may reword 6a as follows: "What is your exact address, including county and ZIP code?"

- a. Make any necessary corrections and additions to make the address complete, including the county and ZIP code. For persons who live in Alaska or Louisiana, enter the name of the borough or parish, respectively, on the "County" answer line. Refer to paragraphs 1e and f below for instructions on how to enter independent cities in the county box. Cross out, DO NOT ERASE, incorrect entries once you have verified that you are at the correct sample unit. Any address correction made in 6a must also be made on the listing sheets as instructed in part B. Be sure all entries, both yours and those made by the regional office, are legible. Correct as necessary: print if possible.
- b. In area segments, you will often find a descriptive address entered in 6a, such as, "Red brick 2-story colonial, etc...." DO NOT cross out this entry. In these cases, the respondent will most likely respond to question 6a by giving you the mailing address, such as a box number, or rural route number. Print such information in item 6b, and then ask the item 6b question, making whatever changes are necessary. If the respondent gives you a house number in response to 6a, enter the house number in 6a above the descriptive address. Then ask 6b as usual.

## Address (Continued)

- c. For EXTRA units, fill item 6a with an accurate unit description so that the EXTRA unit can easily be distinguished from the original unit.
- d. For units added on sample lines when listing or updating which have no serial numbers preassigned, transcribe the address for 6a from the listing sheet and segment folder.
- e. If a person lives in an independent city (as defined in the list of independent cities in your Flashcard Booklet), print the city name on the "County" answer line and footnote "Independent city," in the answer space area in question 6.
- f. If you are given the names of both an independent city (as defined in the list of independent cities) and a county, probe to determine if the home is inside or outside the limits of the city. For example, when you ask, "What is your exact address?", the respondent says, "111 Main Street, Charlottesville, VA, ZIP code 22902, Albermarle County." Ask if this house is inside or outside the city limits of Charlottesville. If within the city limits, print "Charlottesville" in the county space and footnote "Independent city." If outside the city limits, print "Albermarle" on the county line. Use this probe procedure any time you think the independent city and county entries are inconsistent or incorrect.
- g. If you have difficulty locating the sample unit in area and block segments, refer to the sheet and line number to the right of the address in 6a. The address (or description) on the listing sheet, as well as those on adjacent lines of the listing sheet, may help you locate the sample unit. In some cases, you may find that the address/description in these types of segments was incorrectly transcribed from the listing sheet to the HIS-1: make any necessary corrections as instructed in paragraphs B1a and B1b above.

2. Question 6b

- a. If the address in 6a is identical to the mailing address, mark the box "Same as 6a" in 6b. If a descriptive address is recorded in 6a (for example, "Red house") and the response to 6a is a valid address (for example, "100 Main Street") which you print in 6a, mark the "Same as 6a" box in 6b if the response to 6b is identical (that is, "100 Main Street"). If there are any differences, print the complete mailing address in 6b, if you have not already done so, as described in paragraph 1b above. ALWAYS include the county and ZIP code in 6b.

- b. The mailing address should be as complete as possible; for example, an adequate urban mailing address includes house number (and apartment number, if any), street, name of city supplying postal service, county, and ZIP code. In rural areas, an adequate mailing address includes route no. (box no., if any), name of Post Office, county, and ZIP code. General delivery or box no. and P.O., city, and ZIP code are also acceptable mailing addresses.
- c. The instructions in paragraphs 1e through 1g above apply to question 6b as well.

3. Item 6c

Item 6c is filled by the office for units in special places. If at the time of interview you find a regular unit is actually a unit in a special place, fill the space labeled "Special place name."

- a. See part B, Chapter 4, for information on special place procedures. A complete list and description of the types of special places is given in part C, Table A.
- b. For EXTRA units, transcribe the special place name from item 6c on the HIS-1 for the original sample unit to item 6c on the new HIS-1- for the EXTRA unit.

7

### Question 7, Year Built

7

<p>7. YEAR BUILT</p> <p><input type="checkbox"/> Ask</p> <p><input type="checkbox"/> Do not ask</p> <p>When was this structure originally built?</p> <p><input type="checkbox"/> Before 4-1-80 (Continue interview)</p> <p><input type="checkbox"/> After 4-1-80 (Complete item 8c when required; end interview)</p>
--

A. Objective

The HIS sample is kept up to date by supplementing it with a sample of building permits issued since April 1, 1980. The selected permit addresses are included in the survey as permit segment addresses. In area segments that are located in permit-issuing areas and in all block segments, each newly constructed unit must be deleted from the sample; otherwise, it could have a chance to come into sample more than once. See part C, topics (30) and (31), for more information about YEAR BUILT.

B. Definition

YEAR BUILT refers to the date the original structure was completed, not the time of later remodeling, additions, or conversions. Consider construction as completed when all the exterior windows and doors have been installed and usable floors are in place. (Usable floors can be cement or plywood; carpeted, tiled, or hardwood flooring is not necessary.) All sample units in a multi-unit structure are considered built at the same time.

C. Instructions

1. The office marks one of the instruction boxes in the heading of item 7 if the unit is in an area or block segment. (Year Built is never asked for units in permit segments.) If the "Ask" box is marked, ask item 7 for both vacant and occupied units. If the unit is a noninterview, try to get the information from a knowledgeable person, such as an apartment manager or long-term resident of the neighborhood.
  - a. If the structure containing the sample unit was built before 4-1-80:
    - (1) Mark the "Before 4-1-80" box.
    - (2) Continue the interview.

b. If the structure containing the sample unit was built after 4-1-80:

- (1) Mark the "After 4-1-80" box.
- (2) Ask item 8c, if required.
- (3) End the interview.
- (4) Mark the Type C noninterview reason, "Built after April 1, 1980," in item 14.

CAUTION: Do not fill column 8 (Year Built) of the Area or Block Segment Listing Sheet when Year Built is determined at time of interview. Also, do not cross off the listing sheet, units found at time of interview to have been built after April 1, 1980. See part C, topic (30), of this manual for detailed instructions on Year Built procedures.

## 2. EXTRA Units

Determine YEAR BUILT for EXTRA units in area and block segments in permit areas. If the EXTRA unit is in the same structure as the original sample unit, the YEAR BUILT is the same for both units. Otherwise, ask Year Built for the structure in which the EXTRA unit is located.

## 3. Exceptions

Do not ask Year Built for units not located in structures (tents, mobile homes, boats, etc.) or for any units in special places.

8. COVERAGE QUESTIONS	
<input type="checkbox"/> Ask items that are marked	
<input type="checkbox"/> Do not ask	
a. <input type="checkbox"/> Are there any occupied or vacant living quarters besides your own in this building?	<input type="checkbox"/> Yes (Fill Table X) <input type="checkbox"/> No
b. <input type="checkbox"/> Are there any occupied or vacant living quarters besides your own on this floor?	<input type="checkbox"/> Yes (Fill Table X) <input type="checkbox"/> No
c. <input type="checkbox"/> Is there any other building on this property for people to live in either occupied or vacant?	<input type="checkbox"/> Yes (Fill Table X) <input type="checkbox"/> No

### A. Objective

The purpose of questions 8a-c is to discover EXTRA units located in area and block segments by asking a series of coverage questions. It is necessary that these coverage questions be asked during the interview since, in general, these segments are listed by observation.

### B. Instructions

1. For units in area and block segments, your office will indicate which of questions 8a-c you are to ask by marking the appropriate box(es) in the heading of item 8.
2. If you find that a sample unit is a Type A or B noninterview, ask 8a, b, or c of a janitor, apartment manager, neighbor, etc. If you find that a sample unit is a Type C noninterview, ask question 8c (if it is marked) of a knowledgeable person in the area. Modify the question to refer to the noninterview unit. For example, in asking 8a of a neighbor, you should say, "Are there living quarters for more than one group of people in that vacant house next door?"
3. If the answers to questions 8a, 8b, and 8c are "No," continue with item 9.
4. If the answer to question 8a, 8b, or 8c is "Yes," fill Table X on the back of the HIS-1 and then continue with item 9.

NOTE: If a unit was merged with a sample unit and later became unmerged, consider it as unlisted and treat it as an EXTRA unit to the sample unit.

5. EXTRA Units--Do not ask the coverage questions for EXTRA units. For these units make no entries in question 8.

### Item 9, Land Use

9a. LAND USE	
1 <input type="checkbox"/>	URBAN (70)
2 <input type="checkbox"/>	RURAL
- Reg. units and SP. PL. units coded 85-88 in 6c - Ask item 9b	
- SP. PL. units not coded 85-88 in 6c - Mark "No" in item 9b without asking	
-----	
b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more?	
1 <input type="checkbox"/>	Yes } (70)
2 <input type="checkbox"/>	No }

#### A. Objective

The purpose of item 9 is to classify sample units as Urban or Rural according to Census definitions, and for Rural units, to determine farm/nonfarm status.

#### B. Definitions

1. Place—Place consists of one or more tracts of land on which the living quarters is located and which the respondent considers to be the same property, farm, ranch, or estate. These tracts may be adjoining or they may be separated by a road, creek, or other pieces of land. In a built-up area, the "place" is likely to be one sample unit consisting of a house and lot. In open country, on the other hand, it may consist of a whole tract of land or a combination of two or more pieces of land. These tracts may be adjoining or they may be separated by a road or creek, or other pieces of land.

For owner-occupied units, place includes the entire acreage or property of the owner, regardless of whether all or part of the land he/she is living on is rented. For cash renters, place includes only the house and land for which they are paying rent, not the entire acreage or property of the owner. For units occupied without payment of cash rent, place refers to the entire acreage or property of the owner. The answer to item 9b for the owner and the non-cash renter, assuming both are in sample, must be the same.

If necessary, probe to determine the status of the occupant so that "place" can be properly defined.

2. "Sales of crops, livestock, and other farm products"—the gross amount received for the sale of crops, vegetables, fruits, nuts, livestock and livestock products (milk, wool, etc.), poultry and eggs, nursery and forest products produced on the place as defined above. The products may have been sold at any time during the past 12 months. Do not include the value of products used on the place. It is not necessary to find out the precise amount, just whether or not the amount is less than \$1,000.



**C. Instructions**

Complete item 9 for interviewed units and Types A and B noninterview units.

**1. Item 9a**

This item is marked by the office for prepared questionnaires. If you must use a blank questionnaire for a sample unit, refer to the Land Use item in the upper right corner of the segment folder and mark the corresponding category in item 9a.

**2. Item 9b**

Fill this item only for sample units with "Rural" marked in item 9a. For rural sample units located in special places not coded 85-88 in 6c, mark the "No" box without asking; otherwise, ask the question and mark "Yes" or "No" based upon the respondent's reply, keeping in mind the definitions above.

- a. Farms subsidized by the government--If the respondent indicates that he/she is subsidized by the government not to grow certain crops, include the amount of the subsidy only if the place would have received income from the sale of these crops had they been grown. For example, if a farmer has received income from the sale of corn for a number of years, but is presently being subsidized not to grow corn, include the amount of the subsidy in item 9b.
- b. More than one unit--If there is more than one sample unit on a place, one of which is occupied without payment of cash rent, the answer for each unit must be the same.
- c. Recent mover--If the respondent has recently moved to the place, and has not yet sold any farm products, explain that item 9b refers to sales made from the place during the past 12 months, either by her/him or someone else. It is possible that the respondent may know, in a general way, the amount of sales. If the respondent is unable or unwilling to make an estimate, footnote the situation in the margin on the Household Page or in the "Footnotes" section on page 2 of the HIS-1 and continue with item 10.
- d. Noninterviews-- If a rural sample unit is a Type A or B noninterview, try to obtain the information for 9b by asking neighbors. If you cannot obtain information on the value of produce, footnote the situation in the margin on the Household Page or in the "Footnotes" section on page 2 of the HIS-1 and continue with item 10.

## Item 10, Classification of Living Quarters

10. CLASSIFICATION OF LIVING QUARTERS - Mark by observation	
<p>a. LOCATION of unit</p> <p>Unit is:</p> <p><input type="checkbox"/> In a Special Place - Refer to Table A in Part C of manual; then complete 10c or d</p> <p><input type="checkbox"/> NOT in a Special Place (10b)</p> <hr/> <p>b. Access</p> <p><input type="checkbox"/> Direct (10c)</p> <p><input type="checkbox"/> Through another unit - Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)</p>	<p>c. HOUSING unit (Mark one, THEN page 2)</p> <p>01 <input type="checkbox"/> House, apartment, flat</p> <p>02 <input type="checkbox"/> HU in nontransient hotel, motel, etc.</p> <p>03 <input type="checkbox"/> HU-permanent in transient hotel, motel, etc.</p> <p>04 <input type="checkbox"/> HU in rooming house</p> <p>05 <input type="checkbox"/> Mobile home or trailer with no permanent room added</p> <p>06 <input type="checkbox"/> Mobile home or trailer with one or more permanent rooms added</p> <p>07 <input type="checkbox"/> HU not specified above - Describe in footnotes</p> <hr/> <p>d. OTHER unit (Mark one)</p> <p>08 <input type="checkbox"/> Quarters not HU in rooming or boarding house</p> <p>09 <input type="checkbox"/> Unit not permanent in transient hotel, motel, etc.</p> <p>10 <input type="checkbox"/> Unoccupied site for mobile home, trailer, or tent</p> <p>11 <input type="checkbox"/> Student quarters in college dormitory</p> <p>12 <input type="checkbox"/> OTHER unit not specified above - Describe in footnotes</p>

A. Objective

The purpose of item 10 is to classify sample units as Housing units or OTHER units, and to further describe the type of living quarters.

B. Definitions

1. Housing unit--Refer to part C, topic 10, of this manual for the definition.
2. Direct access--Refer to part C, topic 10, of this manual for the definition.
3. OTHER units--Living quarters located in certain types of special places such as institutions, dormitories, and boarding houses where the residents have their own rooms, groups of rooms, or beds and also have some common facilities such as a dining hall, lobby or living room, or recreational area.

C. Instructions

Complete this item for interviewed units and Types A and B noninterview units.

1. Item 10a

Item 10a is a check item designed to assist you in determining the living quarters classification of the sample unit.

If the unit is in a special place, mark the first box and refer to Table A in part C of the manual to determine if the unit meets the definition of an OTHER unit. Find the specific type of special place in Table A and determine from the information given in the table whether or not the unit should be treated as OTHER. If the unit should be treated as OTHER, go to item 10d and mark the appropriate category. If, according to Table A, the unit should not be treated as OTHER, go to item 10c and mark the appropriate category.

If the unit is not in a special place, mark the second box in item 10a and go to item 10b.

2. Item 10b

Fill item 10b by observation. Mark "Direct" if the sample unit has direct access. Mark "Through another unit" if the sample unit does not have direct access.

For units without direct access, the living quarters is not a separate housing unit and should be considered as part of the living quarters through which access is gained. When this occurs, refer to topic 10 in part C of the manual to determine how to proceed.

4. Item 10c

If you determine that the unit qualifies as a housing unit, mark the box in 10c that best describes the type of housing unit.

House, apartment, flat--Mark this category if the sample unit is a house or apartment. Also include such housing units as an apartment over a garage or behind a store, janitors' quarters in an office building, and housing units in such places as converted barns or sheds.

HU in nontransient hotel, motel, etc.--Mark this category if the sample unit is in a nontransient hotel, motel, motor court, etc., and is a separate living quarters (nontransient hotels, motels, etc., are defined in part C, topic (9)). By definition, all separate living quarters in a nontransient hotel, motel, or motor court, etc., are housing units. (See Table B in the special place tables in part C for rules on determining transiency status for these types of places.)

HU--permanent in transient hotel, motel, etc.--Mark this category if the sample unit is separate living quarters in a transient hotel, motel, motor court, etc., and is occupied or intended for occupancy by permanent guests or resident employees. (Transient hotels, motels, etc., are defined in part C, topic (9).)

HU in rooming house--Mark this category for sample units which meet the housing unit definition in rooming houses or combination rooming and boarding houses. (See part C, topics (7) and (20).)

Mobile home or trailer with NO permanent room added--Mark this category for a mobile home or trailer (even if it is on a permanent foundation). If one or more permanent rooms have been added, mark box 06 instead of this category. Open or unheated porches or sheds built onto trailers are not considered rooms.

Mobile home or trailer with one or more permanent rooms added--Mark this category for a mobile home or trailer to which one or more permanent rooms have been added. Sheds and open or unheated porches built onto trailers are not considered rooms.

HU not specified above--Mark this category for living quarters which meet the housing unit definition but cannot be described by the specific categories listed above. Tents, houseboats, and railroad cars would be included here if they meet the housing unit definition. If this category is marked, describe the type of living quarters fully, either in the margin on the Household Page or in the "Footnotes" section on page 2 of the HIS-1.

After marking item 10c, go to question 1 on the Household Composition Page.

5. Item 10d

For each unit assigned in a special place, determine if it is an OTHER unit by referring to the information in Table A in part C. If you determine that the unit is an OTHER unit, refer to the information in the last column of Table A to determine whether or not to interview the unit. (OTHER units in certain types of special places are ineligible for interview.) If you determine that the OTHER unit should be interviewed, fill item 10d, then go to question 1 on the Household Composition Page.

Quarters not HU in rooming or boarding house--If an OTHER unit is located in a rooming house, a combination rooming and boarding house, or a boarding house, mark this category.

Unit not permanent in transient hotel, motel, etc.--If the unit is located in a transient hotel, motel, motor court, etc., and is occupied or intended for occupancy by transient guests or does not meet the housing unit definition, mark this category.

Unoccupied site for mobile home, trailer, or tent--If the OTHER unit is an unoccupied site for a mobile home, trailer, or tent, mark this category.

Student Quarters in College Dormitory--If the unit is student quarters in a college dormitory, mark this category.

OTHER unit not specified above--Mark this category for an OTHER unit not described above. Examples are quarters for nurses and quarters in bunkhouses. Describe the OTHER unit fully in the margin on the Household Page or in the "Footnotes" space on page 2 of the HIS-1.

6. Type B noninterview

For Type B noninterview units, complete item 10 according to what the unit used to be. For example, if a single-family house has been converted to a store, mark item 10c "House, apartment, flat." If you cannot apply these criteria, mark item 10 as to what the unit will be in the future. For example, if the sample unit is in an apartment building which is under construction, mark item 10c, "House, apartment, flat."

7. For units to be interviewed, go to the Household Composition Page on page 2 after completing item 10. Complete the remaining items on the Household Page at the end of the interview.

### Question 11, Telephone Number

11. What is the telephone number here?	Area code/number
<input type="checkbox"/> None	

**A. Objective**

In case of missing information it is more efficient to make a telephone callback rather than another personal visit. Also, some supplements may require a telephone callback for completion with the appropriate person(s) and NCHS may select this household or some person(s) in the household for participation in one of their own population - based surveys sampled from HIS.

**B. Instructions**

1. Enter the telephone number clearly and completely, including the area code, in the space provided. If the household has a telephone but the number is not obtained even after explaining the need for this information, enter the reason, for example, "REF." Mark the "None" box only for those cases in which there is no telephone in the household. If the respondent asks why you want the number, explain that the number will save the expense and time of a personal callback if you find that some needed information is missing.
2. If you are given a number for a telephone not in the household (e.g., a neighbor's number, a work number, etc.) footnote the location of the telephone.

### Items 12 and 13, Interview Observed, Interviewer's Name and Code

12. Was this interview observed?	
1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
13. Interviewer's name	Code

**Instructions**

1. Item 12, Observed Households--Fill item 12 for all households. If anyone accompanies you during the interview, consider this as an observation.
2. Item 13, Name and Code of Interviewer--PRINT your name in the space provided on all questionnaires after you have completed the entire interview for a household or are turning in the questionnaire as a final noninterview. Also, enter the code which has been assigned to you by your office.

### Item 14, Noninterview Reason

14. Noninterview reason

**TYPE A**

01  Refusal - Describe in footnotes  
 02  No one at home - repeated calls  
 03  Temporarily absent - Footnote  
 04  Other (Specify) \_\_\_\_\_

Fill items 1-6a, 7 and 9 as applicable; 10, 12-15

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**TYPE B**

05  Vacant - nonseasonal  
 06  Vacant - seasonal  
 07  Occupied entirely by persons with URE  
 08  Occupied entirely by Armed Forces members  
 09  Unfit or to be demolished  
 10  Under construction, not ready  
 11  Converted to temporary business or storage  
 12  Unoccupied site for mobile home, trailer, or tent  
 13  Permit granted, construction not started  
 14  Other (Specify) \_\_\_\_\_

Fill items 1-6a, 7-9 as applicable; 10, 12-15

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**TYPE C**

15  Unused line of listing sheet  
 16  Demolished  
 17  House or trailer moved  
 18  Outside segment  
 19  Converted to permanent business or storage  
 20  Merged  
 21  Condemned  
 22  Built after April 1, 1980  
 23  Other (Specify) \_\_\_\_\_

Fill items 1-6a, 8c if marked; 12-15, send Inter-Comm.

**A. Objective**

To report any instance in which you are unable to obtain an interview.

**B. Definition**

Noninterview household--One for which information is not obtained because:

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

C. Instructions

Return a HIS-1 questionnaire for each noninterview sample unit. Mark the noninterview reason in item 14 and fill other items as indicated on the questionnaire. If possible, obtain the name, title (neighbor, landlord, etc.), and telephone number of the person who identified the unit as a noninterview. Enter all pertinent information in a footnote either in the margin on the Household Page or on page 52 of the HIS-1.

**NOTE:** To save time and expense involved with mailing questionnaires back and forth to the office, many supervisors prefer that you call before returning a Type A noninterview. Verify the correct procedure to be followed with your office.

1. Type A Noninterviews

For Type A noninterviews mark the appropriate category as described below.

- a. Refusal--Occasionally, a household may refuse to give any information. In a footnote, explain the pertinent details regarding the respondent's reason for refusing to grant the interview. Return the HIS-1 as a Type A noninterview with "Refusal"-marked.

Explain the circumstances on an Inter-Comm, attach it to the HIS-1 involved, and mail it to the regional office with your other completed work. Your office will send a letter to the respondent (carbon copy to you) requesting the household's cooperation and stating that you will call on them again. If your supervisor will be in the area on other business, he/she may also visit the refusal household to try to obtain their cooperation.

- b. No One at Home--If no one is at home on your first call, proceed as follows:

Try to find out from neighbors, janitors, or other knowledgeable persons when the occupants will be home.

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 said you would call back in a footnote on the Household Page.

Regardless of whether or not you leave an appointment form, call back at the most appropriate time to contact the household.



If you have made a number of callbacks at various times of the day and still have been unable to contact the respondent, return the HIS-1 as a noninterview, marking the "No one at home" box in item 14. Do not confuse this reason with the noninterview reason "Temporarily absent."

- c. Temporarily Absent—When no one is home at the first visit, find out from neighbors, janitors, etc., whether the occupants are temporarily absent. Report a household as "Temporarily absent" if all of the following conditions are met:

- (1) 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 close-out date for that week.

AND

- (2) The personal effects of the occupants, such as furniture, are there. Even if the furniture is there, be sure it is the occupant's furniture because it could be a furnished unit for rent.

AND

- (3) The unit is not for rent or for sale during the period of absence.

**EXCEPTION:** The unit is for rent or sale; however, it is not available until a specified time when the present occupants will leave the unit. For example, the present occupants are trying to sell their house with an agreement that they would not have to move until 2 weeks after the selling date. If, when you arrive to interview the unit, you discover that it has not been sold and that the occupants are away for the interview period, mark "Temporarily absent" as the noninterview reason.

AND

- (4) The unit is not a summer cottage or other seasonal-type unit.

If the occupants will return on a certain date, record this date in a footnote and note 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, if feasible.

If the occupants are definitely not expected to return before the end of the interview period, enter their temporary address and telephone number, if possible, and call the information to your office immediately. Depending upon where the occupants are, your office may be able to arrange for another interviewer to obtain the interview.

- d. Other—Mark occupied units which are Type A noninterviews for reasons other than "Refusal," "No one at home," "Temporarily absent," as "Other" in item 14, with the specific reason entered in the space provided.

Among others, these reasons could include the following:

"No eligible respondent available"

"Death in family"

"Household quarantined"

"Roads impassable"—During the winter months or in case of floods or similar disaster, there may be households which cannot be reached because of impassable roads. In such cases, ascertain whether or not it is occupied from neighbors, local grocery stores, gasoline service stations, Post Office or rural mail carrier, the county recorder of deeds, the U.S. Forest Service (Department of Agriculture), or other local officials.

- If you determine the unit is occupied, mark "Other" in item 14 and describe the circumstances in the space provided.
- If you determine the unit is vacant, determine which box to mark in item 14, Type B, using the criteria given on page D4-20.

Under some circumstances, Type A noninterviews are unavoidable. However, if you establish good relations with your respondents and make your visits when people are likely to be home, you can avoid many noninterviews.

#### Noninterviewed Persons

If an interview has been obtained for one or more related members of a family unit but not for all eligible members, consider it a completed interview. Enter the person number of the noninterviewed person in a footnote and give the noninterview reason, in full, for each such person. Do not make an entry in item 14. If you are unable to interview an unrelated person or group living in the household, be sure to enter the reason for noninterview in item 14 on the separate questionnaire.

2. Type B Noninterviews

For Type B noninterviews mark the appropriate category as described below.

- a. Vacant--nonseasonal and Vacant--seasonal--Vacant units include the bulk of the unoccupied living quarters, such as houses and apartments which are for rent or for sale or which are being held off the market for personal reasons. This includes places which are seasonally closed. It also includes units which are dilapidated if they are still considered living quarters. (Units that are unfit for human habitation, being demolished, to be demolished or condemned are defined below.) Also report unusual types of vacant living quarters, such as mobile homes, tents and the like as vacant. Do not consider vacant, a unit whose occupants are only temporarily absent.

OTHER units are also included in this category; for example, vacant transient quarters, or vacant OTHER units in boarding houses or rooming houses.

Mark one of the vacant categories for sample units which are presently unoccupied because the structure is undergoing extensive remodeling.

Report vacant units as follows:

- Nonseasonal--A vacant unit intended for year-round occupancy, regardless of where it is located.
- Seasonal--A vacant unit intended for only seasonal occupancy. These may be in summer or winter resort areas, used only during the hunting season, etc. (except units for migratory workers).

b. Occupied entirely by persons with URE

Mark this category when the entire household consists of persons who are staying only temporarily in the unit and who have a usual place of residence elsewhere. For a definition of "usual place of residence," refer to paragraph 3 on page D5-2. Do not interview persons at a temporary place of residence.

c. Occupied entirely by Armed Force members

Mark this category if all the occupants are members of the Armed Forces.

d. Unfit or to be demolished

Mark this category for an unoccupied sample unit that is unfit for human habitation. An unoccupied sample unit is unfit for human habitation if the roof, walls, windows, or doors no longer protect the interior from the elements. This may be caused by vandalism, fire, or other means such as deterioration. Some indications are: windows are broken and/or doors are either missing or swinging open; parts of the roof or walls are missing or destroyed leaving holes in the structure; parts of the building have been blown or washed away; and part of the building is collapsed or missing.

**CAUTION:** If doors and windows have been boarded up to keep them from being destroyed, they are not to be considered as missing. Also, in the few rural sections of the country where doors and windows are not ordinarily used, do not consider them as missing. Regardless of the condition of the unit, do not mark this category if it is occupied.

Also mark this category for unoccupied units which are to be demolished if there is positive evidence such as a sign, notice, or mark on the house or in the block, that the unit is to be demolished but on which demolition has not yet been started.

e. Under construction, not ready

Mark this category for sample units which are being newly constructed but not completed to the point where all the exterior windows and doors have been installed and the usable floors are in place. (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.

f. Converted to temporary business or storage

Mark this category for sample units intended for living quarters but which are being temporarily used for commercial or business purposes, or for the storage of hay, machinery, business supplies, and the like.

- NOTE:**
- 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—"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.

g. Unoccupied site for mobile home, trailer, or tent

Mark this category for an unoccupied site for a mobile home, trailer, or tent. This category should be used in a mobile home park or recreational park when a site was listed and the site is still present. This category should not be used when a mobile home is not in a mobile home or recreational park and has been listed by a basic address or description only; instead, mark the Type C category "House or trailer moved."

h. Permit granted, construction not started

Mark this category for a sample unit in a permit segment for which a construction permit has been granted, but on which construction has not yet started.

i. Other Type B

Mark this category and specify the reason for units which cannot be classified under any of the above reasons (e.g., a unit occupied only by an ineligible respondent).

3. Type C Noninterviews

Mark the appropriate category based on the description below. Explain the situation on an Inter-Comm, attach it to the HIS-1 involved, and mail it to the regional office with your other completed work.

a. Unused line of listing sheet

This category applies to permit segments only. At time of listing in permit segments, if you list fewer units than expected, mark this category for any unused serial numbers which the office had preassigned.

b. Demolished

Mark this category for sample units which existed at time of listing, but have since been torn down, or destroyed, or are in the process of being torn down.

c. House or trailer moved

Mark this category for a structure or trailer moved from its site since listing. (This rule applies for trailers or mobile homes only when (1) a basic address (e.g., 801 Main St.) on the listing sheet identifies a trailer, or (2) trailers rather than sites were listed by description only. See section 2g above for instructions when sites are listed.) 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), mark Type B noninterview "Unoccupied site for mobile home, trailer, or tent."

d. Outside segment

Mark this category for area and block segments if you find that the sample address is located outside the segment boundaries.

e. Converted to permanent business or storage

Mark this category for units which are living quarters at time of listing but are now being used permanently for commercial or business purposes, or for the storage of hay, machinery, business supplies, and the like.

f. Merged

Mark this category for any current sample unit(s) eliminated after applying the rules for mergers. (See part C, topic 14, for merged unit procedures.) An unoccupied sample unit resulting from the merger should be reported as one of the vacant categories.

g. Condemned

Mark this category for 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. 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 mark "Unfit or to be demolished."

h. Built after April 1, 1980

Mark this category for units which were marked as such in the year built item on the questionnaire. This situation can occur only in certain area or block segments which your office has marked the "Ask" box in the year built item on the questionnaire, or EXTRA units in separate structures which appear to have been built since 4-1-80 (see page D4-7).

i. Other - specify

Mark "Other" and specify the reason for units which cannot be classified in any of the above categories. Some examples might be "duplicate listing," or "never living quarters."

Item 15, Record of Calls

15. Record of calls				
Month	Date	Beginning time	Ending time	Completed Mark (X)
1		a.m. p.m.	a.m. p.m.	
2		a.m. p.m.	a.m. p.m.	
3		a.m. p.m.	a.m. p.m.	
4		a.m. p.m.	a.m. p.m.	
5		a.m. p.m.	a.m. p.m.	
6		a.m. p.m.	a.m. p.m.	

A. Definitions

1. Beginning time--The time you knock on the door.
2. Ending time--The time you finish asking the last question on both questionnaires.
3. Completed interview--An interview in which you have asked all questions on health and personal characteristics for most related members of a household. If a respondent has refused to answer a few of the questions but has provided the rest of the information, consider the interview completed. (Also see the paragraph entitled, "Noninterviewed Persons," on page D4-19.)

B. Instructions

1. Record all visits made to a household including visits made when no one was at home. Do not include any telephone calls for appointments or additional calls to ask questions for persons not at home at the time of the initial interview or for questions which were overlooked.



Record of Calls (Continued)

- 2. Enter the date and time of each visit on the line for the particular visit you are making. That is, enter the date and time of the first visit on the first line, for the second visit on the second line, etc.
  - a. Circle "a.m." or "p.m." as appropriate. For example,

Month	Date	Beginning time	Ending time	Completed Mark (X)
1	08 27	11:41 <sup>a.m.</sup> / <sub>p.m.</sub>	12:27 <sup>a.m.</sup> / <sub>p.m.</sub>	X

- b. Enter exact times without rounding.
  - c. Enter an "X" in the "Completed" column even if there are some items requiring a callback, such as detail on doctor visits, hospitalizations, or to complete the Supplement Booklet.
  - d. If more than six calls are made to a household, continue recording the calling information in the footnotes.
- 3. Complete item 15 on a separate questionnaire for each separate family unit. Enter the date and time of each call made and the beginning and ending time of interview for unrelated person(s) interviewed on separate questionnaire(s). Enter this information on the separate questionnaire even though you may not have to return to the household at a different time to interview these persons.
  - a. If an interview is obtained for a family unit, but not for an unrelated person, mark the "Completed" column on the family's questionnaire. Leave this item blank on the questionnaire prepared for the unrelated person.
  - b. For unrelated household members, mark "X" in item 15 on each questionnaire that was completed for each unrelated person or group that was interviewed.
- 4. For noninterviewed households, enter only the dates and times when attempts were made. Leave the "Ending time" blank, and do not "X" the "Completed" column.

5. Illustrations of How to Fill Item 15—On this page and the following page are illustrations of how to fill item 15. In example 1, no one was at home on the first trip to the household. A housewife and her 20-year-old son were interviewed for themselves and for other related household members on the second trip. A roomer could not be interviewed until the third trip.

Example 1

These entries were recorded on the first questionnaire for the related household members.

15. Record of calls				
Month	Date	Beginning time	Ending time	Completed Mark (X)
1	10 04	11:12 <sup>a.m.</sup> <sub>p.m.</sub>	<sup>a.m.</sup> <sub>p.m.</sub>	
2	10 05	7:30 <sup>a.m.</sup> <sub>p.m.</sub>	8:04 <sup>a.m.</sup> <sub>p.m.</sub>	X
3		<sup>a.m.</sup> <sub>p.m.</sub>	<sup>a.m.</sup> <sub>p.m.</sub>	
4		<sup>a.m.</sup> <sub>p.m.</sub>	<sup>a.m.</sup> <sub>p.m.</sub>	
5		<sup>a.m.</sup> <sub>p.m.</sub>	<sup>a.m.</sup> <sub>p.m.</sub>	
6		<sup>a.m.</sup> <sub>p.m.</sub>	<sup>a.m.</sup> <sub>p.m.</sub>	

These dates and times were recorded on the second questionnaire that was filled for the roomer.

15. Record of calls				
Month	Date	Beginning time	Ending time	Completed Mark (X)
1	10 05	8:04 <sup>a.m.</sup> <sub>p.m.</sub>	<sup>a.m.</sup> <sub>p.m.</sub>	
2	10 06	6:10 <sup>a.m.</sup> <sub>p.m.</sub>	6:41 <sup>a.m.</sup> <sub>p.m.</sub>	X
3		<sup>a.m.</sup> <sub>p.m.</sub>	<sup>a.m.</sup> <sub>p.m.</sub>	
4		<sup>a.m.</sup> <sub>p.m.</sub>	<sup>a.m.</sup> <sub>p.m.</sub>	
5		<sup>a.m.</sup> <sub>p.m.</sub>	<sup>a.m.</sup> <sub>p.m.</sub>	
6		<sup>a.m.</sup> <sub>p.m.</sub>	<sup>a.m.</sup> <sub>p.m.</sub>	

15

Record of Calls (Continued)

15

In example 2, three unrelated persons share an apartment. Person 1 was interviewed on the first visit. Person 2 was out of town for 3 weeks and person 3 could not be interviewed until the next evening. These entries were recorded on three separate questionnaires since the persons are unrelated.

Example 2

Person 1

15. Record of calls				
Month	Date	Beginning time	Ending time	Completed Mark (X)
1	11 16	1:14 a.m. p.m.	1:45 a.m. p.m.	X
2		a.m. p.m.	a.m. p.m.	
3		a.m. p.m.	a.m. p.m.	
4		a.m. p.m.	a.m. p.m.	
5		a.m. p.m.	a.m. p.m.	
6		a.m. p.m.	a.m. p.m.	

Person 2

14. Noninterview reason	
TYPE A	
01 <input type="checkbox"/> Refusal - Describe in footnotes	} Fill items 1-5, 7, 9 as applicable. 10, 12-15
02 <input type="checkbox"/> No one at home - repeated calls	
03 <input checked="" type="checkbox"/> Temporarily absent - Footnote	
04 <input type="checkbox"/> Other (Specify)	

15. Record of calls				
Month	Date	Beginning time	Ending time	Completed Mark (X)
1	11 16	1:45 a.m. p.m.	a.m. p.m.	
2		a.m. p.m.	a.m. p.m.	
3		a.m. p.m.	a.m. p.m.	
4		a.m. p.m.	a.m. p.m.	
5		a.m. p.m.	a.m. p.m.	
6		a.m. p.m.	a.m. p.m.	

Person 3

15. Record of calls				
Month	Date	Beginning time	Ending time	Completed Mark (X)
1	11 16	1:45 a.m. p.m.	a.m. p.m.	
2	11 17	7:19 a.m. p.m.	7:53 a.m. p.m.	X
3		a.m. p.m.	a.m. p.m.	
4		a.m. p.m.	a.m. p.m.	
5		a.m. p.m.	a.m. p.m.	
6		a.m. p.m.	a.m. p.m.	

OUT OF TOWN FOR 3 WEEKS - DK WHERE

16. List column numbers of persons requiring callbacks and mark appropriately. <input type="checkbox"/> None				
Col. No.	SS No.	Section M	SP	
17. Record of additional contacts				
Month	Date	Beginning time	Ending time	Completed Col. No.
1		P T a.m. p.m.	a.m. p.m.	
2		P T a.m. p.m.	a.m. p.m.	
3		P T a.m. p.m.	a.m. p.m.	
4		P T a.m. p.m.	a.m. p.m.	

**A. Objective**

These items enable you to identify which person(s) require a callback and to record information concerning callbacks made to complete the Demographic Page (question 11), the HPDP Supplement Pregnancy and Smoking page (Section M), and/or the sample person pages (Sections N through V).

**B. Instructions**

1. If all appropriate persons were interviewed for the HPDP Supplement during the initial interview, and the Social Security number was obtained, mark the "None" box in item 16. Otherwise, enter the column number(s) of all persons for whom a callback must be made and make a check mark in the appropriate column(s). Determine the best time for a callback and enter this in the margin on the Household Page if possible, or in the "Footnotes" space on page 52 of the HIS-1. If more than three persons require a callback, also enter this in the margin or on page 52. Refer to chapter D15 for instructions on callbacks.
2. Use item 17 to record information concerning callbacks made to complete the HPDP Supplement. Enter the date and beginning time each time you contact the household, regardless of whether or not an interview is obtained. Do not, however, include telephone calls resulting in busy signals, wrong numbers, no one at home, etc. Also enter the column number(s) of the appropriate person(s) in the "Completed Col. No." space to indicate on which callback the interview was completed. Do not enter the column numbers of persons for whom the required information was not obtained; instead, footnote either in the margin on the Household Page or on page 52 of the HIS-1, as well as on the supplement itself, the reason(s) these persons were not interviewed.
3. Circle "P" for personal or "T" for telephone to indicate how the callback was made.

4. Illustration of How to Fill Items 16 and 17

Example 1

In this example, column 4 was interviewed on the first return visit, column 1 on the first telephone call.

16. List column numbers of persons requiring callbacks and mark appropriately.  
 None

Col. No.	SS No.	Section M	SP
1	X		
4		X	

17. Record of additional contacts

Month	Date	Beginning time	Ending time	Completed Col. No.
1	02 15	P 7:12 a.m. T	7:30 a.m. P	4
2	02 16	P 7:12 a.m. T	11:00 a.m. P	1
3		P a.m. T	a.m. P	
4		P a.m. T	a.m. P	

Example 2

In this example, column 2 was interviewed on a return visit.

16. List column numbers of persons requiring callbacks and mark appropriately.  
 None

Col. No.	SS No.	Section M	SP
2			X

17. Record of additional contacts

Month	Date	Beginning time	Ending time	Completed Col. No.
1	07 14	P 4:31 a.m. T	5:19 a.m. P	2
2		P a.m. T	a.m. P	
3		P a.m. T	a.m. P	
4		P a.m. T	a.m. P	

Example 3

In this example, columns 2 and 3 were interviewed during the first telephone call.

16. List column numbers of persons requiring callbacks and mark appropriately.  
 None

Col. No.	SS No.	Section M	SP
2		X	
3			X

17. Record of additional contacts

Month	Date	Beginning time	Ending time	Completed Col. No.
1	01 27	P 5:39 a.m. T	5:55 a.m. P	2
2	01 27	P 5:35 a.m. T	6:00 a.m. P	3
3		P a.m. T	a.m. P	
4		P a.m. T	a.m. P	

CHAPTER 5. HOUSEHOLD COMPOSITION PAGE

Overall Objective

The purpose of the Household Composition Page is to provide a record of individual household members, including their age, sex, and relationship to the reference person. In addition, reference dates and other information needed during the interview are included. This page also includes a request that all adults in the family participate in the interview, a brief introduction to the survey, and questions on hospitalizations in the past 13 to 14 months.

①

**Question 1, Household Composition**

①

<p>1a. What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. Enter name in REFERENCE PERSON column.</p> <p>b. What are the names of all other persons living or staying here? Enter names in columns.</p> <p>c. I have listed (<u>read names</u>). Have I missed:</p> <ul style="list-style-type: none"> <li>- any babies or small children? .....</li> <li>- any lodgers, boarders, or persons you employ who live here? .....</li> <li>- anyone who USUALLY lives here but is now away from home traveling or in a hospital? .....</li> <li>- anyone else staying here? .....</li> </ul> <p>d. Do all of the persons you have named usually live here? <input type="checkbox"/> Yes (2)  <input type="checkbox"/> No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1-C2 and enter reason.)</p> <p>Probe if necessary:                  Does -- usually live somewhere else?</p>	<p>1. First name</p> <hr/> <p>Last name</p>	<p>Age</p> <hr/> <p>Sex                  1 <input type="checkbox"/> M                  2 <input type="checkbox"/> F</p>									
	<p>If "Yes," enter names in columns</p> <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No										
<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>										

**A. Objective**

The purpose of question 1 is to obtain a complete list of all persons living or staying in the sample unit, and to identify nonhousehold members. Attempt to get each person's full name. If the respondent is hesitant or refuses to give you names, explain that throughout the interview it is necessary to refer to the specific household members. Without the correct names, the interview will be confusing, more lengthy, and possibly result in recording inaccurate information. As a last resort, accept first names only and attempt to obtain the last name(s) after completing the interview.

①

B. Definitions

1. Reference person--The first household member 19 years or older mentioned by the respondent in answer to question 1a, i.e., the person who owns or rents the sample unit. If no household member occupying the sample unit owns or rents the unit, the reference person is the first household member mentioned who is 19 years of age or older.
2. Household--The entire group of persons who live in one housing unit or one OTHER unit. It may be several persons living together or one person living alone. It includes the reference person, any relatives living in the unit, and may also include roomers, servants, or other persons not related to the reference person.
3. Household member--Consider the following two categories of persons in a sample unit as members of 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 ordinarily the place where a person usually lives and sleeps. A usual place of residence must be specific living quarters held by the person to which he/she is free to return at any time. Living quarters which a person rents or lends to someone else cannot be considered his/her usual place of residence during the time these quarters are occupied by someone else. Likewise, vacant living quarters which a person offers for rent or sale during his/her absence should not be considered his/her usual place of residence while he/she is away.

C. Instructions

1. Questions 1a-b

In asking questions 1a-b you will obtain a list of names of all persons living or staying in the sample unit, whether or not you think they are household members. In the columns to the right of the question, print the names in the prescribed order specified below. Always verify the correct spelling of names with the respondent.

In all cases, ask for the full legal name, including middle initial. Some women use their maiden name as a middle name; record the initial of the name given. Enter a dash (-) if the person has no middle initial.

- \* It is acceptable to record an initial as the first name if this is how the person is legally known. If the person gives a full middle name, record only the middle initial if you have a full first name. If the first name was an initial, then record the full legal middle name. Always verify that this is the person's legal name.

Do not force the respondent to give you a full legal name if you think it will harm the interview. This information may be obtained later in the interview.

a. Reference Person--Print the name of the reference person in column 1, according to the definition above. On rare occasions, you may encounter sample units occupied entirely by persons under 19 years old. When this occurs, use the following rules to designate the reference person:

- If one of the household members owns or is renting the sample unit, designate that person as the reference person.
- If more than one household member owns or is renting the sample unit, designate the oldest member as the reference person.
- If none of the household members owns or rents the sample unit, designate the oldest household member as the reference person.

b. Preferred Order of Listing--List the names of persons in the following order, if possible.

- Reference person
- Spouse of the reference person
- Unmarried children of the reference person or spouse in order of their ages, beginning with the oldest
- Married sons and daughters (in order of age) and their families in order: husband, wife, children
- Other relatives
- Lodgers and other nonrelated persons
- If, among the persons not related to the reference person, there are married couples or persons otherwise related among themselves, list them in the above prescribed order.

If you obtain the names in an order not described above, do not correct your entries. However, to avoid this you may ask, "Which of the children is the oldest?", "Begin with the oldest unmarried child," or some similar probe.

c. How to Enter Names--If there are two persons in the household with the same first, middle initial and last names, they must be further identified as Sr., Jr., etc. Do not assume members of the household have the same last name. However, for each member of the household with the same last name as the person in the preceding column, enter a long dash instead of repeating the last name.

1.	First name	Nancy C.	First name	Larry B.
	Last name	Campbell	Last name	---



①

Household Composition (Continued)

①

- d. 6+ Persons--If there are 6-10 persons in a household, use second questionnaires and change the column numbers to "6," "7," etc., as shown below. If there are more than 10 persons in the household, use additional questionnaires in a similar manner. Print the last name of the person you list in the first column on the second and successive HIS-1 questionnaire even when it is the same as the name listed on the first HIS-1 questionnaire.

		76		77
I.	First name	Thomas J.	First name	Jill m.
	Last name	Franklin	Last name	—

e. Determine Who Constitutes A Household

- If the persons reported in response to questions 1a-b represent a "typical family group," such as husband, wife, and unmarried children, a parent and child, two or more unmarried sisters, or some similar clear-cut arrangement, consider all the members as a single household.
- \* ● If, in answer to questions 1a-b, the respondent reports an unrelated family group; a married son and his family; or relatives, such as a mother, uncle, or cousin, ask if they all live and eat together as one family.
  - If they all live and eat together, interview them as a single household.
- \* -- If any of the persons reported in answer to question 1 say they live separately from the others, fill Table X to determine if you have an EXTRA unit, an unlisted unit in a permit segment, or not separate living quarters.

\*Revised June 1985

**2. Question 1c**

The questions asked in 1c serve as reminders to the respondent about persons who may have been overlooked. As you ask each question of the list, mark the appropriate "Yes" or "No" box in the space provided. If you mark the "Yes" box, obtain the name(s) of the person(s) and print it/them in the first available column(s). Continue asking that question until you receive a "No" response.

**3. Question 1d**

The questions in 1d are designed to verify that all persons listed in response to questions 1a-c are household members as defined above; and if not, to determine which persons are nonhousehold members and should therefore be deleted.

- a. Nonhousehold members--Delete any such persons by drawing a large "X" across the person's column from question 1 through item C2. Also enter the reason for the deletion, such as "URE," "AF not living at home," "Away at school," "Born interview week," etc., above that person's column. When a person is deleted, you should also explain why you will not be asking any further questions about him/her.
- b. 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 enough probe-type questions so that you can determine the actual situation and therefore, make the proper decision as to household membership.
  - (1) 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 person spends the largest part of the calendar year. Only one unit can be the usual residence. For example, the Browns 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.
  - (2) Students and student nurses--Students away at school, college, trade or commercial school in another locality are eligible to be interviewed in the locality where they are attending school. That is, even if a student considers his/her parents' home to be the usual residence, consider him/her to be a household member where presently residing. Consider a student to be a household member of his/her parents' home only if he/she is at home for the summer vacation and has no usual residence at the school.

- (3) Seamen--Consider crew members of a vessel 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).
- (4) Members of Armed Forces--Consider members of the Armed Forces (either men or women) as household members if they are stationed in the locality and usually sleep in the sample unit, even though no health information will be obtained for them.
- (5) 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.
- List on the questionnaire and interview citizens of foreign countries and members of their families who are living in the United States but not on the premises of an Embassy, etc. This applies only if they have no usual place of residence elsewhere in the United States. However, do not consider as household members foreign citizens merely visiting or traveling in the United States.
- (6) 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.
- (7) Persons in vacation homes, tourist cabins, and trailers--Interview persons living in vacation homes, or 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.
- (8) 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 part C, TABLE A, for a complete list of "Institutional special places.")

2

## Question 2, Relationship

2

Ask for all persons beginning with column 2: 2. What is -- relationship to (reference person)?	2. Relationship REFERENCE PERSON
---	-------------------------------------

### A. Objective

By identifying each household member's relationship to the reference person, analysts will be able to define family units. The family is a basic unit for analysis, especially in terms of some of the demographic information. The relationships of household members will also help you determine which persons, if any, must be interviewed on separate questionnaires.

### B. Instructions

1. All persons listed must be identified by their relationship to the reference person. If the respondent has already given you the relationship of the household members, you may record the relationships without asking question 2. However, this information should be verified. Remember that we are interested in the relationship to the reference person and not necessarily to the respondent.
2. If the person in column 1 has been deleted, he/she may or may not remain the reference person, depending on the reason for deletion.
  - a. If the deleted person in column 1 is a household member, then this person is still the reference person and the relationship of all other household members to this person should be obtained. For example, if person 1 is in the Armed Forces and lives at home, obtain the relationships to this person.
  - b. If the person in column 1 was deleted and is not a household member, he/she is no longer considered the "reference person." For example, if person 1 is in the Armed Forces and does not live at home, the "reference person" then becomes the next household member 19 years of age or older listed on the HIS-1 questionnaire and the relationships to this person will be obtained. Enter "reference person" in this person's column. Do not, however, change the column numbers.
3. For unmarried couples living together, ask question 2 about the relationship to the reference person and accept the response given, such as "husband," "wife," or "partner." If they consider themselves as married or indicate that they are living together as a married couple (whether legal or not), consider them to be related and interview them on the same questionnaires. Do not probe for this information. If they do not report themselves as married, treat them as partners and interview each on a separate questionnaire.

2

Relationship (Continued)

2

4. If there are any persons in the household who are not related by blood, marriage, adoption, or foster relationships, to the reference person but are related to each other, the relationship to each other should be shown in addition to the relationship to the reference person. For example, list a roomer and his wife as "roomer" and "roomer's wife"; list a maid and her daughter as "maid" and "maid's daughter." Show the same detail for household members who are distantly related by marriage to the reference person, for example: "brother-in-law's cousin," "uncle's mother-in-law."
5. Some typical examples of relationship entries are: husband, wife, son, daughter, stepson, father, granddaughter, daughter-in-law, aunt, cousin, nephew, roomer, hired hand, partner, maid, friend.
6. Complete separate questionnaires for each listed unrelated person or separate unrelated family group in the household. After recording the names of all household members and completing questions 1 and 2 on the first HIS-1 questionnaire, transcribe the names and relationships of the unrelated household members to a separate set of questionnaires. Change the column number of each person to agree with the number for that person on the first HIS-1 questionnaire. For example, an unrelated person is listed as person 5 on the first set of questionnaires. Transcribe his/her name and relationship to the first column of the second set of questionnaires, change the column number from "1" to "5," delete "reference person" in the relationship space, and enter the relationship to the reference person from the first questionnaire. Be sure to transcribe the reference periods and the Condition List number from the first questionnaire.

On the Household Page of the questionnaire(s) for unrelated person(s), transcribe the identification items 2 through 5 from the original questionnaire and ask question 6b, mailing address, of the unrelated person(s). Often an unrelated household member will have a mailing address different from that of the reference person. If the mailing address is the same as the address entered in item 6a on the first questionnaire, mark the box for "Same as 6a" in question 6b of this questionnaire. If the mailing address is different from that entered in item 6a, enter the mailing address in question 6b of the new questionnaire. Continue the interview for the unrelated persons in the prescribed manner separately from the interview for the reference person's family.

Household Page items 2 through 5 must be completed on the separate HIS-1 questionnaire, with the unrelated persons' names and relationships transcribed, even if you know at this point that you will be unable to complete the interview for the unrelated persons.

3

### Question 3, Date of Birth, Age, and Sex

3

3. What is -- date of birth? (Enter date and age and mark sex.)	3. Date of birth			Age
	Month	Date	Year	Sex 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F

#### A. Objective

HIS estimates relating to health characteristics may differ considerably depending on age and sex. For example, chronic diseases are more prevalent among older people, while acute illnesses and injuries occur more frequently among younger individuals, and some conditions affect one sex more so than the other. Therefore, it is extremely important to record age and sex accurately.

#### B. Instructions

1. Complete question 3 and the remainder of the questionnaire for unrelated persons when you are conducting the interview for them. Leave these items blank on the original questionnaire.
2. a. Date of birth and age—Obtain the exact date of birth and enter it in the spaces provided in each column; enter all four digits of the year. If you cannot get the exact date, enter the approximate date, footnoting that the date is the respondent's approximation. If only the year is known, enter "DK" for both the month and date, and enter the year.
  - (1) Using the date of birth, determine the age of the person on his/her last birthday by referring to the Age Verification Chart on page 3 of the Flashcard Booklet. Verify the age with the respondent and then enter it in the "Age" box in whole numbers. For children under 1 year of age, enter "Und. 1" in the "Age" box.
  - (2) If the person refuses to give an age or a birthdate, make the best estimate you can and footnote that this is your estimate; for example, "30 est.," "mid-40's est.," etc. The following examples would not be acceptable age estimates: "over 25 years," "17+ years," "under 18," etc., because they are too general and do not provide enough information to place the person in a specific age category.
- b. Sex—Mark the appropriate box for each person after entering the age. The sex of a person can usually be determined from the name or relationship entries. However, some names, such as Marion and Lynn, are used for both males and females. If there is any doubt, ask about the person's sex.

(C1)

Item C1, References Boxes in C1

(C1)

	HOSP.	WORK	RD	2-WK. DV
C1	00 <input type="checkbox"/> None	1 <input type="checkbox"/> Wa	<input type="checkbox"/> Yes	00 <input type="checkbox"/> None
	Number	2 <input type="checkbox"/> Wb	<input type="checkbox"/> No	Number

A. Objective

The information entered in item C1 is based on the responses to specific questions asked during the interview. These entries are referred to at various times later in the interview; placing the boxes here eliminates the need to flip pages during the interview.

B. Instructions

1. Specific instructions for filling these boxes are covered on pages D5-20, D7-5 through D7-9, D7-20, and D8-8.
2. When correcting entries in this item, erase the incorrect answer and enter the correct one. Enter a footnote symbol both in the appropriate box in this item and at the source where the error was discovered and explain why the correction was made.

Ⓢ

### Item C2, Record of Conditions

Ⓢ

C2					
	LA	RA	DV	INJ	CL LTRHS

#### A. Objective

The purpose of item C2 is to provide a record of the names of conditions as well as where the conditions were reported for each person throughout the questionnaire. By placing item C2 in a central location, this information is readily available for reference during the interview.

#### B. Instructions

1. When entering conditions in item C2, enter the exact condition name reported by the respondent. Do not abbreviate the condition name except in certain cases which are specifically discussed in later chapters.
2. Below each space for the condition name is a series of boxes for specifying the part(s) of the questionnaire where the condition was reported (the source(s) of the condition): Limitation of Activities Page (LA), Restricted Activity Page (RA), 2-Week Doctor Visits Page (DV), Health Indicator Page (INJ), Condition List (CL LTR), Hospital Page (HS), and Condition Page (COND). For each condition, one or more of the boxes must have an entry. Specific instructions for the sources of condition entries are included with the instructions for the applicable questions.
3. If a condition reported in answer to a particular set of questions for a particular person is reported again in answer to another question, do not record this condition again on another line of item C2. Instead, record the additional source as instructed in the applicable chapters. Do not record conditions which are given in response to questions not designed to obtain this information. Record conditions only when given in response to questions which specifically ask for a condition. Keep the conditions mentioned elsewhere in mind so that they can be verified at the proper time; for example, "I believe you said that you missed work in the past 2 weeks because of a cold, is that correct?" (See E1-13.)
4. Do not enter in item C2 any condition reported after the Condition Pages. Footnote these conditions and where they were reported. If the household is reinterviewed and these conditions are reported at that time, the reinterviewer will be able to reconcile the differences.





Record of Conditions (Continued)



5. Next to each space for the condition name is a triangular area for entering the condition number. Fill this space when completing the Condition Pages.
6. When more than five conditions are reported for a person, enter them in that person's column on an additional HIS-1 questionnaire.

(A1)

## Item A1, Reference Periods

(A1)

REFERENCE PERIODS	
A1	2-WEEK PERIOD
	12-MONTH DATE
	13-MONTH HOSPITAL DATE

### A. Objective

The purpose of item A1 is to define periods of time for the reporting of certain health information. By requiring respondents to report only those conditions or occurrences taking place within the specified period we ensure that all respondents throughout the interview year refer to a similar time period. These dates will be entered by your office.

### B. Definitions

1. Two-Week Period--These are the 2 weeks (14 days) just prior to the week in which the interview is conducted. The 2-week period starts on Monday and ends with and includes the Sunday just prior to interview week. It does not include any days of the interview week. For example, if the interview is conducted on Wednesday, July 3, the 2-week period would refer to the period beginning on Monday, June 17, and ending Sunday, June 30.

Use the 2-week dates entered in item A1 as instructed on the Restricted Activity Page, the 2-Week Doctor Visits Probe Page, and several other places in the questionnaire.

2. Twelve-Month Date--The 12-month date is "last Sunday's" date a year ago; therefore, the 12-month reference period begins on that date and ends on the Sunday night before the interview. For example, for an interview taking place on Wednesday, July 3, 1985, the 12-month period would be from June 30, 1984, through June 30, 1985. Again, note that the reference period does NOT include any days of the interview week.

Use this date with the 12-month doctor visits question, the 12-month bed days question, some of the Condition Lists, and several other questions.

(A1)

Reference Periods (Continued)

(A1)

3. Thirteen-Month Hospital Date--This date defines a period of approximately 13 to 14 months preceding the week of interview. The reference period begins on the first day of the month preceding the month in which Monday of interview week falls. For example, if you were interviewing on Wednesday, July 3, 1985, the Monday of interview week is in July and the "13-month hospital date" would be June 1, 1984. If the interview took place on Friday, March 1, 1985, the Monday of interview week would be in February. In this case, the "13-month hospital date" is January 1, 1984, which would be a period of 14 months.

As with the other reference periods, no days in the interview week are to be included.

C. Instructions

1. For additional questionnaires filled for unrelated persons, EXTRA or added units, enter in A1 the same reference dates that were entered on the original questionnaire, unless the interview is conducted after the scheduled interview week.
2. For interviews conducted after the scheduled interview week, delete the entries made by the office and enter the dates in A1 that correspond to the new reference period.

## Item A2, Condition List

(A2)

A2

ASK CONDITION LIST \_\_\_\_\_

### A. Objective

The HIS-1 questionnaire contains six Condition Lists which are designed to produce estimates of the prevalence of specific chronic conditions. Ask only one list in each household. By asking each of the lists in one-sixth of the sample households, prevalence of the conditions may be estimated without asking about all conditions in all households. Item A2 indicates which Condition List to ask in a household.

### B. Instructions

1. The number (1-6) entered in A2 after "Ask Condition List \_\_\_\_\_" indicates which Condition List to ask in the household.
2. EXTRA Units--For EXTRA units, use the same list indicated for the original sample unit. Enter the Condition List number (1-6) in item A2 of the Household Composition Page for the EXTRA unit.
3. Units Added at Time of Listing With No Preassigned Serial Numbers--If you add units to the listing sheet, find the Condition List number entered on the HIS-1 questionnaire with the highest preassigned serial number for the segment. Starting with the next number, assign Condition List numbers in sequence to each HIS-1 questionnaire for which serial numbers were not preassigned. For example, if "5" was entered on the HIS-1 questionnaire with the highest serial number, your entries in item A2 for subsequent sets of questionnaires would be "6," then "1," then "2," etc. Do not confuse this instruction with EXTRA units, above.
4. Unrelated Persons--For unrelated person(s) enter in A2 the same Condition List number that was entered on the original HIS-1 questionnaire.

A3

### Check Item A3

A3

<b>A3</b>	Refer to ages of all related HH members.	<b>A3</b>	<input type="checkbox"/> All persons 65 and over (5) <input type="checkbox"/> Other (4)
-----------	--	-----------	--

#### Instructions

Mark the first box if all related household members are 65 years of age or over and continue with question 5. Otherwise, mark the second box and continue with question 4.

4

### Question 4, In Armed Forces

4

4a. Are any of the persons in this family now on full-time active duty with the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No (5)	
b. Who is this? Delete column number(s) _____ by an "X" from 1 - C2.	
c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No	
Ask for each person in armed forces: d. Where does -- usually live and sleep, here or somewhere else? Mark box in person's column.	4d. <input type="checkbox"/> Living at home <input type="checkbox"/> Not living at home

#### A. Objective

Question 4 identifies active duty armed forces members, either U.S. or foreign, so that you can avoid asking further questions about them. Although these people will be deleted from the HIS-1 questionnaire, it is important to list them initially so that the total household composition may be defined. Remember that armed forces members living at home are considered household members although no health information is obtained about them.

#### B. Definition

Armed Forces—"Active duty in the Armed Forces" means full-time active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, or any National Guard 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, Naval Academy (Annapolis), etc. Also include persons on full-time active duty in the military service of a foreign nation.

4

In Armed Forces (Continued)

4

Do not count as members of the Armed Forces: persons working in civilian positions for the Armed Forces; persons serving in the Merchant Marines; persons in a National Guard or reserve unit not activated as part of the regular Armed Forces, even though they may be currently attending meetings or summer camp, or are "activated" by Gubernatorial order because of a disaster or civil disorder (flood, riot, etc.).

C. Instructions

If "Yes" is reported to 4a, ask 4b and specify which column numbers are to be deleted. Then ask 4c and d and mark the appropriate box in 4d to indicate for each person specified whether the Armed Forces member lives at home or away from home. Then delete the column by drawing an "X" from question 1 through item C2.

5

Item 5, Additional Respondent Probe

5

*If related persons 17 and over are listed in addition to the respondent and are not present, say:*  
5. We would like to have all adult family members who are at home take part in the interview.  
*Are (names of persons 17 and over) at home now? If "Yes," ask: Could they join us? (Allow time)*

A. Objective

Several studies conducted on the National Health Interview Survey have shown that, overall, the most accurate and complete health information is obtained from self-respondents. The additional respondent probe provides you with an opportunity to ask other family members to participate in the interview.

B. Instructions

1. Insert the names of all listed family members aged 17 and over who are not present in the room. Do not include the names of any family members who have been deleted (for example, Armed Forces members, URE's, etc.).
2. If the respondent seems hesitant to ask another adult family member to join in the interview, do not encourage or discourage him/her from doing so. Let the respondent decide who should participate.

INTRO

Introductory Statement

INTRO

Read to respondent(s):
This survey is being conducted to collect information on the nation's health. I will ask about hospitalizations, disability, visits to doctors, illness in the family, and other health related items.

Instructions

After all available family members 17 years old and over are present, read the statement between items 5 and 6. This statement briefly describes the types of questions that will be asked.

6

Question 6, Hospital Probe

6

HOSPITAL PROBE
6a. Since (13-month hospital date) a year ago, was -- a patient in a hospital OVERNIGHT?
b. How many different times did -- stay in any hospital overnight or longer since (13-month hospital date) a year ago?
1 Yes
2 No (Mark "HCSP." box, THEN NP)
Number of times (Make entry in "HCSP." box, THEN NP)

The purpose of the hospital probe questions is to identify family members who have been an overnight patient in a hospital during the past 13 to 14 months. More detailed information on each of these hospital stays will be obtained later, on the Hospital Page.

Although the survey is primarily concerned with hospitalizations which occurred during the past 12 months, for statistical purposes we also need to know about hospitalizations which started before the past 12 months in case they extended into the 12-month period. Therefore, the reference period used is a period of 13 to 14 months prior to the interview.

B. Definitions

- 1. Patient in a hospital—A person who is admitted and stays overnight or longer as a patient in a hospital. Exclude persons who visit emergency rooms or outpatient clinics, unless the person was admitted and stayed overnight. Also exclude "stays" in the hospital for nonmedical reasons, such a a parent staying with a sick child.

2. Times stayed in the hospital—Refers to separate stays of one or more nights in a hospital, not the number of nights in the hospital. If a person was moved (transferred) from one hospital to another (for example, from a veterans hospital to a general hospital), count each as a separate stay if each lasted overnight or longer.
3. Overnight—The person stayed in a hospital for one or more nights. If the person was admitted and released on the same date, do not consider this as an overnight stay.

C. Instructions

1. Ask questions 6a and b as appropriate for each family member; an entry of either "None" or a "number of stays" must be made in the "HOSP." box in item C1 for each person before going to 6a for the next person. Therefore, if the response to question 6a is "no," mark the "No" box in 6a, the "None" box in the "HOSP." box in C1, then ask 6a for the next person.
2. If the response to 6b is "none," enter a dash on the "Number of times" line and mark the "None" box in item C1 for this person. Do not change the "Yes" entry in 6a in these situations.
3. If the respondent mentions that the stay was in a nursing home, convalescent home, or similar place, accept this as a hospital stay and enter it in question 6 and item C1.
4. If the respondent mentions that the date of admission and the date of discharge are the same, do not include this as an overnight hospital stay.



7

## Question 7, Hospitalizations for Births

7

Ask for each child under one: 7a. Was --- born in a hospital?	7a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)
Ask for mother and child: b. Have you included this hospitalization in the number you gave me for ---?	b. <input type="checkbox"/> Yes (NP) <input type="checkbox"/> No (Correct 6 and "HOSP." box)

A. Objective

Since respondents sometimes forget to report hospitalizations for deliveries and births, ask question 7 when appropriate, to make sure that these hospitalizations are included.

B. Instructions

1. If no child under age 1 is listed on the questionnaire, make no entries in question 7; go on to the next page.
2. If, in response to question 7, the respondent reports a hospitalization which was not reported in question 6, then the entries in question 6 and in the "HOSP." box must be changed for the child and/or mother to reflect the correct number of hospitalizations. The following example illustrates this procedure:

Person 3 is a child aged "Under 1," Person 2 is the mother. No hospitalizations were reported in question 6 for the child; two hospitalizations were reported for the mother. In answer to question 7a, you learn that the child was born in the hospital. The instruction next to the "No" box in 7b applies in this case, since hospitalizations had been previously reported for the mother but not the child. Correct question 6 for the child by changing the entry in 6a to "Yes" and entering "1" on the line in 6b. Then correct the "HOSP." box in item C1 by correcting the "None" box entry and entering "1" on the line. Ask 7b for the mother to determine if the two hospitalizations already reported for her include the hospitalization for the child's delivery. If the delivery had not been included, correct question 6 and the "HOSP." box for the mother, adding this hospital stay in both places for her. If the delivery was already included, no further corrections are needed.

3. In filling this question, remember that question 7a refers only to the child and the entry should appear only in his/her column of the questionnaire. For question 7b, the entries can apply either to the mother or the child or both, depending on whether either or both had a hospitalization reported in question 6b.
4. Ask question 7a for children born during the interview week even though they have been deleted from the questionnaire. If the response is "yes," ask and mark 7b for the mother to insure that this hospitalization is included if any nights were prior to interview week. Make no entry for the child.
5. If the child was born in a hospital but the biological mother is not in the household, for example, the child was adopted, footnote the situation so that it is clear that a hospitalization for the "mother" was not missed.

CHAPTER 6. LIMITATION OF ACTIVITIES PAGE

A. Overall Objective

The questions on these pages identify persons who are disabled. While there are many ways to measure disability, HIS focuses on how people function in the major activities for their age group, such as working, keeping house, and going to school.

The term, "limitation of activity" is used because the terms "disability" and "disabled" have many meanings in common usage.

These questions determine (1) whether or not a person is limited in his/her activities, (2) the degree of the limitation, (3) the way in which the person is limited, and (4) the condition that causes the limitation. "Major activity" in questions 1 and 8 is defined as the person's main activity in the past 12 months. For children under 5, the major activity is considered development and play. Hence, play-related and developmental limitations are targeted for this age group. The major activity for children 5 to 17, typically, is going to school. Therefore, questions about school-related limitations are asked for children of this age. Persons between 18 and 70 years are first asked about limitation in their reported major activity. Since people in this age group are of working age, those that do not report "working" as their major activity are also asked if an impairment or health problem prevents them from working. Persons over 70 are asked about limitations in taking care of their personal needs, regardless of their major activity.

B. General Definitions

1. Doing Most of the Past 12 Months--The person's main activity in the past 12 months.
2. Impairment or Health Problem--Any condition, physical or mental, which causes limitation in activity (see "Condition" below). Do not include as an impairment or health problem: pregnancy, delivery, an injury that occurred 3 months ago or less (unless it resulted in obvious permanent limitation) or the effects of an operation that took place 3 months ago or less (unless these effects are obviously permanent). It is not important for the respondent to differentiate between an "impairment" and a "health problem." Both of these terms are used to let the respondent know the wide range of health-related causes that should be considered.

3. Limited—A person is "limited" in the activity if he/she can only partially perform the activity, or can do it fully only part of the time, or cannot do it at all. Do not define this term to respondents; if asked for a definition, emphasize that we are interested in whether the respondent thinks the person is limited in the specific activity.
4. Terms Relating to Limitation of Activity—"Keep from," "completely keep from," "take part at all": these terms mean under normal circumstances; this does not necessarily mean that the activity is impossible under a particular circumstance.
5. Limitation—The specific activity and extent to which the person is "limited" in the activity (see "Limited" above). Examples of limitations are: unable to go outside, can't climb stairs, can only drive for a short time, etc.
6. Condition—The respondent's perception of a departure from physical or mental well-being. Included are specific health problems such as a missing extremity or organ, the name of a disease, a symptom, the result of an accident or some other type of impairment. Also included are vague disorders and health problems not always thought of as "illnesses," such as alcoholism, drug-related problems, senility, depression, anxiety, etc. In general, consider as a condition any response describing a health problem of any kind.

For purposes of the Limitation of Activities questions, do not include as conditions, "pregnancy," "delivery," injuries that occurred 3 months ago or less not resulting in obvious permanent limitations, or the effects of operations that took place 3 months ago or less which are not obviously permanent. (See page D6-7.)

7. Now—At any time during the past 2 weeks through last Sunday night.

#### C. General Instructions

1. Questions which ask, "Is — limited..." should be understood in the context of what is normal for most people of that person's age.
2. Whenever there is doubt about a person being limited in any of the activity questions, probe by asking, "Is this due to an impairment or health problem?" For example, if the response to 3b is, "I have someone do the housework for me," probe to determine if this is because of an impairment or health problem or is just a life-style convention.
3. Refer to the appropriate manual page for additional instructions for individual questions.

B1

Check Item B1

B1

B1	Refer to age.	B1	1 <input type="checkbox"/> 18-69 (1) 2 <input type="checkbox"/> Other (NP)
----	---------------	----	---

Instructions

The Limitation of Activities Page is divided into three sections. Mark a box in check item B1 for each person in the family and ask questions 1 through 7, as appropriate, for persons 18 to 69.

1

Question 1, Major Activity in Past 12 Months

1

1. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.	1. <input type="checkbox"/> Working (2) <input type="checkbox"/> Keeping house (3) <input type="checkbox"/> Going to school (5) <input type="checkbox"/> Something else (5)
--	--

A. Objective

Long-term disability is measured by classifying people according to the degree to which their health limits their major activity. Therefore, it is important to determine the major activity category for each person. The specific questions asked on this page for each person depend on the response to question 1.

B. Definitions

1. Going to school—For this section, include attendance at any type of public or private educational establishment both in and out of the regular school system, such as high school, college, secretarial school, barber school, and any other trade or vocational schools.
2. Keeping house—Any type of work around the house, such as cleaning, cooking, maintaining the yard, caring for own children or family, etc. This applies to both men and women.
3. Work—See pages D7-3 and D7-4 for the definition of "Work."

①

## Major Activity in Past 12 Months (Continued)

①

C. Instructions

1. When asking question 1, emphasize the phrase, "MOST OF THE PAST 12 MONTHS," so that it is clear to the respondent that you are referring to the entire year and not just the present time. For example, a person who worked the first 8 months of the year but is now retired should be reported as "working" most of the past 12 months.
2. If the response to question 1 indicates that the person was doing something other than "working at a job or business," "keeping house," or "going to school" for most of the previous 12 months, mark the "Something else" box in the person's column.
3. If the person is reported as having had more than one major activity during the 12-month period, determine which one is the "major activity" by applying the following priorities:
  - a. Ask, "Which did — spend the most time doing DURING THE PAST 12 MONTHS?" Mark the appropriate box for the response to this probe if the respondent is able to choose one activity.
  - b. If the person spends equal amounts of time doing more than one activity, ask, "Which does — consider most important?" Then mark the appropriate box.
  - c. If the person is still unable to select one major activity, mark the box for the first activity mentioned. Enter a footnote explaining the situation, including all activities reported.
4. If a person's major activity during most of the past 12 months was service in the Armed Forces, consider this to be "working" for question 1 on the Limitation of Activities Page. Note that this differs from the standard definition of work on pages D7-3 and D7-4.
5. There is no specific sex or age requirement associated with any of the four major activities. A male's major activity may have been "keeping house," or a 60-year-old person may have been "going to school."

2

## Question 2, Limitation in Job or Business

2

2a. Does any impairment or health problem NOW keep --- from working at a job or business?	2a.	1 <input type="checkbox"/> Yes (7)	<input type="checkbox"/> No
b. Is --- limited in the kind OR amount of work --- can do because of any impairment or health problem?	b.	2 <input type="checkbox"/> Yes (7)	3 <input type="checkbox"/> No (8)

### Instructions

1. Ask question 2a of all persons who reported "working" as their major activity in question 1.
2. When asking question 2b, mark "Yes" for persons who, for example:
  - a. Can only do certain types of jobs because of their health;
  - b. Are able to work only for short periods of time or have to rest often.

3

### Question 3, Limitation in Housework

3

3a. Does any impairment or health problem NOW keep -- from doing any housework at all?	3a.	<input type="checkbox"/> Yes (4)	<input type="checkbox"/> No
b. Is -- limited in the kind OR amount of housework -- can do because of any impairment or health problem?	b.	<input type="checkbox"/> Yes (4)	<input type="checkbox"/> No (5)

A. Definition

Unable to do any housework—The person is completely dependent on others to keep the house and prepare the meals because of some impairment or health problem.

B. Instructions

When asking question 3b, mark "Yes" for persons who, for example:

1. Can do some household chores but are unable to do others;
2. Need help doing the housework because of any impairment or health problem;
3. Do not need help but require more or longer than normal periods of rest between housekeeping activities so that now less housework gets done than could normally be expected.

4

### Question 4, Condition Causing Limitation in Housework

4

<p>4a. What (other) condition causes this?          Ask if injury or operation: When did [the (injury) occur?/--have the operation?]          Ask if operation over 3 months ago: For what condition did -- have the operation?          If pregnancy/delivery or 0-3 months injury or operation -          Reask question 3 where limitation reported, saying: Except for -- (condition), ...?          OR reask 4b/c.</p>	<p>4a. (Enter condition in C2, THEN 4b)  <input type="checkbox"/> Old age (Mark "Old age" box, THEN 4c)</p>
<p>b. Besides (condition) is there any other condition that causes this limitation?</p>	<p>b. <input type="checkbox"/> Yes (Reask 4a and b)  <input type="checkbox"/> No (4d)</p>
<p>c. Is this limitation caused by any (other) specific condition?</p>	<p>c. <input type="checkbox"/> Yes (Reask 4a and b)  <input type="checkbox"/> No</p>
<p>Mark box if only one condition.</p>	<p>d. <input type="checkbox"/> Only 1 condition</p>
<p>d. Which of these conditions would you say is the MAIN cause of this limitation?</p>	<p>_____ Main cause</p>

1. 0-3 Months--This is last Sunday's date, 3 months ago. For example, for an interview conducted March 6, 1985, 3 months ago would be December 3, 1984. Provide this information only if the respondent raises a question. Do NOT enter 0-3 months injuries or operations in C2 unless it resulted in an obvious permanent disability.
  - a. 0-3 Months Injury--An injury that occurred 3 months ago or less that did not result in obvious permanent disability. Do not consider colds, flu, measles, etc., as a 0-3 months injury or operation.
  - b. 0-3 Months Operation--An operation or surgery, or the effects of the surgery, that took place 3 months ago or less, that did not result in an obvious permanent disability.
  - c. Obvious Permanent Disability--The effect of an accident or operation that is obviously permanent in nature, such as the amputation of all or part of an extremity, the removal of all or part of an internal organ or breast, and so forth.
2. Operation/Surgery--Any cutting of the skin, including stitching of cuts or wounds. Include cutting or piercing of other tissue, scraping of internal parts of the body, for example, curettage of the uterus, and setting of fractures and dislocations (traction). Also include the insertion of instruments in body openings for internal examination and treatment, such a bronchoscopy, proctoscopy, cystoscopy, and the introduction of tubes for drainage. Include anything ending in "--otomy" or "--ectomy," for example, colotomy (incision of colon), tonsillectomy (removal of tonsils), etc. Include also any mention of "surgery," "operation," or "removal of" by the respondent.



- 3. Old Age--Consider responses such as "getting old," "too old," etc., to be the same as "Old age" and follow the correct procedure. Do NOT, however, consider conditions which are often associated with old age, such as "senile," "senility," "muscular degeneration," etc., to be the same as "Old age." If in doubt, treat the response as a condition rather than old age.

**B. Instructions**

- 1. Ask question 4a for all persons with a limitation reported in question 3. Use the parenthetical "other" in 4a whenever this question is reasked.
- 2. Condition reported--Enter the condition name in item C2 and the number "4" (for question 4) in the "LA" box below the condition in C2 as the source of the condition. For example:

C2							Asthma								
LA	RA	OV	IMJ	ICL	TPMS	COND									
4															

Continue with question 4b after making the entries in item C2.

- 3. Pregnancy, delivery, or an injury or operation reported--If an injury or operation is reported in 4a, ask the appropriate probe question to determine when the injury or operation occurred. If an injury is reported, insert the name of the injury when asking this probe question, for example, for a response of "broken arm," you would ask, "When did the broken arm occur?"
  - a. If pregnancy, delivery, or a 0-3 months injury or operation is reported the first time you ask 4a, do not make any entries in item C2. Instead, reask the appropriate part of question 3 where the limitation was reported using the lead-in, "Except for (condition)...?" For example, reask question 3a saying, "Except for your pregnancy, does any impairment or health problem NOW keep you from doing any housework at all?"
    - (1) If the person would not be limited except for the pregnancy, delivery, or 0-3 months injury or operation, erase the original entry in 3a or b, mark the "No" box, and follow the skip instructions.

- (2) If the response is still "Yes" after reasking 3a or b, reask question 4a, using the parenthetical "Other," to obtain the condition other than pregnancy, delivery, or the 0-3 months injury or operation that causes the limitation. Also, insert both the condition and the pregnancy, delivery, or 0-3 months injury or operation when asking 4b; for example, "Besides arthritis and the broken arm, is there any other condition that causes this limitation?"
- b. If both a condition (for example, arthritis) and pregnancy, delivery, or a 0-3 months injury or operation are reported when asking 4a, record the condition (in this example, arthritis) and ask the appropriate probe question(s) for the injury or operation. Do not record pregnancy, delivery, or 0-3 months injuries or operations unless it is an obvious permanent disability, in item C2. If the injury or operation occurred more than 3 months ago, follow the instructions in paragraph 3d below. In these situations, insert both the condition and the pregnancy, delivery, or injury or operation when asking 4b.
- c. If pregnancy, delivery, or a 0-3 months injury or operation is reported when reasking question 4a, after receiving a "Yes" to 4b or c, do NOT reask questions 3a or b; instead, reask question 4b, inserting the names of all conditions, including the pregnancy, delivery, or 0-3 months injury or operation. For example, if asthma is reported when 4a is first asked and delivery is reported when reasking 4a, reask 4b, "Besides asthma and delivery, is there any other condition that causes this limitation?" If the response is "No," correct your entry in 4b, if necessary; then continue with 4d. The "Yes" box in 4b should be marked only when another condition (including "old age") is reported when reasking 4a.
- d. If the injury occurred more than 3 months ago, enter the name of the injury in item C2 and continue with 4b. If the operation occurred more than 3 months ago, ask the probe question, "For what condition did you have the operation?" to determine the condition which caused the operation; then enter the condition in item C2, regardless of whether or not the person still has the condition, and continue with question 4b.

If you cannot determine the condition causing the operation, enter the operation/surgery as the condition in C2 and footnote any additional information, for example, "female operation" in C2, "too many children" in the footnote, or "back surgery," "TK cause." Remember, do NOT probe unless the response meets the definition given on page D6-7.

4. If "old age" is reported in question 4, either alone or with other conditions, mark the "Old age" box in 4a and above the column and follow the appropriate procedure in paragraphs a through c below. Do NOT enter "old age" in item C2 in any of these situations.
- a. Old age only reported—If "old age" only is initially reported with no mention of a specific condition, ask 4c without the parenthetical "other." If "old age" only is reported when 4a is reasked, ask 4c with the parenthetical "other."
  - b. Old age and a specific condition reported—If "old age" and a specific condition are reported, enter the condition in item C2 and continue with question 4b saying, "Besides (condition) and old age, is ...?"
  - c. Old age and injury or operation reported—If "old age" and an injury or operation are reported in 4a, ask the probe question to determine when the injury or operation occurred. If the response is more than 3 months ago, enter the injury or condition causing the operation in C2 and ask 4b. If the injury or operation occurred 3 months ago or less and did not result in an obvious permanent disability, make no entry in C2 but ask or reask 4c using the parenthetical "other." If the injury or operation occurred 3 months ago or less and did result in an obvious permanent disability, enter the injury or condition causing the operation in C2 and ask 4b.
5. Consider only an "obvious permanent disability," as defined on page D6-7, when recording conditions resulting from operations or injuries that occurred 3 months ago or less. Do not consider possible permanent disabilities. For example, a response of "I broke my back 2 months ago. The doctor says it may be permanently stiff", would not be recorded in C2.
6. Mark the "Only 1 condition" box in 4d if only one condition was reported or if "old age" was the only condition reported. If old age and a specific condition or if more than one condition was previously reported, ask 4d to determine which is the MAIN cause of the limitation. If the respondent is not able to choose one condition as being the main cause, enter in the answer space the names of all conditions reported in 4d. For example, if arthritis, heart trouble, and a paralyzed arm were reported in 4a, and the response to 4d is, "I don't know—both the heart trouble and the paralyzed arm," enter "both heart trouble and paralyzed arm" in 4d.

If, in response to question 4d, the respondent mentions a condition not reported in 4a, enter this condition in item C2 (with "4" in the "LA" box for the source) and reask question 4d for all conditions causing the limitation. For instance, in question 4a, asthma and hearing trouble were reported. When asked question 4d, the respondent remembers that the person is also limited by high blood pressure. Enter "high blood pressure," with "4" in the "LA" box in C2, and then reask question 4d to determine which of the three conditions was the main cause.

5

### Question 5, Would the Person be Limited in Work

5

5a. Does any impairment or health problem keep -- from working at a job or business?	5a.	1 <input type="checkbox"/> Yes (7)	<input type="checkbox"/> No
b. Is -- limited in the kind OR amount of work -- could do because of any impairment or health problem?	b.	2 <input type="checkbox"/> Yes (7)	3 <input type="checkbox"/> No

#### Objective

For persons whose major activity during the past 12 months was "keeping house," "going to school," or "something else," it is important to determine whether or not they are prevented from having a job or business because of an impairment or health problem. Question 5a determines if the reason the person does not work is because of an impairment or health problem. Question 5b obtains whether or not the respondent thinks the person is limited in the kind or amount of work the person could do.

(B2) - (6)

### Check Item B2 and Question 6, Other Limitations

(B2) - (6)

<b>B2</b>	Refer to questions 3a and 3b.	<b>B2</b>	1 <input type="checkbox"/> "Yes" in 3a or 3b (NP)
			2 <input type="checkbox"/> Other (6)
6a. Is -- limited in ANY WAY in any activities because of an impairment or health problem?	6a.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No (NP)
b. In what way is -- limited? Record limitation, not condition.	b.	_____ Limitation	

#### A. Objective

Question 6 provides for the reporting of limitations other than those associated with the person's major activity.

#### B. Definition

In any way—Refers to activities that are normal for most people of that age.

#### C. Instructions

If a condition is given in response to 6b, reask the question to determine how the person is limited; for example, "In what way does your back trouble limit you?" Enter the limitation, for example, "can't bend knees," "frequent rest periods," etc. Enter the condition only if a limitation cannot be obtained after probing.

Do not enter the 6b response in item C2 as a condition.



7

## Question 7, Condition Causing Limitation in Work, School, or Other Activities

7

<p>7a. What (other) condition causes this?          Ask if injury or operation: When did (the (injury) occur?/--have the operation?)          Ask if operation over 3 months ago: For what condition did -- have the operation?          If pregnancy/delivery or 0-3 months injury or operation --          Reask question 2, 5, or 6 where limitation reported, saying: Except for -- (condition), . . . ?          OR reask 7b/c.</p>	<p>7a. (Enter condition in C2. THEN 7b)  <input type="checkbox"/> Old age (Mark "Old age" box. THEN 7c)</p>
<p>b. Besides (condition) is there any other condition that causes this limitation?</p>	<p>b. <input type="checkbox"/> Yes (Reask 7a and b)  <input type="checkbox"/> No ( 7d)</p>
<p>c. Is this limitation caused by any (other) specific condition?</p>	<p>c. <input type="checkbox"/> Yes (Reask 7a and b)  <input type="checkbox"/> No</p>
<p>Mark box if only one condition.          d. Which of these conditions would you say is the MAIN cause of this limitation?</p>	<p>d. <input type="checkbox"/> Only 1 condition</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Main cause</p>

### Instructions

1. Ask and complete question 7 in the same manner as question 4 (see pages D6-7 through D6-10). Enter "7" in the "LA" box in item C2 as the source for conditions given in response to this question.
2. If the initial response to question 7a is pregnancy, delivery, an injury or operation occurring 3 months ago or less, reask the question where this limitation was reported using the lead-in phrase in the probe in 7a and correct the entries as necessary. For example, the response to 6a is "Yes," the response to 6b is "can't move furniture," and the response to 7a is "sprained back 2 weeks ago." Reask 6a as follows: "Except for your sprained back, are you limited in ANY WAY in any activities because of an impairment or health problem?"
  - a. If the response is "No," erase the "Yes" entry in 6a, mark "No" and also erase the entry in 6b; then go to the next person.
  - b. If the response to 6a is "Yes," ask 6b. If the limitation is not the same, erase the original entry in 6b and enter the new limitation. Then continue with question 7.

B3-8

**Check Item B3 and Question 8,  
Major Activity in Past 12 Months**

B3-8

<b>B3</b>	Refer to age.	<b>B3</b>	0 <input type="checkbox"/> Under 5 (10) 1 <input type="checkbox"/> 5-17 (11)      2 <input type="checkbox"/> 70 and over (8) 2 <input type="checkbox"/> 18-69 (NP)
<b>8.</b> What was --- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.		<b>8.</b>	1 <input type="checkbox"/> Working 2 <input type="checkbox"/> Keeping house 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Something else

**A. Definitions**

See page D6-3 for the definitions of "Going to school" and "Keeping house." See pages D7-3 and D7-4 for the definition of "Work."

**B. Instructions**

1. For each person mark a box in item B3 and follow the appropriate skip instruction.
2. Ask question 8 only if the "70 and over" box is marked in item B3 for this person.
3. Follow the instructions for question 1 on page D6-4. Note, however, that there are no skip instructions after any of the answer categories in question 8. Ask question 9 regardless of the response to question 8.

9

### Question 9, Limitation in Daily Functions

9

9a. Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home?	9a.	1 <input type="checkbox"/> Yes (13)	<input type="checkbox"/> No
b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	b.	2 <input type="checkbox"/> Yes (13)	3 <input type="checkbox"/> No (12)

#### A. Objective

This question determines if persons aged 70 or over are limited in taking care of themselves regardless of their major activity during the past 12 months.

Question 9a focuses on the person's ability to take care of personal care needs while question 9b determines the person's ability to take care of day to day activities, such as leaving the home to take care of ordinary errands (going to the bank, doctor's office, etc.) and the ability to take care of the home, prepare meals, and so forth.

#### B. Definitions

1. Need help--The person cannot do one or more of the listed activities without the help of someone else. This does not mean that the person must be completely incapable of performing the activities. The problem must be the result of an impairment or health problem and not the fact that the person needs help, for example, because the person does not know how to cook or lacks transportation.
2. Everyday household chores--This refers to routine maintenance such as housework, minor repairs, routine yard work, etc. It does not include major maintenance such as house painting, heavy landscaping, exterior window washing, and so on.

#### C. Instructions

If the person needs help in one or more of the activities in 9a and/or 9b, mark the appropriate "Yes" box. Do not mark the "Yes" box if help is needed only rarely. If the person could merely benefit from help but does not need or receive help, mark the "No" box.

10

### Question 10, Limitation in Play Activities

10

10a. Is --- able to take part AT ALL in the usual kinds of play activities done by most children --- age?	10a.	<input type="checkbox"/> Yes	0 <input type="checkbox"/> No (73)
b. Is --- limited in the kind OR amount of play activities --- can do because of any impairment or health problem?	b.	1 <input type="checkbox"/> Yes (73)	2 <input type="checkbox"/> No (72)

#### Instructions

1. When asking question 10a, mark "No" only if the child cannot participate in any play activities that are usual for children in this age group.
2. Some examples of limitations in the "kind of play" for 10b are: the child is unable to run, jump, or climb, or can't play strenuous games, etc. Examples of limitations in the "amount of play" are: needing special rest periods, playing for only short periods, etc.
3. For very young children for whom the respondent cannot associate conventional "play" activities, explain that we include activities such as movements, sound making, seeing, and other activities of babies as play. For example, mark "No" in 10a if the baby cannot move his/her arm because of an impairment or health problem. For 10b, allow the respondent to determine if there is a limitation in the kind or amount of activities. Unlike other activities for which "old age" may cause the limitation, do not consider young age to be the sole contributing factor to a limitation.



11

Question 11, Limited in School

11

11a. Does any impairment or health problem NOW keep -- from attending school?	11a.	1 <input type="checkbox"/> Yes (13)	<input type="checkbox"/> No
b. Does -- attend a special school or special classes because of any impairment or health problem?	b.	2 <input type="checkbox"/> Yes (13)	<input type="checkbox"/> No
c. Does -- need to attend a special school or special classes because of any impairment or health problem?	c.	3 <input type="checkbox"/> Yes (13)	<input type="checkbox"/> No
d. Is -- limited in school attendance because of -- health?	d.	4 <input type="checkbox"/> Yes (13)	5 <input type="checkbox"/> No

A. Definitions

1. Attending school (11a)—Enrollment in a school program: public or private, academic or vocational. This includes special schools for the physically or mentally handicapped. This also includes attendance at a university or other institution for adult training or education. Enrollment may be either on a full-time or part-time basis.
2. Special school (11b)—A school which students attend because of some unique physical or mental characteristic distinguishing them from most other persons who attend regular schools. This includes schools for the physically or mentally handicapped, schools for the hearing impaired or blind, schools for persons with learning disabilities, etc. It does NOT include special schools for talented or gifted persons, such as the Juilliard School of Music.
3. Special class (11c)—A class or program held within a regular school for students who have a physical or mental disability that keeps them from attending all or most of the regular classes. This does NOT include special classes for talented or gifted students, such as a class in advanced analytical calculus.
4. "Limited in school attendance" (11d)—Consider persons as "limited" if, because of an impairment or health problem, they either can attend school only for part of the day or must be absent from classes frequently.

B. Instructions

1. Do not include in 11a persons who may miss time from school occasionally because of an impairment or health problem.
2. Question 11b refers to all students enrolled in a special school or special class because of an impairment or health problem.
3. Question 11c refers to students who do not receive special education but could, in the respondent's judgment, benefit from it because of an impairment or health problem.

12

### Question 12, Limited in Any Way

12

12a. Is -- limited in ANY WAY in any activities because of an impairment or health problem?	12a.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No (NP)
b. In what way is -- limited? Record limitation, not condition.	b.	_____	
		Limitation	

#### A. Definition

In any way—Refers to activities that are normal for most persons of that age.

#### B. Instructions

1. Ask this question for children under 18 and persons 70 and over for whom no limitation was reported in questions 9 through 11.
2. Follow the instructions for question 6 on page D6-11.

13

### Question 13, Condition Causing Limitation

13

13a. What (other) condition causes this? Ask if injury or operation: When did [the (injury) occur?/--have the operation?] Ask if operation over 3 months ago: For what condition did -- have the operation? If pregnancy/delivery or 0-3 months injury or operation -- Reask question where limitation reported, saying: Except for -- (condition), . . . ? OR reask 13b/c.	13a.	(Enter condition in C2, THEN 13b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 13c)
b. Besides (condition) is there any other condition that causes this limitation?	b.	<input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No (13d)
c. Is this limitation caused by any (other) specific condition? Mark box if only one condition.	c.	<input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No
d. Which of these conditions would you say is the MAIN cause of this limitation?	d.	<input type="checkbox"/> Only 1 condition
		_____
		Main cause

#### Instructions

Follow the instructions for question 4 on pages D6-8 through D6-10 and for question 7 on page D6-12. Enter "13" in the "LA" box in item C2 as the source for conditions given in response to this question.

(B4)

Check Item B4

(B4)

<b>B4</b>	Refer to age.	<b>B4</b>	<input type="checkbox"/> Under 5 (NP) <input type="checkbox"/> 60-69 (14) <input type="checkbox"/> 5-59 (B5) <input type="checkbox"/> 70 and over (NP)
-----------	---------------	-----------	---

Instructions

For each person mark a box in item B4 and follow the appropriate skip instruction.

(B5)

Check Item B5

(B5)

<b>B5</b>	Refer to "Old age" and "LA" boxes. Mark first appropriate box.	<b>B5</b>	<input type="checkbox"/> "Old age" box marked (14) <input type="checkbox"/> Entry in "LA" box (14) <input type="checkbox"/> Other (NP)
-----------	--	-----------	--

Instructions

Refer to the "Old age" and "LA" boxes when filling this item. Mark a box and follow the appropriate skip instruction.

14

### Question 14, Limitation in Daily Functions

14

14a. Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home? <i>If under 18, Skip to next person; otherwise ask:</i>	14a. 1 <input type="checkbox"/> Yes (15) <input type="checkbox"/> No
b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	b. 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No (NP)

#### A. Objective

This question determines if persons aged 5 to 59, who have reported being limited by old age or a condition, are also limited in taking care of themselves. This question is also asked for all persons age 60 to 69. This information was previously obtained in question 9 for persons 70 and over.

#### B. Definitions

See page D6-14 for the definitions of "Need help" and "Everyday household chores."

#### C. Instructions

Follow the instructions for question 9 on page D6-14. Ask question 14b only for persons 18 years old and over. If the person is under age 18, skip to the next person. If yes in either question 14a or 14b, ask question 15.

15

### Question 15, Condition Causing Limitation

15

15a. What (other) condition causes this? Ask if injury or operation: When did [the (injury) occur?/--have the operation?] Ask if operation over 3 months ago: For what condition did -- have the operation? If pregnancy/delivery or 0-3 months injury or operation -- Reask question 14 where limitation reported, saying: Except for -- (condition), ...? OR reask 15 b/c.	15a. (Enter condition in C2, THEN 15 b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 15 c)
b. Besides (condition) is there any other condition that causes this limitation?	b. <input type="checkbox"/> Yes (Reask 15 a and b) <input type="checkbox"/> No (15d)
c. Is this limitation caused by any (other) specific condition?	c. <input type="checkbox"/> Yes (Reask 15 a and b) <input type="checkbox"/> No
Mark box if only one condition. d. Which of these conditions would you say is the MAIN cause of this limitation?	d. <input type="checkbox"/> Only 1 condition  _____ Main cause

#### Instructions

Follow the instructions for question 4 on pages D6-8 through D6-10 and for question 7 on page D6-12. Enter "15" in the "IA" box in item C2 as the source for conditions given in response to this question.

CHAPTER 7. RESTRICTED ACTIVITY PAGE

A. Overall Objective

The purpose of the Restricted Activity Page is to determine if illness or injury has caused persons to restrict their usual activities during the 2-week reference period. Analysts cumulate these data to estimate the annual number of work-loss days, school-loss days, days in bed, and days of cutting down on usual activities resulting from health problems for the entire civilian noninstitutionalized population. These questions also identify the kinds of conditions which have an impact on individuals in terms of restricted activity.

B. General Instructions

There are five Restricted Activity Pages included in the questionnaire. Complete the appropriate Restricted Activity Page for each person in the family. For deleted persons, put a large "X" through the entire corresponding Restricted Activity Page. If there are more than five persons in the family, be sure to change the person number at the top of the Restricted Activity Page on the additional questionnaire to correspond to that person's column number. On the questionnaire prepared for unrelated persons, also change the person number to agree with that person's column number.

INTRO

## Introductory Statement

INTRO

Hand calendar.

{The next questions refer to the 2 weeks outlined in red on that calendar, beginning Monday, (date) and ending this past Sunday (date).}

### A. Objective

The purpose of the introductory statement is to inform the respondent of the 2-week reference period for the Restricted Activity questions.

### B. Instructions

1. Hand the respondent the calendar card with the 2-week reference period outlined in red when asking about events occurring within this reference period. If the respondent indicates that he/she has a personal calendar which might be helpful, encourage the use of it.
2. Read the introductory statement when completing the page for the first person in the family and at any other time you feel it is necessary. When reading the statement, insert the dates given in A1 (Household Composition Page) for the 2-week reference period.

D1

## Check Item D1

D1

D1

Refer to age.

Under 5 (4)

5-17 (3)

18 and over (1)

### Instructions

Mark one box according to the person's age.

①

## Question 1, 2-Week Work Status

①

1a. DURING THOSE 2 WEEKS, did -- work at any time at a job or business, not counting work around the house? (Include unpaid work in the family [farm/business].)	
1 <input type="checkbox"/> Yes (Mark "Wa" box, THEN 2)	2 <input type="checkbox"/> No
b. Even though -- did not work during these 2 weeks, did -- have a job or business?	
1 <input type="checkbox"/> Yes (Mark "Wb" box, THEN 2)	2 <input type="checkbox"/> No (4)

### A. Objective

These questions, as well as ones later in the questionnaire, help to identify persons who are in the labor force. Work status is an important characteristic for analyzing health data. People who have jobs can be compared with those who don't on variables such as number of days spent in bed, doctor visits, specific diseases, etc.

### B. Definitions

#### 1. Work

##### a. Include the following:

- (1) 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).
- (2) Working for profit or fees in one's own business, professional practice, partnership, or farm even though the efforts may produce a financial loss.
- (3) Working without pay in a business or farm operated by a related household member.
- (4) Working as a civilian employee of the National Guard or Department of Defense.
- (5) Serving on jury duty.
- (6) Participating in "exchange work" or "share work" on a farm.

##### b. Do not include the following:

- (1) Unpaid work which does not contribute to the operation of a family business or farm (e.g., home housework).
- (2) Unpaid work for a related household member who is a salaried employee and does not operate a farm or business (e.g., typing for a husband who is a lawyer for a corporation).

①

## 2-Week Work Status (Continued)

①

- (3) Unpaid work for an unrelated household member or for a relative who is not a household member.
  - (4) Volunteer or other unpaid work for a church, charity, political candidate, club, or other organization, such as the Red Cross, Community Fund, etc.
  - (5) Service in the Armed Forces, including time while on temporary duty with the National Guard or Reserves.
  - (6) Owning a business solely as an investment to which no contribution is made to the management or actual operation (e.g., owning a grocery store which someone else manages and operates).
2. Job—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.
- a. Do not consider a person who is "on call" and works only when his/her services are needed as having a job during the weeks in which he/she does not work. An example of a person "on call" is a substitute teacher who was not called to work during the past 2 weeks.
  - b. 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.
  - c. Consider school personnel (teachers, administrators, custodians, etc.) 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.
  - d. Consider persons who have definite arrangements to receive pay while on leave of absence from their regular jobs to attend school, travel, etc., 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.
  - e. Do not consider a person who did not work at an unpaid job on a family farm or in a family business during the past 2 weeks as having a "job."
  - f. 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/her job has been phased out or abolished, or if the company has closed down operations.



①

2-Week Work Status (Continued)

①

3. Business—A business exists when one or more of the following conditions are met:

- Machinery or equipment of substantial value in which the person has invested capital is used by him/her in conducting the business. Hand rakes, manual lawnmowers, 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.
- a. Consider the selling of newspapers, cosmetics, and the like as a business if the person buys the newspapers, magazines, cosmetics, etc., 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.
- b. 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 as wage work. Whether or not the person is considered as having a job is described in paragraph B2 above.
- c. Do not consider the sale of personal property as a business.
- d. For questionable or borderline cases, do not consider the persons as having their own business. Refer to paragraph B2 to determine whether the person is considered as having a job.

C. Instructions

1. Ask question 1a for each person aged 18 years old or over. If a person worked at any time last week or the week before, even for just an hour, consider this as a "Yes" response to 1a, mark the "Ya" box in item C1, and continue with question 2.
2. ASK specifically about UNPAID FAMILY WORK for persons in FARM households and for persons who are related to another household member who has been indicated as operating a BUSINESS or has a PROFESSIONAL PRACTICE. In these situations, use the parenthetical statement, "Include unpaid work in the family farm," or "Include unpaid work in the family business," as appropriate, as you ask 1a.

①

## 2-Week Work Status (Continued)

①

3. In question 1b, consider as "having a job or business" a person who:
  - a. Was temporarily absent from his/her job or business all of the past 2 weeks because of vacation, bad weather, labor dispute, illness, maternity leave, or other personal reasons;

AND

  - b. expects to return to his/her job or business when the event has ended.
4. If volunteered, do not consider a person to have a job if the person was waiting to begin a new job or to enter the military. If the person is waiting to begin his/her own business, professional practice, or farm, determine whether any time was spent during the 2-week reference period in making or completing arrangements for the opening. If so, consider the person as working, and mark the "Yes" box in 1a and the "Wa" box in C1. If not, mark "No" in 1b.
5. If a person states that she/he is temporarily absent from a job on maternity/paternity leave, handle it the same as any other type of absence. If there is any question about the employment status, determine (1) whether she/he intends to return to work, and (2) whether the employer has agreed to hold the job or find her/him a place when she/he returns. Mark "Yes" in 1b if both conditions are met.
6. If volunteered, do not consider a person on layoff to have a job or business. Mark "No" for question 1b.
7. The government is attempting through several work and training programs to assist various segments of the population in combating poverty and to provide increased employment opportunities. The HIS employment questions are not designed to distinguish participants in these programs and you should not probe to identify them. However, if the respondent identifies a person as an enrollee in a government-sponsored program, proceed according to the instructions below. The list of programs is not all-inclusive. Use the General Guidelines below for programs not specifically covered.

a. General Guidelines

- Consider the person as working if he/she receives any pay for the work or on-the-job training.
- Do not consider the person as working or with a job if he/she only receives training at schools or other institutional settings.
- Do not consider the person as working or with a job if he/she receives welfare or public assistance while participating in work programs as a condition for receiving the welfare (work relief) or participating voluntarily.

b. Comprehensive Employment and Training Act (CETA)--This act authorizes a full range of manpower services, including public service employment, and funds programs for education and skill training, on-the-job training, special programs for disadvantaged groups, language training for persons with limited English-speaking abilities, retraining for older workers, basic education, etc. Some older programs now administered under this act are the Neighborhood Youth Corps, the Job Opportunities in the Business Sector Program (JOBS), the Manpower Development and Training Program (MDTA), the New Careers Program, Operation Mainstream, and others.

- Consider the participant as working if he/she receives on-the-job training.
- Do not consider the participant as working or with a job if he/she receives training in a school or other institutional setting.
- Consider the participant as working if he/she receives both on-the-job and institutional training. (Count only the time spent on the job as working.)

c. Migrant Seasonal Farm Workers--(CETA-National)--This program aids migrant workers with high school equivalency instruction, manpower training, and the other aids available under local CETA programs.

- Consider the participant as working if he/she worked full- or part-time in addition to any training received. (Count only the time actually worked or spent in on-the-job training as working.)
- Do not consider the participant as working or with a job if he/she does no work at all, but received training in a school or other institutional setting.

①

2-Week Work Status (Continued)

①

- d. Public Employment Program (PEP) or Public Service Employment (PSE-CETA)—These programs provide public service jobs for certain groups suffering from the effects of unemployment. Consider participants in these programs as working.
- e. Volunteers in Service to America (VISTA)—This program is known as the "domestic Peace Corps" and provides community service opportunities. Participants serve for 1 year and receive a small stipend and living allowance. Consider enrollees as working.
- f. College Work-Study Program—This program was designed to stimulate and promote the part-time employment of students who are from low-income families and are in need of earnings to pursue courses of study. Consider participants in this program as working.
- g. Cooperative Education Program—This authorizes a program of alternating study and work semesters at institutions of higher learning. Since the program alternates full-time study with full-time employment, consider participants as working if that was their activity during the 2-week reference period. Do not consider them as working or with a job if they were going to school during the 2-week reference period.
- h. Foster Grandparent Program—This program pays the aged poor to give personal attention to children, especially those in orphanages, receiving homes, hospitals, etc. Consider such persons as working.
- i. Work Incentive Program (WIN)—This program provides training and employment to persons receiving Aid to Families with Dependent Children (AFDC).
  - Consider persons receiving public assistance or welfare who are referred to the State Employment Service and placed in a regular job as working.
  - Consider persons receiving public assistance or welfare who are placed in an on-the-job or skill training program as working only if receiving on-the-job training.
  - Do not consider persons receiving public assistance or welfare who are placed on special work projects which involve no pay, other than the welfare itself, as working or with a job.
- j. Older Americans Community Service Employment and Operation Mainstream—These programs provide employment to chronically unemployed or older persons from impoverished families. Consider persons in either program as working.

①

2-Week Work Status (Continued)

①

- k. Veterans Apprenticeship and On-The-Job Training Program—These programs encourage unions and private companies to set up programs to train veterans for jobs that will be available to them after completion of the program. Consider veterans in such programs as working.
- l. Work Experience and Related Programs—See "General Guidelines."

All of the above references to "working" assume the person spent some time on the job during the 2-week reference period. However, if during that period, such persons did not work because of illness, vacation, etc., mark "No" in question 1a and "Yes" in question 1b.

2

## Question 2, Work-Loss Days

2

2a. During those 2 weeks, did -- miss any time from a job or business because of illness or injury?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (4)
-----	
b. During that 2-week period, how many days did -- miss more than half of the day from -- job or business because of illness or injury?	
oo <input type="checkbox"/> None (4)	No. of work-loss days <input type="text"/> (4)

### A. Objective

The purpose of question 2 is to measure the number of days lost from work due to illness or injury for adults 18 years old or over. This information is an important indicator of the economic impact of illness in this country.

### B. Definitions

1. Business—See paragraph B3 on page D7-5.
2. Job—See paragraph B2 on page D7-4.
3. Work-loss day—Any scheduled work day when MORE than half of the working day was missed due to illness or injury. If the person usually works only part of the day and missed more than half of that time, count the day as a work-loss day.

### C. Instructions

1. Question 2 measures work-loss days only. If a person 18 years old or older goes to school in addition to working, record only the days lost from work. Disregard, in question 2, any days lost from school for this age group. Include school-loss days for persons 18 and over in the cut-down days obtained in question 6.
2. Since very few people work 7 days a week, probe when you receive replies such as, "The whole 2 weeks," or "All last week." Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from work. If a person actually missed 14 days of work during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the person would have worked all 14 days had illness or injury not prevented it.

## Question 3, School-Loss Days

3a. During those 2 weeks, did -- miss any time from school because of illness or injury?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (4)
-----	
b. During that 2-week period, how many days did -- miss more than half of the day from school because of illness or injury?	
oo <input type="checkbox"/> None	No. of school-loss days

A. Objective

The purpose of question 3 is to measure the days lost from school due to illness or injury for children aged 5 through 17.

B. Definitions

1. School—For this question, school includes both "regular" and "nonregular" schools. Schools of both types may be either day or night schools, and attendance may be part-time or full-time.
  - a. Regular schools—Public or private institutions at which students receive a formal, graded education. In regular schools, students attend class to achieve an elementary or high school diploma, or a college, university, or professional school degree.
  - b. Nonregular schools—Public or private institutions such as vocational, business or trade schools, technical schools, nursing schools (other than university-based nursing schools where students work towards a degree), beautician and barber schools, and so forth. Nonregular schools also include special schools for the handicapped or mentally retarded where students are not working toward a degree or diploma. Kindergartens should also be considered "nonregular" schools.
2. School-loss day—Any scheduled school day when MORE than half of the day was missed due to illness or injury. If the child usually goes to school only part of the day and missed more than half of that time, count the day as a school-loss day.

C. Instructions

1. Since school vacation periods differ, ask this question at all times of the year, even during times usually considered school vacation periods.

3

School-Loss Days (Continued)

3

2. Question 3 measures school-loss days only. If a child in the 5-through 17-year age group works instead of, or in addition to, going to school, record only the days lost from school. Disregard any days lost from work for this age group in question 3. Include work-loss days for a person in the 5 to 17 age group in the cut-down days obtained in question 6.
3. Since few children go to school 7 days a week, probe when you receive replies such as, "The whole 2 weeks," or "All last week." Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from school. If a child actually missed 14 days from school during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the child would have gone to school all 14 days had illness or injury not prevented it.



4

### Question 4, Bed Days

4

4a. During these 2 weeks, did -- stay in bed because of illness or injury?

Yes                      oo  No (6)

---

b. During that 2-week period, how many days did -- stay in bed more than half of the day because of illness or injury?

oo  None (6)                       (D2)

#### Definitions

1. Days in bed--Any day during which the person stayed in bed MORE than half of the day because of illness or injury. "More than half of the day" is defined as more than half of the hours that the person is usually awake. Do not count the hours that the person is usually asleep. Also, do not count a nap as a day in bed, unless the person took the nap because of an illness or injury and the nap lasted for more than half of the day. Count all days a person spent as an overnight patient in a hospital, sanitarium, nursing home, etc., as days in bed whether or not the patient was actually lying in bed, even if there was no illness or injury. Also include any days reported for a newborn, including days in a hospital.
2. Bed--Anything used for lying down or sleeping, including a sofa, cot, or mattress. For example, a person who stayed on the sofa watching TV because he/she was not feeling well enough to get around would be considered "in bed." The important point is that the person felt ill enough to lie down for more than half the day.
3. Illness or injury--These terms are to be defined by the respondent. Accept pregnancy, delivery, "old age," injuries, or surgery occurring within the reference period as conditions causing restricted activity.

<b>D2</b>	Refer to 2b and 3b.
	<input type="checkbox"/> No days in 2b or 3b (6) <input type="checkbox"/> 1 or more days in 2b or 3b (5)
5. On how many of the (number in 2b or 3b) days missed from [work/school] did — stay in bed more than half of the day because of illness or injury? 00 <input type="checkbox"/> None	
_____ No. of days	

A. Objective

Item D2 skips you over question 5 if not applicable. The purpose of question 5 is to determine if any of the bed days reported in question 4 and days lost from work or school reported in question 2 or question 3 were the same days.

B. Instructions

1. Ask question 5 only if bed days are reported in question 4b AND work-loss days (question 2b) or school-loss days (question 3b) are reported. The previous skip instructions and check item D2 direct you to skip question 5 if these conditions are not met.
2. When asking question 5 for children 5 through 17 years old, use the word "school." For persons 18 years old and over, use the word "work."
3. Insert the number of days reported in question 2b or 3b, as appropriate, in place of "(number in 2b or 3b)."

Example 1

For a 21-year-old with: 4 days missed from work in question 2b and 3 days in bed in 4b, ask question 5 as follows:

"On how many of the 4 days missed from work did you stay in bed more than half of the day because of illness or injury?"

Example 2

For an 8-year-old with: 2 days missed from school in question 3b and 1 day in bed for 1b, ask question 5 as follows:

"On how many of the 2 days missed from school did your son stay in bed more than half of the day because of illness or injury?"

Example 3

When only 1 work-loss or school-loss day is reported, question 5 will need to be reworded slightly. For example:

"On the 1 day missed from work, did you stay in bed more than half of the day because of illness or injury?"

4. The entry in question 5 cannot be greater than the number of work/school-loss or bed days reported in question 2b/3b or 4b. Reconcile any inconsistencies with the respondent before making an entry in question 5.
5. Always ask question 5 if the conditions in paragraph B1 above are met. Never assume the answer. For example, even though the respondent reported 1 work-loss day and 1 bed day, you cannot be sure these were the same day without asking question 5.

6

### Question 6, Cut Down Days in 2-Week Period

6

Refer to 2b, 3b, and 4b.

6a. (Not counting the day(s) missed from work  
missed from school  
(and) in bed),

Was there any (OTHER) time during those 2 weeks that — cut down on the things — usually does because of illness or injury?

Yes  No (D3)

---

6b. (Again, not counting the day(s) missed from work  
missed from school  
(and) in bed),

During that period, how many (OTHER) days did — cut down for more than half of the day because of illness or injury?

None

#### A. Objectives

This question serves several purposes:

1. To find out if, in addition to any bed days or work- or school-loss days reported earlier, the person cut down on usual activities on any OTHER days during the 2-week reference period.
2. To determine if the person cut down on usual activities during the 2-week period even though no bed days or school-loss or work-loss days were reported earlier.
3. To determine whether persons under 18 not going to school had days in which they cut down on usual activities during the 2-week period.
4. To find out if persons 18 or over without a job or business had days in which they cut down on usual activities during the reference period.

#### B. Definitions

1. Things a person usually does—These consist of a person's "usual activities." For school children and most adults, "usual activities" would be going to school, working, or keeping house. For children under school age, "usual activities" depend upon the age of the child, whether he/she lives near other children, and many other factors. These activities may include playing inside alone, playing outside with other children, spending the day at a day-care facility, etc. For retired or elderly persons, "usual activities" might consist of staying at home all day or a variety of activities. Most children and adults have a typical daily pattern of activity of some kind.

"Usual activities" on weekends or holidays are the things the person usually does on such days, such as shopping, gardening, going to church, playing sports, visiting friends or relatives, staying at home and listening to music, reading, watching television, etc.

Accept whatever the respondent considers the person's "usual activities" to be. For example, a man with a heart condition may still consider his "usual activity" to be "working" even though the heart condition has prevented him from working for a year or more. Accept his statement that "working" is his "usual activity." Or, a respondent might say that a heart attack 6 months ago forced him to retire from his job or business; he does not expect to return to work, and considers his present "usual activities" to include only those associated with his retirement. The question, then, would refer to those activities.

2. Cut-down day—A day of restricted activity during which a person cuts down on usual activities for MORE than half of that day because of illness or injury.

Restricted activity does not imply complete inactivity but it does imply a significant restriction in the things a person usually does. A special nap for an hour after lunch does not constitute cutting down on usual activities for more than half of the day, nor does the elimination of a heavy chore, such as mowing the lawn or scrubbing the floors. Most of the person's usual activities must have been restricted for more than half of the day for that day to be counted as a cut-down day.

The following are examples of persons cutting down on their usual activities for more than half of the day:

Example 1

A housewife planned to do the breakfast dishes, clean house, work in the garden, and go shopping in the afternoon. She was forced to rest because of a severe headache, doing nothing after the breakfast dishes until she prepared the evening meal.

Example 2

A young girl who usually plays outside most of the day was confined to the house because of a severe cold.

Example 3

A garage owner whose usual activities include mechanical repairs and other heavy work was forced to stay in his office doing paperwork because of his heart condition.

Example 4

A man who usually played tennis and worked in the yard on Saturdays had to rest all day Saturday because of a torn cartilage in his knee.

The reference period for question 6 includes the Saturdays and Sundays during the 2 weeks outlined in red. All the days of the week are of equal importance in question 6, even though the types of activities which were restricted might not be the same on weekends and on holidays. If necessary, mention this to the respondent.

C. Instructions

1. Read the opening phrase in parentheses, "Not counting the days..." and include the word "OTHER" only when 1 or more work-loss days, school-loss days, or bed days have been reported for the person in questions 2 through 4. Select the appropriate words within the brackets depending on where the restricted activity days were reported in questions 2 through 4; such as in the following examples:

Example 1

If a respondent reported 2 work-loss days (question 2b) and 1 day in bed (question 4b), ask question 6a: "Not counting the days missed from work and in bed, was there any OTHER time during those 2 weeks that you cut down on the things you usually do because of illness or injury?"

Example 2

If no school-loss days and 3 days in bed were reported for a 16-year-old son, ask question 6a: "Not counting the days in bed, was there any OTHER time during those 2 weeks that your son cut down on the things he usually does because of illness or injury?"

2. If no work-loss days, school-loss days, or bed days were reported in questions 2 through 4, omit the opening parenthetical phrase and the word "OTHER." In this case, ask question 6a: "Was there any time during those 2 weeks that you cut down on the things you usually do because of illness or injury?"
3. The procedure for asking question 6b is the same as that just described for question 6a. Use the opening parenthetical phrase and the word "OTHER" in question 6b only if work-loss days, school-loss days, or bed days were reported in questions 2 through 4.
4. If a person reported 14 work-loss days in question 2b or 14 school-loss days in question 3b, or 14 bed days in question 4b, do not ask question 6. In this case, mark the "No" box in question 6a and go to check item D3 since it would be impossible to have any "OTHER" cut-down days. This applies only if 14 days is entered in any of 2b, 3b, or 4b. It does not apply if the sum of days in 2b or 3b and 4b is "14" since days missed from work or school and days in bed may or may not be the same days. For example, if "8 days" were reported in 2b and "6 days" in 4b, ask question 6a--do not mark "No" without asking.

**Check Item D3 and Question 7, Conditions  
Causing Restricted Activity**

<b>D3</b>	Refer to 2-6.	
	<input type="checkbox"/> No days in 2-6 (Mark "No" in RD, THEN NP) <input type="checkbox"/> 1 or more days in 2-6 (Mark "Yes" in RD, THEN 7)	
Refer to 2b, 3b, 4b, and 6b.		
7a. What (other) condition caused -- to	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px;">           miss work            miss school            (or) stay in bed            (or) cut down         </div>	during those 2 weeks?
(Enter condition in C2, THEN 7b)		
-----		
b. Did any other condition cause -- to	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px;">           miss work            miss school            (or) stay in bed            (or) cut down         </div>	during that period?
<input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No		

**A. Objective**

The purpose of question 7 is to obtain the name or description of each condition--the illness or injury--causing the restricted activity reported in questions 2 through 6.

**B. Definition**

Condition--The respondent's perception of a departure from physical or mental well-being reported as causing restriction of activity. Included are specific health problems such as a missing extremity or organ, the name of a disease, a symptom, the result of an accident or some other type of impairment. Also included are vague disorders, and health problems not always thought of as "illnesses," such as alcoholism, drug-related problems, senility, depression, anxiety, etc. In general, consider as a "condition" any response describing a health problem of any kind; exceptions are discussed in paragraph C5 below.

**C. Instructions**

1. If no days are reported in questions 2, 3, 4, or 6 for the person, mark the first box in check item D3, mark "No" in the "RD" box in item C1, and skip to the next person. If one or more days are reported in questions 2, 3, 4, or 6 for the person, mark the second box in check item D3, mark "Yes" in the "RD" box in item C1, and ask question 7.
2. For questions 7a and 7b, select the phrase or phrases within the brackets according to the kinds of restricted activity days recorded in questions 2, 3, 4, and 6 for the person.



Example 1

If a person reported 1 work-loss day (question 2b), 2 bed days (question 4b), and 3 cut-down days (question 6b), ask question 7a:

"What condition caused you to miss work or stay in bed or cut down during those 2 weeks?"

Example 2

If a person reported only 1 cut-down day in question 6b but no other restricted activity days, ask question 7a:

"What condition caused you to cut down during those 2 weeks?"

3. When multiple phrases are used in questions 7a and 7b, be sure to use the word "or" between each phrase. It is possible that a person could miss work because of one condition and cut down because of another; incorrectly using the word "and" implies that we are only interested in a condition causing both types of restricted activity.
4. a. Enter the reported condition or conditions on a separate line in item C2 and enter "7" (for question 7) as the source for this condition in the "RA" box below the C2 condition line. Then ask question 7b, using the appropriate phrase(s) in brackets.  
b. If the condition is exactly the same as another condition you previously recorded for the person, do not record the condition again on another line in item C2 but enter "7" in the "RA" box in C2 for this condition.  
c. If the response to 7b is "Yes," reask 7a using the parenthetical "other." Then, enter in item C2 any additional condition(s) reported (if not already entered) along with its source ("7") in the "RA" box.
5. Enter as a condition whatever the respondent gives as the reason for the activity restriction. Accept reasons such as "too much to drink," "senility," and "worn out" as well as more obvious illnesses like "flu," "upset stomach," etc. The few exceptions to this rule are given below. When any of the following reasons are given in response to question 7a, follow the specified procedure.

- a. Operation or Surgery--(See page D6-7 for definition.) Probe to determine the condition causing the operation or surgery. Enter that condition in item C2 regardless of whether or not the person still has the condition.

If you cannot determine the reason for the operation or surgery, then enter the operation or surgery in item C2 as reported by the respondent, for example, "splenectomy," "cystoscopy," etc., and footnote any additional information.

- b. Pregnancy--If "pregnancy" is reported as the condition causing restricted activity, probe for a condition associated with the pregnancy, such as morning sickness, swollen ankles, and so forth. Ask, "What about her pregnancy caused -- to [miss work/(or) miss school/(or) stay in bed/(or) cut down]?" Record the condition and "pregnancy" in item C2; for example, "morning sickness-pregnancy." If a specific condition is not reported after probing, enter "normal pregnancy" in item C2.
- c. Menstruation--Follow the procedure described for pregnancy. Probe for a condition associated with menstruation by asking, "What about her menstruation caused -- to [miss work/(or) miss school/(or) stay in bed/(or) cut down]?" Record the condition and "menstruation" in item C2; for example, "cramps-menstruation." If a specific condition is not reported after probing, enter "menstruation" in item C2.
- d. Menopause--Follow the procedure described for pregnancy. Probe for a condition associated with menopause by asking, "What about her menopause caused -- to [miss work/(or) miss school/(or) stay in bed/(or) cut down]?" Record the condition and "menopause" in item C2; for example, "headache-menopause." If a specific condition is not reported after probing, enter "menopause" in item C2.
- e. Delivery (for the mother)--If "delivery" is reported, probe for a complication of delivery. Ask, "Was this a normal delivery?" If "No," ask, "What was the matter?" Record the complication (condition) and "delivery" in item C2; for example, "hemorrhage-delivery." If no specific complication is reported, enter "normal delivery" in item C2.
- f. Birth (for the baby)--If "birth" is reported as causing restricted activity for the baby, probe for complications or a condition at birth. Ask, "Was the baby normal at birth?" If "No," ask, "What was the matter?" Enter the complication (condition) and "birth" in item C2; for example, "hepatitis-birth." If the baby was normal at birth, do not enter this as a condition in item C2 but footnote the situation.

- g. Vaccinations and Immunizations--If a vaccination or immunization is reported as causing restricted activity, probe for a side-effect of the shot. There is usually an effect of the shot which caused the person to restrict his or her activity. Ask, "What about the (name of vaccination/immunization) caused -- to [miss work/(or) miss school/(or) stay in bed/(or) cut down]?" Record the side effect and the name of the vaccination or immunization in item C2; for example, "fever-flu shot." The effect of the shot need not have been physical in nature. For example, "anxiety-flu shot" or "nervousness-tetanus shot" may have caused the restricted activity because the person worried about or expected a reaction or side-effect.

If, after probing, the respondent reports no side-effect of the shot, do not make an entry in C2 but footnote the situation.

- h. Old age--If "old age" is reported as the condition causing restricted activity, probe to determine the condition(s) associated with the old age, such as "arthritis," "heart condition," and so forth.

If, after probing, the respondent reports no condition(s) associated with the old age, enter "old age" in item C2.

- i. Hospitalization--If being hospitalized is given as the reason for restricted activity, ask for what condition the person was hospitalized and enter the condition in C2. If the hospitalization was not for a specific condition; for example, tests, examination, voluntary surgery, etc., ask the following probes as appropriate:

- Tests/examination--Ask, "What were the results of the [test(s)/examination]?", and record the results in C2. If no results or results not known, ask, "Why [were the tests performed/was the examination given]?", and record the condition(s) necessitating the tests/examination in C2. If no condition was found and no condition caused the test/examination, make no entry in C2, but footnote the situation.
- Surgery/operation--(See page D6-7 for definition.) Ask why the surgery or operation was performed and enter the condition in C2. If you cannot determine the condition causing the operation, enter the surgery or operation as the condition in C2 and footnote any additional information. For example, "face lift operation" in C2, "vanity" in a footnote.

6. If a condition causing restricted activity is given in response to questions 2 through 6, verify this information when asking question 7; for example, "I believe you told me you stayed in bed because of a cold. Did any other condition cause you to stay in bed during those 2 weeks?" If more than one type of restricted activity is reported, that is, work-loss or school-loss days, bed days, or cut-down days, include all types when asking question 7. Be sure to record the condition you are verifying in item C2 along with the source "7"--not the question number where the condition was originally mentioned.

CHAPTER 8. 2-WEEK DOCTOR VISITS PROBE PAGE

A. Overall Objective

The 2-Week Doctor Visits Probe Page is designed to identify all contacts with medical doctors or their assistants during the 2-week period. The information from these pages provides measures of how the country's health care system is being utilized.

B. General Definitions

1. Medical doctor/doctor's assistant--These terms are respondent defined. Include any persons mentioned by the respondent, for example, general practitioners, psychologists, nurses, chiropractors, etc. However, do not include visits to dentists or oral surgeons.

2. Doctor visits

a. Include as doctor visits:

- (1) 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.
- (2) A visit to a doctor's office, clinic, hospital emergency room, or outpatient department of a hospital where a person goes for treatment or examination even though a doctor may not actually be seen or talked to.
- (3) A visit by the doctor or doctor's assistant to the person. If the doctor or assistant visits the home to see one patient and while there examines or professionally advises another member of the household, count this visit as a "doctor visit" for each individual receiving the doctor's or assistant's attention.

- (4) 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. Do NOT include calls for appointments, inquiries about a bill, calls made between a pharmacist and a doctor to obtain or verify prescriptions or calls made between the person and a pharmacist, or some other topic not directly related to the person's health. Count the telephone call as a doctor visit for the person about whom the call is 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.
- (5) Medical advice obtained from a family member or friend who is a doctor, even if this is done on an informal basis.
- (6) Laboratory visits.
- (7) Physicals for athletes or the U.S. Armed Services.
- (8) 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, etc.

b. Exclude as doctor visits:

- (1) Visits made by a doctor or assistant while the person was an overnight patient in the hospital.
- (2) Visits for shots or examinations (such as X-rays) administered on a mass basis. Thus, 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 which was being administered identically to all persons who were at the place for this purpose, do not count this as a doctor visit. Do not include immunizations or examinations administered to children in schools on a mass basis as doctor visits. (Physicals for athletes or the U.S. Armed Services are NOT considered mass visits; count these as doctor visits.)
- (3) Telephone calls made between a pharmacist and a doctor to obtain, renew, or verify prescriptions or calls made between the person and a pharmacist.
- (4) Visits to dentists or oral surgeons.

C. General Instructions

Record doctor visits at whatever point on this page they are reported. For example, if the respondent reports a telephone call when you ask question 1, enter the contact in the answer space for question 1. However, be sure that the contact is reported only once.

INTRO

Introductory Statement

INTRO

Read to respondent(s):  
These next questions are about health care received during the 2 weeks outlined in red on that calendar.

A. Objective

To inform the respondent of the content and reference period for this section of the questionnaire.

B. Instructions

Read the introductory statement once for the family.

E1

Check Item E1

E1

E1	Refer to age.	E1	<input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)
----	---------------	----	---

Objective

To direct you to the appropriate doctor visit question 1a or 1b, depending on the age of the person.

①

## Question 1, 2-Week Doctor Visits

①

<p>1a. During those 2 weeks, how many times did -- see or talk to a medical doctor? (Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.) (Do not count times while an overnight patient in a hospital.)</p>	<p>1a. and 1b.</p>	<p>00 <input type="checkbox"/> None  <input type="text"/>          Number of times } (NP)</p>
<p>-----</p> <p>b. During those 2 weeks, how many times did anyone see or talk to a medical doctor about --? (Do not count times while an overnight patient in a hospital.)</p>		

A. Objective

This question asks for the number of contacts with medical doctors for the purpose of receiving medical care. These contacts must have occurred during the 2-week reference period. This question is worded in general terms so that respondents will report the maximum number of doctor visits. Questions 2 and 3 are more specific probe questions which serve to remind the respondent of additional contacts not reported in question 1.

B. Instructions

1. The first time you ask question 1a, include the statement within braces.
2. Read the sentence in parentheses only if a number is recorded in the person's "HOSP." box in item C1.
3. For persons under 14, ask question 1b. This wording is used because children are usually accompanied by an adult when they see a doctor, and the adult is often the person to whom the doctor reports. Substitute the name of the child or the child's relationship to the respondent. For example, for a 10-year-old child named Janet, ask, "During those 2 weeks, how many times did anyone see or talk to a medical doctor about Janet?"
4. Include all contacts reported by the respondent, regardless of the type of medical person seen. For example, if a visiting nurse was seen or if a household member who is a nurse provided care, include these contacts. However, do not include visits or calls to dentists or oral surgeons.



①

## 2-Week Doctor Visits (Continued)

①

5. 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.

- a. Two or more doctors seen on 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 a footnote. Situations of this kind may occur when a person visits a clinic where he/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/her family doctor, who, in the course of the same visit, calls in a specialist to examine or treat the person.
- b. Doctors and assistants seen on 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.
- c. More than one assistant seen on same visit--When the person sees more than one assistant on the same visit, count a separate visit for each assistant seen who works under the supervision of a different doctor. If each of the assistants seen on the same visit works 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/her blood pressure checked by one nurse and temperature checked by another, both working for the same doctor.
- d. Laboratory visits--Do not probe at this time to determine if the doctor visit took place at a laboratory. However, if a laboratory visit is reported, count this as a doctor visit and complete a doctor visit column.

2

### Question 2, Additional Health Care Probe

2

<p>2a. (Besides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health care at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or anyone working with or for a medical doctor. Do not count times while an overnight patient in a hospital.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No (3a)</span></p>	
<p>b. Who received this care? Mark "DR Visit" box in person's column.</p>	<p>2b. <input type="checkbox"/> DR Visit</p>
<p>c. Anyone else? <span style="float: right;"><input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No</span></p>	
<p>Ask for each person with "DR Visit" in 2b: d. How many times did -- receive this care during that period?</p>	<p>d. <input style="width: 50px; height: 15px;" type="text"/> Number of times</p>

A. Objective

Question 2 reminds the respondents of additional medical contacts by listing other types of places where care can be received and other types of medical persons that may be seen.

B. Definition

Health care--Any kind of medical treatment, diagnosis, examination, or advice provided by a doctor or assistant.

C. Instructions

1. When asking question 2, include the phrase, "Besides the time(s) you just told me about" if any visits were reported for any family members in question 1.
2. Include health care at any place where a doctor or assistant was seen, even if not specifically listed in the question (but do not include any contacts already recorded in question 1).

If the respondent reports that the care was received while the person was an overnight patient in a hospital, do not include this visit on this page. However, do not probe for this information.

3. Paragraphs 4 and 5 of the instructions for question 1 on pages D8-4 and D8-5 also apply to question 2.

3

### Question 3, Telephone Calls as Doctor Visits

3

3a. (Besides the time(s) you already told me about) During those 2 weeks, did anyone in the family get any medical advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with or for a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No (E2)		
b. Who was the phone call about? Mark "Phone call" box in person's column.		3b. <input type="checkbox"/> Phone call
c. Were there any calls about anyone else? <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No		
Ask for each person with "Phone call" in 3b: d. How many telephone calls were made about ---?		d. <input type="text"/> Number of calls

#### A. Objective

Question 3 ensures that respondents report as doctor visits all telephone calls in which medical advice was provided.

#### B. Instructions

1. When asking question 3a, include the parenthetical phrase if any contacts were recorded for any family members in questions 1 and/or 2d.
2. See paragraph 2a(4) on page D8-2 for information on what to include as telephone calls for medical advice.
3. In question 3d, do not record any telephone calls which have already been reported in questions 1 or 2.
4. If the respondent reports a doctor visit other than a telephone call that occurred during the 2-week period, record it in question 3b provided that: (1) it has not been reported previously, and (2) it meets the definition of a doctor visit given for question 1. Do NOT make any changes to question 1 or 2.

E2

Check Item E2

E2

E2

Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK. DV" box in item C1.

A. Objective

To determine the total number of 2-week doctor visits for each person.

B. Instructions

Add the numbers recorded in questions 1, 2d, and 3d, for each person. Record the total number of doctor visits in the "2-WK. DV" box in item C1 for each person. If there were no visits for the person in questions 1 through 3, mark the "None" box in the person's "2-WK. DV" box in item C1.

CHAPTER 9. 2-WEEK DOCTOR VISITS PAGE

A. Overall Objective

The purpose of the 2-Week Doctor Visits Page is to obtain detailed information for each visit reported on the 2-Week Doctor Visits Probe Page. This includes where the visit took place, whether a medical doctor or assistant was seen, the type of provider consulted, the condition or other health-related reason necessitating the visit, and whether surgery or any operations were performed during the visit. This information is used by analysts to produce estimates on the kinds of places people go to receive medical care, from whom they receive the care, and why they seek the care.

B. General Instructions

1. If there are no doctor visits recorded in the "2-WK. DV" box for any family members, go to the Health Indicator Page.
2. Fill a separate 2-Week Doctor Visit column for each visit recorded in each person's "2-WK. DV" box in item C1. Begin the first column for the first person for whom visits are recorded, and complete a separate column for each of those visits. Then fill column(s) for the next person with doctor visits in the "2-WK. DV" box in item C1, and so on.
3. If there are more than four doctor visits for the family, use additional questionnaires. Cross out number "1" in the "DR VISIT 1" column in the additional questionnaire and insert "5" for the fifth visit; in the next column cross out "2" and insert "6," and so on.
4. Consistency check--The number of columns filled for a person must equal the total number of doctor visits in that person's "2-WK. DV" box in item C1. Specific instructions for reconciling differences follow on page D9-3. You may find it helpful to make a checkmark to the right of the number in the "2-WK. DV" box as you complete each column. For example, if the person had a total of three doctor visits recorded in C1, you would have three checkmarks:

2-WK. DV
00 <input type="checkbox"/> None
3 ✓
Number

5. If when filling a doctor visit column, you learn the person seen was a dentist or oral surgeon, do not ask any further questions for the visit. Delete the column, correct C1 and footnote "dentist" or "oral surgeon." Do not enter any conditions reported during this visit in item C2.

(F1)

Person Number and Check Item F1

(F1)

Refer to CI, "2-WK. DV" box.		PERSON NUMBER _____	
F1	Refer to age.	F1	<input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)

A. Objective

Check item F1 directs you to the appropriate question wording depending on the age of the person receiving medical care.

B. Instructions

Since the 2-Week Doctor Visits column numbers DO NOT correspond to the five person column numbers, you must enter the person number for each visit.

(1)

Question 1, Dates and Number of Doctor Visits

(1)

1a. On what (other) date(s) during those 2 weeks did -- see or talk to a medical doctor, nurse, or doctor's assistant?	1a. and b.	Month _____ Date _____ OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before
b. On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about ---? Ask after last DR visit column for this person:		c. <input type="checkbox"/> Yes (Reask 1a or b and c) <input type="checkbox"/> No (Ask 2-5 for each visit)
c. Were there any other visits or calls for -- during that period? Make necessary correction to 2-Wk. DV box in CI.		

A. Objective

Question 1a or b ensures that the doctor visits reported on the 2-Week Doctor Visits Probe Page occurred during the 2-week reference period by obtaining the exact dates. Question 1c gives the respondent the opportunity to report additional 2-week doctor visits not reported earlier.

B. Instructions

- Record all visits or calls to a doctor or a doctor's assistant.
- Enter in the answer space for 1a/b the dates for all 2-week visits for a person in the order they are reported before asking question 1c. If another date is given in response to 1c, enter this date in the next blank column. Do not try to record the visits in order by date, that is, the most recent, next most recent, etc.

3. If the respondent cannot remember the exact date(s), an estimate is acceptable. However, before accepting an estimate, use the 2-week calendar card to help the respondent recall the exact date as closely as possible. If the exact date still cannot be determined, specify in which week of the 2-week period the visit took place. Mark the "Last week" or "Week before" box without making an entry for month or date.
4. If you learn that a visit did not take place during the 2-week reference period, enter the date in question 1a/b but correct the entry in the person's "2-WK. DV" box in item C1 by erasing the incorrect entry and entering the correct answer. Delete the remainder of this doctor visit column by drawing an "X" through it and footnote "Out of reference period," with the same footnote symbol in item C1 and in this column.
5. If at any time when filling the 2-Week Doctor Visits Page, additional visits are reported for anyone in the family, correct C1 as necessary and footnote the reason for the change. Complete a Doctor Visit column for each additional visit reported.
6. Ask question 1c after entering all 2-week dates mentioned for the person in question 1a/b. Enter the response to question 1c in the last doctor visit column for that person.

If any additional 2-week visits are reported, mark the "Yes" box in the last column for this person and reask question 1a/b using the word "other." Enter the person number and date of the additional visit(s) in 1a/b of the next column(s), then correct the entry in the "2-WK. DV" box in item C1 for the person.

Note that question 1c must always have a "No" entry in the person's last doctor visit column even if that column is deleted. A "Yes" entry in this question requires the filling of another column, which in turn requires reasking question 1c.

7. After obtaining a "No" response to question 1c, ask questions 2 through 5 for each doctor visit for the person. Complete the column for one visit before going on to the next visit.
8. Do not make corrections to any previous pages, except as noted in 4 and 5 above, based on information received while completing the Doctor Visit page or any succeeding pages.

2

### Question 2, Place of Visit

2

<p>2. Where did -- receive health care on (date in 1), at a doctor's office, clinic, hospital, some other place, or was this a telephone call?</p> <p>If doctor's office: Was this office in a hospital?</p> <p>If hospital: Was it the outpatient clinic or the emergency room?</p> <p>If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic?</p> <p>If lab: Was this lab in a hospital?</p> <p>What was done during this visit? (Footnote)</p>	<p>2. 01 <input type="checkbox"/> Telephone</p> <p>Not in hospital:</p> <p>02 <input type="checkbox"/> Home</p> <p>03 <input type="checkbox"/> Doctor's office</p> <p>04 <input type="checkbox"/> Co. or ind. clinic</p> <p>05 <input type="checkbox"/> Other clinic</p> <p>06 <input type="checkbox"/> Lab</p> <p>07 <input type="checkbox"/> Other (Specify) _____</p> <p>Hospital:</p> <p>08 <input type="checkbox"/> O.P. clinic</p> <p>09 <input type="checkbox"/> Emergency room</p> <p>10 <input type="checkbox"/> Doctor's office</p> <p>11 <input type="checkbox"/> Lab</p> <p>12 <input type="checkbox"/> Overnight patient (Next DR visit)</p> <p>08 <input type="checkbox"/> Other (Specify) _____</p>
---	--

#### A. Objective

Question 2 provides information on where people receive health care. This information is useful in planning for future health care needs.

#### B. Definitions

1. Telephone—A telephone call made to or from a doctor or doctor's assistant for the purpose of discussing the health of the person. See page D8-2 for the types of calls to include or exclude.
2. Home—Any place in which the person 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; however, if the person was in the hospital or some other institution, do not count this as a "home" visit.
3. Doctor's office
  - a. In hospital—Some doctors maintain an individual office in a hospital where patients are seen on an outpatient basis, or several doctors might occupy a suite of offices in a hospital where patients are treated as outpatients.
  - b. Not in hospital—An individual office in the doctor's home or in an office building, or a suite of offices occupied by several doctors. Do not consider a suite of doctors' offices as a clinic.
4. Company or industry clinic—A clinic or doctor's office which is operated solely for employees of the company or industry. This includes emergency or first aid rooms if the treatment was received from a doctor or assistant. The clinic may or may not be in the same location as the company or industry. If the respondent mentions that a relative of the employee went to this clinic, mark the "Not in hospital-other" box and specify, for example, "father's company clinic," or "husband's industrial clinic."



② Place of Visit (Continued)

②

5. Hospital Outpatient (O.P.) Clinic--The unit of a hospital where persons may go for medical care without being admitted. Outpatient clinics usually provide routine, non-emergency medical care and are usually open only during specific hours.
6. Hospital Emergency Room--The unit of a hospital where persons may receive medical care, often of an urgent nature, without or before being admitted. Emergency rooms are usually open 24 hours a day.

C. Instructions

1. When asking question 2, insert the date entered in 1a/b for this doctor visit.
2. Mark a box according to the kind of place where the medical contact occurred, not according to the name of the place.
3. If the doctor visit was by telephone, mark the "Telephone" box at the top of the list of answer categories. For any other response, mark a box in the list under "Not in hospital" or in the list under "Hospital," depending on the location of the place.
4. If multiple responses are received in question 2 and one is while the person was an overnight patient in a hospital, mark only the "Overnight patient" category and go to the next doctor visit. For example, "Went to emergency room, then was hospitalized for 2 nights."

If none of the places mentioned is while the person was an overnight patient in the hospital, correct item C1 and complete a separate doctor visit column for each place mentioned. For example, "Went to the company clinic and they sent her to the emergency room."

5. If the initial response is "doctor's office," ask the first probe beneath question 2 to determine if the doctor's office was in a hospital or not, and mark the appropriate box. If the initial response to question 2 is "Hospital," use the second probe to determine if the person went to the outpatient clinic or the emergency room, and mark the appropriate box. If the initial response to question 2 is "clinic," ask the third probe to determine the type of clinic. For a response of "Public Health Clinic" or another type of clinic that does not fit into one of the listed categories, mark the "Other clinic" box. If the initial response to question 2 is "laboratory," ask the fourth probe to determine if the laboratory was in a hospital or not, mark the appropriate "Lab" box, and ask the next probe question, "What was done during this visit?" Enter a footnote symbol in question 2 and where the response is recorded. Use different footnote symbols if multiple visits to labs are reported.

## Place of Visit (Continued)

- \* 6. There is no specific definition of a clinic; accept the respondent's answer. If the person is not sure whether or not the place is a clinic, mark the appropriate "Other" box and specify, for example, "ABC clinic, DK if this is a clinic or a group of doctor's offices."
7. Both the "Not in hospital" and "Hospital" lists contain an "Other-specify" category. If the response is not clear, probe to determine if the "Other" place was or was not in a hospital before marking one of the "Other-specify" boxes. Give the best description of the "Other" place which you can obtain from the respondent.
8. If the respondent doesn't know whether or not to consider the place as in a hospital, do not mark a box but footnote the response, for example, "I don't know, I think it's a private doctor's office in space rented from a hospital."
9. If the response to question 2 is "Health Maintenance Organization" or "HMO," probe to determine whether the place was in a hospital or not, then mark the appropriate "Other-specify" box and enter "HMO," "Kaiser," or whatever response is given.
10. For persons who were admitted to the hospital but did not stay overnight, mark the "Hospital, Other-specify" box and footnote "Admitted-not overnight," and go to the next doctor visit. If the person was admitted to the hospital and stayed overnight, mark "Overnight patient" in the "Hospital" column and go to the next doctor visit. Do not complete questions 3 through 5 in these situations, nor delete the column, nor correct item C1.



## Type of Provider Contacted (Continued)

2. In questions 3a and b, we are interested in direct contacts between the person or his/her proxy and the medical doctor. For example, if Mrs. Smith called the doctor about her husband because he was too ill to come to the phone, consider this as a "Yes" response to 3a if she spoke directly with the medical doctor. However, if Mrs. Smith spoke only with a nurse who relayed information between Mrs. Smith and the doctor, consider this as a "No" response in 3a since there was no direct contact with a medical doctor.
3. If you learn when asking any part of this question that the person consulted or the person for whom the assistant works is not a medical doctor as defined on page D9-7, mark "No" in 3a/b, enter the title of the person (or a description of what he/she does) in 3c and ask 3d.
4. If the respondent doesn't know if the person talked to is a medical doctor, mark the "DK if M.D." box in 3a/b and ask 3c. If the respondent doesn't know who was seen, mark the "DK who was seen" box and ask 3f. It is still possible that the respondent knows about the doctor who maintains the office, even though it is not clear whether or not the person actually talked to this doctor. If the respondent states only that he/she "Doesn't know," you must probe to determine which DK box to mark. For example, ask, "Is it that you don't know if the person seen was a medical doctor or not, or that you don't know who was seen?"
5. In 3c, enter the full title of the medical person or assistant such as "nurse practitioner," "nurse," "physician's assistant," "optometrist," or "chiropractor." If the title is not known, record the person's duties in as much detail as possible; for example, "takes blood," "gives immunizations," "gives physical exams," etc.
6. Sometimes, medical persons/assistants work with or for more than one doctor. Questions 3d and e are asked to determine what type of doctor the assistant was working with or for on this particular visit. If the response to 3d is "Own practice," "works alone," or something similar, mark "None" and continue with question 4. If "Telephone" is marked in question 2, use "Call" when asking 3e; otherwise, use "Visit."
7. In 3g, if the respondent does not know the title of the specialist, but does know the field of specialty, enter that information verbatim in the space provided. Examples are "heart ailments," "X-ray doctor," etc. Do not substitute any titles you know of for the respondent's answer: For example, do not enter "Pediatrician" if the respondent says it was a "children's doctor."
8. In 3f, if you are told that the doctor is both a general practitioner and a specialist, do not make an entry in 3e/f or 3g. Footnote the response and any information given by the respondent concerning the nature of the doctor's practice and specialty.

### Question 4, Condition Talked About

Ask 4b if under 14.		1	<input type="checkbox"/> Condition (Item C2, THEN 4g)
4a. For what condition did -- see or talk to the [doctor/(entry in 3c)] on (date in 1)? Mark first appropriate box.	4a. and b.	2	<input type="checkbox"/> Pregnancy (4a)
b. For what condition did anyone see or talk to the [doctor/(entry in 3c)] about -- on (date in 1)? Mark first appropriate box.		3	<input type="checkbox"/> Test(s) or examination (4c)
		4	<input type="checkbox"/> Other (Specify) _____ (4g)
c. Was a condition found as a result of the [test(s)/examination]?	c.		<input type="checkbox"/> Yes (4h) <input type="checkbox"/> No
d. Was this [test/examination] because of a specific condition -- had?	d.		<input type="checkbox"/> Yes (4h) <input type="checkbox"/> No (4g)
e. During the past 2 weeks was -- sick because of -- pregnancy?	e.		<input type="checkbox"/> Yes <input type="checkbox"/> No (4g)
f. What was the matter?	f.		_____ (Item C2, THEN 4g) Condition
g. During this [visit/call] was the [doctor/(entry in 3c)] talked to about any (other) condition?	g.		<input type="checkbox"/> Yes <input type="checkbox"/> No (5)
h. What was the condition?	h.		<input type="checkbox"/> Pregnancy (4a) _____ (Item C2, THEN 4g) Condition

#### A. Objective

Question 4 obtains all conditions about which the doctor or assistant was consulted on the particular visit.

#### B. Definition

Condition—The respondent's perception of a departure from physical or mental well-being reported as the reason for a doctor visit. Included are specific health problems such as a missing extremity or organ, the name of a disease, a symptom, the result of an accident or some other type of impairment. Also included are vague disorders and health problems not always thought of as "illnesses," such as alcoholism, drug-related problems, senility, depression, anxiety, etc. In general, consider as a condition any response describing a health problem of any kind.

#### C. Instructions

1. Ask question 4a for persons 14 years old and over. Ask question 4b for children under 14 years old.
2. When entering conditions in item C2, record the column number of this doctor visit as the source of the condition in the "DV" box below the condition name.
3. Mark only the first applicable box in the answer space for question 4a/b. Therefore, if a person went to a doctor because of "feeling tired" and while there had blood tests and a urinalysis, mark the "Condition" box and enter "feeling tired" in item C2.
4. If the respondent mentions a medical procedure, such as removing a cast, applying a bandage, applying a brace, adjusting a truss, having an X-ray, etc., probe to determine the condition necessitating the procedure by asking, "For what condition did -- have a [cast/bandage/brace]?" Mark the "Condition" box in 4a/b and enter the condition in item C2. If you cannot determine a condition, mark the "Other" box and specify the procedure on the line.

5. If an operation or surgery (see D6-7 for definition) is reported as the reason for visiting the doctor, for example, the person went for a checkup after surgery, probe to determine the condition causing the operation or surgery by asking, "For what condition did — have the [surgery/operation]?" Mark the "Condition" box in 4a/b and enter this condition in item C2 regardless of whether or not the person still has the condition causing the surgery.

If you cannot determine the condition for which the person had the surgery, mark the "Condition" box in 4a/b, enter the name of the surgery or operation in item C2 and footnote any additional information, for example, "gallbladder removed" in C2 and "DK reason" in a footnote.

If the reason for having the operation or surgery was not due to a condition, for example, surgery for birth control purposes only, mark the "Other" box in 4a/b and enter an explanation on the "Specify" line.

6. In asking 4c use the appropriate word "test," "tests," or "examination" depending on the respondent's answer to 4a/b. Consider a "checkup" to be the same as an examination if it is not mentioned along with a specific condition. Mark the "Yes" box in 4c even if the person was not notified of the condition until interview week. Mark the "test(s) or examination" box if the respondent saw or talked to a medical doctor, person, or assistant, during the 2-week reference period to get the results of tests or examinations that were performed earlier.
7. Question 4c determines if a condition was found as a result of the test(s) or examination. If the response to 4c is "no," mark the "No" box and ask 4d to determine if the person had a specific condition which was known about prior to the test(s) or examination. For example, people may have conditions which are known to them (such as diabetes), which they have tested from time to time to monitor the condition. Do not consider a common vision deficiency, such as nearsightedness or farsightedness, which is tested from time to time, as a condition unless it is discovered for the first time during this visit. In all other cases, probe to determine if a condition (for example, glaucoma) is causing the vision deficiency. If not, mark "No" in 4c and 4d and skip to 4g.
8. Ask question 4e to determine if the person was sick because of her pregnancy. If the response is "yes," mark the "Yes" box, ask 4f, and record the condition and pregnancy (for example, "Morning sickness-pregnancy") in 4f AND in item C2; then continue with 4g.
9. Use the word "call" in 4g if "Telephone" is marked in question 2. Otherwise, use the word "visit." If a condition was previously reported in 4a, 4f, or 4h, use the parenthetical "other" when asking or reasking 4g.
10. If pregnancy is reported in 4h, mark the "Pregnancy" box and ask 4e. Do not enter pregnancy in item C2 if reported in 4h. Pregnancy is only recorded in C2 from this page if there is a problem associated with the pregnancy, which is obtained by asking questions 4e and f, as appropriate. For any condition other than pregnancy reported in 4h, enter the name of the condition in 4h AND in item C2; then reask 4g.

5

### Question 5, Surgery or Operations During This Visit

5

<small>mark box if "Telephone" in 2.</small> 5a. Did -- have any kind of surgery or operation during this visit, including bone settings and stitches?		5a.	<input type="checkbox"/> Telephone in 2 (Next DR visit) <input type="checkbox"/> Yes <input type="checkbox"/> No (Next DR visit)
b. What was the name of the surgery or operation? If name of operation not known, describe what was done.		b.	(1) _____ (2) _____
c. Was there any other surgery or operation during this visit?		c.	<input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No

#### A. Objective

Many surgical procedures are performed on an outpatient basis at hospitals (without staying overnight) or in doctor's offices or clinics. This question determines the frequency and nature of these procedures.

#### B. Definition

Surgery or operation--These terms are respondent defined for question 5.

#### C. Instructions

1. If the respondent does not know the name of the surgery or operation, ask for a description of the procedure. Enter the description; for example, "removed cyst from shoulder." Even if you think you know the technical term, enter only what the respondent says. Also follow this procedure if the respondent does not know if the procedure should be considered as surgery or an operation, for example, "removed particle from eye."
2. Record each procedure mentioned by the respondent on a separate line in 5b. For example, if the response is, "Removed broken glass in hand and set broken wrist," enter this in 5b as follows:

b.	(1) <u>Removed broken glass in hand</u>
	(2) <u>Set broken wrist</u>

If the respondent mentions more than two surgeries or operations, enter the first two in 5b and footnote the others.

CHAPTER 10. HEALTH INDICATOR PAGE

Overall Objective

This page obtains information on 2-week injuries that have not been previously reported, bed days and doctor visits during the past 12 months, general health, and height and weight.

**Question 1, 2-Week Injury Probe**

<p>1a. During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (2)</p>		
<p>b. Who was this? Mark "Injury" box in person's column.</p>	1b.	<input type="checkbox"/> Injury
<p>c. What was -- injury? Enter injury(ies) in person's column.</p>	c.	<hr/> <p style="text-align: center;">Injury</p>
<p>d. Did anyone have any other injuries during that period?</p> <p><input type="checkbox"/> Yes (Reask 1b, c, and d) <input type="checkbox"/> No</p>		
<p>Ask for each injury in 1c:</p>		
<p>e. As a result of the (injury in 1c) did [---/anyone] see or talk to a medical doctor or assistant (about ---) or did --- cut down on --- usual activities for more than half of a day?</p>	e.	<input type="checkbox"/> Yes (Enter injury in C2, THEN 1e for next injury) <input type="checkbox"/> No (1e for next injury)

A. Objective

These questions identify injuries occurring in the 2-week reference period which have not been previously reported.

B. Definition

1. Accident--An event causing loss or injury resulting from carelessness or unavoidable causes. Included as accidents are such events as insect stings, animal bites, frostbite, etc. Strictly speaking, some injuries may not be "accidental"--for example, injuries from stabbings. However, for purposes of this survey, these are counted as accidents. Also included are poisonings, overdoses of normally nonpoisonous substances, and adverse reactions to drugs or other substances, such as a rash from a laundry detergent, hemorrhaging from taking a specific drug, alcohol poisoning, etc.

Do not include as accidents such things as a hangover from drinking, sleeplessness from too much coffee (caffeine), indigestion from overeating, etc. Also do not include as accidents, the side effects of drugs or medication taken over long periods of time. For example, weakness from a series of chemotherapy treatments.

2. Doctor/Medical doctor--Refer to the definition on page D9-7.



3. Injury--A condition resulting from an accident as defined above. Include such things as cuts, bruises, burns, sprains, fractures, insect stings, animal bites, and anything else that the respondent considers an injury.
4. Poisoning--Swallowing, drinking, breathing, or coming in contact with a poisonous substance or gas. Poisoning may also occur from an overdose of a substance that is nonpoisonous when taken in normal doses. Exclude conditions which are diseases or illnesses, such as poison ivy, poison oak, ptomaine or food poisoning.

### C. Instructions

- \* 1. If the response to question 1 indicates that a family member had an accident with no injury (for example, a minor car accident), consider this a "No" response and make any necessary corrections. Include all conditions mentioned by the respondent except those exclusions stated in paragraphs B1 and B4 above.
2. Accept the response to 1c as reported by the respondent without probing. For example, enter "multiple fractures," or "multiple cuts," etc., in 1c and ask question 1e using the terms, "multiple fractures," "multiple cuts," etc. However, if the response is, for example, "fractured arm and leg," enter "fractured arm" and "fractured leg" in 1c and ask 1e separately for the "fractured arm" and the "fractured leg." More detail about these conditions will be obtained on the Condition Page.
3. When asking question 1e for persons 14 years old or over, insert the name or relationship of the person in place of the "--" in brackets. For children under 14 years old, use the word "anyone" in brackets and include the parenthetical "about --."
4. Insert the name of the injury entered in 1c when asking question 1e. If you receive a "Yes" response to 1e, mark the "Yes" box and enter the name of the injury in C2 along with "1" in the "INJ." box as its source. If the response is "No," mark that box and ask 1e for the next injury for this person or for the next person for whom the "Injury" box is marked in 1b.

Ask question 1e separately for each injury recorded in 1c and enter each injury which resulted in a doctor visit or a cut-down day on a separate line in item C2.

5. If the injury is already recorded in item C2, make any necessary corrections to question 1 but do not enter "1" as an additional source in C2. However, do not delete the entry in C2 if the injury was previously entered from some other part of the interview.
6. In question 1e, if you learn that a person only saw a dentist for the injury and had no restricted activity, consider this a "No" response and footnote "Dentist." Dentists are not considered "medical doctors."

\* Revised February 1985

2

## Question 2, 12-Month Bed Days

2

2. During the past 12 months, (that is, since (12-month date) a year ago) ABOUT how many days did illness or injury keep -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)	2. 000 <input type="checkbox"/> None _____ No. of days
--	---

A. Objective

Although the 2-week bed days questions on the Restricted Activity Page provide accurate information about the occurrence of illness, they do not allow analysts to classify people in terms of the amount of illness they had during an entire year. This information is obtained by asking the number of bed days in the past 12 months.

B. Definitions

1. Days in bed--Any day during which the person stayed in bed more than half of the day because of illness or injury. "More than half of the day" is defined as more than half of the hours that the person is usually awake. Do not count the hours that the person is usually asleep. Also, do not count a nap as a day in bed unless the person took a nap because of an illness or injury and the nap lasted more than half of the day. Count all days a person spent as an overnight patient in a hospital, sanitarium, nursing home, etc., as days in bed whether or not the patient was actually lying in bed, even if there was no illness or injury. Also include any days reported for a newborn, including days in a hospital.
2. Bed--Anything used for lying down or sleeping, including a sofa, cot, or mattress. For example, a person who stayed on the sofa watching TV because he/she was not feeling well enough to get around would be considered "in bed." The important point is that the person felt ill enough to lie down for more than half of the day.
3. Illness or injury--These terms are respondent defined.

C. Instructions

1. When asking question 2, use the "12-month date" in item A1 on the Household Composition Page. Include the phrase, "that is, since (12-month date) a year ago," for the first person and at any other time you feel it is necessary.
2. If a number is recorded in the person's "HOSP." box in item C2, read the parenthetical statement, "Include days while an overnight patient in a hospital," as a reminder to the respondent.

② 12-Month Bed Days (Continued)

②

3. If the respondent does not know the number of days, attempt to get an estimate by using a probe such as, "Can you give me an estimate of the number of days?" or, "Your best estimate is fine." If you receive a response in terms of a range, such as "15-20 days" or "Less than 7 days," probe to determine a more specific number. If the respondent is unable to provide a more specific number, enter the original response.
4. Do not reconcile the days reported in response to this question with the 2-week bed-days question on the Restricted Activity Page.

③ Question 3, 12-Month Doctor Visits

③

<p>3a. During the past 12 months, ABOUT how many times did [---/anyone] see or talk to a medical doctor or assistant (about ---)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the <u>number in 2-WK DV box</u> visit(s) you already told me about.)</p>	<p>3a. 000 <input type="checkbox"/> None (3b)          000 <input type="checkbox"/> Only when overnight patient in hospital          _____          No. of visits } (NP)</p>
<p>b. About how long has it been since [---/anyone] last saw or talked to a medical doctor or assistant (about ---)? Include doctors seen while a patient in a hospital.</p>	<p>b. 1 <input type="checkbox"/> Interview week (Reask 3b)          2 <input type="checkbox"/> Less than 1 yr. (Reask 3a)          3 <input type="checkbox"/> 1 yr., less than 2 yrs.          4 <input type="checkbox"/> 2 yrs., less than 5 yrs.          5 <input type="checkbox"/> 5 yrs. or more          0 <input type="checkbox"/> Never</p>

A. Objective

These questions determine the number of doctor visits for a 1-year recall period and how long it has been since people have received any health care. This will provide estimates of the total number of visits in a year, the number of visits per person, and the distribution of persons according to the interval since their last contact.

B. Definition

Medical doctor/assistant--These terms are respondent defined. However, do not include visits to dentists or oral surgeons.

C. Instructions

1. If the "HOSP." box in item C1 for the person about whom question 3 is being asked shows one or more hospital stays, then include the parenthetical statement, "Do not count doctors seen while an overnight patient in a hospital," when asking question 3a. If the person's "2-WK. DV" box in item C1 shows one or more 2-week doctor visits, then insert the parenthetical statement, "Include the (number in 2-WK. DV box) visit(s) you already told me about" when asking question 3a. Read both statements when asking question 3a for persons with both one or more hospital stays and one or more doctor visits in item C1.

When asking question 3b, always read the statement, "Include doctors seen while a patient in a hospital."

2. When asking question 3 for persons 14 years old or over, insert the name or relationship of the person in place of the "--" in brackets. For example, ask 3a for a 19-year-old son as follows: "During the past 12 months, ABOUT how many times did your son see or talk to a medical doctor or assistant?"
3. When asking question 3 about children under 14 years old, use the word "anyone" in brackets and include the parenthetical "about --." For example, ask 3a for a 9-year-old son as follows: "During the past 12 months, ABOUT how many times did anyone see or talk to a medical doctor or assistant about your son?"
4. If the response to 3a indicates that the only doctors seen were while the person was an overnight patient in the hospital, mark the "Only when overnight patient in hospital" box. In this case, and when there is a numerical entry in 3a for "No. of visits," do not ask 3b for this person since you already know that the person has seen a medical doctor or assistant within the past 12 months.
5. Some respondents do not include regular checkups/physicals/well visits in question 3a because the questions immediately prior to this deal with accidents/injuries/illnesses. Remind respondents to include such visits only if the answer to question 3a or 3b indicates a misunderstanding. Do not automatically assume the respondent will misunderstand.
6. If the response to 3b is a date during interview week, reask 3b to determine how long it has been since the person's last visit before interview week. In this case, there will be two boxes marked in 3b.
7. If the response to 3b is "Less than one year," reask 3a to determine the number of times a medical doctor was seen during the past 12 months and correct the entry in 3a. If the respondent states that the only time a doctor was seen during the past 12 months was while the person was an overnight patient in a hospital, erase the "None" entry in 3a, mark the "Only when overnight patient in hospital" box, and skip to the next person. Do not change your original entry in 3b.

4

### Question 4, General Health

4

4. Would you say -- health in general is excellent, very good, good, fair, or poor?	4.	1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good	4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor
---	----	---	--

A. Objective

This question obtains the respondent's own evaluation of each family member's health in general.

B. Instructions

If the respondent gives an answer other than one of the five choices mentioned (such as "pretty good") or otherwise shows that he/she does not understand, reask the entire question, emphasizing the phrase "in general," and clearly stating the list of alternative responses. If the second answer still does not fit one of the printed answer categories, footnote the response. In no instance should you choose a category for the respondent.

5

### Question 5, Height and Weight

5

Mark box if under 18. 5a. About how tall is -- without shoes? ----- 5b. About how much does -- weigh without shoes? -----	5a.	<input type="checkbox"/> Under 18 (NP) _____ Feet _____ Inches
	b.	_____ Pounds

#### A. Objective

Height and weight will be used to determine whether people age 18 or over have weight problems and can be related to other health characteristics. Average heights and weights can be calculated for various groups of people, based on age, sex, race, and other characteristics. This information is also compared to the findings from the Health and Nutrition Examination Survey in which actual body measurements were obtained to determine the reliability of self-reported or proxy-reported heights and weights.

#### B. Instructions

1. Enter the response verbatim, including fractions; for example, "5 feet, 6-1/2 inches," or "122-1/2 pounds."
2. Record the present weight of the person in question 5b, with the following exception:  
  
If the respondent tells you, or if you know from previous responses that the person is currently pregnant, determine the person's weight before she became pregnant and record it in 5b. Footnote "Pregnant" and the person's present weight. Never probe to determine whether a person is pregnant.
3. Many people have trouble specifying another person's height and weight; therefore, indicate any estimated response, for example, "Est."
4. Enter a dash (-) on the inches line for even heights; for example, "6 feet, - inches." Enter a dash (-) on the "Feet" line if the height is reported in total inches; for example, "- feet, 68 inches." Do not attempt to compute the height in feet and inches.
5. If the height and/or weight is reported in the metric measurement system (meters, centimeters, grams, etc.) rather than in feet, inches, or pounds, footnote the exact metric response. Do not enter metric measurements in 5a or b or attempt to convert the response to feet, inches, or pounds.

CHAPTER 11. CONDITION LISTS

A. Overall Objective

The Condition Lists are designed to produce estimates of the prevalence of specific conditions. Since the entire list of conditions for which estimates are needed is too lengthy to be asked in every household, the list is divided into six lists, each related to different body systems. Asking each list in one-sixth of the sampled households provides estimates for all of the conditions without asking all of the conditions in each household.

B. General Definitions

1. Ever--Present at any time, through last Sunday night, in the person's life. Do not include if the onset is during interview week.
2. Now--Present at any time during the past 2 weeks through last Sunday night.
3. Past 12 months--The period beginning with the "12-month date" specified in item A1 and ending last Sunday night.

C. General Instructions

1. To determine which Condition List to ask in a household, refer to the number entered on the "Ask Condition List" line in A2 of the Household Composition Page.
2. Use the definitions in paragraph B above only if questions arise or if the respondent mentions that the condition started during interview week.
3. Begin the Condition List by asking part "a," inserting the names or relationships of all family members the first time you ask the question, and emphasizing the reference period for the list you are asking. Then start reading the list of conditions.
  - a. After reading each condition, wait for a "yes" or "no" reply before going to the next condition. This procedure is necessary in order to be certain the respondent has had time to think about each condition. If two or more respondents are present, wait for each person to reply to a condition before going on to the next condition. As you ask each condition, make a checkmark (✓) in the space to the right of it to keep your place in the list.

- b. When you receive a "yes" response, ask, "Who is (or was) this?" and record the condition in item C2 in the appropriate person's column. Also enter the letter of the condition in the "CL LTR" box below the condition entry in C2.

If a "yes" response is given to two or more conditions listed together, for example, "REPEATED trouble with neck, back, or spine," "hernia or rupture," and so forth, ask additional probes as necessary to determine which condition or part of body is involved and enter the response in C2.

- c. Next, ask question "c" for the condition. If "yes," reask part "b" and enter the condition and letter in C2 for that person. Continue reasking "c" and "b" until you receive a final "no" answer to that condition or until all family members are accounted for. Then ask about the next condition, by reasking question "a." This is to remind the respondent that we are interested in whether anyone in the family has or had the remaining conditions during the specified time period.
  - d. Ask question parts d through f in lists 1 and 5 in the same manner as parts a through c.
4. If the same condition is reported more than once for the same person while asking the Condition List, enter only the letter for the item where it was first reported. Thus, you will have only one letter source specified per condition in item C2 for a person. It is extremely important that the letter is entered in C2 so that the correct questions will be asked on the Condition Page.
  5.
    - a. If the respondent reports a condition that has already been entered in item C2 with "LA," "RA," "DV," and/or "INJ." recorded as the source, enter the appropriate letter in the "CL LTR" box for the condition in that person's column.
    - b. If the respondent does not report a condition on the list that has already been entered in item C2, do not enter the "CL LTR" in item C2 in the "CL LTR" box. The Condition List letter should only be entered in C2 if the respondent reports the condition again while asking the Condition List.
  6. If a condition is reported out of turn or not in answer to the one you're asking about, probe to determine if the condition was present during the specified reference period for that list. If so, enter the condition in C2 even if it is not specifically included in the list you are asking, along with the letter of the condition you were asking when this condition was reported. Then reask part "a" of the question about the listed condition. This is necessary because the respondent has not yet answered "Yes" or "No" to the listed condition.



In lists 1 and 5, there are two reference periods which apply to specific conditions or parts of the lists. When unlisted conditions are reported while asking these lists, probe to determine whether the unlisted condition was present during the specific reference period for the part of the list you were asking.

7. Throughout the lists of conditions there are "catch-all" groups containing the words, "any other" or "any disease of" with the name of a specific part of body. If the respondent just says "Yes" to a catch-all group without reporting a specific condition, record in C2 the term as it appears in the Condition List; for example, "Gallbladder trouble," "Disease of the esophagus." Do not probe to determine if the person had more than one kind of condition for each "catch-all" group; for example, do not ask if the respondent had more than one kind of "gallbladder trouble" or "disease of the esophagus." Instead, record it in item C2 and ask if anyone else had a "catch-all" condition.
8. Also, throughout the Condition Lists there are words that are in all capital letters. These capitalized words are qualifying terms for that particular condition. Emphasize these words when asking about these conditions so the respondent is aware of them. Except for "Permanent," do not define these words for the respondent. Do not record any of these conditions in item C2 unless, in the respondent's view, the capitalized qualification is met.

If the respondent just says "Yes" to one of these conditions, assume that the qualification has been met and enter the condition in item C2 as usual. However, if the person gives a modified answer, such as "Yes, I have flatfeet," probe to determine if the person has "TROUBLE" with flatfeet.

When entering these conditions in item C2, you may abbreviate the capitalized words in the following manner: "TROUBLE with," "Tr./w"; "FREQUENT," "Freq."; "REPEATED," "Rep."; "PERMANENT," "Perm."

9. If the respondent reports one of the conditions having the qualifying terms "TROUBLE with," "FREQUENT," "REPEATED," or "PERMANENT," and the identical condition has already been entered in C2 without the qualifier, enter the letter as an additional source for this information.

For example, "Back trouble" is entered in C2 with a "7" in the "LA" box. When asking Condition List 2, item T, the respondent says, "Yes, I have repeated back trouble," enter "T" in the "CL LTR" box for the back trouble.

10. For "REPEATED" conditions, for example in list 1, J, the person need not have had an episode or attack recently if he/she is subject to periodic recurring attacks of the condition. For example, a person who has repeated episodes of back trouble could answer "Yes" to this question even if the condition did not occur during the reference period.

11. If the respondent tells you that a Condition List condition is the same as one reported earlier, even though the condition names are not the same, enter the letter of the condition in the "CL LTR" box of the condition already in C2. However, do this only if the respondent says they are the same. Never make this determination yourself.
12. If you are asked for the meaning of any of the listed terms, use the definitions printed on the questionnaire below question c or f for that particular list, such as, "It's a condition affecting the digestive system," when asking list 3. Do not attempt to explain or define any of the conditions further.
13. In a one-person household, if a "Yes" response is received to one of multiple conditions listed together, for example, list 1, item G, "Yes, I have a bone spur," do not probe to determine if that person has also had the other condition. In households with more than one family member, ask the next appropriate part of the question (part c or f, depending on which list you are asking).
14. The instruction to reask a question above the second column for Condition Lists 1, 2, 3, and 6 is a reminder to repeat the lead-in question each time you reach the second column of the list; for example, reask question 1d before item M in list 1, reask question 2a before item O in list 2, and so forth.

INTRO

## Condition List Introductions

INTRO

Read to respondent(s) and ask list specified in A2:  
Now I am going to read a list of medical conditions. Tell me if anyone in the family has any of these conditions, even if you have mentioned them before.

Read to respondent(s) and ask list specified in A2:  
Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

### A. Objective

These statements inform the respondent that any conditions reported earlier should be mentioned again if they are in the Condition List.

### B. Instructions

The Condition List introductions are identical except for the insertion of the word "had" in the introduction for Condition Lists 3 through 6. This word was omitted for the introduction to Condition Lists 1 and 2 since these lists (or parts of the list) ask about conditions the family has NOW.

Read the introduction above the appropriate Condition List once for each family before asking the Condition List specified in item A2.

①

## Condition List 1

①

<b>1</b>	1a. Does anyone in the family (read names) <b>NOW</b> have - If "Yes," ask 1b and c. b. Who is this? c. Does anyone else <b>NOW</b> have - Enter condition and letter in appropriate person's column.	
	<b>A. PERMANENT</b> stiffness or any deformity of the feet, leg, fingers, arm, or back? (Permanent stiffness - joints will not move at all.)	
	<b>B. Paralysis</b> of any kind?	
1d. <b>DURING THE PAST 12 MONTHS</b> , did anyone in the family have - If "Yes," ask 1e and f. e. Who was this? f. <b>DURING THE PAST 12 MONTHS</b> , did anyone else have - Enter condition and letter in appropriate person's column. C-L are conditions affecting the bone and muscle. M-W are conditions affecting the skin.		
<b>C. Arthritis</b> of any kind or rheumatism?		Reask 1d <b>M. A tumor, cyst, or growth</b> of the skin?
<b>D. Gout?</b>		<b>N. Skin cancer?</b>
<b>E. Lumbago?</b>		<b>O. Eczema or psoriasis?</b> (ek'se-ma) or (se-rye-uh-sis)
<b>F. Sciatica?</b>		<b>P. TROUBLE</b> with dry or itching skin?
<b>G. A bone cyst or bone spur?</b>		<b>Q. TROUBLE</b> with acne?
<b>H. Any other disease</b> of the bone or cartilage?		<b>R. A skin ulcer?</b>
<b>I. A slipped or ruptured disc?</b>		<b>S. Any kind of skin allergy?</b>
<b>J. REPEATED</b> trouble with neck, back, or spine?		<b>T. Dermatitis or any other skin trouble?</b>
<b>K. Bursitis?</b>		<b>U. TROUBLE</b> with ingrown toenails or fingernails?
<b>L. Any disease</b> of the muscles or tendons?		<b>V. TROUBLE</b> with bunions, corns, or calluses?
		<b>W. Any disease</b> of the hair or scalp?

Instructions

- List 1 is made up of two parts. The first part contains two conditions with "NOW" as the reference period. Conditions C through Z, the second part of this list, do not have to be present "NOW," but must have been present at some time "DURING THE PAST 12 MONTHS."
- Since the reference period for this list changes, it is possible that the respondent may not always be sure which period you are talking about. Therefore, it may be necessary to repeat the lead-in phrase, "DURING THE PAST 12 MONTHS" several times while asking this part of the list.

Condition List 2

<b>2</b>	<p>2a. Does anyone in the family (<u>read names</u>) NOW have - If "Yes," ask 2b and c.</p> <p>b. Who is this?</p> <p>c. Does anyone else NOW have - Enter condition and letter in appropriate person's column.</p> <p>A-L are conditions affecting <span style="font-size: 1.5em;">{</span> <span style="font-size: 1.5em;">Hearing</span> <span style="font-size: 1.5em;">Vision</span> <span style="font-size: 1.5em;">Speech</span> <span style="font-size: 1.5em;">}</span></p> <p>M-AA are impairments.</p>	
	A. Deafness in one or both ears?	Reask 2a
	B. Any other trouble hearing with one or both ears?	D. A missing joint?
	C. Tinnitus or ringing in the ears?	P. A missing breast, kidney, or lung?
	D. Blindness in one or both eyes?	Q. Palsy or cerebral palsy? (ser'e-bral)
	E. Cataracts?	R. Paralysis of any kind?
	F. Glaucoma?	S. Curvature of the spine?
	G. Color blindness?	T. REPEATED trouble with neck, back, or spine?
	H. A detached retina or any other condition of the retina?	U. Any TROUBLE with fallen arches or flatfeet?
	I. Any other trouble seeing with one or both eyes EVEN when wearing glasses?	V. A clubfoot?
	J. A cleft palate or harelip?	W. A trick knee?
	K. Stammering or stuttering?	X. PERMANENT stiffness or any deformity of the foot, leg, or back? (Permanent stiffness - joints will not move at all.)
	L. Any other speech defect?	Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm?
	M. Loss of taste or smell which has lasted 3 months or more?	Z. Mental retardation?
N. A missing finger, hand, or arm; toe, foot, or leg?	AA. Any condition caused by an accident or injury which happened more than 3 months ago? If "Yes," ask: What is the condition?	

Instructions

1. If a person has had one of the listed conditions which has been corrected by surgery or some other means and is not present "NOW," do not enter the condition in item C2. For example, make no entry if a cataract was removed surgically. Similarly, if a person was temporarily paralyzed as a result of a stroke but is no longer affected, make no entry in item C2.
2. A joint is considered missing (item O) even if its been replaced. If the respondent says that a joint has been replaced, without naming the specific joint, enter "missing joint" in C2. If a specific joint is reported in answer to item O, enter the response, such as "total hip replacement".

### Condition List 3

<b>3</b>	<p><b>3a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have -</b> If "Yes," ask 3b and c.</p> <p><b>b. Who was this?</b></p> <p><b>c. DURING THE PAST 12 MONTHS, did anyone else have -</b> Enter condition and letter in appropriate person's column. Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list. Conditions affecting the digestive system.</p>	
	A. Gallstones?	Reask 3a N. Enteritis?
	B. Any other gallbladder trouble?	O. Diverticulitis? (Dye-ver-tic-yoo-lye'tis)
	C. Cirrhosis of the liver?	P. Colitis?
	D. Fatty liver?	Q. A spastic colon?
	E. Hepatitis?	R. FREQUENT constipation?
	F. Yellow jaundice?	S. Any other bowel trouble?
	G. Any other liver trouble?	T. Any other intestinal trouble?
	H. An ulcer?	U. Cancer of the stomach, intestines, colon or rectum?
	I. A hernia or rupture?	V. During the past 12 months, did anyone (else) in the family have any other condition of the digestive system?  If "Yes," ask: Who was this? - What was the condition? Enter in item C2, THEN reask V.
	J. Any disease of the esophagus?	
	K. Gastritis?	
	L. FREQUENT indigestion?	
	M. Any other stomach trouble?	

#### Instructions

Do not consider cold; flu; red, sore, or strep throat; or "virus" affecting the digestive system as Condition List conditions, and do not record them in item C2 even if given in response to list 3. For example, "Stomach flu" would not be considered a Condition List condition. However, "virus" combined with any specific condition, for example, "virus enteritis," does require an entry in C2.

## Condition List 4

<b>4</b>	<p><b>4a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have -</b> If "Yes," ask 4b and c.</p> <p><b>b. Who was this?</b></p> <p><b>c. DURING THE PAST 12 MONTHS, did anyone else have -</b> Enter condition and letter in appropriate person's column. A-B are conditions affecting the glandular system C is a blood condition D-I are conditions affecting the nervous system J-Y are conditions affecting the genito-urinary system</p>	
	A. A goiter or other thyroid trouble?	Reask 4a
	B. Diabetes?	N. Any other kidney trouble?
	C. Anemia of any kind?	O. Bladder trouble?
	D. Epilepsy?	P. Any disease of the genital organs?
	E. REPEATED seizures, convulsions, or blackouts?	Q. A missing breast?
	F. Multiple sclerosis?	R. Breast cancer?
	G. Migraine?	S. * Cancer of the prostate?
	H. FREQUENT headaches?	T. * Any other prostate trouble?
	I. Neuralgia or neuritis?	U. ** Trouble with menstruation?
	J. Nephritis?	V. ** A hysterectomy? If "Yes," ask:  For what condition did -- have a hysterectomy?
	K. Kidney stones?	W. ** A tumor, cyst, or growth of the uterus or ovaries?
	L. REPEATED kidney infections?	X. ** Any other disease of the uterus or ovaries?
	M. A missing kidney?	Y. ** Any other female trouble?
<p>* Ask only if males in family. ** Ask only if females in family.</p>		

Instructions

- Do not ask items S and T in an all-female family.
- Do not ask items U through Y in an all-male family.
- If "Hysterectomy" is reported for a person, ask for the name of the condition requiring the operation and enter it in C2 for that person. If the name of the condition cannot be determined, enter "hysterectomy, dk reason," "Hysterectomy, sterilization," etc., in C2.

## Condition List 5

<b>5</b>	<p>5a. Has anyone in the family (<u>read names</u>) EVER had - If "Yes," ask 5b and c.</p> <p>b. Who was this?</p> <p>c. Has anyone else EVER had - Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p>	
	A. Rheumatic fever?	G. A stroke or a cerebrovascular accident? (ser'e-bro vas ku-lar)
	B. Rheumatic heart disease?	H. A hemorrhage of the brain?
	C. Hardening of the arteries or arteriosclerosis?	I. Angina pectoris? (pek'to-ris)
	D. Congenital heart disease?	J. A myocardial infarction?
	E. Coronary heart disease?	K. Any other heart attack?
	F. Hypertension, sometimes called high blood pressure?	
<p>5d. DURING THE PAST 12 MONTHS, did anyone in the family have - If "Yes," ask 5e and f.</p> <p>e. Who was this?</p> <p>f. DURING THE PAST 12 MONTHS, did anyone else have - Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p>		
L. Damaged heart valves?	Q. Any blood clots?	
M. Tachycardia or rapid heart?	R. Varicose veins?	
N. A heart murmur?	S. Hemorrhoids or piles?	
O. Any other heart trouble?	T. Phlebitis or thrombophlebitis?	
P. An aneurysm? (an yoo-rizm)	U. Any other condition affecting blood circulation?	

Instructions

- List 5 is made up of two parts. The first part, conditions A through K, has a reference period of EVER and the second part of the list, conditions L through U, has a reference period of the PAST 12 MONTHS.
- Since the reference period for this list changes, it is possible that the respondent may not always be sure which time period you are asking about. Therefore, it may be necessary to repeat the lead-in phrase, "DURING THE PAST 12 MONTHS," several times while asking the second part of the list.

### Condition List 6

<b>6</b>	<p><b>6a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have -</b></p> <p><i>If "Yes," ask 6b and c.</i></p> <p><b>b. Who was this?</b></p> <p><b>c. DURING THE PAST 12 MONTHS, did anyone else have -</b>  <i>Enter condition and letter in appropriate person's column.</i></p> <p><i>Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.</i></p> <p><i>Conditions affecting the respiratory system.</i></p>	
	<i>Reask 6a.</i>	
	A. Bronchitis?	K. A missing lung?
	B. Asthma?	L. Lung cancer?
	C. Hay fever?	M. Emphysema?
	D. Sinus trouble?	N. Pleurisy?
	E. A nasal polyp?	O. Tuberculosis?
	F. A deflected or deviated nasal septum?	P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?
	G. * Tonsillitis or enlargement of the tonsils or adenoids?	Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition? <i>If "Yes," ask: Who was this?—What was the condition? Enter in item C2, THEN reask Q.</i>
	H. * Laryngitis?	
I. A tumor or growth of the throat, larynx, or trachea?		
J. A tumor or growth of the bronchial tube or lung?		
<p><i>*If reported in this list only, ask:</i></p> <p><b>1. How many times did -- have (condition) in the past 12 months?</b>  <i>If 2 or more times, enter condition in item C2.</i>  <i>If only 1 time, ask:</i></p> <p><b>2. How long did it last? If 1 month or longer, enter in item C2.</b>  <i>If less than 1 month, do not record.</i>  <i>If tonsils or adenoids were removed during past 12 months, enter the condition causing removal in item C2.</i></p>		

#### Instructions

1. Do not consider cold; flu; red, sore, or strep throat; or "virus" as Condition List conditions even if they are reported during the asking of list 6.



Also, do not consider "virus" or a combination of virus and one of the other excluded conditions, as Condition List conditions. For example, "virus cold"; "virus flu"; "virus red, sore, or strep throat." However, "virus" combined with any other condition, for example, "Virus pneumonia" does require an entry in item C2.

2. Letters G and H in this list are marked with an asterisk (\*); "tonsillitis or enlargement of the tonsils or adenoids," and "laryngitis." If you receive a "Yes" to one of them, ask 6b to determine who had the condition, and look at item C2 for this person. If the condition has not already been recorded in item C2, ask questions 1 and 2 below list 6 to determine whether or not to make an entry in item C2.

These questions are designed to screen out single, brief episodes of tonsillitis, enlarged tonsils or adenoids, or laryngitis. You will record these conditions in item C2 from list 6 only if there was more than one episode in the past year, or if a single episode lasted 1 month or longer, or if the tonsils or adenoids were removed during the past 12 months.

- a. Ask question 1, "How many times did — have tonsillitis in the past 12 months?" If the person had the condition more than once in the past 12 months, record the condition and letter in item C2. If the person had the condition only one time during the past 12 months, ask question 2, "How long did it last?" If it lasted 1 month or longer, record the condition and letter in item C2. If the condition lasted less than 1 month, do not record it.
- b. If a person had his/her tonsils or adenoids removed during the past 12 months, probe to determine the condition causing the operation. Enter the condition in item C2 without asking the screening questions or regardless of the answer(s) to the screening questions if they've already been asked. If one of the excluded conditions mentioned in paragraph 1, such as "strep throat," is reported as the condition causing the operation, enter this condition in item C2.
- c. After asking the screening question for this person, ask 6c for the asterisked condition. If an asterisked condition is reported for another person, follow the same procedures for questions 1 and 2.
- d. If any of the asterisked conditions had also been reported before asking list 6, do not ask the screen questions. Enter the Condition List letter (G or H) in the "CL LTR" box beneath the condition in C2.
- e. If any of the asterisked conditions are reported while asking items A through F in list 6, ask the screening questions. If the condition should be entered in item C2, enter condition and letter of the item where the condition was reported.

6

Condition List 6 (Continued)

6

- f. If both enlargement of the tonsils and of the adenoids are reported, enter both conditions on one line in item C2; for example, "enlargement of tonsils and adenoids." Fill only one Condition Page for this entry. This is an exception to the rule for filling separate Condition Pages for multiple entries in question 3b on the Condition Page (discussed in detail in Chapter 13, Condition Pages).

CHAPTER 12. HOSPITAL PAGE

A. Overall Objective

The Hospital Page obtains information on when and where the hospitalization took place, the reason for the hospitalization, and whether surgery was performed.

B. General Definitions

1. Hospitalization (Hospital stay)--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. Hospitalized persons are referred to as "patients in the hospital." 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.
2. Overnight--The person stayed in a hospital for one or more nights. If the person was admitted and released on the same date, do not consider this as an overnight stay.

C. General Instructions

1. Complete a separate hospital stay column for each hospitalization recorded in the "HOSP." box in item C1 on the Household Composition Page. If there are more than four hospitalizations reported for a family, use additional questionnaires. Renumber the columns in the additional questionnaires consecutively, changing "1" to "5," "2" to "6," etc. Beginning with the first person for whom hospitalizations have been reported, complete a column for each of his/her hospitalizations, and continue in the same manner for each succeeding person in the order they are listed on the questionnaire.
2. If a person was moved (transferred) from one hospital to another, for example, from a general hospital to a veteran's hospital, record each as a separate hospitalization.
3. When a hospitalization is for childbirth, fill one column for the mother and another column for the baby, asking each question separately for the mother and for the baby. Do not assume that all the information will be the same. For example, the mother may have entered the hospital several days before the baby was born or either the mother or the child could have been released before the other.

4. Consistency Check—The number of columns filled for a person must equal the total number of hospitalizations in that person's "HOSP." box in item C1. If not, correct the figure and explain the reason for the correction in a footnote. You may find it helpful to make a checkmark (✓) to the right of the number in the "HOSP." box as you complete each column. For example, if the person had a total of three hospital stays recorded in the "HOSP." box, you would make three checkmarks:

HOSP.	
00	<input type="checkbox"/> None
3	✓
Number	

5. If the respondent cannot remember or does not know the details of the hospitalization(s), ask for an estimate using the calendars in the Flashcard Booklet when needed. Enter all available information in a separate column for each such stay and "Est."

①

**Item 1, Person Number**

①

1.	PERSON NUMBER _____
----	---------------------

Instructions

For each hospital stay, enter in item 1 the column number of the person for whom you are filling this column.

2

## Question 2, Date Entered Hospital

2

2. You said earlier that -- was a patient in the hospital since ( <u>13-month hospital date</u> ) a year ago. On what date did -- enter the hospital ([the last time/the time before that])? Record each entry date in a separate Hospital Stay column.	2.	Month	Date Year 19__
--	----	-------	----------------------

A. Objective

The date on which the person entered the hospital will help determine whether or not any part of the hospitalization was within the 13 to 14-month and 2-week reference periods.

B. Instructions

1. Read the introductory statement "You said earlier that -- was a patient in the hospital since (13-month hospital date)" the first time you ask question 2 for each person.
2. If the person was in a hospital more than once during the period, add the phrase, "the last time," to the end of question 2. It is desirable, but not mandatory, to record the most recent hospital stay first if the person had more than one stay. For the remaining columns, begin with the question, "On what date did -- enter the hospital the time before that?", and so on, for each subsequent hospitalization. Disregard this parenthetical if there was only one hospitalization for the person.
3. If the respondent cannot furnish the exact date, obtain the best estimate possible. Use the calendars and the list of holidays in your Flashcard Booklet to assist the respondent in recalling dates. Examples of appropriate probe questions are:

- Can you recall the approximate date?
- Do you know which week of the month it was?
- Do you recall the day of the week you entered the hospital?
- Was it before or after Memorial Day (or some other holiday)?
- Was it in the early part, the middle part, or the last part of the month?

If, after your additional probing, the respondent is still unable to give an exact date, determine whether it was the early, middle, or late part of the month; winter, spring, summer, or fall; or one of two months, such as May-June; or between two dates, such as June 6-June 10. For statistical purposes, a date must always be entered for each hospital entry. It is essential that you obtain the maximum amount of information available, even if it is an estimated date. If necessary, schedule a telephone callback to obtain the date from a more knowledgeable respondent.

Date Entered Hospital (Continued)

4. Experience has shown that it is very easy to make a mistake in entering the year a person was hospitalized, particularly when the interview is in a different calendar year than the reported year of hospitalization. In all cases, make sure that you have entered the correct year in question 2.

3

Question 3, Number of Nights in Hospital

3

3. How many nights was -- in the hospital?	3. 0000 <input type="checkbox"/> None (Next: HS)  ____ Nights
--	---

A. Objective

This item provides national estimates of total nights spent in the hospital and average length of stay. Also, by using the number of nights in the hospital and the date of admission, it can be determined whether any part of the hospitalization was during the 13 to 14-month and 2-week reference periods.

B. Instructions

1. Do not include any nights in the hospital during interview week. However, enter all nights in the hospital through "last Sunday night" prior to interview week and include BOTH the beginning and ending dates. If the stay continued into interview week, footnote "Int. week." If a hospital stay began prior to the 13-month hospital date, include all nights for the stay, including those prior to the 13-month hospital date.
2. If the respondent answers in terms of days, repeat the question so that it is understood we are interested only in the number of nights. For example, a first answer of, "I was in for 7 days," might mean 6, 7, or 8 nights. Always follow up such answers by repeating the question, emphasizing the word "nights."
3. If you learn that the person did not remain overnight for this stay in the hospital, mark the "None" box in question 3 and go to the next hospital stay. Do not make corrections to item C1 and do not complete questions 4 through 6 in this situation. Also follow this procedure if the date of admission and the date of discharge are the same, since this should not be included as an overnight hospital stay.

③ Number of Nights in Hospital (Continued)

③

4. If the respondent's answer to the date of hospital entry for item 2 and the number of nights for item 3 indicates that none of the nights during the hospitalization occurred during the reference period (that is, since the 13-month hospital date but prior to interview week), check with the respondent to verify that you have the correct date of entry and number of nights. If the response indicates that the date of entry and number of nights are correct, footnote "date verified" and fill the remainder of the column for this hospitalization. Any necessary deletions will be handled when the questionnaires are processed. Make no changes to item C1 in this situation.
5. If the entire stay was during interview week, delete this hospitalization by X-ing out the remainder of the column and then correct the number in item C1. Explain in a footnote that the entire stay was during interview week.

④ Question 4, Condition Causing Hospitalization

④

<p>4. For what condition did -- enter the hospital?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> <p>• For delivery ask: Was this a normal delivery? If "No," ask: What was the matter?</p> </td> <td style="width: 33%; border: none;"> <p>• For newborn ask: Was the baby normal at birth? If "No," ask: What was the matter?</p> </td> <td style="width: 33%; border: none;"> <p>• For initial "No condition" ask: Why did -- enter the hospital? • For tests, ask: What were the results of the tests? If no results, ask: Why were the tests performed?</p> </td> </tr> </table>	<p>• For delivery ask: Was this a normal delivery? If "No," ask: What was the matter?</p>	<p>• For newborn ask: Was the baby normal at birth? If "No," ask: What was the matter?</p>	<p>• For initial "No condition" ask: Why did -- enter the hospital? • For tests, ask: What were the results of the tests? If no results, ask: Why were the tests performed?</p>	<p>4. 1 <input type="checkbox"/> Normal delivery 2 <input type="checkbox"/> Normal at birth 3 <input type="checkbox"/> No condition <input type="checkbox"/> Condition } (5)</p> <hr style="border: 0.5px solid black;"/>
<p>• For delivery ask: Was this a normal delivery? If "No," ask: What was the matter?</p>	<p>• For newborn ask: Was the baby normal at birth? If "No," ask: What was the matter?</p>	<p>• For initial "No condition" ask: Why did -- enter the hospital? • For tests, ask: What were the results of the tests? If no results, ask: Why were the tests performed?</p>		

A. Objective

This item provides information concerning the use of hospitals and reasons people enter the hospital which are important in planning for future health needs.

B. Definition

Condition—The respondent's perception of a departure from physical or mental well-being reported as causing a hospital stay. Included are specific health problems such as a missing extremity or organ, the name of a disease, a symptom, the result of an accident or some other type of impairment. Also included are vague disorders, and health problems not always thought of as "illnesses," such as alcoholism, drug-related problems, senility, depression, anxiety, etc. In general, consider as a condition any response describing a health problem of any kind.

C. Instructions

1. Deliveries and Births—For deliveries and births use the probe questions to determine if they were normal. For a delivery which was not normal, enter both "delivery" and the complications after marking the "Condition" box in the mother's column. For example, "delivery-breech" or "delivery-Caesarian."

For a baby who was not normal at birth, enter both "Newborn" and what was wrong with the baby after marking the "Condition" box in the baby's column. For example, "newborn-jaundice."

The delivery for the mother may be "normal" but the baby may be born with a deformity. Conversely, the mother's delivery may have had complications, for example, a Caesarian section, but the baby may be born normal. In some cases, it is possible that the mother's delivery was complicated by an illness condition. When in doubt as to what constitutes a normal delivery or baby that is not "normal," enter all available information in a footnote.

2. If the respondent answers that the person did not enter the hospital because of a condition, ask "Why did — enter the hospital?" If the respondent then names a condition or mentions any health problem as the reason the person entered the hospital, mark the "Condition" box and enter the condition.
- a. If the person entered the hospital for tests or observations, ask "What were the results of the (tests/observation)?" If a condition was discovered as a result of the tests or observation, mark the "Condition" box and enter that condition. If the results of the tests or observation are unknown, probe to determine the condition which made the test or observation necessary and mark the "Condition" box and enter that condition. If no condition prompted the tests, mark the "No condition" box and footnote the situation (see 2c below).
- d. If the person entered the hospital to have an operation (see D6-7 for definition), probe to determine the condition which made the operation necessary. For example, if the response is "Amputation of one leg above knee," ask for the condition which made the operation necessary, such as "diabetes," "leg injured in accident," etc. Mark the "Condition" box and enter that condition.

If you cannot determine the condition causing the operation, mark the "Condition" box and enter the name or description of the operation, for example, "Hysterectomy, I.K. condition." If the reason for having the operation or surgery was not a condition, for example, a vasectomy for birth control purposes, mark the "No condition" box and enter the name of the operation in question 5.



④ Condition Causing Hospitalization (Continued) ④

- c. Mark the "No condition" box only if after probing there is no condition associated with the hospitalization. Footnote the reason the "No condition" box was marked, for example, "Tests negative, no condition."
3. Record only the first condition reported in question 4 as the reason for entering the hospital (or discovered during hospitalization) for this stay. If more than one condition is reported, footnote the others but do not enter them in question 4.

① Check Item J1 ①

<b>J1</b>	Refer to questions 2, 3, and 2-week reference period.	<b>J1</b>	<input type="checkbox"/> At least one night in 2-week reference period (Enter condition in C2. THEN 5) <input type="checkbox"/> No nights in 2-week reference period (5)
-----------	---	-----------	---

A. Objective

Check item J1 identifies conditions associated with hospitalizations that had at least one night in the 2-week reference period which must be recorded in item C2 and have a Condition Page completed.

B. Instructions

1. Refer to questions 2 and 3 of this hospital column to determine if any of the nights in question 3 were in the 2-week reference period entered in item A1 of the Household Composition Page.
2. If at least one night was during the past 2 weeks (box 1 marked in J1), refer to item C2 to see if this condition was previously recorded.
  - a. If the condition was previously recorded, enter this hospital stay column number in the "HS" box below the condition.
  - b. If the condition was not previously recorded, enter it on a separate line in item C2 and also enter this hospital stay column number in the "HS" box below the condition.
  - c. If more than one condition was reported in question 4, enter only the first condition mentioned and/or the hospital stay column number in C2. Do not make any entries in C2 for conditions which were footnoted in response to question 4.
3. Make no entry in C2 if there were no nights during the past 2 weeks in question 3 (box 2 marked in J1).

5

### Question 5, Operations Performed

5

5a. Did -- have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?	5a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)
b. What was the name of the surgery or operation? If name of operation not known, describe what was done.	b. (1) _____ (2) _____ (3) _____
c. Was there any other surgery or operation during this stay?	c. <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No

#### A. Objective

This item will provide data on the number of operations performed during the year, the kinds of operations performed, and the proportion of hospital patients that have operations performed during hospitalizations.

#### B. Definition

Surgery or Operation--These terms are respondent defined for question 5.

#### C. Instructions

1. If any operations were performed during this stay in the hospital, enter each name of the operation on a separate line in the write-in space in 5b. If the name of an operation is not known, or if the respondent does not know if the procedure should be considered as a surgery or an operation, ask the respondent to describe what was done and enter this description. Be sure to record each operation if more than one was performed during this stay. For example, if the response to 5b is, "He had a gallstone removed and an appendectomy," record this response as follows:

b.	(1) <u>Gallstone removed</u>
	(2) <u>Appendectomy</u>
	(3) _____

2. If the respondent mentions more than three surgeries or operations, enter the first three in 5b and footnote the others.
3. If you are in doubt as to whether to include a response as "surgery or operation," include it and enter all available information in 5b.

6

## Question 6, Name and Address of Hospital

6

6. What is the name and address of this hospital?	6.	Name
		Number and street
		City or County State

A. Objective

Hospitals are classified for analysis according to their specialty by using information from a directory of hospitals. In order to be able to do this, it is necessary to identify each hospital.

B. Instructions

1. It is important to obtain the full and complete name of the hospital.
  - a. Be sure that you have the correct name of the hospital. For example, Frederick County may operate a hospital named "Jeremiah Wilson Memorial Hospital." However, if "Frederick County Hospital" was recorded, it would be impossible to identify the hospital for classification. In cases when you judge that the respondent may have given a local name rather than the official, correct name, ask the respondent if that is the complete name of the hospital or if the hospital is known by any other name.
  - b. When college infirmaries are reported, find out the name of the university or college and whether the respondent is referring to the student health center (clinic) or the college hospital. For example, "infirmery at Montgomery County Jr. College" would be insufficient; whereas, "Montgomery County Student Health Service," or "Johns Hopkins University Hospital," etc., would be the complete and accurate name.
2. The exact street address is not always required, but the name of the street on which the hospital is located is needed to help identify the hospital. If the name of the street is not known, enter "DK." If there is no street name, enter a dash (-). If the city is not known, or if the hospital is not in a city, be sure to enter the county. Always enter the state.
3. Be sure that your entries of the name of the hospital, the street, and the city or county are legible. If the respondent is not sure how to spell any one of the names, spell it phonetically and footnote that it is a phonetic spelling.
4. After asking this question, if the name and address are identical to one recorded in another column, or the respondent says it is the same hospital, enter "Same as HS # \_\_\_" in the "Name" space in question 6.

6

Name and Address of Hospital (Continued)

6

4. If you are interviewing in the general area where the hospital is located and have access to a local telephone directory, check it for doubtful hospital names. Also, if the respondent does not know the name of the street on which the hospital is located, check the telephone directory for that whenever possible. However, be alert to the possibility of a hospital having two or more units located in different parts of the town or county.

CHAPTER 13. CONDITION PAGES

A. Overall Objective

On the basis of information obtained on the Condition Page, the condition described by the respondent will be classified using a standardized medical coding system. Analysts can then group the conditions according to type, impact on the population in terms of days in bed, consultation with doctors, and so forth.

B. General Definitions

1. Condition--The respondent's perception of a departure from physical or mental well-being reported as causing limitation of major activity, days of restricted activity, a doctor visit, a hospital stay, or reported in response to the Condition Lists and certain other questions. Included are specific health problems such as a missing extremity or organ, the name of a disease, a symptom, the result of an accident, or some other type of impairment. Also included are vague disorders and health problems not always thought of as "illnesses" such as alcoholism, drug-related problems, senility, depression, anxiety, etc. In general, consider as a condition any response describing a health problem of any kind.

2. Accident--An event causing loss or injury resulting from carelessness or unavoidable causes. Include as accidents such events as "insect stings," "animal bites," "frostbite," etc. Strictly speaking, some injuries may not be "accidental"--for example, injuries from stabbings--however, for purposes of this survey, these are counted as accidents. Also included are poisonings, overdoses of normally non-poisonous substances, and adverse reactions to drugs or other substances, such as a rash from a laundry detergent, hemorrhaging from taking a specific drug, alcohol poisoning, etc.

Do not include as accidents such things as a hangover from drinking, sleeplessness from too much coffee (caffeine), indigestion from over-eating, etc. Also do not include as accidents, the side effects of drugs or medication taken over long periods of time. For example, weakness from a series of chemotherapy treatments.

3. Injury--A condition resulting from an accident as defined above. Include such things as cuts, bruises, burns, sprains, fractures, insect stings, animal bites, and anything else that the respondent considers an injury, resulting from an accident as defined above.

### C. General Instructions

1. Complete a Condition Page for each condition recorded in item C2.
2. Complete the Condition Pages for the conditions in the order they are listed in item C2. Fill the first Condition Page for the first condition listed for person 1 and continue consecutively, condition by condition, until a Condition Page has been completed for each condition listed in item C2 for person 1. Then fill a Condition Page for each of person 2's conditions, and so on.

The only time Condition Pages are not filled in the same order as listed in item C2 is when additional conditions are identified in response to particular Condition Page questions. (See the specific instructions for questions 3b, 3f, and 17b.)

3. If more than seven conditions are entered in item C2 for the family, use additional questionnaires. Renumber the Condition Pages in the second questionnaire, changing the preprinted "1" to "8," "2" to "9," etc.
4. Enter in the triangular space to the right of the condition in item C2 the condition number which appears at the beginning of each Condition Page. By doing this when the condition from item C2 is transcribed onto the Condition Page, you can keep track of the Condition Pages filled for each person.
5. When two (or more) conditions for a person are the "same condition," complete only one Condition Page for that condition. Conditions may be considered "the same" only under the following two circumstances:
  - the respondent explicitly states that the conditions are the same;
  - AND/OR
  - the names of the conditions are identical.

If the procedures for filling item C2 have been followed correctly, there should be no duplicate entries in C2. If an entry in question 3b is identical to the entry in 3b on a previous Condition Page, consider the conditions the same.

Never assume that conditions are the same because they seem alike. For example, do not consider "deformed foot" and "clubfoot" as the same unless the respondent states that they are. Do not probe to determine if two conditions are the same.

If the names are identical and/or the respondent voluntarily states they are the same, follow this procedure:

- a. Do not delete the separate Condition Page entries that you have already made for the conditions. Enter a footnote on each Condition Page stating that the conditions are the same, referring to the conditions by their number: for example, for the first condition enter "same as condition 2," and for the second, "same as condition 1." Do this at the point you discover these are the same.
  - b. In most cases a Condition Page will have been filled for the first of the identical conditions. Therefore, you will not need to ask the remaining Condition Page questions for any of the other conditions reported as being "the same." There is one exception to this rule, described in paragraph c below.
  - c. Conditions with an entry in the "CL LTR" (Condition List) box in item C2 (source of the condition) require more questions to be asked on the Condition Page than conditions from other sources. If one of the "same" conditions is a "CL LTR" condition, be sure that on one of the Condition Pages for the identical conditions you have asked all the questions appropriate for a "CL LTR" condition. (See instructions for check item K2 on page D13-25.) If the first of the identical conditions has the "CL LTR" box filled in item C2, all of the necessary questions will have been asked. When the condition with "CL LTR" as its source is not the first of the identical conditions, skip to check item K2 on the page for this condition at the point where you learn the conditions are the same. Mark the appropriate box in K2 and ask questions 10 through 12 as required. Then, before leaving this Condition Page, enter a footnote that this condition is the same as a previous condition.
6. In asking questions 5 through 17, use the name of the condition in item 3b. The only exception to this is for the first present effect of a stroke as reported in 3f. For the first present effect of a stroke, use the name of that present effect instead of the entry in 3b for the remainder of the Condition Page.

①

### Item 1, Person Number and Name of Condition

①

	PERSON NO. _____
1. Name of condition	

#### Instructions

1. On the "Person number" line, enter the number of the person for which this Condition Page is being filled.
2. Fill item 1 before asking any of the Condition Page questions by transcribing the "Name of condition" exactly as it appears in item C2.
3. Enter the condition number in the triangular space in item C2.



2

## Question 2, When Doctor or Assistant Last Consulted for This Condition

2

Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.

2. When did [--/anyone] last see or talk to a doctor or assistant about -- (condition)?

0 <input type="checkbox"/> Interview week (Reask 2)	5 <input type="checkbox"/> 2 yrs., less than 5 yrs.
1 <input type="checkbox"/> 2-wk. ref. pd.	6 <input type="checkbox"/> 5 yrs. or more
2 <input type="checkbox"/> Over 2 weeks, less than 6 mos.	7 <input type="checkbox"/> Dr. seen, DK when
3 <input type="checkbox"/> 6 mos., less than 1 yr.	8 <input type="checkbox"/> DK if Dr. seen
4 <input type="checkbox"/> 1 yr., less than 2 yrs.	9 <input type="checkbox"/> Dr. never seen

} (3b)

### A. Definitions

- Doctor—The term "doctor" refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). Medical doctors include general practitioners and all types of specialists, such as ophthalmologists, psychiatrists, pediatricians, gynecologists, internists, etc.
- Doctor's assistant—Any person who provides health care and who works with or for one or more medical doctors. Nurses, nurse practitioners, paramedics, medics, and physical therapists working with or for a medical doctor(s) are some examples of doctor's assistants. Also include chiropractors, chiropodists, podiatrists, naturopaths, opticians, psychologists, etc., if they work with or for a doctor as defined in paragraph 1 above.

### B. Instructions

- Before asking question 2, refer to the source boxes below the condition in item C2. If there is an entry in the "DV" box and/or the "HS" box for this condition, mark the "2-wk. ref. pd." box in question 2 without asking the question.
- Do not attempt to reconcile discrepancies between question 2 and item C1 or C2. If the respondent reports that the most recent contact was during the 2-week reference period but no doctor visits or hospitalizations are recorded for this person in item C1, verify the date with the respondent. Also verify the date if there is no entry in the "DV" or "Hosp" box for this condition in item C2. If the date is correct, mark the "2-wk. ref. pd." box in question 2, footnote "date verified," and continue with question 3a. Make no changes to item C1 or C2 and do not attempt to complete a 2-week doctor visit or hospital stay column for the person.
- When asking question 2 for persons 14 years old and over, insert the name or relationship of the person in place of the "--" in brackets. For children under 14 years old, use the word "anyone" in brackets.
- Include as "seeing or talking to a doctor or assistant" any doctor visit as defined in B.2 on page D8-1. Also include hospital visits in which the person stayed overnight or longer and include dentists for dental conditions. If the respondent questions the type of doctor, follow the instructions in paragraph 5 below.

②

## When Doctor or Assistant Last Consulted for This Condition (Continued)

②

5. Do not probe to determine if the health practitioner consulted by the person is a doctor or assistant as defined above. If the respondent specifically questions whether a certain type of health practitioner, such as a chiropractor, is a doctor, probe to determine if this person works with or for a doctor. If the response is "No," reask question 2 excluding this visit. For example, ask, "Besides your visit to the chiropractor, when did you last see or talk to a doctor or assistant about your back trouble?" Otherwise, mark the appropriate box in question 2 without probing and continue with question 3a.
6. There are some conditions which a person might have repeatedly, such as colds, and others which are always present and "flare up" periodically, such as arthritis, hay fever, etc. Apply the following instructions only when the respondent asks to which episode of the condition question 2 refers.
  - a. For short-term conditions which a person may have repeatedly, such as colds, flu, and minor injuries, question 2 refers to the last time the doctor/assistant was consulted about this particular episode. The question does not refer to previous episodes. For example, if the person had seen the doctor about a previous sore throat but not about this sore throat, mark the "Dr. never seen" box.
  - b. For long-term conditions, such as high blood pressure, arteriosclerosis, arthritis, etc., question 2 refers to the last time the doctor/assistant was consulted about the condition, even though the person may not have consulted a doctor/assistant for the most recent flare-up or attack.
7. If the respondent reports the doctor or assistant was consulted during interview week, mark the "Interview week" box and reask question 2 in the following manner: "Not counting the visit you just told me about, when did -- last see or talk to...?" Do not change the original entry. Mark the appropriate box for the new response. The "Interview week" box and any other single box may be marked.
8. Mark box 7, "Dr. seen, DK when," if the respondent says that a doctor or assistant was consulted about the condition but he/she cannot remember or does not know when the visit took place. Before accepting this response, try to help the respondent recall the approximate date by using the calendar and holiday cards in the Flashcard Booklet.
9. Mark box 8, "DK if Dr. seen," if the respondent does not know if a doctor or assistant was seen, or if it cannot be determined whether the health practitioner seen is a doctor or assistant as defined on page D13-5.
10. Mark box 9, "Dr. never seen," if the respondent says that a doctor or assistant was never consulted prior to interview week for this condition.

### Question 3, Description of Condition

#### A. Objectives

For purposes of analysis, all illnesses and injuries must be translated into medical codes. Since the HIS coding system provides for over 1,500 different conditions, the description of the conditions must be as complete and detailed as possible. Questions 3a through h and 4 are designed to obtain this needed information.

The best description of a condition is its exact medical title, which respondents are not always able to provide. Therefore, one or more additional kinds of information is needed in order to assign the most exact medical code:

1. The respondent's statement of the cause.
2. A specific description of the kind of trouble.
3. The part of the body affected.
4. The type of tissue affected.
5. The type of tumor, cyst, or growth (obtained in question 4).

#### B. Instructions

1. If any needed information for questions 3b through h has been recorded previously in question 3, it is not necessary to reask the question or to reenter the answer unless otherwise specified. For example, if you entered "3-day measles" in 3b, it is not necessary to ask 3e or to enter this information again.
2. Ask questions 3e through h, as applicable, whenever the words or any form of the words printed above these questions have been entered in 3b through f. For example, ask 3e if the words, "diseased" or "anemic" are entered in 3b; ask 3f if the word "allergic" is entered in 3b through e; ask 3g and h if the word "infected" is entered in 3b through f.

3a. (Earlier you told me about -- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?

1  Yes                      2  No                      3  DK

-----

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it? \_\_\_\_\_ Specify

1 <input type="checkbox"/> Color Blindness (NC)	2 <input type="checkbox"/> Cancer (3e)
3 <input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy } (5)	4 <input type="checkbox"/> Old age (NC)
	5 <input type="checkbox"/> Other (3c)

Instructions

1. Read the statement in parentheses, "Earlier you told me about -- (condition)," whenever the "2-wk. ref. pd." box is marked without asking question 2. For example, if you have not asked question 2 because there is a 2-week doctor visit or a hospital stay for this condition in item C2, read the parenthetical statement in order to introduce the specific condition for which you are asking question 3.
2. Ask question 3a no matter how technical or specific the entry in item 1 seems to you.
3. If the answer to 3a is "No" or "DK," or if either box 8 or 9 is marked in question 2 ("DK if Dr. seen," "Dr. never seen"), transcribe the condition name from item 1 to 3b without asking 3b if the entry in item 1 is adequate.
4. If the response to 3a is qualified, such as "No, he just said a Tennis elbow", mark "No" and transcribe the item 1 entry to 3b if the entry is adequate.
5. Refer to Card CP1 in the Flashcard Booklet for examples of inadequate entries for question 3b during the interview and during your edit of this item. Do not transcribe inadequate entries from item 1 to 3b; instead, ask the respondent to describe the condition further, for example, "What's wrong with your nerves?", "Why can't he run?", "In what way is she retarded?"
6. If the respondent says the doctor called the condition by a more technical name but cannot remember the precise term, mark "Yes" in 3a and transcribe the entry from item 1 to 3b. Footnote "DK name."

7. If the response to 3a is "Yes," enter in 3b whatever the respondent tells you the doctor called the condition, using the respondent's own words. If the medical name given by the respondent is unfamiliar to you, ask him/her to spell it for you. If the spelling is not known, record it phonetically. In all cases remember that the entry in question 3b should be as exact and complete as possible.

If the respondent does not know the medical name, knows only the part of the body, or if the answer is vague, for example, "It's my liver," "I can't run," "Something I ate," "Some kind of ailment," do not accept it. Instead, ask the person to describe the condition further, for example, "What's wrong with your liver?", "Why can't you run?", "How does this food affect you?", "What kind of ailment do you have?" An exception to this is a response of "Sinus" which, although describing a part of the body, is acceptable as a condition because of its wide use and understanding.

8. If the response to 3b is "Old age," probe to determine a condition associated with the old age (for example, ask, "Is there any specific condition associated with -- old age?"), and enter the condition in 3b. For example, if, after probing, the respondent reports senility as the condition associated with the old age, enter "Senility" in 3b and continue asking the condition questions for senility. If, after probing, no specific condition is associated with the "Old age" entry in item 1, enter "Old age" in 3b, mark the "Old age" box, and skip to the next condition (NC). "Old age" should be considered only as a "last resort" entry for item 3b.
9. Do not change the entry in 3a even if the response in 3b does not agree with the box marked (see paragraphs 3 through 8 above).
10. If the response to 3b is the name of an operation, ask what condition made the operation necessary. Record this information in 3b even if the person no longer has the condition. Enter the name of the operation in 3b only if there is no condition that can be associated with it, including after effects. Entries such as "infected incision," "post-surgical pain, etc., are adequate only if the name of the operation itself is not known. Footnote "DK name of operation" or "DK condition," as appropriate.
11. If the response to 3b is a reaction to drugs, ask for and record: the reaction; the drug; and the reason for taking the drug (for example, "skin rash--reaction to penicillin--taken for virus"). Do not, however, consider these as multiple conditions.

3a

- 3b

## Technical Name of Condition (Continued)

3a

- 3b

12. If more than one condition is given in 3b, a separate Condition Page must be completed for each. For example, the entry in item 1 could be "pain in stomach" and the response to 3b, "colitis and diarrhea." After entering both conditions in 3b, enter the second condition, "diarrhea" in item C2 and "3" in the "COND." box as the source of the condition. Finish the remainder of this Condition Page for the first condition, "colitis." Then complete a second Condition Page for the "diarrhea" before completing Condition Pages for any other conditions.
13. After entering the condition name in 3b, mark one of the boxes below this space, based on the 3b entry. The remainder of the Condition Page questions will refer to the condition name entered in 3b. (An exception to this rule is for the first present effect of a stroke as listed in item 3f. (See page D13-14.) In this specific case, the remainder of the Condition Page should be filled using the first present effect of the stroke.)
- a. Color blindness--If the condition in 3b is "Color blindness," mark this box and continue with the next condition (NC) or go to the Demographic Background Pages if this is the last condition.
- b. Cancer--If the condition name in 3b contains the word "cancer," mark this box and go to 3e. Do not mark this box if the word "cancer" is not in 3b, even if you think the condition name is a form of cancer. Do not probe to determine if the condition entered in item 3b is a type of cancer.
- c. Normal pregnancy, normal delivery, vasectomy--Mark this box only if one of these terms is entered in 3b. Do not mark this box if a complication is recorded along with one of these terms.
- d. Old age--Mark this box only if "Old age," "Elderly," "Advanced age" or a similar term is entered in both item 1 and 3b. (Do not consider a specific condition to be identical to "old age.") After marking this box, continue with the next condition (NC).
- e. Other--Mark this box if the entry in 3b is anything other than "color blindness," "cancer," "normal pregnancy," "normal delivery," "vasectomy," or "old age" and continue with 3c.

3c - 3d

### Questions 3c and 3d, Cause of Condition

3c - 3d

<p>c. What was the cause of -- (<u>condition in 3b</u>)? (Specify)</p> <p>_____</p> <p>-----</p> <p>Mark box if accident or injury.    <input type="checkbox"/> Accident/injury (5)</p> <p>d. Did the (<u>condition in 3b</u>) result from an accident or injury?</p> <p>1 <input type="checkbox"/> Yes (5)                      2 <input type="checkbox"/> No</p>
--

#### Instructions

1. When asking 3c, insert the name of the condition entered in 3b and enter the verbatim response.
2. Mark the "Accident/injury" box above 3d if the condition in 3b meets the definition of "Injury" on page DL3-1 or if the cause reported in 3c meets the definition of "Accident" on page DL3-1. If it is not obvious that the condition is an injury that resulted from an accident, ask question 3d.
3. If the respondent does not know whether a condition was caused by an accident or cannot recall such an occurrence when an accident is indicated, do not mark a box in 3d but explain the circumstances in a footnote, such as, "Doctor says possibly a blow on head, but respondent cannot recall" and go to 3e.
4. Conditions resulting from heavy lifting, a loud noise, or other similar hazards are considered as accidental only when they are one-time occurrences. For example, a punctured eardrum resulting from a loud explosion would be considered as caused by an accident, but continued exposure to loud noises at work resulting in partial deafness would not be considered as having an accidental cause. For the latter case, mark the "No" box in 3d. Also mark the "No" box in 3d if the cause is repeated heavy lifting, continued strain, etc.
5. Do not include birth injuries to either the mother or the child as an accident/injury, instead, mark the "No" box in 3d. However, make sure that the injury occurred during the act of delivery, not later. For injuries occurring after birth, mark the "Accident/injury" box or the "Yes" box in 3d. For example, a head injury caused by the use of forceps during delivery is not an "Accident/injury," but a head injury caused by mishandling of the child immediately after delivery is an "Accident/injury."

3e

## Question 3e, Kind of Condition

3e

Ask 3e if the condition name in 3b includes any of the following words:

Ailment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bad			Ulcer

e. What kind of condition in 3b) is it? \_\_\_\_\_

Specify

A. Objective

The exact kind of condition the person has is not always clear from the entry in question 3b. For example, "heart trouble," "bad legs," and "stomach disorder" are all general terms which give a specific part or organ of the body but not a specific kind of illness or trouble. Heart trouble might be of several different kinds--angina, coronary, rheumatic, leakage, etc.; stomach trouble could refer to any number of digestive disturbances, such as ulcers, appendicitis, intestinal flu, etc. In question 3e, the respondent is asked to provide more specific information.

B. Instructions

1. Ask 3e only if one or more of the terms listed above the question is entered in 3b. Insert the name of the condition entered in 3b when asking 3e.
2. If the entry in 3b consists of one of the terms in 3e along with a specific, descriptive name such as "sebaceous cyst," "pernicious anemia," "Hodgkins disease," "allergic asthma," etc., it is not necessary to ask question 3e or to reenter the information. If a part of the body or general site is given in 3b with one of the terms in 3e such as "ovarian cyst," "back trouble," "heart attack," "skin growth," be sure to ask question 3e as these entries do not provide the KIND of cyst, attack, etc. (NOTE: As with "sinus" in 3b, "bronchial asthma" is acceptable in 3e.)
3. Use Flashcard CPL as a guide for determining inadequate entries for this item during the interview and during your edit.



## Question 3f, Present Effects of Allergy or Stroke

Ask 3f only if allergy or stroke in 3b-e:

f. How does the [allergy/stroke] NOW effect ---? (Specify)

---



---

For Stroke, fill remainder of this condition page for the first present effect. Enter in item C2 and complete a separate condition page for each additional present effect.

A. Objective

Allergies and strokes can affect people in many different ways. In order to properly code these conditions, information on how the person is now affected must be obtained.

B. Instructions

1. Ask 3f if "allergy" or "stroke" or any form of these words is entered in 3b, 3c, or 3e. Enter all the present effects of the allergy or stroke mentioned by the respondent (this is an exception to the general rule that it is not necessary to reenter previously recorded information), but do NOT probe for any additional effects. For example, a person with an allergy may be affected by swelling in some part of the body, a rash, hives, itching, sneezing, difficulty breathing, etc. If the respondent says there are no present effects, an entry of "no effects" is acceptable. For example, enter "no effects" if the person is not currently affected by the allergy because he/she is receiving shots or abstaining from something, such as activities, surroundings, etc.
2. For stroke, the present or current manifestations are required, not how the person was affected at the time of the stroke. Present effects might be "nervous tic on left side of face," "entire right leg and arm paralyzed," "speech difficulty," etc. An entry that gives only a part of the body without describing how it is affected is not adequate. The part of the body affected may be recorded in 3f; however, in addition, the ways in which the part of the body is now affected must be recorded here. The part of the body affected may also be recorded in 3g.

If the present effect is vague or ill-defined, such as "can't use," "trouble," "lame," etc., probe to determine a more specific answer. For example, an entry of "left leg impaired" or "leg trouble" does not describe how the leg is impaired or what the trouble is. Is it painful, paralyzed, etc.?

3. For stroke, fill the remainder of this Condition Page for the first present effect entered in 3f. This is an exception to the general rule that Condition Page questions refer to the condition entered in 3b. When entering present effects of a stroke, the first one listed should be the one most closely related to the entry in 3b. For example, if 3b is "speech defect" and the response to 3f is "paralyzed left arm and stammering," list "stammering" first and complete the remainder of this page for it.
4. If more than one present effect of a stroke is given, additional Condition Pages must be filled. Enter each additional present effect (which was not previously recorded) in item C2 with "3" as the source in the "COND." box. For example, a response of "paralyzed arm and weak leg" requires an additional Condition Page. On the other hand, a response of "weak arm and leg" does not require an additional page because there is only one present effect, "weak," even though more than one part of body is mentioned.
5. When filling a Condition Page because of multiple present effects of a stroke reported on a previous Condition Page, do not reask 3f. However, you must transcribe the entry in 3b to 3f. For example, in paragraph 3 above, on the page for "paralyzed left arm," transcribe the entry from 3b to 3f without asking. Be sure, however, to ask all other appropriate parts of question 3.

### Question 3g, Part of Body Affected

Ask 3g if there is an impairment (refer to Card CP2) or any of the following entries in 3b-f:

Abscess	Damage	Palsy
Ache (except head or ear)	Growth	Paralysis
Bleeding (except menstrual)	Hemorrhage	Rupture
Blood clot	Infection	Sore(ness)
Boil	Inflammation	Stiff(ness)
Cancer	Neuralgia	Tumor
Cramps (except menstrual)	Neuritis	Ulcer
Cyst	Pain	Varicose veins
		Weak(ness)

g. What part of the body is affected? \_\_\_\_\_  
Specify

Show the following detail:

Head . . . . . skull, scalp, face  
 Back/spine/vertebrae . . . . . upper, middle, lower  
 Side . . . . . left or right  
 Ear . . . . . inner or outer; left, right, or both  
 Eye . . . . . left, right, or both  
 Arm . . . . . shoulder, upper, elbow, lower or wrist; left, right, or both  
 Hand . . . . . entire hand or fingers only; left, right, or both  
 Leg . . . . . hip, upper, knee, lower, or ankle; left, right, or both  
 Foot . . . . . entire foot, arch, or toes only; left, right, or both

#### A. Definition

Impairment—consider the following as impairments:

1. Deafness, trouble hearing, or any other ear condition (except earache).
2. Blindness, trouble seeing, or any other eye condition.
3. Missing hand or arm—all or part of.
4. Missing foot or leg—all or part of.
5. Any mention of any part of body listed below 3g (except for headache or earache).

This list of impairments also appears on Card CP2 in the Flashcard Booklet.

#### B. Instructions

1. Ask 3g for each impairment entered in questions 3b through f, except for earache. Also ask 3g for each condition entered in 3b through f which contains any of the terms listed above or below 3g except for headache or earache. For example, if the entry in 3b is "deformed arm," and the entry in 3c is "tumor," ask 3g twice to determine (1) the part of the arm which is deformed, and (2) the exact part of the body affected by the tumor. If you ask 3g for more than one condition, be sure to record both the part of body and the condition it applies to. For example, enter "lower right arm-deformed" and "left shoulder-tumor." Otherwise, it would not be possible to identify which part of the arm is deformed or which entry is affected by the tumor.

In another example, the entry in 3b is "leg trouble," 3c is "DK," and 3e is "pain and stiffness." Again, you would ask 3g twice to determine which leg and what part of the leg is affected by the (1) pain, and (2) stiffness. For example, "Which leg and what part of the leg is affected by the pain?", and "Which leg and what part of the leg is affected by the stiffness?", and enter the response, such as, "Both lower legs-pain" and "Stiffness in entire left leg."

2. If necessary, rephrase question 3g to obtain the needed information; for example, "Does your deafness affect the right, left, or both ears?", "What part of the back is affected?"
3. For impairments as defined previously and for entries containing the specified terms which affect the "head," "back," "spine," "vertebrae," "side," "ear," "eye," "arm," "hand," "leg," or "foot," the entry in question 3g must show the detail specified in the instructions below the question, except for "headache" or "earache." This same detail is not necessary for other parts of the body but may be recorded if provided by the respondent. For example, "left lung," "entire stomach," etc.
  - a. If the part of the body affected is the eye, ear, side, or any part of the arm, hand, leg, or foot, ask whether the right, left, or both are affected. If an entire arm or leg is affected, this must be shown in the entry, for example, "entire right arm." An entry of "arm" or "leg" is not acceptable.
  - b. Entries which are more detailed than those specified are acceptable, for example, "right index finger," "neck."
4. If the part of body has already been entered in the specified detail in a previous part of question 3, it is not necessary to ask question 3g or to reenter the information. For example, 3g may be skipped if an earlier entry in question 3 is "Boil on left wrist," "Inflammation of entire right foot," etc.

3h

### Question 3h, Type of Tissue Affected

3h

Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b-f:

Infection	Sore	Soreness
-----------	------	----------

h. What part of the (part of body in 3b-g) is affected by the [infection/sore/soreness] - the skin, muscle, bone, or some other part?

Specify \_\_\_\_\_

#### A. Objective

In order to accurately code conditions involving an "infection," "sore," or "soreness," the type of tissue affected is needed. For example, an "infected finger" could mean an infected bone, infected skin, infected muscle, or it could involve the fingernail.

#### B. Instructions

1. Ask question 3h if any of the words, "infection," "sore," or "soreness" are entered in 3b through f. When asking the question, insert the part of body entered in 3b through g, as appropriate.
2. Do not ask question 3h if the part of body specified in 3b through g is the eye(s), ear(s), or internal organ(s) such as lungs, stomach, kidneys, intestines, etc. If you are unsure whether a part of body is an internal organ or not, assume it is not and ask 3h.
3. If the response to 3h is "Don't know," do not probe. Enter "DK" without attempting to define the terms or to classify the response yourself based on previously reported information.

4

### Question 4, Type of Tumor, Cyst, or Growth

4

Ask if there are any of the following entries in 3b-f:		
Tumor	Cyst	Growth
4. Is this [tumor/cyst/growth] malignant or benign?		
1 <input type="checkbox"/> Malignant	2 <input type="checkbox"/> Benign	3 <input type="checkbox"/> DK

#### Instructions

1. If any of the words, "tumor," "cyst," or "growth" are entered in 3b through f, ask question 4.
2. If the respondent is not sure whether the tumor, cyst, or growth is/was malignant or benign, mark the "DK" box without probing.
3. Do not define "malignant" or "benign" for the respondent and do not attempt to classify the response yourself, based on previous information. However, if the term "malignant" or "benign" was previously entered in question 3, mark the appropriate box without asking question 4.

NOTE: The rule stating that it is not necessary to reenter previously recorded information applies only to question 3.

### Question 5, Onset of Condition

5	g. When was -- (condition in 3b/3f) first noticed?	<input type="checkbox"/> 1 2-wk. ref. od. <input type="checkbox"/> 2 Over 2 weeks to 3 months <input type="checkbox"/> 3 Over 3 months to 1 year <input type="checkbox"/> 4 Over 1 year to 5 years <input type="checkbox"/> 5 Over 5 years
	b. When did -- (name of injury in 3b)?	

Ask probes as necessary:  
 (Was it on or since (first date of 2-week ref. period) or was it before that date?)  
 (Was it less than 3 months or more than 3 months ago?)  
 (Was it less than 1 year or more than 1 year ago?)  
 (Was it less than 5 years or more than 5 years ago?)

#### A. Objective

Question 5 obtains information on the onset of conditions which is used to classify them as "chronic" or "acute." Also, conditions may be analyzed according to how long they were present using the information from this question.

#### B. Definition

First noticed--When a condition first began to give any trouble, show any symptoms, or was first diagnosed as being present if there were no symptoms or trouble.

#### C. Instructions

1. There are some conditions which a person might have repeatedly, such as colds, and others which are always present but "flare up" periodically such as arthritis, hay fever, etc. Apply the following instructions only when the respondent asks to which episode of the condition question 5 refers.
  - a. For conditions which affect a person in more serious ways from time to time although they are always present, enter the date the condition was first noticed, not the date of the most recent attack or flare-up. For example, arthritis, lumbago, etc.
  - b. For conditions which are usually of short duration but may recur frequently, such as a cold, flu, virus, headache, etc., the date of onset is the date of the most recent attack prior to interview week (see paragraph 7 below).

2. If several body parts are affected by the same condition, ask question 5 to determine when the condition was first noticed. For example, if the entry in 3f is "weakness in right arm and leg," ask "When was the weakness first noticed?" If the response indicates the leg weakness was noticed 3 years ago and the arm weakness 6 years ago, mark box 5 to indicate when the weakness was first noticed. Do not probe for this information. Use this distinction only if the respondent volunteers additional information.
3. When the condition is the present effect of a stroke or the result of an accident, enter the date the present ill-effects were first noticed. This may or may not be the date the accident or stroke occurred.
4. Ask question 5b only when the condition entered in 3b is an injury. In all other cases ask 5a, including conditions that resulted from an accident but are not injuries, for example, a nervous stomach due to a car accident.
5. If you are completing this Condition Page for the present effect of a stroke, insert the condition name entered in 3f when asking 5a. In all other cases, insert the condition name from 3b when asking 5a. When asking 5b, also refer to the injury in 3b, for example:
  - "When did your husband dislocate his shoulder?"
  - "When did Johnny lacerate his arm?"
  - "When was Mary stung by the hornet?"
6. If the condition is delivery or a complication of delivery, ask 5a in this way, "When was — delivery?" For a vasectomy, you would ask, "When was — vasectomy?"
7. If the respondent reports the date as being during interview week, verify this date with the respondent, using the calendar card.
 

If the date is still during interview week, footnote "Interview week" but do not continue with the remainder of the Condition Page questions for this condition.
8. If the respondent does not know or cannot remember the date, ask one or more of the probes printed below the question until you have enough information to mark a box. Refer the respondent to the calendar card and Flashcard Booklet calendars as necessary. Also use the appropriate probe printed below question 5 if the response falls on one of the cutoff points in the answer categories. For example, if the response to 5a is "1 year ago," ask, "Was it less than 1 year or more than 1 year ago?"



## Check Item K1 through Question 9, Information on Restricted Activity

### Objective

Questions 6 through 9 are designed to obtain information on restricted activity days caused by this particular condition.

(K1)

### Check Item K1

(K1)

<b>K1</b>	<i>Refer to RD and C2.</i> — "Yes" in "RD" box AND more than 1 condition in C2 (6) = Other (K2)
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#### A. Objective

Check item K1 instructs you to skip questions 6 through 9 if no restricted activity days were previously reported or if only one condition is entered in item C2 for the person, since this information was previously obtained on the Restricted Activity Page.

#### B. Instructions

When completing this item, refer to the "RD" box in item C1. Mark the first box if the person for whom you are filling this Condition Page has the "Yes" box marked in item "RD" AND has more than one condition entered in item C2. Then continue with question 6. In all other cases, mark the "Other" box and skip to check item K2.

6

### Question 6, Cut Down Days

6

6a. During the 2 weeks outlined in red on that calendar, did -- (condition) cause -- to cut down on the things -- usually does?  
 Yes  No (K2)

---

6b. During that period, how many days did -- cut down for more than half of the day?  
 None (K2) \_\_\_\_\_ Days

#### A. Definitions

See pages D7-16 and D7-17 for the definitions of "Things a person usually does" and "Cut-down day."

See pages D7-17 and D7-18 for examples of persons cutting down on their usual activities for more than half of the day.

#### B. Instructions

If you are filling this Condition Page for the present effect of a stroke, insert the present effect entered in 3f (for which you are filling this page) in place of the word "condition" when asking question 6a. Otherwise, insert the name of the condition entered in 3b when asking question 6a.

7

### Question 7, Bed Days

7

7. During those 2 weeks, how many days did -- stay in bed for more than half of the day because of this condition?  
 None \_\_\_\_\_ Days

#### A. Definitions

See page D7-13 for definitions of "Days in bed" and "Bed."

#### B. Instructions

The number of bed days entered in this question cannot be more than the number of cut-down days entered in question 6. Reconcile any inconsistencies with the respondent before making an entry in question 7.

## Question 8, Work-Loss Days

Ask if "Wa/Wb" box marked in C1:

8. During these 2 weeks, how many days did -- miss more than half of the day from -- job or business because of this condition?

00  None \_\_\_\_\_ Days

A. Definitions

See pages D7-4 and D7-5 for the definitions of "Job" and "Business." See page D7-10 for the definition of "Work-loss day."

B. Instructions

1. Ask this question only if the "Wa" or "Wb" box in item C1 is marked for this person.
2. Since very few people work 7 days a week, probe when you receive replies such as, "The whole 2 weeks," or, "All last week." Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from work. If the person actually missed 14 days of work during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the person would have worked all 14 days had the condition not prevented it.
3. This question measures work-loss days only. If the person goes to school in addition to working, record only the days lost from work. Disregard any days lost from school for these persons. These days should have been included in the cut-down days measured in question 6b.
4. The number of work-loss days entered in this question cannot be more than the number of cut-down days entered in question 6b. Reconcile any inconsistencies with the respondent before making an entry in question 8.

## Question 9, School-Loss Days

*Ask if age 5-17:*

9. During these 2 weeks, how many days did -- miss more than half of the day from school because of this condition?

00  None \_\_\_\_\_ Days

### A. Definitions

See page D7-11 for the definitions of "School" and "School-loss day."

### B. Instructions

1. Ask this question only if the person is 5 to 17 years old.
2. Since school vacation periods differ, ask this question at all times of the year, even during times usually considered school vacation periods.
3. Since few children go to school 7 days a week, probe when you receive replies such as, "The whole 2 weeks," or, "All last week." Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from school. If the child actually missed 14 days from school during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the child would have gone to school all 14 days had the condition not prevented it.
4. This question measures school-loss days only. If a child in the 5 through 17 year age group works instead of, or in addition to going to school, record only the days lost from school. Disregard any days lost from work for this age group. These days should have been included in the cut-down days measured in question 6b.
5. The number of school-loss days in this question cannot be more than the number of cut-down days entered in question 6b. Reconcile any inconsistencies with the respondent before making an entry in question 9.

## Check Item K2 through Question 12, Information on Chronic Conditions

### Objective

Questions 10 through 12 are designed to obtain information on conditions which have one of the Condition Lists as their source. For these conditions, estimates of bed days and hospitalizations are made. Also, it can be determined whether the person still has the condition or whether it is cured or under control.

### Check Item K2

(K2)

(K2)

K2	<input type="checkbox"/>	Condition has "CL LTR" in C2 as source (10)
	<input type="checkbox"/>	Condition does not have "CL LTR" in C2 as source (K4)

#### A. Objective

Check item K2 instructs you to ask questions 10 through 12 only for conditions identified on the Condition Lists.

#### B. Instructions

If you are filling a Condition Page for a condition with a CL LTR as a source in C2, mark the first box in K2 even though you may not be asking the questions about that particular condition. For example:

C2 and item 1 - Stroke (with CL LTR as source)

question 3f - paralyzed right arm, drags left leg

K2 - Condition has "CL LTR" in C2 as source

K2 applies to the original C2 entry, not the 3b or 3f entry which you are asking about in the other questions.

In this example, on the page for "drags left leg," you would mark the second box in K2 because the "drags left leg" was entered in C2 with question 3 as the source in the "Cond" box and will not have an entry in the CL LTR box.

10

### Question 10, Number of Bed Days in 12-Month Period

10

10. About how many days since (12-month ago) a year ago, has this condition kept -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)

000  None  Days

#### A. Definition

See page D7-13 for the definition of "Days in bed" and "Bed."

#### B. Instructions

1. "This condition" refers to the entry in 3b or 3f for which you are filling this Condition Page.
2. Read the statement in parentheses, "Include days while an overnight patient in a hospital," if a number is entered in the person's "HOSP." box in item C1. If respondents ask, include days while a person was in a nursing home, sanitarium, or similar place.

11

### Question 11, Hospitalized For This Condition

11

11. Was -- ever hospitalized for -- (condition in 3b)?

1  Yes 2  No

#### A. Definitions

1. Ever--At any time, through last Sunday night, in the person's life. Do not include any time during interview week.
2. Hospitalized--Being a patient in a hospital for one or more nights. Exclude visits to an emergency room or outpatient clinic, even if they occur at night, unless the person was admitted and stayed overnight. Stays in the hospital during which the person does not spend at least one night are not included, even though surgery may have been performed.

#### B. Instructions

1. Note that the reference period for this question is ever.
2. Insert the name of the condition entered in 3b, unless you are completing this page for the first present effect of a stroke. In this case, insert the name of the condition entered in 3f.

(K3)

### Check Item K3

(K3)

K3	<input type="checkbox"/> Missing extremity or organ (K4)
	<input type="checkbox"/> Other (12)

A. Definition

Missing extremity or organ--The absence of any part of the body or all or part of any body organ.

B. Instructions

Mark the first box if the condition is a missing extremity or organ and go to check item K4. For all other conditions, mark the second box and continue with question 12.





(K4)

## Check Item K4

(K4)

K4	<input type="checkbox"/> 0 Not an accident/injury (NC)
	<input type="checkbox"/> 1 First accident/injury for this person (14)
	<input type="checkbox"/> 2 Other (13)

### A. Objective

If the condition in 3b was caused by an accident, a series of questions must be asked about that accident. If the condition did not have an accidental cause, then no more questions are asked about the condition.

### B. Definition

Injury--Any condition with the "Accident/injury" box marked above 3d or the "Yes" box marked in 3d.

### C. Instructions

1. If the "Accident/injury" box is not marked above 3d and if the "No" box is marked in 3d, mark the "Not an accident/injury" box and go to the next Condition Page (NC).
2. If the condition is an injury, review all of the Condition Pages for this person. If this is the first Condition Page with an accidental cause reported in 3d, mark the second box ("First accident/injury for this person"). If there were other injuries on previous Condition Pages for this person, mark the "Other" box.

### Question 13, Condition Result of Previously Reported Accident

13. Is this (condition in 3b) the result of the same accident you already told me about?

Yes (Record condition page number where accident questions first completed.) → \_\_\_\_\_ (NC)  
Page No.

No

#### A. Objective

If the respondent has already given information about the same accident or injury on a previous Condition Page (for another condition resulting from that accident or injury), there is no need to ask questions 14 through 17 again.

#### B. Instructions

1. If the condition was caused by the same accident that was reported on a previous Condition Page for this person, mark the "Yes" box in question 13 and enter the number of the page on which the details of this accident were reported (that is, where Condition Page questions 14 through 17 were first filled). For example, if the accident was first described for Condition 1, enter "29" in question 13. Be sure to enter the questionnaire page number, not the condition number.

If more than one questionnaire is used for the family, also indicate which "Book of books" contains this accident. For example, if you are completing Condition 9 for the result of the same accident reported for Condition 7 on page 41 in the first questionnaire, enter "41" on the "Page No. Line" and "Book 1 of 2" in the answer space for question 13.

If there were two or more different accidents reported on previous Condition Pages for the person, be sure to determine which accident caused this condition and record the appropriate page number where the accident was described in questions 14 through 17.

2. If the condition resulted from a different accident than any reported on previous Condition Pages for this person, mark the "No" box in question 13 and complete questions 14 through 17, as appropriate, for this accident.

## Question 14, Where Accident Occurred

14. Where did the accident happen?	
1	<input type="checkbox"/> At home (inside house)
2	<input type="checkbox"/> At home (adjacent premises)
3	<input type="checkbox"/> Street and highway (includes roadway and public sidewalk)
4	<input type="checkbox"/> Farm
5	<input type="checkbox"/> Industrial place (includes premises)
6	<input type="checkbox"/> School (includes premises)
7	<input type="checkbox"/> Place of recreation and sports, except at school
8	<input type="checkbox"/> Other (Specify) _____

A. Objective

Question 14 is asked to determine the physical environment in which the accident occurred. If you receive a place name in response to this question such as Toledo, Ohio, probe to determine the physical surroundings in Toledo where the accident occurred.

B. Definitions

1. At home--Includes not only the person's own home but also any other private home, vacant or occupied, in which the person might have been when he/she was injured, as well as homes being remodeled or undergoing repair. A "home" could be a house, apartment, motor home, houseboat, etc. (Do not consider an accident occurring at a house under construction as occurring "at home." Consider this as an "Industrial place.")
  - a. At home (inside house)--Any room inside the house but not an inside garage. Consider porches, or steps leading directly to porches or entrances, as "inside of house." Falling out of a window or falling off a roof or porch are included as accidents occurring inside the house.
  - b. At home (adjacent premises)--The yard, the driveway, private lanes, patios, gardens or walks to the house, or a garage, whether attached or detached. This also includes the common areas of an apartment building, such as hallways, stairs, elevators, walks, etc. On a farm, the "adjacent premises" include the home premises and garage, but not the barn or other buildings (unless used as a garage), and not the land under cultivation.
2. Street and highway--The entire area between property lines of which any part is open for use of the public as a matter of right or custom. This includes more than just the traveled part of the road. "Street and highway" includes the whole right-of-way. Public sidewalks are part of the street but private driveways, private alleys, and private sidewalks are not considered part of the street.
3. Farm--A farm building or land under cultivation but not the farm home or premises. "Farm" includes a ranch.

4. Industrial place--Examples of industrial places are a factory building, a railway yard, a warehouse, a workshop, a loading platform of a factory or store, etc. Include construction projects (houses, buildings, bridges, new roads, etc.) as well as buildings undergoing remodeling. (Do not classify private homes undergoing remodeling as industrial places, but classify them as "homes.") Other examples of "Industrial places" are logging camps, shipping piers, oil fields, shipyards, sand and gravel pits, canneries, and auto repair garages.
5. School--Either the school buildings or the premises (campus) of the school. Include all types of schools--elementary, high schools, colleges, business schools, etc.
6. Place of recreation and sports--Places designed for sports and recreation, such as a bowling alley, amusement park, baseball field, skating rink, lake, mountain or beach resort, and stadium. Exclude places of recreation and sports located on the premises of an industrial place or school. These should be considered part of the industrial place or school. Also exclude places not designed for recreation or sports, such as a hill used for sledding or a river used for boating or swimming. These fall into the "Other" category.
7. Other--When none of the locations defined above describes where the accident happened, mark the "Other" box. Specify the exact type of place, such as grocery store, restaurant, office building, church, etc. General entries, such as "Armed Forces" are not satisfactory, since a person can be in the Armed Forces and have an accident in any one of several kinds of places.

Also mark the "Other" box if you learn that the accident occurred while the person was temporarily working, visiting, or staying in a motel, hotel, or similar place for temporary lodging. For such entries, also specify whether the accident occurred in the lodging quarters or on adjacent premises (for example, "hotel room," "motel unit," "guest cabin," "motel lobby," "hotel parking garage," etc.). However, if the person was living in the hotel, motel, or similar place at the time of the accident and he/she had no other usual residence, mark one of the "At home" boxes, as appropriate.

## Question 15, At Job or Business When Accident Happened

Mark box if under 18. <input type="checkbox"/> Under 18 (16)	
15a. Was -- under 18 when the accident happened?	
1 <input type="checkbox"/> Yes (76)	<input type="checkbox"/> No
b. Was -- in the Armed Forces when the accident happened?	
2 <input type="checkbox"/> Yes (76)	<input type="checkbox"/> No
c. Was -- at work at -- job or business when the accident happened?	
3 <input type="checkbox"/> Yes	4 <input type="checkbox"/> No

### A. Definitions

Refer to the definitions of "job" and "business" on pages D7-4 and D7-5. However, do not restrict these definitions to the past 2 weeks for question 15c since this question refers to the time when the accident happened.

### B. Instructions

1. Question 15a refers to the age of the person at the time of the accident. If the person is currently under 18, mark the "Under 18" box without asking question 15a. If responses to previous questions indicate that the person was under 18 when the accident occurred, you may verify this with the respondent and mark the "Yes" box without asking. However, if there is any doubt, ask question 15a.
2. Mark the "Yes" box in 15b for an accident that occurred while the person was in the Armed Forces, regardless of whether he/she was on duty at the time it occurred. For example, mark the "Yes" box for a sailor who was away from his ship when he fell on the ice and broke his leg on a downtown street.
3. In 15c, consider an accident as occurring "at work" if the person was on duty at the time of the accident. Thus, a salesman traveling from town to town would be "at work" if an accident occurred en route between towns, but a person on his way to an office job who had an accident en route would not be considered as having been injured "at work."

### Question 16, Motor Vehicle Involved in Accident

16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?	
1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No (17)
-----	
b. Was more than one vehicle involved?	
1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
-----	
c. Was [it/either one] moving at the time?	
1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No

#### A. Definitions

1. Motor vehicle--A self-propelled, power-operated vehicle, not on rails, for transporting persons or property, intended for use on a highway, either public or private; or a self-propelled, nonhighway vehicle, such as construction equipment, tractor, farm machinery, or tank when operating on a highway. Attached objects, such as trailers or campers are considered as part of the motor vehicle.
2. Nonmotor vehicles--Recreational vehicles, such as mini-bikes, mopeds, or snowmobiles are not defined as motor vehicles unless they are in operation on a highway. Do not consider trains, streetcars, or bicycles as motor vehicles.

#### B. Instructions

1. Mark the "Yes" box in question 16a if the accident involved a motor vehicle in any way at all, regardless of whether or not the vehicle was moving at the time of the accident. For example, a motor vehicle is "involved" when a pedestrian is hit by a car, a person on a bicycle runs into a parked car, a person is hurt in a collision or some other type of accident while riding in a motor vehicle, etc.
2. In question 16b, be careful that only accidents involving motor vehicles are included. Exclude nonmotor vehicles as defined above.
3. If, when asking 16c, you know that a motor vehicle and a nonmotor vehicle were involved (for example, a bus and train collision), substitute the type of motor vehicle (in this example, "bus") for "it" to be sure the respondent understands that question 16c refers to the movement of the motor vehicle and not to the other vehicle. For example, if the bus was stationary when hit by a moving train, mark the "No" box in 16c since the motor vehicle was not moving.

**Question 17, Kind of Injury Sustained and Present Effects of Accident**

17a. At the time of the accident what part of the body was hurt?  
 What kind of injury was it?  
 Anything else?

Part(s) of body *	Kind of injury

Ask if box 3, 4, or 5 marked in Q.5:  
 b. What part of the body is affected now?  
 How is -- (part of body) affected?  
 Is -- affected in any other way?

Part(s) of body *	Present effects **

\* Enter part of body in same detail as for 3g.  
 \*\* If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

Instructions

1. Ask the first part of question 17a and record in the space provided the "part(s) of body" which the respondent mentions. Next, ask "What kind of injury was it?", and record in the answer space the kind of injury for each part of the body. Ask, "Anything else?", and record any other "part(s) of body" and "kind of injury" for any other injuries mentioned.
2. The part of the body which was injured must be recorded in the same detail as specified below question 3g.
3. General or vague answers such as "hit," "crushed," "hurt," are not acceptable for "kind of injury" because they do not provide sufficient information on the nature of the injury. The following are examples of adequate and inadequate entries for question 17a.

ADEQUATE

<u>Part(s) of Body</u>	<u>Kind of Injury</u>
Left knee	Fractured
Both upper legs	Bruised
Right eye	Cut
Head <sup>1/</sup>	Concussion
Fingers on left hand	Broken
Lower back	Sprained
Nervous system	Shock

<sup>1/</sup> Part of head is not required for concussion.

INADEQUATE

<u>Part(s) of Body</u>	<u>Kind of Injury</u>
Left leg	Blood clot
Thumb	Jammed
Knee	Crushed
Legs	Mashed
Eye	Hit with ball
Head	Bumped
One arm	Caught in washing machine
Back	Hurt
Eye	Black and blue

4. Do not enter any conditions reported in question 17a in item C2 or enter "17" as an additional source if the condition was previously entered in C2. Conditions should be recorded in item C2 only if they are reported in question 17b. (See paragraph 7, page D13-39.)
5. Ask 17b if box 3, 4, or 5 is marked in question 5. Note that question 17a asks about the nature of the injuries incurred at the time of the accident. Question 17b asks about how those injuries affect the person at the present time.

In 17b, record the same detail as in 3g for the parts of the body which are presently affected. Also, record how that part of body is affected at the present time.

- a. If the present effect has been adequately reported earlier in question 3b, transcribe the entries to 17b from question 3b and ask, "Is — affected in any other way?", to be sure all additional present effects are picked up. For example, if the entry in 3b is "missing entire right hand," and the "Yes" box is marked in 3d, transcribe the information to 17b as follows: "Entire right hand" in the "Part(s) of body" space and "missing" in the space for "Present effects," then ask if the person is affected in any other way.
- b. When the answer to "How is — (part of body) affected?" is vague or expressed in terms of a limitation, a more adequate description of the present effects must be obtained. The entry in 3b may provide an adequate description of the present effects. If so, enter that in 17b along with the original response. For example, if the response to 17b is, "He can't bend his left knee all the way," and the entry in 3b is "torn cartilage," enter both the original response and the condition recorded in 3b in 17b. If the response to 17b is not adequate and the condition in 3b does not clarify the present effects, you must probe. A suitable probe would be, "Can you tell me more specifically what is wrong with his knee?" DO NOT accept responses of "leg trouble," "bad back," "hip problem," etc., without further probing. (See also Card CP3.)



- c. It is not necessary that the person be suffering from ill-effects at the time of the interview to report them in 17b. If the person is subject to periodic, recurring attacks of a condition resulting from an old injury, record these effects.

If a person reports ill-effects of an old injury, record them even though they may not "bother" him/her in a literal sense. For example, a person may report a stiff left elbow caused by an old football injury. He may say he has gotten used to it and it never bothers him. "Stiff left elbow" would be considered the present ill-effects of the old injury.

- d. For an injury which happened earlier but has not yet healed, enter the original injury in 17b as the "present effects." For example, if the person fractured his/her right hip 4 months before the interview, the entry "fractured right hip not yet healed" is appropriate in 17b if the fracture has not yet healed. "Slipped disc," "slipped vertebrae," "dislocated disc," "ruptured disc," or "Torn (ruptured) ligament (cartilage)" are also acceptable "present effects."
6. If there is only one present effect in 17b, make no entry in C2. No additional Condition Page is required regardless of whether this is the same as in item 1 or 3b or how many body parts are affected. In the examples below, only one present effect is given. No additional Condition Page is required in these examples even though the present effect given is different in some cases than the condition for which it is reported.

Examples:

6. a.

CONDITION 4 Person No. 2

1. Name of condition **BACK INJURY**

Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.

2. When did [---/anyone] last see or talk to a doctor or assistant about -- (condition)?

Interview week (Reask 2)  2 yrs., less than 5 yrs.  
 2-wk. ref. pd.  5 yrs. or more  
 Over 2 weeks, less than 6 mos.  Dr. seen, DK when  
 6 mos., less than 1 yr.  DK if Dr. seen } (3b)  
 1 yr., less than 2 yrs.  Dr. never seen

3a. (Earlier you told me about -- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?  
 Yes  No  DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:  
**SLIPPED DISC**

b. What did he or she call it? Specify

Color Blindness (NC)  Cancer (3c)  Old age (NC)  
 Normal pregnancy, normal delivery, vasectomy } (3)  Other (3c)

c. What was the cause of -- (condition in 2b)? (Specify)  
**5 STEP LADDER**

b.

CONDITION 4 Person No. 2

1. Name of condition **PAIN IN ARM**

Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.

2. When did [---/anyone] last see or talk to a doctor or assistant about -- (condition)?

Interview week (Reask 2)  2 yrs., less than 5 yrs.  
 2-wk. ref. pd.  5 yrs. or more  
 Over 2 weeks, less than 6 mos.  Dr. seen, DK when  
 6 mos., less than 1 yr.  DK if Dr. seen } (3b)  
 1 yr., less than 2 yrs.  Dr. never seen

3a. (Earlier you told me about -- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?  
 Yes  No  DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:  
**NEURALGIA**

b. What did he or she call it? Specify

Color Blindness (NC)  Cancer (3c)  Old age (NC)  
 Normal pregnancy, normal delivery, vasectomy } (3)  Other (3c)

c. What was the cause of -- (condition in 2b)? (Specify)  
**ON BROKEN**

17a. At the time of the accident what part of the body was hurt? What kind of injury was it?

Anything else?

Part(s) of body**	Kind of injury
<b>TAIL BONE</b>	<b>BRUISED</b>
<b>ANKLE, LEFT</b>	<b>SPRAINED</b>

Ask if box 3, 4, or 5 marked in Q.5:  
 b. What part of the body is affected now?  
 How is -- (part of body) affected?  
 Is -- affected in any other way?

Part(s) of body**	Present effects**
<b>LOWER BACK</b>	<b>SLIPPED DISC</b>

\* Enter part of body in same detail as for 3g.  
 \*\* If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

17a. At the time of the accident what part of the body was hurt? What kind of injury was it?

Anything else?

Part(s) of body**	Kind of injury
<b>UPPER RIGHT ARM</b>	<b>BROKEN</b>

Ask if box 3, 4, or 5 marked in Q.5:  
 b. What part of the body is affected now?  
 How is -- (part of body) affected?  
 Is -- affected in any other way?

Part(s) of body**	Present effects**
<b>ENTIRE RIGHT ARM</b>	<b>TENDONITIS</b>

\* Enter part of body in same detail as for 3g.  
 \*\* If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

Kind of Injury Sustained and Present Effects of Accident (Continued)

6. c.

CONDITION 4 Person No. \_\_\_\_\_

1. Name of condition **ARTHRITIS**

Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.

2. When did [---/anyone] last see or talk to a doctor or assistant about --- (condition)?

Interview week (Repeat 2)  2 yrs., less than 5 yrs.  
 2-wk. ref. pd.  3 yrs. or more  
 Over 2 weeks, less than 6 mos.  Dr. seen, OK when  
 6 mos., less than 1 yr.  OK if Dr. seen } (3b)  
 1 yr., less than 2 yrs.  Dr. never seen }

3a. (Earlier you told me about --- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?  
 Yes  No  OK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:  
 b. What did he or she call it? **ARTHRITIS**  
 Specify

Color Blindness (NC)  Cancer (2a)  
 Normal pregnancy, normal delivery, vasectomy } (B)  Old age (NC)  
 Other (2a)

c. What was the cause of --- (condition in 3b)? (Specify)  
**HIT BY CAR**

d.

CONDITION 4 Person No. \_\_\_\_\_

1. Name of condition **LEG TROUBLE**

Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.

2. When did [---/anyone] last see or talk to a doctor or assistant about --- (condition)?

Interview week (Repeat 2)  2 yrs., less than 5 yrs.  
 2-wk. ref. pd.  3 yrs. or more  
 Over 2 weeks, less than 6 mos.  Dr. seen, OK when  
 6 mos., less than 1 yr.  OK if Dr. seen } (3b)  
 1 yr., less than 2 yrs.  Dr. never seen }

3a. (Earlier you told me about --- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?  
 Yes  No  OK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:  
 b. What did he or she call it? **DISINAKED KNEE CAP**  
 Specify

Color Blindness (NC)  Cancer (2a)  
 Normal pregnancy, normal delivery, vasectomy } (B)  Old age (NC)  
 Other (2a)

c. What was the cause of --- (condition in 3b)? (Specify)  
**FOOTBALL**

17a. At the time of the accident what part of the body was hurt?  
 What kind of injury was it?  
 Anything else?

Part(s) of body *	Kind of injury
<b>LOWER RIGHT ARM</b>	<b>BROKEN</b>
<b>AND ENTIRE LEGS</b>	<b>SWOLLEN</b>

Ask if box 3, 4, or 5 marked in Q.5:  
 b. What part of the body is affected now?  
 How is --- (part of body) affected?  
 Is --- affected in any other way?

Part(s) of body *	Present effects **
<b>FINGERS ON RIGHT HAND</b>	<b>SWOLLEN</b>
<b>LEFT KNEE</b>	<b>SWOLLEN</b>

\* Enter part of body in same detail as for 3g.  
 \*\* If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

17a. At the time of the accident what part of the body was hurt?  
 What kind of injury was it?  
 Anything else?

Part(s) of body *	Kind of injury
<b>RIGHT KNEE</b>	<b>OVEREXTENDED</b>

Ask if box 3, 4, or 5 marked in Q.5:  
 b. What part of the body is affected now?  
 How is --- (part of body) affected?  
 Is --- affected in any other way?

Part(s) of body *	Present effects **
<b>LOWER BACK</b>	<b>PAIN</b>
<b>RIGHT KNEE</b>	<b>PAIN</b>

\* Enter part of body in same detail as for 3g.  
 \*\* If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

7. If there are multiple present effects, an additional Condition Page is required for each one that is not the same as in item 1 or 3b or is not already entered in C2. (See the examples below.) Enter "17" in the "COND." box in C2 for each newly reported condition and for each condition in C2 which is reported again in 17b. (See flow diagram in item 10 below.)

Examples:

- 7. a. Person number 2 has reported a condition of "leg pain" which is a result of an old accident/injury. The reported present effects of the accident/injury are recorded in item 17b as "pain and stiffness" and "pain." Two actions are required on the part of the interviewer:

(1) Enter "17" as source in C2 for "leg pain." No additional page is required for "entire left leg pain" or "lower back pain" since the "pain" is one present effect and is part of the entry in item 1 of this Condition Page.

(2) An additional present effect of "stiffness" has been reported which is not present in items 1 or 3b or in C2. "Entire left leg stiffness" must be recorded in item C2 with "17" as the source in the "COND." box. An additional Condition Page must be filled next for this condition.

CONDITION 2		Person No. <u>2</u>
1. Name of condition <b>LEG PAIN</b>		
Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.		
2. When did [---/anyone] last see or talk to a doctor or assistant about --- (condition)?		
<input type="checkbox"/> Interview week (Readsk 2)	<input type="checkbox"/> 2 yrs., less than 5 yrs.	} (3b)
<input type="checkbox"/> 2-wk. ref. pd.	<input type="checkbox"/> 5 yrs. or more	
<input type="checkbox"/> Over 2 weeks, less than 4 mos.	<input type="checkbox"/> Dr. seen, DK when	
<input checked="" type="checkbox"/> 4 mos., less than 1 yr.	<input type="checkbox"/> DK if Dr. seen	
<input type="checkbox"/> 1 yr., less than 2 yrs.	<input type="checkbox"/> Dr. never seen	
3a. (Earlier you told me about --- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?		
1 <input checked="" type="checkbox"/> Yes      2 <input type="checkbox"/> No      3 <input type="checkbox"/> DK		
Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:		
b. What did he or she call it? <b>NEURITIS</b>		
Specify		
<input type="checkbox"/> Color Blindness (NC)	<input type="checkbox"/> Cancer (3c)	} (3)
<input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy	<input type="checkbox"/> Old age (NC)	
<input checked="" type="checkbox"/> Other (3c)		
c. What was the cause of --- (condition in 3b)? (Specify)		
<b>AUTO ACCIDENT</b>		
--- accident or injury. <input checked="" type="checkbox"/> Accident/injury (5)		
--- result from an accident or injury?		

c. Was (it/they) ...  
 Yes       No

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body*	Kind of injury
<b>LOWER LEFT LEG</b>	<b>BROKEN</b>

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now? How is --- (part of body) affected? Is --- affected in any other way?

Part(s) of body*	Present effects**
<b>ENTIRE LEFT LEG</b>	<b>PAIN AND STIFFNESS</b>
<b>LOWER BACK</b>	<b>PAIN</b>

\* Enter part of body in same detail as for 3g.  
\*\* If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

Number 2		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number
C2	<b>LEG PAIN</b>			7
LA				17
LA				17
LA				
LA				
LA				

Arrows from the form on the left point to the "7" and "17" in the table above.

Kind of Injury Sustained and Present Effects of Accident (Continued)

7. b. In this example, while filling a Condition Page for "slipped disc," two present effects of the accident/injury are reported.

(1) The interviewer should record "17" as the source in the "COND." box for "slipped disc" in C2.

(2) "Curvature of spine" should be entered in C2 as an additional condition with "17" as the source in the "COND." box. The next Condition Page filled in this household is for the "curvature of spine" condition.

**CONDITION 2** Person No. 4

1. Name of condition **SLIPPED DISC**

Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.

2. When did [---/anyone] last see or talk to a doctor or assistant about --- (condition)?

0  Interview week (Week 2)      6  2 yrs., less than 5 yrs.  
 1  2-wk. ref. pd.                      6  5 yrs. or more  
 2  Over 2 weeks, less than 6 mos.      7  Dr. seen, OK when  
 3  6 mos., less than 1 yr.              8  DK if Dr. seen } (3b)  
 4  1 yr., less than 2 yrs.              9  Dr. never seen

3a. (Earlier you told me about --- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?  
 1  Yes      2  No      3  DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it? **RUPTURED DISC**  
 Specify

1  Color Blindness (NC)      2  Cancer (2c)  
 3  Normal pregnancy, normal delivery, vasectomy } (3)  
 4  Old age (NC)  
 5  Other (3c)

c. What was the cause of --- (condition in 3b)? (Specify)  
**LIFTING CRATES - CRATE FELL**

Accident or injury.  Accident/injury (5)  
 result from an accident or injury?

c. Was (it/they) ...  
 1  Yes      2  No

17a. At the time of the accident what part of the body was hurt?  
 What kind of injury was it?  
 Anything else?

Part(s) of body *	Kind of injury
<b>BOTH SHOULDERS</b>	<b>SCRAPED</b>
<b>SPINE - ENTIRE</b>	<b>DISLOCATED</b>

Ask if box 3, 4, or 5 marked in Q.5:  
 b. What part of the body is affected now?  
 How is --- (part of body) affected?  
 Is --- affected in any other way?

Part(s) of body *	Present effects **
<b>LOWER BACK</b>	<b>SLIPPED DISC</b>
<b>ENTIRE BACK</b>	<b>CURVATURE OF SPINE</b>

\* Enter part of body in same detail as for 3g.  
 \*\* If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

Number	2	Wb	No	Number
<b>C2</b>	<b>SLIPPED DISC</b>			<b>17</b>
	<b>47</b>			<b>17</b>
	<b>CURVATURE OF SPINE</b>			<b>17</b>
LA	RA	LV	RV	CL
LA	RA	LV	RV	CL
LA	RA	LV	RV	CL
LA	RA	LV	RV	CL



Kind of Injury Sustained and Present Effects of Accident (Continued)

7. d. The interviewer reviews item 17b and determines that "arthritis" is already entered in 3b and "fused disc" is already the entry in items 1 and C2. No additional Condition Pages are required for these present effects. The interviewer must:

- (1) Enter "17" in the "COND." box as a source for the "fused disc" condition.
- (2) If "arthritis" is already entered in C2, "17" should be listed as a source in the "COND." box for this condition also. In this example, "arthritis" is not entered in C2; therefore, no other action is required. The interviewer will not enter "arthritis" in C2 if it is not already recorded there.

CONDITION 2		Person No. <u>2</u>
1. Name of condition <b>FUSED Disc</b>		
Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.		
2. When did [---/anyone] last see or talk to a doctor or assistant about --- (condition)?		
<input type="checkbox"/> Interview week (Week 2)	<input checked="" type="checkbox"/> 2 yrs., less than 5 yrs.	
<input type="checkbox"/> 3-wk. ref. pd.	<input type="checkbox"/> 5 yrs. or more	
<input type="checkbox"/> Over 2 weeks, less than 6 mos.	<input type="checkbox"/> Dr. soon, DK when	
<input type="checkbox"/> 6 mos., less than 1 yr.	<input type="checkbox"/> DK if Dr. soon	} (DK)
<input type="checkbox"/> 1 yr., less than 2 yrs.	<input type="checkbox"/> Dr. never soon	
3a. (Earlier you told me about --- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:		
b. What did he or she call it? <b>ARTHRITIS</b> Specify		
<input type="checkbox"/> Color Blindness (NC)	<input type="checkbox"/> Cancer (SC)	
<input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy	<input type="checkbox"/> Old age (NC)	
	<input checked="" type="checkbox"/> Other (SC)	
c. What was the cause of --- (condition in 3b)? (Specify) <b>FELL ON THE JOB</b>		
Was this condition or injury a result from an accident or injury? <input checked="" type="checkbox"/> Accident/injury (5)		

c. Was [it/other]?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?	
Part(s) of body *	Kind of injury
<b>MIDDLE BACK</b>	<b>SPRAINED</b>
Ask if box 3, 4, or 5 marked in Q.5:	
b. What part of the body is affected now? How is --- (part of body) affected? Is --- affected in any other way?	
Part(s) of body *	Present effects **
<b>MIDDLE BACK</b>	<b>ARTHRITIS, FUSED DISC</b>
* Enter part of body in some detail as for 3g. ** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.	

Number <input type="checkbox"/> Yes <input type="checkbox"/> No	
C2	<b>FUSED DISC</b>
<b>17</b>	<b>17</b>
LA	SA
LA	SA
LA	SA
LA	SA
LA	SA

8. If the present effect in 17b is part of another condition previously entered in C2 (for which you have filled or will fill a Condition Page), enter "17" in the "COND." source box, rather than filling a separate page. In order to consider conditions the same, the present effect must be included in the entry in C2.

Examples:

a. Two present effects are reported for the accident/injury causing the listed condition. The interviewer must review items 1 and 3b and C2 to determine what actions must be taken:

(1) Enter "17" in the "COND." box as the source for "headaches."

(2) Since "stiffness" is already a reported condition, the interviewer enters "17" in the "COND." box as the source for this condition as well. Note that the present effect of "stiff" is equated with the condition of "stiffness." "Pain" and "Painful" is another example of two different words that should be considered the same present effect.

CONDITION 2		Person No. <u>2</u>
1. Name of condition <b>HEADACHES</b>		
Mark "2-wk. ref. pd." box without asking if "DV" or "MS" in C2 as source.		
2. When did (---/anyone) last see or talk to a doctor or assistant about --- (condition)?		
0 <input type="checkbox"/> Interview week (Reask 2)	6 <input type="checkbox"/> 2 yrs., less than 5 yrs.	(3b)
1 <input type="checkbox"/> 2-wk. ref. pd.	7 <input type="checkbox"/> 5 yrs. or more	
2 <input type="checkbox"/> Over 2 weeks, less than 6 mos.	8 <input type="checkbox"/> Dr. seen, DK when	
3 <input checked="" type="checkbox"/> 6 mos., less than 1 yr.	9 <input type="checkbox"/> DK if Dr. seen	
4 <input type="checkbox"/> 1 yr., less than 2 yrs.	0 <input type="checkbox"/> Dr. never seen	
3a. (Earlier you told me about --- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?		
1 <input type="checkbox"/> Yes      2 <input checked="" type="checkbox"/> No      3 <input type="checkbox"/> DK		
Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:		
b. What did he or she call it? <b>HEADACHES</b>		
Specify		
1 <input type="checkbox"/> Color Blindness (NC)	2 <input type="checkbox"/> Cancer (3c)	(3c)
3 <input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy	4 <input type="checkbox"/> Old age (NC)	
5 <input checked="" type="checkbox"/> Other (3c)		
c. What was the cause of --- (condition in 3b)? (Specify)		
<b>FELL IN BATHUB</b>		
Accident or injury. <input checked="" type="checkbox"/> Accident/injury (5)		

c. Was (it/they) ...

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body*	Kind of injury
<b>HEAD</b>	<b>CONCUSSION</b>
<b>LOWER LEFT LEG</b>	<b>SPRAINED</b>

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now? How is --- (part of body) affected? Is --- affected in any other way?

Part(s) of body*	Present effects**
<b>ENTIRE HEAD</b>	<b>HEAD ACHES</b>
<b>LOWER LEFT LEG</b>	<b>STIFF</b>

\* Enter part of body in same detail as for 3g.  
\*\* If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

None		1		2		3		4		5		6		7		8		9		0	
Number																					
C2																					
<b>FOOT TROUBLE</b>																					
<b>HEADACHES</b>																					
<b>STIFFNESS</b>																					



Kind of Injury Sustained and Present Effects of Accident (Continued)

8. b. The present effects reported for this accident/injury are "headaches" and "stiff." By reviewing items 1 and 3b and C2, the interviewer determines that two actions must be done:

(1) Enter "17" in the "COND." box as the source for the "stiffness" already reported in C2. Note that even though a different part of body is affected, the present effect is all that is considered in this comparison.

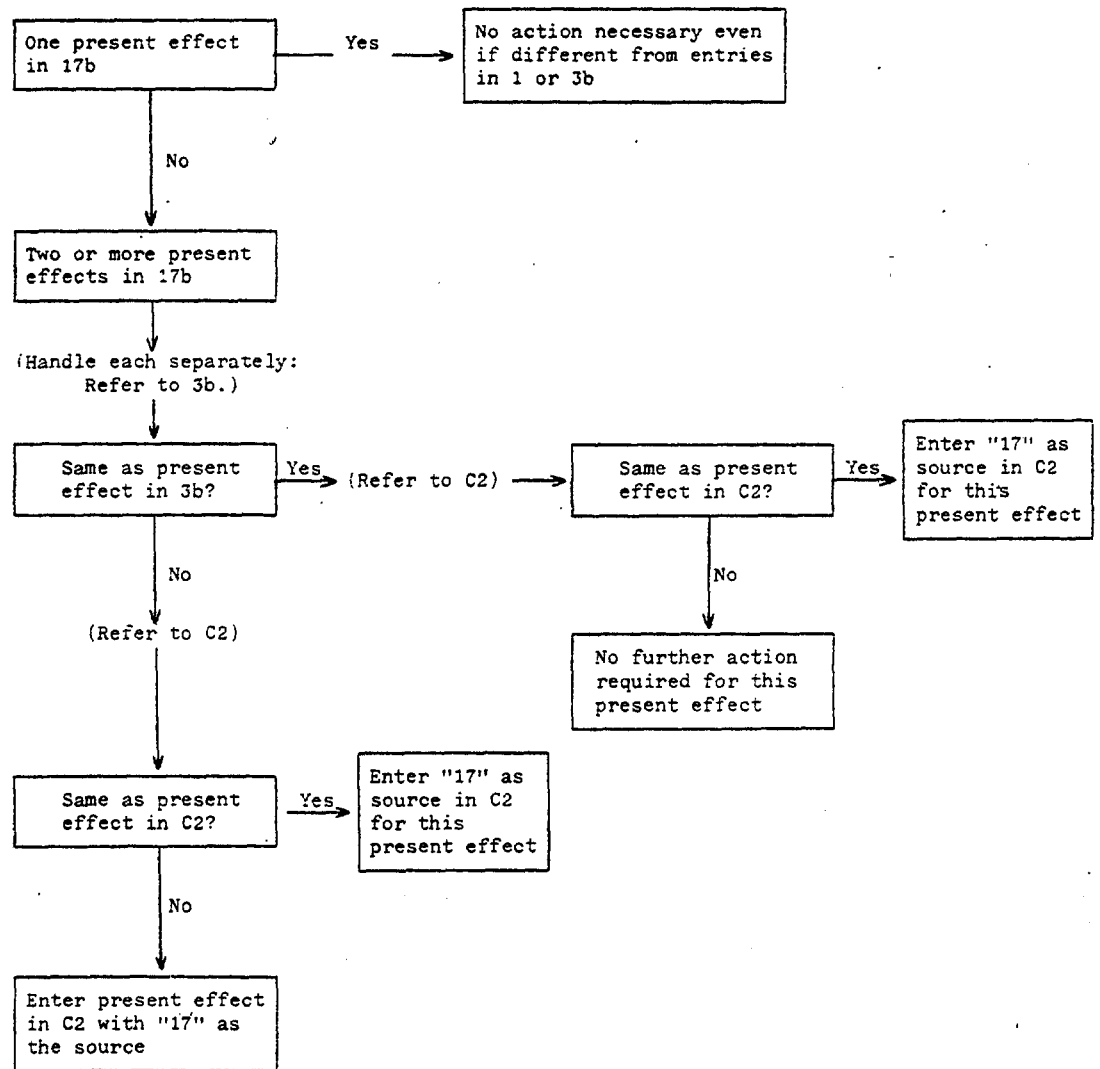
(2) The additional present effect of "headaches" is not reported in any of the items for this condition or in C2. The interviewer must enter "headaches" as a condition in item C2 with "17" as the source in the "COND." box.

CONDITION 2		Person No. <u>2</u>
1. Name of condition <b>STIFFNESS</b>		
Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.		
2. When did [---/anyone] last see or talk to a doctor or assistant about --- (condition)?		
<input type="checkbox"/> Interview week (Recall 2)	<input type="checkbox"/> 2 yrs., less than 5 yrs.	
<input type="checkbox"/> 2-wk. ref. pd.	<input type="checkbox"/> 5 yrs. or more	
<input type="checkbox"/> Over 2 weeks, less than 6 mos.	<input type="checkbox"/> Dr. seen, DK when	
<input type="checkbox"/> 6 mos., less than 1 yr.	<input type="checkbox"/> DK if Dr. seen	} (3b)
<input checked="" type="checkbox"/> 1 yr., less than 2 yrs.	<input type="checkbox"/> Dr. never seen	
3a. (Earlier you told me about --- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:		
b. What did he or she call it? <b>STIFF ARM</b>		
Specify		
<input type="checkbox"/> Color Blindness (NC)	<input type="checkbox"/> Cancer (Se)	
<input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy	<input type="checkbox"/> Old age (NC)	
	<input checked="" type="checkbox"/> Other (Se)	
c. What was the cause of --- (condition in 3b)? (Specify)		
<b>RODE BIKE INTO PARKED CAR</b>		
Was this accident or injury? <input checked="" type="checkbox"/> Accident/injury (5) <input type="checkbox"/> Did not result from an accident or injury?		

c. Was (it/any) ...	
17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?	
Part(s) of body *	Kind of injury
<b>ENTIRE RIGHT ARM</b>	<b>BRUISED</b>
<b>ENTIRE RIGHT LEG</b>	<b>SCRAPED</b>
Ask if box 3, 4, or 5 marked in Q.5:	
b. What part of the body is affected now? How is --- (part of body) affected? Is --- affected in any other way?	
Part(s) of body *	Present effects **
<b>WHOLE HEAD</b>	<b>HEADACHES</b>
<b>LOWER LEFT LEG</b>	<b>STIFF</b>
* Enter part of body in same detail as for 3c. ** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.	

Name		Number		No		Number	
C2		47		17		17	
FREQUENT COLDS		STIFFNESS		HEADACHES			
47		17		17			
LA		RA		DL		DR	
LA		RA		DL		DR	

- 9. Fill a Condition Page for each present effect in the same order as they are listed in 17b before filling Condition Pages for any other conditions listed in C2.
- 10. The following flow diagram summarizes the procedures to be used when reviewing item 17b to determine if additional Condition Pages should be filled.



CHAPTER 14. DEMOGRAPHIC BACKGROUND PAGE

Overall Objective

The Demographic Background Page contains questions about the demographic characteristics of persons and, when combined with the health data obtained earlier in the questionnaire, will provide statistics on the characteristics of people who have health problems. These data will enable analysts to compare the health status and use of health services among the different demographic groups in the country.

L1

Check Item L1

L1

L1	Refer to age.	L1	<input type="checkbox"/> Under 5 (NP) <input type="checkbox"/> 5-17 (2) <input type="checkbox"/> 18 and over (1)
----	---------------	----	--

Objective

Check item L1 directs you to the proper question depending upon the person's age.

# Question 1, Service in the Armed Forces

1a. Did -- EVER serve on active duty in the Armed Forces of the United States?	1a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)
b. When did -- serve?  <i>Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea, mark VN.</i>	b.	1 <input type="checkbox"/> VN            5 <input type="checkbox"/> PVN 2 <input type="checkbox"/> KW            6 <input type="checkbox"/> OS 3 <input type="checkbox"/> WWII        7 <input type="checkbox"/> DK 4 <input type="checkbox"/> WWI
c. Was -- EVER an active member of a National Guard or military reserve unit?	c.	<input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2) 7 <input type="checkbox"/> DK (2)
d. Was ALL of -- active duty service related to National Guard or military reserve training?	d.	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 9 <input type="checkbox"/> DK

## A. Definition

**Armed Forces--"Active duty in the Armed Forces"** means full-time, active duty in the United States' Army, Navy, Air Force, Marine Corps, or Coast Guard, or any National Guard unit 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, Naval Academy (Annapolis), etc.

Do not count as having served in the U.S. Armed Forces: persons working in civilian positions for the Armed Forces; persons serving in the Merchant Marines; persons in the National Guard whose only "active duty" was while "activated" by Gubernatorial order because of a disaster or civil disorder (flood, riot, etc.). Also, do not include persons in the military service of a foreign nation.

## B. Instructions

1. Question 1a--Mark the "Yes" box in 1a if the person received a medical or disability discharge/release, even if this release came during initial training.

### 2. Question 1b

a. If a person served any time during the four major conflicts of this century (Vietnam era, Korean War, World War II, or World War I), mark the code for the most recent wartime service, regardless of any peacetime service. If the person served in more than one of the major wars, mark the code for the most recent war period; for example, mark "VN" for service in both Vietnam and the Korean War; mark "KW" for service in both the Korean War and World War II; mark "WWII" for service in both the second and first world wars.

b. If a person was in a National Guard unit which was activated for a period and later deactivated, disregard the nonactive period and mark the box in 1b corresponding to the period of active duty.

①

Service in the Armed Forces (Continued)

①

- c. If there is any question as to which box to mark, enter the response verbatim in the answer space of 1b, or as a footnote.
- d. The "OS" code in 1b includes service prior to World War I and periods of time between the war-time categories listed.

3. Question 1c

- a. Entry into the Guard or Reserves may be voluntary (enlisted, joined, signed-up) or it may be as a continued obligation following active duty service. Members may be either "active" or "inactive."
- b. Mark the "Yes" box in 1c for persons who were (or are) "active" Reserve or Guard members; that is, they attended (or attend) regularly scheduled periodic meetings, summer camp, and the like.
- c. Mark the "No" box for persons who were never members of the Reserve or Guard and for persons who were only "inactive" members; that is, they never had to attend regular meetings, summer camp, etc.

4. Question 1d

- a. Mark the "Yes" box if the person's service consisted entirely of National Guard or Reserve duty training; that is, the person never served on active duty other than a 4- to 6-month period of training.
- b. Consider the activation of Guard members for civil reasons (flood, earthquake, riot, etc.) by Gubernatorial order as active duty service related to Guard or Reserve "training."

2

### Question 2, Education

2

2a. What is the highest grade or year of regular school -- has ever attended?	2a. 00 <input type="checkbox"/> Never attended or kindergarten (NP) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+
b. Did -- finish the (number in 2a) [grade/year]?	b. 1 <input type="checkbox"/> Yes. 2 <input type="checkbox"/> No

#### A. Definition

Regular school--For this question include regular schooling in graded public, private, or parochial schools, or in colleges, universities, or professional schools, whether day school or night school. Regular schooling is that which advances a person toward an elementary or high school diploma, or a college, university, or professional school degree. Count schooling in other than regular schools only if the credits obtained are acceptable in the regular school system.

Do NOT include:

- Education obtained at vocational schools, business schools or colleges, and other trade and specialized schools unless such schools are part of a regular school system.
- Training received by mail from "correspondence" schools, unless the correspondence course counted toward promotion in a regular school.
- Any kind of "on-the-job" training.
- Adult education classes unless such schooling is being counted for credit in a regular school system. If a person is taking adult education classes but not for credit, he/she should not be regarded as enrolled in a regular school. Adult education courses given in a public school building are part of regular schooling only if their completion can advance a person toward an elementary school certificate, a high school diploma, or college degree.
- Training under the Comprehensive Employment and Training Act (CETA) of 1973. Most of the training under this Act or Program more than likely will be courses obtained at private vocational or trade schools or possibly will be in the nature of on-the-job training. In any event, most training under this Act or Program will not be obtained at a regular school. There may be a few isolated cases where such schooling is given for credit at a regular school; ask to be sure.
- Any type of military basic training.

B. Instructions

1. Determine the specific grade and circle the highest year of school attended in 2a for all persons 5 years old and over.
2. Never Attended Regular School or Attended Kindergarten Only--For persons who have never attended a regular school or for those who have gone (or who are currently going) to kindergarten only, mark the "Never attended or kindergarten" box and go to the next person.
3. 7-Year Elementary System--Some schools have, or used to have, a 7-year elementary course and a 4-year high school course. Circle "7" opposite "Elem" for persons who attended only 7 years in such a system and did not attend high school. Circle "9" to "12," as appropriate, opposite "High" for persons who attended some high school following the 7th grade.

If the respondent says the person completed the 8th grade in such a system, find out whether this was elementary school or the first year of high school. If you are told the person finished the 11th grade, find out whether this was the third or fourth year of high school and circle the appropriate number next to "High."

4. Junior High--If the person's highest grade was in "Junior High," determine the equivalent in elementary grades (1 through 8) or high school grades (9 through 12). Do not assume that junior high grades always consist of "Elem-7" or "Elem-8" or "High-9." In a few systems, junior high starts with "Elem-6" and in some, ends with "High-10."
5. "Post-Graduate" High School--For persons who have attended "post-graduate" high school courses after completing high school, but have not attended college, circle "12" opposite "High."
6. Graduate or Professional School--For persons who have attended more than 4 years of college, or who have attended professional schools (law, medical, dental, etc.) after completion of 4 years of college, circle the number opposite "College" which represents the total number of school years (not calendar years) the person attended college and graduate or professional school. For a person who has attended 6 years or more of college, circle "6+" opposite "College."
7. Credit Year Translation--School years are determined by the number of credits required for completing the requirements for a degree. If necessary, as a general rule of thumb, consider a person as completing one school year for every 24 to 30 credits, regardless of whether the credits are based on quarters or semesters. Do not probe for this information unless the respondent cannot provide a year or grade.

②

## Education (Continued)

②

8. Equivalency Tests--For persons who pass a high school equivalency test or finish high school while in the Armed Forces or at any other time, circle "12" opposite "High."
9. Miscellaneous School Systems--Enter the equivalent grade in the regular American school system (8 years of elementary school, 4 years of high school, and 4 years of college) for a person whose formal education was obtained through any of the following methods:
  - a. Foreign schools.
  - b. Ungraded schools.
  - c. Night schools or the instruction by tutors (if such instruction was counted toward promotion in the regular school system).
  - d. Level of education measured by "readers"--first reader roughly equivalent to the first grade in elementary school, second reader to the second grade, etc.
  - e. "Normal" or professional schools--In some areas, persons enter "normal" schools after completing nothing above elementary school; elsewhere, after 2 years of high school; in other places, after 4 years of high school or even some college. When the respondent answers in terms of "normal" school, obtain the equivalent in terms of the regular school system.

Also, persons may attend professional schools (law, medicine, dentistry, etc.) after less than 4 years of college. When the respondent answers in terms of these schools, obtain the equivalent in college years. For nurses, determine the exact grade attended. If training was received in a college, determine the grade attended in college. However, if training was received at a nursing school or hospital training school and did not advance the person towards a regular college degree, determine the grade attended at the last regular school.
10. Skipped or Repeated Grades--For persons who skipped or repeated grades, circle the highest grade attended regardless of the number of years it took.
11. Persons Still in School--For persons still attending regular school, the highest grade attended is the one in which they are now enrolled.
12. Summer Status--For persons who are on summer vacation from school, circle the grade or year they were enrolled in during the previous school year, not the grade or year they will attend in the fall. For persons who are enrolled in summer courses, obtain the year or grade that their course work counts toward.



2

Education (Continued)

2

13. Special Schools--For persons enrolled in special schools (such as schools for the handicapped) attempt to obtain a regular school equivalency from the respondent.
14. Level of School Vs. Years Attended--Circle the appropriate number in 2a according to the equivalent level of school the person attended--not necessarily the number of years attended.

Example 1: the respondent went to night school for 10 years and is still in her sophomore year in college--circle "2" after college, not "6+."

Example 2: the respondent explains that he went to college for 2 years, majoring in math. Then he decided he didn't want to major in math so he switched to economics and is now attending his third year in this subject and has one more year to complete before graduation. Because of this change, he is only considered a "Junior." In this case, circle "3" after college, not "5."

15. Question 2b--For persons who completed only part of the year or grade or failed to "pass" the year or grade, mark the "No" box in 2b. Also mark this box for persons who are currently enrolled in the regular school system.

3

### Question 3, Racial Background

3

<p>Hand Card R. Ask first alternative for first person; ask second alternative for other persons.</p> <p>3a. [What is the number of the group or groups which represents -- race?] [What is -- race?]</p> <p>Circle all that apply</p> <p>1 - Aleut, Eskimo, or American Indian                      4 - White  2 - Asian or Pacific Islander                                      5 - Another group not listed - Specify  3 - Black</p> <p>-----  Ask if multiple entries:</p>		<p>3a.    1   2   3   4   5 ↓</p> <p>_____</p> <p>Specify</p>
<p>b. Which of those groups; that is, (entries in 3a) would you say BEST represents -- race?</p> <p>-----</p>		<p>b.    1   2   3   4   5 ↓</p> <p>_____</p> <p>Specify</p>
<p>c. Mark observed race of respondent(s) only.</p> <p>-----</p>		<p>c.    1 <input type="checkbox"/> W   2 <input type="checkbox"/> B   3 <input type="checkbox"/> O</p>

#### A. Objective

Statistics on racial background will be used in relating the volume of doctor visits, hospitalizations, and other health variables to the various racial and cultural groups of this country.

#### B. Instructions

1. When asking question 3a for the first person, you must use the first listed wording so the respondent is aware that you are asking for a number to be reported. Question 3a also contains an alternate wording which may be used when asking about the second and remaining family members.
2. Do not suggest an answer or category to the respondent and do not try to explain or define any of the groups. The concept of race does not reflect clear-cut definitions of biological stock or conform to any scientific definition. Rather, it reflects self-identification by the respondent; that is, the race(s) with which the person most closely identifies.
3. Circle all responses given in answer to 3a. If the respondent does not give a number but gives an answer that is exactly the same as one listed, circle the appropriate code. If the answer is not exactly the same as one on the card, circle "5" and write the verbatim response on the "Specify" line.
4. If multiple responses are given in 3a, ask 3b to determine the person's MAIN race. If the respondent cannot answer the first time you ask the question, do NOT reask and do not pursue the matter any further. Enter "DK" in the answer space in that person's column. If the respondent gives more than one category in 3b, enter all responses.
5. Complete 3c for the respondent(s) ONLY. Make no entry in 3c for any family members who did not respond in the interview.

3

Racial Background (Continued)

3

6. Based upon your observation, without regard to the entries in 3a and 3b, mark 'W' for White, 'B' for Black, and 'O' for Other:

White: Includes Spanish origin persons unless they are definitely Black, Indian, or other nonwhite.

Black: Black or Negro.

Other: Race other than White or Black, such as Japanese, Chinese, American Indian, Korean, and Eskimo.

7. Although Armed Forces members living at home are 'X'd' out on the Household Composition Page, they are still considered household members and may respond for other related persons in the household. Therefore, mark 3c for each respondent, even though no other information is collected.
8. For persons who are not able to answer the questions for themselves (such as mentally or physically unable and children in a prep or boarding school) and have no relatives living in the household that can answer for them, you may interview someone who is responsible for their care. In such situations, fill 3c in the person's column if the person is present during the interview and the race is observed. If not present, make no entry in 3c. In either case, footnote the circumstances, such as "headmaster responded" or "interviewed friend responsible for person's care."

4

## Question 4, National Origin or Ancestry

4

Hand Card 0.		4a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)						
4a. Are any of those groups -- national origin or ancestry? (Where did -- ancestors come from?)									
b. Please give me the number of the group. Circle all that apply		b.	1	2	3	4	5	6	7
1 - Puerto Rican	5 - Chicano								
2 - Cuban	6 - Other Latin American								
3 - Mexican Mexicano	7 - Other Spanish								
4 - Mexican American									

A. Definitions

National origin or ancestry--The national or cultural group from which the person is descended which is determined by the nationality or lineage of a person's ancestors. There is no set rule as to how many generations are to be taken into account in determining origin. A person may report his/her origin based on the origin of a parent, a grandparent, or some far-removed ancestor.

B. Instructions

1. If the respondent does not understand question 4a, read the probe on the questionnaire: "Where did -- ancestors come from?"
2. Mark the "No" box if the respondent says "No" with or without any explanations or qualifiers.
3. If the respondent does not say "No," but gives a group not specifically listed on the card, enter the response verbatim in the answer space in 4b, but do not mark "Yes" or "No" in 4a. For example, if the response is, "I'm German," enter "German" in 4b.
4. If you are given a name or code that is on the card and one that is not on the card, mark "Yes" in 4a and circle the number from the card in 4b. Do not record the other response. For example, if the person says, "I am Mexican and German," mark "Yes" in 4a and circle "3" in 4b, but do not enter "German."
5. If the response to 4a is "Yes," ask 4b and circle the code(s) of the category(ies) selected by the respondent. If the respondent gives you a name which is exactly the same as one on the card, such as "Mexican," circle the appropriate code.
6. For any responses not exactly the same as ones on the card, write in the response verbatim without circling a code.
7. Do not change the entries in 3a or 3b based on information reported in question 4. The purpose of this question is to obtain the respondent's identification of the person's national origin or ancestry. Origin or ancestry is not necessarily related to race. That is, origin and race may be considered as two independent characteristics.
8. If you are questioned as to why we are asking only about Spanish ancestry, say that we collect information on certain cultural groups.

L2

Check Item L2

L2

L2	Refer to "Age" and "Wa/Wb" boxes in C1.	L2 0 <input type="checkbox"/> Under 18 (NP) 1 <input type="checkbox"/> Wa box marked (6a) 2 <input type="checkbox"/> Wb box marked (5a) 3 <input type="checkbox"/> Neither box marked (5b)
----	---	--

A. Objective

To determine the employment status of persons 18 years of age or older, different sets of questions are asked based upon the responses to question 1 on the Restricted Activity Page. Check item L2 distinguishes between: (1) persons who worked during the past 2 weeks (Wa); (2) persons who did not work but had a job or business during the past 2 weeks (Wb); and (3) persons who had no job or business during the past 2 weeks.

B. Instructions

1. For persons under 18 years of age, mark the "Under 18" box and go on to the next person. The employment questions are asked only for persons 18 years of age or older.
2. For persons 18 years of age or older, refer to the "Wa/Wb" boxes in the "WORK" box of item C1.
  - If the "Wa" box was marked (i.e., the person worked during the past 2 weeks), mark the second box in check item L2 and skip to question 6a.
  - If the "Wb" box was marked (i.e., the person did not work during the past 2 weeks, but did have a job or business), mark the third box in check item L2 and ask question 5a next.
  - If neither the "Wa" nor the "Wb" box is marked in C1 (i.e., the person did not work or have a job or business during the past 2 weeks), mark the last box in check item L2 and skip to question 5b.

5

## Question 5, Work Status

5

5a. Earlier you said that -- has a job or business but did not work last week or the week before. Was -- looking for work or on layoff from a job during those 2 weeks?	5a. 1 <input type="checkbox"/> Yes (5c)	2 <input type="checkbox"/> No (6b)
b. Earlier you said that -- didn't have a job or business last week or the week before. Was -- looking for work or on layoff from a job during those 2 weeks?	b. 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No (NP)
c. Which, looking for work or on layoff from a job?	c. 1 <input type="checkbox"/> Looking (6c) 2 <input type="checkbox"/> Layoff (6b)	3 <input type="checkbox"/> Both (6b)

A. Objective

Persons who had a job or business but did not work at it in the past 2 weeks may have been absent for any number of reasons. Question 5a determines whether the reason the person was absent was a layoff and/or if the person was looking for work. Question 5b determines this same information for persons who did not have a job or business.

B. Definitions

1. Layoff—Waiting to be called back to a job from which a person has been temporarily laid-off or furloughed. Layoffs can be due to slack work, plant retooling or remodeling, inventory taking, and the like. Do not consider a person who was not working because of a labor dispute at his/her own place of employment as being on layoff.
2. Looking for work—Any effort to get a job or to establish a business or profession. A person was looking for work if he/she actually tried to find work during the past 2 weeks. Some examples of looking for work are:
  - Registering at a public or private employment office.
  - Meeting with or telephoning prospective employers.
  - Placing or answering advertisements (NOTE: simply reading want-ads does not qualify as looking for work).
  - Writing letters of application.
  - Visiting locations where prospective employers pick up temporary help.
  - Checking with an Armed Forces Recruiting Office about joining any branch of the military service.

Also, consider persons "on call" at a personnel office, union hiring hall, professional register, etc., as looking for work.

C. Instructions1. Question 5a

- a. Often you may be told that a person was on layoff during the past 2 weeks when you asked question 1b on the Restricted Activity Page. If you remember this response, you may verify it with the respondent and mark "Yes" in question 5a without asking the question. Otherwise, ask question 5a as worded.
- b. If, when asking question 5a, you determine that a person did actually work at some time last week or the week before, do not mark an answer box in 5a. In such cases, correct item C1 and L2. Footnote the reason for the change, both in C1 and L2, for example, "Working in 5a," then go to 6a.
- c. If a person missed work during the past 2 weeks because he/she was on layoff, mark "Yes" in 5a. Also, mark "Yes" in 5a if the person was looking for work in the past 2 weeks, regardless of the reason for not working during that period. If the person missed work during the past 2 weeks for such reasons as vacation, illness, labor dispute, etc., and was not looking for work or on layoff from a job, mark "No" in question 5a, skip to question 6b, and record the job the person held but did not work at.
- d. Special Situations

- (1) Some establishments, such as automobile or boat manufacturers, go through a retooling operation before the new models come out. Consider persons who did not work in the past 2 weeks for this reason as being on layoff.

In some instances, companies may combine a vacation shutdown with the model changeover. If this is the case, do not consider the person to be on layoff. Likewise, if the person is reported as being on vacation, even though the plant is closed for some reason, do not consider him/her to be on layoff.

- (2) Do not consider school personnel (teachers, administrators, custodians, etc.) who have a definite arrangement, either written or oral, to return to work in the fall, as being on layoff during the summer. For such persons, mark "No" in 5a unless the person was laid off from a summer job or was looking for work.

- (3) Do not consider as on layoff, a person who is on strike, is locked out, or does not wish to cross a picket line, even though he/she is not a member of the group on strike. This applies only when the labor dispute is at the person's place of employment. If a person has been laid off because of a shortage of materials or slack work resulting from a strike in another plant and is not on strike him/herself, mark "Yes" in 5a—this is a layoff.

Example: Consider as "laid off" an automobile factory worker who is laid off due to steel shortage resulting from a steelworkers' strike.

- (4) If it is volunteered that a person is waiting to begin a new job, either civilian or military, within 30 days of the interview, and was not on layoff during the past 2 weeks, mark "Yes" in 5a, "Looking" in 5c, and describe the person's last full-time job or business lasting 2 consecutive weeks or longer in item 6. Footnote 5a, "New job to begin within 30 days."

If, in addition to waiting to begin a new job within 30 days, the person was on layoff during the past 2 weeks, mark "Yes" in 5a, "Both" in 5c, and describe the job from which the person was laid off in item 6. Do not describe the "new" job in 6 but footnote "New job to begin within 30 days."

If it is volunteered that a person is waiting to start a new job which will not begin for 31 or more days from the interview, make no entry in 5a without probing to determine whether the person was temporarily absent or on layoff from a job during the past 2 weeks; then, proceed as follows:

- If the person was temporarily absent or on layoff from a job or was looking for work, reask question 5a excluding the "new" job and mark "Yes" or "No" as appropriate (i.e., layoff and/or looking—"Yes"; temporarily absent—"No").
- If the person was not temporarily absent or on layoff from a job, nor was he/she looking for work, make no entry in 5a. Instead, erase the entry in C1 and correct check item L2 by marking the last box and footnote the reason for the change, both in C1 and L2. Then skip to question 5b and mark "No" without asking.



- (5) If it is volunteered that a person was waiting to begin his/her own new business, professional practice, or farm, find out if the person spent any time during the past 2 weeks making or completing arrangements for the opening and proceed as follows:
- If time was spent making arrangements, consider the person as working. Make no entry in 5a, correct item C1 and check item L2 and footnote the reason for the change, for example, "Working in own business." Then, complete item 6 for the new business, professional practice, or farm.
  - If no time was spent making arrangements during the past 2 weeks, make no entry in 5a, erase the entry in C1 and correct check item L2 by marking the "Neither box marked" box. Footnote the reason for the change both in C1 and L2. Then, ask question 5b without reading the "Earlier you said...", and follow the instructions in 5b based upon the response.
- (6) If you find out that a person does not expect to be called back to work for reasons such as the plant closed down, the job was phased out or abolished, or the person was fired, make no entry in 5a. Instead, erase the entry in C1 and correct check item L2 by marking the last box and footnote the reason for the change. Then reword question 5b as, "Was — looking for work during those 2 weeks?", and mark the appropriate answer box. If the person was looking for work, mark "Looking" in 5c without asking.
- (7) If a person has more than one job and was absent from both jobs for different reasons, mark "Yes" in 5a if he/she was on layoff from either job or was looking for work regardless of the reason absent from either job.

## 2. Question 5b

This question is asked only for those persons who were reported as not having a job or business during the past 2 weeks to determine if they may have actually been on layoff or were looking for work. Basically, the same procedures apply to question 5b as 5a.

## 3. Question 5c

Ask question 5c if "Yes" was answered in either 5a or 5b. If "Looking" is marked in 5c, complete item 6 for the person's last full-time job lasting 2 weeks or longer by asking question 6c. If "Layoff" or "Both" is marked in 5c, complete item 6 for the job from which the person was laid off.

Question 6, Industry, Occupation, and Class of Worker

6a. Earlier you said that -- worked last week or the week before. Ask 6b.

b. For whom did -- work? Enter name of company, business, organization, or other employer.

c. For whom did -- work at -- last full-time job or business lasting 2 consecutive weeks or more? Enter name of company, business, organization, or other employer or mark "NEV" or "AF" box in person's column.

d. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.

e. What kind of work was -- doing? For example, electrical engineer, stock clerk, typist, farmer. If "AF" in 6b/c, mark "AF" box in person's column without asking.

f. What were -- most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.

Complete from entries in 6b-f. If not clear, ask:

g. Was --

An employee of a PRIVATE company, business or individual for wages, salary, or commission? . . . . . P	Self-employed in OWN business, professional practice, or farm?
A FEDERAL government employee? . . . . . F	Ask: Is the business incorporated?
A STATE government employee? . . . . . S	Yes . . . . . I
A LOCAL government employee? . . . . . L	No . . . . . SE
	Working WITHOUT PAY in family business or farm? . . . . . WP
	NEVER WORKED or never worked at a full-time job lasting 2 weeks or more . . . . . NEV

6b. and c. Employer  NEV(6g)  AF(6e)

d. Industry

e. Occupation  AF (NP)

f. Duties

g. Class of worker

1 <input type="checkbox"/> P	5 <input type="checkbox"/> I
2 <input type="checkbox"/> F	6 <input type="checkbox"/> SE
3 <input type="checkbox"/> S	7 <input type="checkbox"/> WP
4 <input type="checkbox"/> L	8 <input type="checkbox"/> NEV

A. Objectives

Questions 6b-g provide a full description of a person's current or most recent job or business. The detail asked for in these questions is necessary to properly and accurately code each occupation and industry. This information can be combined with the various health data collected in the HIS-1 questionnaire to compare the relationships between jobs and health, exposure to hazards, time lost from work, and other variables.

B. Definitions

1. Kind of business or industry--The major activity of the establishment or business in which the person worked.
2. Employee of a PRIVATE company, business, or individual for wages, salary, or commission--Working for a private employer for wages, salary, commission, or other compensation such as tips, piece-rates, or pay-in-kind. The employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes paid work for settlement houses, churches, union, and other nonprofit organizations and work for private organizations doing contract work for government agencies.

3. FEDERAL Government Employee—Working for any branch of the Federal Government, including persons who were elected to paid federal offices and civilian employees of the Armed Forces and some members of the National Guard. Also include employees of international organizations (e.g., United Nations) and employees of foreign governments such as persons employed by the French Embassy or the British Joint Services Mission. Exclude employees of the American Red Cross, the U.S. Chamber of Commerce, and similar civil and national organizations which are considered as PRIVATE businesses.
4. STATE Government Employee—An employee of a state government, including paid state officials (including statewide CETA administrators), state police, and employees of state universities, colleges, hospitals, and other state institutions.
5. LOCAL Government Employee—An employee of cities, towns, counties, and other local areas, including city-owned bus lines; municipally-owned electric power companies, water and sewer services; local CETA offices; and employees of public elementary and secondary schools.
6. Self-Employed—Persons working for profit or fees in their own business, shop, office, farm, etc. Include persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators, or independent truckers. This does not apply to superintendents, foremen, managers, or other executives hired to manage a business or farm, salesmen working for commission, or officers of corporations. Such persons are considered as employees of PRIVATE companies.
7. Working WITHOUT PAY in a Family Business or Farm—Working on a farm or in a business operated by a related member of the household, without receiving wages or salary for work performed. Room and board and a cash allowance are not considered as pay for these family workers.

#### C. General Instructions

1. Question 6 provides a full description of a person's job or business. The item is divided into five separate parts, each of which must be filled:

6a—Introduction—This leads persons who worked during the past 2 weeks into this set of questions.

6b/c—Employer—The name of the company, business, organization, government agency, or other employer.

6d—Kind of Business—The type of business or industry at the location where the person was working.

6

Industry, Occupation, and Class of Worker (Continued)

6

6e—Kind of Work—The type of work the person was doing. Often stated as a job title.

6f—Occupation—The most important activities or duties associated with the type of work the person was doing.

6g—Class of Worker—Whether the industry and occupation described in 6b/c-f identifies the person as working for:

- A PRIVATE employer (P)
- The FEDERAL Government (F)
- A STATE government (S)
- A LOCAL government (L)
- SELF-EMPLOYED in own business, professional practice, or farm
  - INCORPORATED (I)
  - UNINCORPORATED (SE)
- WITHOUT PAY in a family enterprise (WP)
- Never worked/never worked full-time (NEV)

2. Ask question 6 in the following situations:

- a. For persons who had a job or business in the past 2 weeks, whether they worked at it or not, including persons on layoff.
- b. For all other persons who were looking for work during the past 2 weeks.

3. All entries in question 6 must refer to the same job or business and must present a consistent picture since you are describing only one job, business, or profession. When you get an inconsistency, probe to obtain adequate and consistent entries.

Example: A respondent reports

- 6b/c. Joe's Barber Shop
- d. retail jewelry store
- e. barber
- f. selling jewelry
- g. P

This is obviously inconsistent. Correct entries might be:

- |   |        |   |
|---|--------|---|
| <ul style="list-style-type: none"> <li>6b/c. Joe's Barber Shop</li> <li>d. barber shop</li> <li>e. barber</li> <li>f. cutting hair</li> <li>g. P</li> </ul> | } OR { | <ul style="list-style-type: none"> <li>6b/c. Smith's Jewelry Company</li> <li>d. retail jewelry store</li> <li>e. jewelry salesman</li> <li>f. selling jewelry</li> <li>g. P</li> </ul> |
|---|--------|---|

4. For persons who worked during the past 2 weeks, describe the job at which they worked.
- a. If a person worked at more than one job during the past 2 weeks, or operated a farm or business and also worked for someone else, describe the one job at which he/she worked the most hours. If the person worked the same number of hours at all jobs, enter the one job at which he/she has been employed the longest. If the person was employed at all jobs the same length of time, enter the one job which the respondent considers the main job.
  - b. If a person was absent from his/her regular job all of the past 2 weeks, but worked temporarily at another job, describe the job at which the person actually worked, not the job from which he/she was absent.

6

## Industry, Occupation, and Class of Worker (Continued)

6

5. If a person had a job but did not work at all during the past 2 weeks, describe the job he/she held.

If a person usually works at two or more jobs, but during the past 2 weeks did not work at any of them, enter the job at which he/she usually works the most hours. If the person usually works the same number of hours at all jobs, enter the job at which he/she has been employed the longest. If the person was employed at all jobs the same length of time, enter the one job which the respondent considers the main job.

6. For a person on LAYOFF during the past 2 weeks, enter the job from which he/she was laid off, regardless of whether this is a full- or part-time job.
7. For persons LOOKING FOR WORK, enter the last full-time job which lasted 2 consecutive weeks or more. This may have been for wages or salary, in his/her own business, without pay on a family farm or in a family business or in the armed forces. If the person never worked or never worked at a full-time job lasting 2 weeks or more, mark "Never" in 6b/c and in 6g; leave 6d-f blank.
8. For persons who worked or last worked in a foreign country, enter a description of the foreign job or business. Use the same instructions for completing question 6 for foreign jobs as you do for U.S.-held jobs.
9. Consider persons who are working through an employment contractor to be working for the contractor, not the individual employer to whom they are assigned.

Example: For a person assigned a job by "Kelly Girls" as a typist for an insurance firm, the question 6 entries could be:

6b/c. Kelly Girls

d. temporary help employment contractor

e. typist

f. typing

g. P

10. Distinguish between different types of farm workers. The following table gives examples of the proper entries for various types of farm workers; however, the 6g, Class of Worker, entries are the specific entries to be made for the examples.

Kind of Farm Worker	6b/c	6d	6e	6f	6g
a. Person responsible for operation of farm, as owner, tenant, or sharecropper.	own farm or self	farm	farmer or sharecropper	all farm work	SE or I (as appropriate)
b. Person doing general farm work for wages.	Martin Farm, Inc. or father's farm	farm	farm hand	runs a tractor	P
c. Household relative of farmer doing work on the family farm <u>without pay</u> .	Oliver's Acres or family farm	farm	farm helper	repairing fences	WP
d. Person hired to manage a farm for someone else.	Jones' Plantation	farm	farm manager	keeping records	P
e. Person who goes from farm to farm performing farm operations on a contract basis, using own equipment.	own business	harvesting farm crops	farm service worker	running own combine	SE or I (as appropriate)
f. Person hired to supervise a group of farm hands.	Baker's Farm	farm	farm foreman	supervise farm laborers	P
g. Person hired to do a specific farm job.	Seaview Farm	farm	fruit picker, cotton chopper, etc.	picking fruit, chopping cotton, etc.	P
h. Farm worker on Government-operated farm.	state farm agency	state agric. exper. farm, county farm, etc.	farm manager, farm hand, fruit picker, etc.	keeping records, feeding livestock, picking fruit, etc.	F, S, or L (as appropriate)

When the place of work is a ranch, follow the same procedures used for a farm. Use the terms "rancher" instead of "farmer," "ranch hand" instead of "farm hand," etc. If you have difficulty deciding whether a place is a farm or ranch, consider it to be a farm.

11. For persons enrolled in government-sponsored programs, record the specific employer rather than the government program. For example, in the case of CETA-sponsored programs, it is possible for an individual to actually work for either the local government or a private employer. If in doubt as to whom the employer is, ask the respondent who pays the wages.
12. Whenever you have difficulty determining who the actual employer is, apply the "who pays" rule of thumb—ask who pays the wages or salary and consider them as the employer.

Example: A person may say that he/she works for Local #212 of the plumber's union. However, during the past 2 weeks he/she was working on a new construction project and was paid by Acme Contractors. Therefore, "Acme Contractors" would be the employer, not the union.

6

Industry, Occupation, and Class of Worker (Continued)

6

6a

D. Specific Instructions

1. Item 6a--Introduction

Read 6a only for those persons who were reported as having worked at some time in the past 2 weeks.

6b/c

2. Question 6b/c--Employer

- a. Ask 6b if the person worked during the past 2 weeks, had a job or business but did not work, or was on layoff from a job. Ask 6c if the person was only looking for work in the past 2 weeks.
- b. Enter the full and exact name of the company, business, government agency, or other employer. Do not use abbreviations unless that is all the respondent can give you for the name of the employer. For persons who work or last worked for employers without company names (such as a farm, dentist's or lawyer's office, etc.), write the name of the owner. For persons who worked for several different employers, like odd-job or domestic workers, day workers, baby-sitters, etc., enter "various persons" in 6b/c.
- c. Government--For employees of a government agency, record the specific organization and indicate whether the organization is Federal (U.S.), state, county, etc. For example, U.S. Treasury Department, STATE highway police, CITY tax office, COUNTY highway commission. It is not sufficient to report merely "U.S. Government," "city government," "police department," etc.
- d. Self-Employed--If the person is self-employed, ask if the place of business or establishment has a name (such as Twin City Barber Shop, Capitol Construction, etc.) and write it in 6b/c. If there is no business name, enter "self-employed," "own business," "family farm," etc.
- e. Mark the "AF" box in 6c for persons whose last full-time job was while serving in any branch of the Armed Forces, skip to 6e and mark the "AF" box without asking the question. Do NOT mark the "AF" box if the person was a civilian employee of any branch of the Armed Forces. These boxes should be marked only for persons whose last full-time job was military service in the Armed Forces. Do not consider the "summer obligation" of military reservists as a job in 6c as it is not a full time job.
- f. If the person never worked or never worked full-time 2 weeks or more, mark "Never" in 6b/c, then skip to 6g and mark "NEV."

6d

3. Question 6d--Kind of Business or Industry

- a. In order to give a clear and exact description of the industry, the entry must indicate both a general and a specific function for the employer; for example, copper mine, fountain pen manufacturer, wholesale grocery, retail bookstore, road construction, shoe repair

6d



service. The words "mine," "manufacturer," "wholesale," "retail," "construction," and "repair service" show the general function. The words "fountain pen," "grocery," "bookstore," "road," and "shoe" indicate the specific function.

- b. Do not use the word "company" in this entry. It does not give useful information. If the respondent reports that he/she works for a metal furniture company, ask, "What does the company do?" If they sell the furniture, ask, "Do they sell to other stores (which would be wholesale) or to individuals (which would be retail)?" In this example, the possible replies would be "metal furniture manufacturer," "furniture wholesaler," or "furniture retailer." Note that, where possible, you should specify for furniture manufacturers the major material used—wood, metal, plastic, etc., but for the selling operation, it is not necessary, since furniture wholesalers and retailers very often sell various types.
- c. Some firms carry on more than one kind of business or industrial activity. If several activities are carried on at the same location, describe only the major activity of the establishment. For example, employees in a retail salesroom located at the factory of a company primarily engaged in the manufacturing of men's clothing should be reported as working in "Men's clothing manufacturing."
- (1) If the different activities are carried on at separate locations, describe the activity at the place where the person works. For example, report a coal mine owned by a large steel manufacturer as "coal mine"; report the separate paint factory of a large chemical manufacturer as "paint manufacturing."
  - (2) A few specified activities, when carried on at separate locations, are exceptions to the above. Record the activity of the parent organization for research laboratories, warehouses, repair shops, and storage garages, when these kinds of establishments exist primarily to serve their own parent organizations rather than the public or other organizations. For example, if a retail department store has a separate warehouse for its own use, the entry for the warehouse employees should be "retail department store" rather than "warehouse."
- d. It is essential to distinguish among manufacturing, wholesale, retail, and service companies. Even though a manufacturing plant sells its products in large lots to other manufacturers, wholesalers, or retailers, report it as a manufacturing company. Use the following as a guide:
- (1) A wholesale establishment buys, rather than makes, products in large quantities for resale to retailers, industrial users, or to other wholesalers.
  - (2) A retailer sells primarily to individual consumers or users but seldom makes products.

6d

Industry, Occupation, and Class of Worker (Continued)

6d

- (3) Establishments which render services to individuals and to organizations such as hotels, laundries, cleaning, dyeing shops, advertising agencies, and automobile repair shops are engaged in providing services. Report these as retailers but show the type of services provided, for example, "Retail TV and radio repair."
- e. **Manufacturers' Sales Offices:** Record a separate sales office set up by a manufacturing firm to sell to other business organizations and located away from the factory or headquarters of the firm as "(product) manufacturers' sales office." For example, a St. Louis shoe factory has a sales office in Chicago; "shoe manufacturer's sales office" is the correct entry for workers in the Chicago office.
- f. **Government Organization:** Usually the name of the government agency is adequate, for example, U.S. Census Bureau, Alexandria City Fire Department.
- (1) If the activity of the government agency is absolutely clear, the name of the agency is sufficient. In such cases, enter "Same" in 6d. However, sometimes the names of government agencies are not fully descriptive of their business or activity. A correct entry in 6d for a County Highway Commission might be one or any combination of the following: "county road building," "county road repair," "county contracting for road building (or repair)." For State Liquor Control Board, the correct entry might be "State licensing of liquor sales" or "State liquor retailer."
- (2) If the business or main activity of a government employer is not clear, ask in what part of the organization the person works and then report that activity. For example, for a City Department of Public Works, a correct entry might be one of the following: "city street repair," "city garbage collection," "city sewage disposal," or "city water supply."
- g. **Persons who do not work at one specific location:** Some people's work is done "on the spot" rather than in a specific store, factory, or office. In these cases, report the employer for whom they work in item 6b and the employer's business or industry in 6d. Among those who normally work at different locations at different times are Census interviewers, building painters, and refrigeration mechanics. Their industry entries might be U.S. Census Bureau, building contractor, or refrigeration repair service. For example, a local retail chain is doing remodeling of several stores, one at a time. They have a contract with a building contractor to furnish a small crew each day for the several months needed to do the work. Even though these people report to a retail store each day, they work for the building contractor.

- h. Business in own home: Some people carry on businesses in their own homes. Report these businesses as if they were carried on in regular stores or shops. For example, dressmaking shop, lending library, retail antique furniture store, insurance agency, piano teaching, boarding house, rest home, boarding children (for a foster home), etc.
- i. Domestic and other private household workers: When the name of a single individual is given as the employer, find out whether the person works at a place of business or in a private home. The proper industry entry for a domestic worker employed in the home of another person is "private home." For a person cleaning a doctor's office which is in the doctor's own home, the proper entry is "doctor's office." This also applies to other types of offices, such as dentists or lawyers.
- j. Persons placed on jobs through union hiring halls or other similar registers often report working for the union. In this situation probe to determine who pays the person--the union or the site employer--and complete item 6 for the one who pays.
- k. Examples of adequate entries for question 6d: The following are examples of inadequate and adequate entries for the kind of business or industry (question 6d). Study them carefully and refer to them periodically to familiarize yourself with the types of entries that are proper and adequate.

Inadequate

Adequate

Agency

Collection agency, advertising agency, real estate agency, employment agency, travel agency, insurance agency.

Aircraft components  
Aircraft parts

Airplane engine parts factory, propeller manufacturing, electronic instruments factory, wholesale aircraft parts, etc.

Auto or automobile components  
Auto or automobile parts

Auto clutch manufacturing, wholesale auto accessories, automobile tire manufacturing, retail sales and installation of mufflers, battery factory, etc.

6d

## Industry, Occupation, and Class of Worker (Continued)

6d

<u>Inadequate</u>	<u>Adequate</u>
Bakery	Bakery plant (makes and sells to wholesalers, retail stores, restaurants, or home delivery), wholesale bakery (buys from manufacturer and sells to grocers, restaurants, hotels, etc.), retail bakery (sells only on premises to private individuals but may bake its own goods on premises).
Box factory	Paper box factory, wooden box factory, metal box factory.
City or city government	City street repair department, City Board of Health, City Board of Education.
Private club	Golf club, fraternal club, night club, residence club.
Coal company	Coal mine, retail coal yard, wholesale coal yard.
Credit company	Credit rating service, loan service, retail clothing store (sometimes called a credit company).
Dairy	Dairy farm, dairy depot, dairy bar, <u>wholesale dairy products</u> , <u>retail dairy products</u> , dairy products <u>manufacturing</u> .
Discount house Discount store	Retail drug store, retail electrical appliances, retail general merchandise, retail clothing store, etc.
Electrical components manufacturer Electrical parts manufacturer Electronic components manufacturer Electronic parts manufacturer	Electronic tube factory, memory core manufacturing, transistor factory, manufacturer of tape readers, etc.
Engineering company	Engineering consulting firm, general contracting, wholesale heating equipment, construction machinery factory.

6d

Industry, Occupation, and Class of Worker (Continued)

6d

<u>Inadequate</u>	<u>Adequate</u>
Express company	Motor freight, railway express agency, railroad car rental (for Union Tank Car Company, etc.), armored car service.
Factory, mill, or plant	Steel rolling mill, hardware factory, aircraft factory, flour mill, hosiery mill, commercial printing plant, cotton textile mill.
Foundry	Iron foundry, brass foundry, aluminum foundry.
Freight company	Motor freight, air freight, railway, water transportation, etc.
Fur company	Fur dressing plant, fur garment factory, retail fur store, wholesale fur store, fur repair shop.
Laundry	Own home laundry (for a person doing laundry for pay in own home), laundering for private family (for a person working in the home of a private family), commercial laundry (for a person working in a steam laundry, hand laundry, or similar establishment).
Lumber company	Sawmill, retail lumber yard, planing mill, logging camp, wholesale lumber, lumber manufacturer.
Manufacturer's agent Manufacturer's representative	Specify product being sold, such as jewelry manufacturer's representative, lumber manufacturer's agent, electric appliance manufacturer's representative, chemical manufacturer's agent, etc.
Mine	Coal mine, gold mine, bauxite mine, iron mine, copper mine, lead mine, marble quarry, sand and gravel pit.

6d

Industry, Occupation, and Class of Worker (Continued)

6d

<u>Inadequate</u>	<u>Adequate</u>
Nylon or rayon factory	Nylon or rayon chemical factory (where chemicals are made into fibers); nylon or rayon textile mill (where fibers are made into yarn or woven into cloth); women's nylon hosiery factory (where yarn is made into hosiery); rayon dress manufacturing (where cloth is made into garments).
Office	Dentist's office, physician's office, public stenographer's office.
Oil company Oil industry Oil plant	Oil drilling, petroleum refinery, retail gasoline station, petroleum pipeline, wholesale oil distributor, retail fuel oil.
Packing house	Meat packing plant, fruit cannery, fruit packing shed (wholesale packers and shippers).
Pipeline	Natural gas pipeline, gasoline pipeline, petroleum pipeline, pipeline construction.
Plastic factory	Plastic materials factory (where plastic materials are made), plastic products plant (where articles are actually manufactured from plastic materials).
Public utility	Electric light and power utility, gas utility, telephone company, water supply utility. If the company provides more than one service, specify the services; such as gas <u>and</u> electric utility, electric <u>and</u> water utility.
Railroad car shop	Railroad car factory, diesel railroad repair shop, locomotive manufacturing plant.
Repair shop	Shoe repair shop, radio repair shop, blacksmith shop, welding shop, auto repair shop, machine repair shop.

<u>Inadequate</u>	<u>Adequate</u>
Research	<p>(1) Permanent-press dresses (product of the company for which research is done, when the company or organization does research <u>for its own use</u>), Brandeis University (<u>name of university at which research is done for its own use</u>), St. Elizabeth's Hospital (<u>name of hospital at which medical research is done for its own use</u>).</p> <p>(2) Commercial research (if research is the main service which the company sells, and the research is done <u>under contract to another company</u>).</p> <p>(3) National Geographic, Cancer Association, Brookings Institution (<u>name of the nonprofit organization</u>).</p>
School	City elementary school, private kindergarten, private college, state university. Distinguish between public and private, including parochial, and identify the highest level of instruction provided, such as junior college, senior high school, etc.
Tailor shop	Dry cleaning shop (provides valet service), custom tailor shop (makes clothes to customer's order), men's retail clothing store.
Terminal	Bus terminal, railroad terminal, boat terminal, airport terminal.
Textile mill	Cotton cloth mill, woolen cloth mill, cotton yarn mill, nylon thread mill.
Transportation company	Motor trucking, moving and storage, water transportation, air transportation, airline, taxicab service, subway, elevated railway, railroad, petroleum pipeline, car loading service.

6d

Industry, Occupation, and Class of Worker (Continued)

6d

Inadequate

Adequate

Water company

Water supply irrigation system, water filtration plant.

Well

Oil drilling, oil well, salt well, water well.

6e - 6f

4. Questions 6e and 6f--Kind of Work

6e - 6f

The answer in question 6e should describe clearly and specifically the kind of work or nature of duties performed by the person. The answer in question 6f should tell you the person's most important activities or duties. Often, the response to question 6f, together with the response to question 6e, will give you the information needed to make the person's occupation description complete, and thus, adequate.

- a. How to ask: Ask question 6e, record the respondent's answer, and then ask question 6f. When the combination of entries in both questions 6e and 6f does not give you an adequate description of the person's occupation, ask additional probing questions until the total combined information adequately describes the person's job.
- b. Examples of combined entries: The following example is provided to help clarify the use of the combined information in 6e and 6f.

Inadequate

Adequate

Adequate

6e - Mechanic

6e - Mechanic

6e - Mechanic,  
auto body  
repair

6f - Repairs cars

6f - Fixes dents,  
replaces fenders,  
and other repairs  
to auto bodies

6f - Repairs cars

In this example, it is important to distinguish between the person who works on auto bodies from the person who does automobile engine repair work. Either of the above adequate combined responses does that.

- c. Mark the "AF" box in 6e without asking the question for persons whose last full-time job was military service in the Armed Forces regardless of which branch of the military they served, rank, or military occupation specialty. Do NOT complete items 6f or g for these persons. Do NOT mark the "AF" box for civilian employees of the Armed Forces.



- d. Examples of adequate entries for question 6e: The following are examples of inadequate and adequate occupation entries. If the combined entries for questions 6e and 6f provide the kind of information shown in the listing of adequate examples, accept them as being adequate.

<u>Inadequate</u>	<u>Adequate</u>
Accounting Accounting work	Certified public accountant, accountant, accounting machine operator, tax auditor, accounts-payable clerk, etc.
Adjuster	Brake adjuster, machine adjuster, merchandise complaint adjuster, insurance adjuster.
Agent	Freight agent, insurance agent, sales agent, advertising agent, purchasing agent.
Analyst Analyzer	Cement analyst, food analyst, budget analyst, computer-systems analyst, etc.
Caretaker Custodian	Janitor, guard, building superintendent, gardener, groundskeeper, sexton, property clerk, locker attendant.
Claim examiner Claim investigator Claims adjuster Claims analyst Claims authorizer	Unemployment benefits claims taker, insurance adjuster, right-of-way claims agent, merchandise complaint adjuster, etc.
Clerical Clerical work Clerk	Stock clerk, shipping clerk, sales clerk. A person who sells goods in a store is a <u>salesperson</u> or <u>sales clerk</u> —do not report them merely as a clerk.
Data processing	Computer programmer, data typist, keypunch operator, computer operator, coding clerk, card tape converter operator.
Doctor	Physician, dentist, veterinarian, osteopath, chiropractor.
Engineer	Civil engineer, locomotive engineer, mechanical engineer, aeronautical engineer.

<u>Inadequate</u>	<u>Adequate</u>
Entertainer	Singer, dancer, acrobat, musician.
Equipment operator	Road grader operator, bulldozer operator, trencher operator.
Factory worker	Electric motor assembler, forge heater, turret lathe operator, weaver, loom fixer, knitter, stitcher, punch-press operator, spray painter, riveter.
Farmworker	<p><u>Farmer</u>: for the owner, operator, tenant or sharecropper who is self-employed.</p> <p><u>Farm manager</u>: for the person hired to manage a farm for someone else. <u>Farm foreman/forewoman</u>: for the person who supervises a group of farmhands or helpers.</p> <p><u>Farmhand or farm helper</u>: for those who do general farmwork for wages. Fruit picker or cotton chopper are examples of persons who do a particular kind of farmwork.</p> <p>When the place of work is a ranch, indicate specifically rancher, ranch manager, ranch foreman/forewoman and ranch hand or helper, as shown above in the case for similar types of farmworkers.</p>
Firefighter	Locomotive fire stoker, city firefighter (city fire department), stationary fire engineer, fire boss.
Foreman/forewoman	Specify the craft or activity involved: foreman/forewoman carpenter, foreman/forewoman truck driver.
Graphic arts	Illustrator, commercial artist, poster artist, art layout specialist, etc.
Group leader	Group leader on assembly line, harvest crew boss, clerical group leader, labor gang leader, recreation group leader, etc.

<u>Inadequate</u>	<u>Adequate</u>
Heavy equipment operator	Specify the type of equipment, such as: clam-shovel operator, derrick operator, monorail crane operator, dragline operator, Euclid operator.
Helper	Baker's helper, carpenter's helper, janitor's helper.
IBM clerk IBM machine operator IBM operator	IBM card puncher, IBM tabulator, sorting machine operator, proof machine operator, etc.
Interior decorator	Be sure that entries in question 6e differentiate between the interior decorator who plans and designs interiors for homes, hotels, etc., and those who paint, paper-hang, etc.
Investigator	Insurance claim investigator, income tax investigator, financial examiner, detective, social welfare investigator, etc.
Laborer	Sweeper, cleaning person, baggage porter, janitor, stevedore, window washer, car cleaner, section hand, hand trucker.
Layout worker	Pattern-maker, sheet-metal worker, compositor, commercial artist, structural steel worker, boilermaker, draftsperson, coppersmith.
Maintenance worker	Groundskeeper, janitor, carpenter, electrician.
Mechanic	Auto engine mechanic, dental mechanic, radio mechanic, airplane structure mechanic, office machine mechanic.
Nun	Specify the type of work done, if possible, as grammar school teacher, housekeeper, art teacher, organist, cook, laundress, registered nurse.

<u>Inadequate</u>	<u>Adequate</u>
Nurse Nursing	Registered nurse, nursemaid, practical nurse, nurse's aide, student nurse, professional nurse.
Office clerk Office work Office worker	Typist, secretary, receptionist, comptometer operator, file clerk, bookkeeper, physician's attendant.
Program analyst	Computer-systems analyst, procedure analyst, vocational director, manufacturing liaison planner, etc.
Program specialist	Program scheduler, data-processing-systems advisor, metal-flow coordinator, etc.
Programmer	Computer programmer, electronics data programmer, radio or TV program director, senior computer programmer, production planner, etc.
Research Research and development Research and testing Research assistant Research associate Research specialist Research work	Specify field of research, as research chemist, research mathematician, research biologist, etc. Also, if associate or assistant, research associate chemist, assistant research physicist, research associate geologist.
Salesperson	Advertising sales, insurance sales, bond sales, canvasser, driver-sales (route-person), fruit peddler, newspaper sales.
Scientist	Specify field, for example, political scientist, physicist, sociologist, home economist, oceanographer, soil scientist, etc.
Specialist	If the word specialist is reported as part of a job title, be sure to include a brief description of the actual duties in question 6f. For example, for a "transportation specialist" the actual duties might be any one of the following: "gives cost estimates of trips," "plans trips or tours," "conducts tours," "schedules trains," or "does economic analyses of transportation industry."

6e

-

6f

Industry, Occupation, and Class of Worker (Continued)

6e

-

6f

Inadequate

Adequate

Shipping department

What does the worker do? Shipping and receiving clerk, crater, order picker, typist, wraps parcels, etc.

Supervisor

Typing supervisor, chief bookkeeper, steward, kitchen supervisor, buyer, cutting and sewing foreman/forewoman, sales instructor, route foreman/forewoman.

Systems analyst  
Systems specialist

Computer-systems analyst, contract coordinator-manufacturer, production planner, etc.

Teacher

Teacher should report the level of school they teach and the subject. Those below high school who teach many subjects may just report level. College teachers should report title. Following are some illustrations:

<u>Level</u>	<u>Subject</u>
Preschool	-
Kindergarten	-
Elementary	-
Elementary	Music
Junior High	English
High School	Physical Ed.
College	Mathematics professor

Technician

Medical laboratory technician, dental laboratory technician, X-ray technician.

Tester

Cement tester, instrument tester, engine tester, battery tester.

Trucker

Truck driver, trucking contractor, electric trucker, hand trucker.

Works in stock room,  
bakery office, etc.

Names of departments or places of work are unsatisfactory. The entry must specify what the worker does; for example, "shipping clerk" or "truck loader," not "works in shipping department," OR "cost accountant" or "filing clerk," not "works in cost control."

- e. When a person is self-employed, ask the occupation question as worded: "What kind of work was — doing?" Do not enter "manager" as the occupation unless the person actually spends most of the time in the management of the business. If the person spends most of the time in his/her trade or craft, record that as the occupation, that is, shoe repair, beautician, or carpenter, as the case may be.
- f. Professional, technical, and skilled occupations usually require lengthy periods of training or education which a young person normally cannot achieve. By probing, you may find that the young person is really only a trainee, apprentice, or helper (for example, accountant trainee, electrician trainee, apprentice electrician, electrician's helper).
- g. You may encounter occupations which sound strange to you. Accept such entries if the respondent is sure the title is correct. For example, "sand hog" is the title for a certain worker engaged in the construction of underwater tunnels, and "printer's devil" is sometimes used for an apprentice printer. Where these or any other unusual occupation titles are entered, add a few words of description if the combined entries are not sufficiently clear.
- h. Some special situations:
- (1) Apprentice versus trainee—An apprentice is under written contract during the training period but a trainee may not be. Include both the occupation and the word "apprentice" or "trainee," as the case may be, in the description, for example, "apprentice plumber" or "buyer trainee."
  - (2) Baby-sitter versus boarding children—A baby-sitter usually cares for children in the home of the employer. However, when the children are cared for in the worker's own home, the occupation is "boarding children."
  - (3) Contractor versus skilled worker—A contractor is engaged principally in obtaining building or other contracts and supervising the work. Classify a skilled worker who works with his/her own tools as a carpenter, plasterer, plumber, electrician, and the like, even though he/she hires others to work for him/her.
  - (4) Paid housekeeper versus housemaid—A paid housekeeper employed in a private home for wages has the full responsibility for the management of the household. A housemaid (general housework), hired helper, or kitchen help does not.

- (5) Interior decorator versus painter or paperhanger—An interior decorator designs the decoration plans for an interior of homes, hotels, offices, etc., and supervises the placement of the furniture and other decorations. A house painter or paperhanger only does painting or hangs paper.
  - (6) Machinist versus mechanic versus machine operator—A machinist is a skilled craftsman who constructs metal parts, tools, and machines through the use of blueprints, machine and hand tools, and precise measuring instruments. A mechanic inspects, services, repairs, or overhauls machinery. A machine operator operates a factory machine (drill press operator, winder, etc.).
  - (7) Secretary versus official secretary—Use the title "secretary" for secretarial work in an office; report a secretary who is an elected or appointed officer of a business, lodge, or other organization as an "official secretary."
  - (8) Names of departments or places of work—Occupation entries which give only the name of the department or a place of work are unsatisfactory. Examples of such unsatisfactory entries are "works in warehouse," "works in shipping department," "works in cost control." The occupation entry must tell what the worker does, not what the department does.
- i. Importance of question 6f—The responses to the activity question (6f) are very important for coding purposes. Although the question may seem redundant in some cases, the responses often permit more accurate coding of the occupation. We cannot provide you with a complete list showing when an activity response together with the job title is adequate or when additional probing is necessary. However, we would like to stress the importance of the activity question in providing more detail even though it may not appear to. Here are some examples showing the value of question 6f:

6e - Telephone Co. serviceman	6e - Telephone Co. serviceman
6f - Installs phones in homes	6f - Repairs telephone transmission lines

Each of these examples is an adequate combination of responses. The additional information obtained from question 6f identifies different occupations even though in each example the responses to question 6e are the same. These two telephone company servicemen will be assigned different occupation codes.

6e - 6f

Industry, Occupation, and Class of Worker (Continued)

6e - 6f

6e - Bookkeeping  
6f - Keeping and balancing  
ledgers

6e - Bookkeeper  
6f - Operates a bookkeeping  
machine

Again, adequate responses are obtained in each example. On the basis of the detail provided by question 6f, these occupations will be coded in different categories.

These two examples illustrate the importance of the activity question (6f) in obtaining adequate responses even though the question may seem repetitive.

6g

5. Question 6g—Class of Worker

6g

For each person with entries in question 6, other than "Armed Forces," record the class of worker by marking one of the boxes in question 6g. The information given in answer to question 6d will usually be sufficient for identifying "class of worker." If the information previously supplied is not adequate for this purpose, ask additional questions as necessary, for example, "Was he a local government employee?"

When in doubt, use the "who pays" criterion, that is, record the class of worker category according to who pays the person's wages or salary. For persons paid by check, the employer's name will usually be printed on the check. Although you are NOT to ask to see a check or salary statement, you may ask, "Do you know the name of the employer that is shown on — salary check?"

- a. If a person has more than one job or business, be sure you mark the box in 6g which applies to the one job or business entered in the previous parts of question 6.
- b. Cautions regarding class-of-worker entries:
  - (1) Corporation employees—Report employees of a corporation as employees of a private employer (except for a few cases of employees of government corporations, such as the Commodity Credit Corporation, who must be properly reported as Federal Government employees). Do not report corporation employees as owning their business even though they may own part or all of the stock of the incorporated business. If a respondent says that a person is self-employed, and you find that the business is incorporated, mark the "I" box.
  - (2) Domestic work in other persons' homes—Report housecleaner, launderer, cook, or cleaning person working in another person's home as working for a private employer.



- (3) Partnerships--Report two or more persons who operate a business in partnership as self-employed in own business. The word "own" is not limited to one person.
- (4) Public utility employees--Although public utilities (such as transportation, communication, electric light and power, gas, water, garbage collection, and sewage disposal facilities) are subject to government regulations, they may be owned by either government or private organizations. Distinguish between government-operated and privately-owned organizations in recording class of worker for public utility employees.
- (5) Work for pay "in kind"--Pay "in kind" includes room, board, supplies, and food, such as eggs or poultry on a farm. This is considered pay except for a member of the family. Report persons who work for pay "in kind" as employees of a private company or individual.
- (6) Work on an odd-job or casual basis--Report work on an odd-job or casual basis as work by an employee for a private company, business, or individual. For example, do not report the babysitter employed in other people's households as self-employed.
- (7) Clergymen and nuns--Mark "P" for preachers, ministers, priests, rabbis, and other clergymen except in the following two cases:
- Record clergy working in a civilian government job, such as a prison chaplain, as a government employee--"F," "S," or "L" in question 6g.
- Record clergy not attached to a particular congregation or church organization, who conduct religious services in various places on a fee basis, as self-employed in their own professional practice--"SE" in question 6g.
- Mark "P" for nuns who receive pay in kind.
- (8) Registered and practical nurses--private duty--For nurses who report "private duty" for kind of business, mark "SE."
- (9) PX (Post exchange) employees versus officer's club, N.C.O. club employees, etc.--Record persons working in an officer's club, N.C.O. club, or similar organization which is usually located on a government reservation as "P." Such nonprofit organizations are controlled by private individuals elected by some form of membership.

## Industry, Occupation, and Class of Worker (Continued)

- (10) Foster parents and child care in own home—Foster parents and other persons who consider themselves as working for profit and who provide childcare facilities in their own homes are furnishing the shelter and meals for certain time periods and are to be considered as operating their own business; mark "SE."
- (11) Boarding house keepers—Record boarding house keepers who consider themselves as working and who perform this work in their own homes as "Own home" for industry with "SE" as class of worker. Record those who do this work for someone else for wages or salary or pay in kind as "boarding house" for industry with "P" for class of worker.
- (12) Sales or merchandise employees—Report persons who own a sales franchise and are responsible for their own merchandise and personnel as "Retail or Wholesale Sales" for industry with "SE" for class of worker. Report persons who do sales work for someone else (such as an Avon or Tupperware representative) as "P" for class of worker. Also for such people, indicate whether they sell door-to-door or use the party plan method.
- (13) Post office and TVA employees—Report persons who work for the Postal Service and Tennessee Valley Authority as Federal employees and mark them as "F."
- (14) Comsat, Amtrak, and Conrail—Comsat, Amtrak, and Conrail are private companies and you should report the employees of these companies as "P."
- (15) Persons who work for public transportation, harbor, airport, housing, etc., Authorities, such as the Chicago Transportation Authority or the New York Port Authority, who got their money from any combination of Federal, state or local funds and user fees, should be reported as "P."
- (16) For persons who have never worked at all or who have never worked at a full-time job or business lasting 2 consecutive weeks or longer, mark "NEV" in 6g. This situation should only occur for persons who were asked question 6c; that is, persons who did not have a job or business in the past 2 weeks and were not on layoff from a job, but were looking for work.

7

## Question 7, Marital Status

7

<p>Mark box if under 14. If "Married" refer to household composition and mark accordingly.</p> <p>7. Is -- new married, widowed, divorced, separated, or has -- never been married?</p>	<p>7.</p> <p>0 <input type="checkbox"/> Under 14</p> <p>1 <input type="checkbox"/> Married - spouse in HH</p> <p>2 <input type="checkbox"/> Married - spouse not in HH</p> <p>3 <input type="checkbox"/> Widowed</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Separated</p> <p>6 <input type="checkbox"/> Never married</p>
---	---

Instructions

1. For persons under 14 years old, mark the "Under 14" box even if the person is married, widowed, divorced, or separated.
2. For persons 14 and over, if it is obvious from the relationship entries on the Household Composition Page that two of the household members are husband and wife, mark one of the "Married" boxes without asking the question.
  - a. Mark "Married-spouse in HH" for a married person whose spouse is also listed on the questionnaire as a household member. For example, mark this box for the spouse of an Armed Forces member living at home as well as for a person whose spouse is temporarily absent.
  - b. Mark "Married-spouse not in HH" for a married person who is not legally "separated," as defined below, and whose husband or wife is not a member of the same household. For example, mark this box for the spouse of an Armed Forces member not living at home.
  - c. Include as "Married," persons who state they have a common-law marriage, or who are living together as husband and wife.
3. Separated persons--Accept a respondent's statement that a person is separated. If, however, the respondent raises a question as to the meaning of "separated," explain that the term refers only to married persons who have a legal separation or who have parted because of marital discord.

Classify persons who are separated from their spouse because of the circumstances of their employment, service in the Armed Forces, or similar reasons as "Married-spouse not in HH," not "Separated."

4. Annulled Marriage--Consider a legally annulled marriage as never having taken place. For example, mark "Never married" for persons whose only marriage has been annulled; mark "Divorced" for persons whose first marriage ended in divorce and whose second, and most recent, marriage was annulled. Individuals whose marriage has been annulled only through a religious decree are to be marked according to their legal marital status. Probe for clarification if there is any doubt about whether an annulment was granted through the courts or through religious decree.

## Question 8, Family Income

<p>8a. Was the total combined FAMILY income during the past 12 months – that is, yours, (<u>read names, including Armed Forces members living at home</u>) more or less than \$20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.</p> <p><i>Read if necessary:</i> Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.</p>	<p>8a. 1 <input type="checkbox"/> \$20,000 or more (Hand Card I)</p> <p>2 <input type="checkbox"/> Less than \$20,000 (Hand Card J)</p>																														
<p><i>Read parenthetical phrase if Armed Forces member living at home or if necessary.</i></p> <p>b. Of those income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours, (<u>read names, including Armed Forces members living at home</u>))? Include wages, salaries, and the other items we just talked about.</p> <p><i>Read if necessary:</i> Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.</p>	<p>b.</p> <table border="0"> <tr> <td>00 <input type="checkbox"/> A</td> <td>10 <input type="checkbox"/> K</td> <td>20 <input type="checkbox"/> U</td> </tr> <tr> <td>01 <input type="checkbox"/> B</td> <td>11 <input type="checkbox"/> L</td> <td>21 <input type="checkbox"/> V</td> </tr> <tr> <td>02 <input type="checkbox"/> C</td> <td>12 <input type="checkbox"/> M</td> <td>22 <input type="checkbox"/> W</td> </tr> <tr> <td>03 <input type="checkbox"/> D</td> <td>13 <input type="checkbox"/> N</td> <td>23 <input type="checkbox"/> X</td> </tr> <tr> <td>04 <input type="checkbox"/> E</td> <td>14 <input type="checkbox"/> O</td> <td>24 <input type="checkbox"/> Y</td> </tr> <tr> <td>05 <input type="checkbox"/> F</td> <td>15 <input type="checkbox"/> P</td> <td>25 <input type="checkbox"/> Z</td> </tr> <tr> <td>06 <input type="checkbox"/> G</td> <td>16 <input type="checkbox"/> Q</td> <td>26 <input type="checkbox"/> ZZ</td> </tr> <tr> <td>07 <input type="checkbox"/> H</td> <td>17 <input type="checkbox"/> R</td> <td></td> </tr> <tr> <td>08 <input type="checkbox"/> I</td> <td>18 <input type="checkbox"/> S</td> <td></td> </tr> <tr> <td>09 <input type="checkbox"/> J</td> <td>19 <input type="checkbox"/> T</td> <td></td> </tr> </table>	00 <input type="checkbox"/> A	10 <input type="checkbox"/> K	20 <input type="checkbox"/> U	01 <input type="checkbox"/> B	11 <input type="checkbox"/> L	21 <input type="checkbox"/> V	02 <input type="checkbox"/> C	12 <input type="checkbox"/> M	22 <input type="checkbox"/> W	03 <input type="checkbox"/> D	13 <input type="checkbox"/> N	23 <input type="checkbox"/> X	04 <input type="checkbox"/> E	14 <input type="checkbox"/> O	24 <input type="checkbox"/> Y	05 <input type="checkbox"/> F	15 <input type="checkbox"/> P	25 <input type="checkbox"/> Z	06 <input type="checkbox"/> G	16 <input type="checkbox"/> Q	26 <input type="checkbox"/> ZZ	07 <input type="checkbox"/> H	17 <input type="checkbox"/> R		08 <input type="checkbox"/> I	18 <input type="checkbox"/> S		09 <input type="checkbox"/> J	19 <input type="checkbox"/> T	
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A. Objective

Question 8 is asked because differences in income often indicate differences in the ability to obtain adequate health care or differences in the ability to afford food for adequate diets to prevent diseases, such as malnutrition in children. This question will also enable analysts to determine the relationship of family income and family size in order to identify poverty levels and relate this to other health variables, the utilization of health services, etc.

B. Definition

Family Income--The money income before deducting for taxes, retirement, insurance, union dues, etc. This includes the income of the reference person plus that of all his/her relatives who are currently household members, including Armed Forces members living at home and children.

## 1. Income includes:

- a. Wages and salaries including tips, commissions, Armed Forces pay and cash bonuses, as well as subsistence allowances.
- b. Net income from unincorporated businesses, professional practices, or farms, or from rental property. ("Net" means after deducting business expenses, but before deducting personal taxes.)
- c. Social Security, or Supplemental Security Income.
- d. Retirement, disability, and survivor pensions.
- e. Interest and dividends.
- f. Cash public assistance payments (welfare), excluding food stamps.

- g. Veteran's payments.
  - h. Unemployment or workmen's compensation.
  - i. Alimony and child support.
  - j. Money regularly received from friends or relatives not living in the household.
  - k. Other periodic money income.
2. Income does NOT include:
- a. Income "in kind," such as the value of room and board, free meals in restaurants, food stamps, free or reduced rent, value of crops produced by a farmer but consumed by his/her family, etc.
  - b. Lump sum payments of any kind, such as insurance payments, inheritances, or retirement.
  - c. Occasional gifts of money from persons not living in the household or any exchange of money between relatives living in the same household.
  - d. Money received from selling one's own house, car, or other personal property.
  - e. Withdrawals of savings from banks, retirement funds, or loans.
  - f. Tax refunds or any other refund or rebate.

C. Instructions

1. Be sure the respondent understands that the income questions are for the past 12 months, not for the last calendar year.
2. Ask question 8a once for a family to obtain the total combined income during the past 12 months for all household members related to the reference person. Be sure to include all family members, as even a child could receive income (savings account interest, AFDC payments, etc.). Do not include the income of unrelated household members as this will be obtained on the questionnaire(s) prepared for each roomer, lodger, or other person not related to the reference person.
3. After recording the response to question 8a, be sure to hand the respondent the appropriate flashcard when asking question 8b.

## Family Income (Continued)

4. After you ask these questions, give the respondent enough time to prepare an estimate, then mark the appropriate box. When necessary, help the respondent obtain the total by summing the income of several family members or the income from several sources.
5. If the income is reported in terms of a periodic (weekly, monthly, etc.) paycheck, be sure the respondent understands that we are interested in the amount before taxes and other deductions, not the take-home amount. Help compute the yearly total, if necessary.
6. If the respondent is living alone or with no other relatives, include his/her income only.
7. Include the income of an Armed Forces member who is living at home with the family even though we do not record health information about him/her. If he/she is not living at home, include as family income allotments and other money received by the family from this person. In question 8b, always read the phrase in parenthesis if there is an Armed Forces member living at home. Also read this phrase at any other time you feel it is necessary.
8. "Zero" income, break-even, or loss reported—When no one in the family had income or when a "loss" or "broke even" was reported as the total income for the family, mark box "A" in 8b. Before accepting an answer of "No income," be sure the respondent understands all of the categories counted as income.
9. If the respondent is not sure of the income, try to get the best estimate possible. In difficult cases, you may have to help the respondent. Find out who worked during the past 12 months, how much they made a week, etc.; find out who operated a business or farm; or who received any pension, dividends, etc. If the response is still "Don't know," enter "DK" in 8a or 8b, as appropriate, and skip to item R.
10. Read the statement printed on the questionnaire if the respondent refuses to answer the income items or questions the need for our collecting income data. After reading this, reask question 8a or 8b, if necessary. If the respondent still will not answer, enter "Ref." in 8a or b, as appropriate, footnote the reason(s) for refusal, and skip to item R.

(R)

### Item R, Respondent

(R)

<b>R</b>	e. Mark first appropriate box.	Ra.	<input type="checkbox"/> Under 17 <input type="checkbox"/> Present for all questions <input type="checkbox"/> Present for some questions <input type="checkbox"/> Not present
	b. Enter person number of respondent.	b.	<hr style="border: none; border-top: 1px solid black;"/> Person number(s) of respondent(s)

#### A. Objective

Item R is used to identify the respondents and other persons present for all questions up to this point. This information is important to analysts in evaluating and interpreting the data obtained from the survey.

#### B. Definitions

1. Present--In the same room or within hearing distance.
2. Respondent--A person who provides answers to questions asked.
  - a. Self Respondent--A person who responds to the questions about himself/herself.
  - b. Proxy Respondent--A person who responds to questions about other household members.

#### C. Instructions

1. Mark the first applicable box in item Ra for each person according to his/her age or presence or absence during the asking of all questions about him/her. Mark "Present for some questions," if the person was present during the asking of at least one question, but was absent for one or more of the questions.
2. For each person, enter in item Rb the person numbers of all respondents for that person. Include the person himself/herself if that is the case (self respondent) as well as all other household members who answered at least one question about the person (proxy respondent). Only enter in Rb the numbers of persons who are eligible respondents (see page D3-2 through D3-4, paragraph C).
3. For persons under 17, mark the "Under 17" box and do not indicate their presence or absence in Ra. Complete item Rb, showing who responded for them, but do not enter the number of the person under 17, even if he/she answered or assisted in answering some of the questions about himself/herself.

(R)

Respondent (Continued)

(R)

An exception to this rule is for persons under 17 who are eligible respondents, as defined on page D3-3, paragraph 2c. In this case, mark the "Under 17" box in Ra, and enter the person's number in Rb if he/she was a respondent. Footnote these situations.

- 4. When an interpreter is involved, consider the person(s) providing the information to the interpreter as the respondent(s). In these cases footnote that an interpreter was involved.

Items L3 and L4, Person Number of Parent/Spouse

(L3)

1. Item L3

(L3)

<b>L3</b>	Enter person number of first parent listed or mark box.	<b>L3</b>	Person number of parent 00 <input type="checkbox"/> None in household
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A. Definition

Parent--includes natural, adopted and step parents excludes foster, in-laws and grandparents.

B. Instructions

- 1. Complete according to relationships entered on questionnaire and knowledge gained during the interview. If in doubt, verify with the respondent.
- 2. If both parents are listed on the questionnaire, enter the person number of the first parent listed. For example, if only person 1, father; person 2, mother; and person 3, son are listed, mark "None" for persons 1 and 2 and enter "1" in person 3's column.
- 3. When relationships to the reference person such as father-in-law, grandmother, sister, niece are given be sure to determine if a parent/child situation exists. For example, the sister of the reference person could be the niece's parent.

(L4)

2. Item L4

(L4)

<b>L4</b>	Enter person number of spouse or mark box.	<b>L4</b>	Person Number of spouse 00 <input type="checkbox"/> None in household
-----------	--	-----------	--

Instruction

Enter the person number of the spouse for persons for whom you have marked the "married-spouse in HH" box in question 7. Mark "None" for all other persons.



L5-8

Item L5, Questions 9-11, Record Matching Information, Items L6, L7 and L8

L5-8

<b>L5</b>	Refer to age. Complete a separate column for each nondeleted person aged 18 and over.	<b>L5</b> PERSON NUMBER _____ <span style="float: right;">3-4</span>										
<i>Read to respondent(s) — In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.</i>												
<b>L6</b>	Enter date of birth from question 3 on Household Composition page.	<b>L6</b> Date of birth _____ <span style="float: right;">5-11</span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Date</td> <td style="width: 33%;">Year</td> </tr> </table>	Month	Date	Year							
Month	Date	Year										
<b>9.</b>	In what State or country was --- born?  <i>Print the full name of the State or mark the appropriate box if the person was not born in the United States.</i>	<b>9.</b> 99 <input type="checkbox"/> DK <span style="float: right;">12-13</span>  _____ State 01 <input type="checkbox"/> Puerto Rico    05 <input type="checkbox"/> Cuba 02 <input type="checkbox"/> Virgin Islands    06 <input type="checkbox"/> Mexico 03 <input type="checkbox"/> Guam    98 <input type="checkbox"/> All other countries 04 <input type="checkbox"/> Canada										
<b>L7</b>	Print full name, including middle initial, from question 1 on Household Composition page.	<b>L7</b> Last _____ <span style="float: right;">14-33</span> First _____ <span style="float: right;">34-48</span> Middle initial _____ <span style="float: right;">49</span>										
<b>10.</b>	Verify for males; ask for females. What is --- father's LAST name? Verify spelling. DO NOT write "Same."	<b>10.</b> Father's LAST name _____ <span style="float: right;">50-59</span>										
<b>11.</b>	<i>Read to respondent — We also need --- Social Security Number. This information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on --- benefits and no information will be given to any other government or nongovernment agency.</i>  <i>Read if necessary — The Public Health Service Act is title 42, United States Code, section 242k.</i>  What is --- Social Security Number?	<b>11.</b> 99999999 <input type="checkbox"/> DK <span style="float: right;">70-78</span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> </table> Social Security Number Mark if number obtained from: 1 <input type="checkbox"/> Memory <span style="float: right;">79</span> 2 <input type="checkbox"/> Records										
<b>L8</b>	Mark box to indicate how Social Security number was obtained.	<b>L8</b> 1 <input type="checkbox"/> Self-personal 2 <input type="checkbox"/> Self-telephone 3 <input type="checkbox"/> Proxy-personal 4 <input type="checkbox"/> Proxy-telephone <span style="float: right;">80</span>										

A. Objective

The purpose of this page is to obtain enough information about this person to be able to match certain statistical records maintained by the National Center for Health Statistics.

B. Instructions

1. Enter the person number in item L5 and complete a separate column for each person aged 18 and over in the order they are listed on the questionnaire. DO NOT include Armed Forces members and other deleted persons. If there are more than four persons 18+ in the family, use an additional questionnaire(s) for the fifth, sixth, etc. person.

L5-8

L5-8

- \* 2. Read the introductory statement above item L6 to explain the purpose of obtaining the information. If questions arise as to the type of statistical records maintained, say "Information obtained from Vital Statistics records". Then enter the date of birth from question 3 on the Household Composition page for the first person 18+.
- 3. Print the full state name on the line in 9; do not use abbreviations. If the person was not born in one of the 50 states or the District of Columbia, mark the appropriate box in 9, leaving the state line blank.
- \* 4. In item L7, enter the person's full name, including middle initial, from question 1 on the Household Composition page. If the person has more than one middle initial, enter the first one given. If a first initial and full middle name was entered in question 1, such as "G. Watson Levi", record this in L7 as "Levi, G. Watson". In rare cases where the respondent refused to give the name in question 1, say something like, "I need your full legal name, including middle initial" and enter it in item L7. Do NOT go back and enter this information in question 1.
- 5a. When verifying 10 for males, ask "Was your father's last name \_\_\_\_\_?" Always ask the question for females, regardless of their marital status.
- b. Print the father's last name in the answer space, whether it is the same as the person's name or not. Always verify the spelling, even if the names sound alike. If it is volunteered that the person was legally adopted, record the name of the adoptive father.

NOTE: Printing is required in items 9 through 10.

- 6. Read the introduction to 11 the first time you ask the question for a family. Be sure to read it when making a callback for the person's Social Security Number. If you are asked for the legal authority for collecting Social Security Numbers, cite the title and section of the United States Code as printed below the introduction. If you are given more than one number, record the first 9 digit number the respondent mentions, not the first one issued. If the number has more than 9 digits, record only the first 9 digits. Do not record alphabetic prefixes or suffixes.
- 7. After recording the Social Security Number, mark the appropriate box indicating whether the number was obtained from memory or records.
- 8. It is of particular importance that the person's Social Security Number is correct. If the respondent does not have this information, or is unsure, ask to call back and indicate this in item 16 of the Household page. It is not required that you contact the person directly on the callback. In fact, unless the person has to be contacted for the Supplement (see Chapter D15), make arrangements with the household respondent to call him/her back for the number. If someone other than the household respondent is contacted for missing numbers, use the "Telephone callback introduction" on page 42 of the Flashcard Booklet to introduce yourself.

Mark the correct box in item L8 to indicate how the number was or was not obtained. For example, if person 1 refused to give person 2's number and this person was temporarily absent, enter "Ref" in question 11 and mark box 3 or 4 in item L8.

\* Revised February 1985

Questions 12-15, Contact Person Information

*Read to Hhhd. respondent - The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of a relative or friend who would know where you could be reached in case we have trouble reaching you. (Please give me the name of someone who is not currently living in the household.) Please print items 12-15.*

12. Contact Person name		3-4	25-29	40	14. Area code/telephone number		RT62
Last		5-24	First	Middle initial	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		87-106
13a. Address (Number and street)					<input type="checkbox"/> None <input type="checkbox"/> Refused <input type="checkbox"/> DK		107
41-65							
b. City		66-85	State	86-87	ZIP Code	88-96	15. Relationship to household respondent
							108-109

A. Objective

The data in items 12 through 15 are needed to assist in contacting the family if a followup survey is conducted at a later time and the household respondent has moved or proves difficult to contact.

B. Instructions

1. Read the introductory statement to the household respondent to explain the purpose of the question and complete items 12 through 15 from the responses.
2. If, when explaining the purpose of the contact person, you are asked when the household will be recontacted, say that NCHS periodically conducts other health surveys with a sample of persons or families who participate in HIS and that you do not know when the next one will be or if this family will be included. Do not, however, state that there will be no other contacts until that time. You may need to recontact the household for additional information or the person may be reinterviewed.
3. Printing is required in items 12 through 15.
4. After completing the Contact Information Section, go to the HPDP supplement.
5. You may complete this section after the supplement if it seems more beneficial to the interview to do so. However, be sure to obtain this information from the household respondent.

CHAPTER 15. SUPPLEMENT BOOKLET (HIS-1(SB))

GENERAL INFORMATION

A. Overall Objective

In 1979 the Surgeon General issued a report establishing broad goals for the improvement of the health of Americans by 1990. The 1985 HIS "Health Promotion and Disease Prevention Supplement" (HPDP) will collect data on awareness of certain health risk factors and appropriate disease prevention measures, use of safety devices and disease prevention practices, obtaining prevention advice from health care providers, and the frequency of certain health risk behaviors. Similar data will be collected again in 1990 to monitor the progress achieved in reaching the health improvement goals. In the intervening years, the 1985 HPDP data will be used by various agencies to set priorities in health education programs and for allocating funds for health promotion programs.

B. General Instructions

1. When to Complete a Supplement Booklet

Complete a separate booklet for each interviewed family unit as reported on the HIS-1. Conduct the supplement after completing the HIS-1 for the family.

2. When to Use Additional Supplement Booklets

The number of supplement booklets needed in a household will depend on household composition. Additional booklets will be needed if:

- a. There are more than 4 children under 18 in the family.
- b. There are more than 4 females in the family aged 18-44.
- c. There are household members not related to the reference person.

3. Interviewer Check Items and Verification

Some interviewer check items and/or questions refer you to earlier answers in order to complete them. Directions are given that refer you to the appropriate item. Use regular verification procedures if you are sure you remember the original response. If in doubt, ask the question as worded.

4. Symbols and Print Type

- a. The design conventions used throughout the HIS-1(SB) are the same as those used for the HIS-1 questionnaire (see Chapter D2).
- b. Ignore the numbers boxed in the right hand area of the answer spaces. These are used in processing and have no effect on the interview.

5. Reference Dates

Use the reference dates, as appropriate, entered in item A1 of the HIS-1 even if all or part of the supplement is conducted in a later week.

6. Correcting the HIS-1

Do NOT make ANY changes to the HIS-1 because of information received while completing the supplement booklet.

7. Opinion Questions

Since many of the supplement questions are opinion questions you MUST read them slowly enough to give the respondent time to think about them and the options offered. This is especially true when conducting the interview by telephone because the respondent will not have access to the flashcards.

We are only interested in the sample person's opinion, not those of other family members who may be present. Remember that a "Don't know" or "No opinion" response is acceptable in questions which ask for the respondent's opinion. Do not probe for another response.

8. Transmittal of Supplement Booklets

Insert the HIS-1(SB) between pages 2 and 3 of the first corresponding HIS-1 completed for the family. Before transmitting the forms to the office, verify that the supplement booklet(s) has been included for every interviewed household.

C. Respondent, Proxy, and Callback Rules

1a. DO NOT accept a proxy under any circumstances.

Record the callback information for the supplement booklet in items 16 and 17 on the Household Page of the HIS-1. If callbacks are required, enter the column numbers of the appropriate persons in item 16 and mark the appropriate column to indicate the reason for the callback. If no callbacks are necessary for this family, mark the "None" box. See page D4-29 for instructions on completing item 17.

- b. If, after you have explained the HPDP, a person refuses to answer the questions, accept the refusal. If, however, another family member refuses for a person who is not at home, use your own judgement as to whether to accept the refusal or to call back. For example, if the person says something like, "My husband told me not to participate in this survey, so please don't call on him, he'll be very upset," you may accept it as a refusal or not, depending on the situation. However, if the person says something like "My wife won't want to participate," arrange for a callback to interview the person.

- 2a. Section M - Complete questions 1 and 2 with the household respondent. Complete the remainder of Section M with the person(s) for whom you have marked a box in 1b OR 2b.

- b. If the person(s) for whom you have marked a "Yes" box in 1b or 2b is not available during your initial visit, a telephone call or return visit must be made to obtain this information (see 4. below).
3. Sections N through V - Complete these sections with the sample person. If the sample person is unavailable during your initial visit, a telephone call or return visit must be made to obtain this information (see 4. below).
4. The procedures for callbacks are based on telephone availability.
    - a. If the person has access to a phone and a telephone interview is acceptable, make as many calls as necessary up to your regular closeout to interview the person.
    - b. If there is no telephone or a telephone interview is not acceptable, make up to 2 personal visit callbacks, at the times recommended by the household respondent, to interview the person. If on the second personal callback the interview is still not completed, arrange for additional personal visits if you will be returning to the same general area during the interview period.
    - c. If the self-response interview is not completed by your regular assignment closeout or when you will no longer be returning to the area, accept the noninterview and explain the circumstances in item 8 of the Cover Page and in item 16 of the HIS-1.

COVER PAGE

Overall Objective

The purpose of the Cover Page is to record identifying information and interview status information which will link the supplement booklet with the HIS-1 filled for the same household.

①-⑦

Items 1-7, Identification

①-⑦

1.	3-7 B	2. R.O. Number	9-10	3. Sample	11-13
Book ___ of ___ books					
4. Control number	14-16	17-20	21-22		
PSU		Segment	Serial		
5. Person number	23-24	6. Sex	25	7. Sample Person	26-45
		1 <input type="checkbox"/> Male	Last name		46-60
		2 <input type="checkbox"/> Female	First name		

Instructions

1. Use similar procedures for completing the "Book \_\_\_ of \_\_\_ books" item as used for item 1 on the HIS-1 to indicate how many booklets were completed for this household. These items will not necessarily agree since additional supplement booklets are sometimes filled for different reasons than are HIS-1 questionnaires.
2. Transcribe items 2 through 4, control information, from the Household Page of the HIS-1 before beginning the supplement interview in each household. This will ensure that supplement booklets match their corresponding HIS-1 questionnaires during your edit and during processing.
- \*3. Transcribe items 5 through 7, sample person identification, from the HIS-1 after the sample person selection, but before beginning the supplement interview for the family. Printing is required in item 7.

\* Revised February 1985

<b>8. FINAL STATUS OF SUPPLEMENTS</b>		<b>81</b>
o <input type="checkbox"/> No person 18+ in this family (Household page)		
<b>a. Section M (Household Respondent Section)</b>		
Interview		
1 <input type="checkbox"/> Complete interview (all appropriate items completed)		
2 <input type="checkbox"/> Partial interview (some but not all appropriate items completed) (Explain in notes)		
Noninterview		
3 <input type="checkbox"/> Refusal } (Explain in notes)		
4 <input type="checkbox"/> Other }		
<b>b. Sections N through V (Sample Person Section)</b>		
Interview		
1 <input type="checkbox"/> Complete interview (all appropriate sections completed)		
2 <input type="checkbox"/> Partial interview (some but not all appropriate sections completed) (Explain in notes)		
Noninterview		
3 <input type="checkbox"/> Refusal (Explain in notes)		
4 <input type="checkbox"/> SP temporarily absent		
5 <input type="checkbox"/> SP mentally or physically incapable		
6 <input type="checkbox"/> Other (Explain in notes)		
		<b>82</b>

**Instructions**

1. Item 8 indicates the final status of the entire supplement booklet. Mark box "0" if the family consists entirely of persons under 18.
2. Item 8a indicates the final status of Section M, the household respondent section.
  - a. Mark "Complete interview" if all required items are completed or if no columns require filling. For example, mark this box if there are no females 18-44 in the family.
  - b. Mark "Partial interview" if some, but not all, of the required items are completed. For example, mark this box if 1b or 2b is marked "Yes" for a person and you were not able to contact this person after callbacks, or if the "Noninterview" box is marked in M2 in one or more columns.
  - c. Mark the appropriate "Noninterview" box and explain the reason in the "Footnotes" section if none of section M was completed.



8

3. Item 8b indicates the final status of Sections N through V, the sample person section.

8

- a. Mark "Complete Interview" if all required sections are completed.
- b. Mark "Partial interview" if some but not all required sections are completed. For example, mark this box if the person refuses to answer Section T, Alcohol Use, but has answered the other sections.
- c. Mark the appropriate "Noninterview" box and explain the reason in the "Footnotes" section if none of sections N through V were completed.

9-10

### Items 9 and 10, Times and Interviewer Identification

9-10

9. Beginning time			Ending time		
63-66		67	68-71		72
		1 a.m.			1 a.m.
		2 p.m.			2 p.m.
10. Interviewer identification					73-74
Name				Code	

#### Instructions

1. Enter the beginning and ending time(s) for the supplement in item 9, using 2 digits for the hour. These entries represent only the time spent on the supplement during the initial interview. Record callback times in item 17 of the HIS-1.
2. Enter your name and code in item 10.

11

### Item 11, Family Roster

11

<b>11. FAMILY ROSTER</b>			
List all nondeleted family members 18+ by age (oldest to youngest). Refer to sample selection label and circle as appropriate. THEN circle Person No. in item 11 and mark "SP" box on HIS-1 for the selected sample person.			
Line No.	Person No.	Name	Age
75	76-77		78-79
1			
-----			
2			

#### A. Objective

This item enables you to list family members in age order so the appropriate sample person is selected and ensures the person number is entered correctly.

B. Instructions

1. Refer to the Household Composition Page of the HIS-1 and list all nondeleted family members aged 18 and over, oldest to youngest. Note, however, that this may not be the order in which they are listed on the HIS-1. Make any adjustment to item 11, do not change the HIS-1.
2. If a person refused the age item at the start of the interview, say something like, "I need your age so that I can list the adult family members in the correct order."
3. In the case of twins, triplets, etc., assume the order they are listed on the questionnaire is the rank order by age. For example, the first one listed would be considered the oldest, and so on.

Selecting the Sample Person

1985 NHIS										
FAMILY MEMBERS 18+:										
1	2	3	4	5	6	7	8	9	+	
SELECT THE	1	2	3	7	5	4	4	2	1	

Instructions

1. On the HIS-1 questionnaires prepared for interview by the regional office, there will be a label affixed to the Household Composition Page in the Footnotes space to indicate which adult to select as the sample person.
  - a. To select the sample person for a family, refer to item 11 of the supplement. Count the number of persons listed in item 11. On the first line of the label, circle the number which corresponds to that number. Next, circle the number on the "Select the:" line which appears below the number circled on the first line. Then, circle this person's number in item 11 and mark the "SP" box above the appropriate column on the HIS-1 for the person selected for the supplement applying the rules specified in the following paragraph.

The numbers on the "Select the:" line of the label refer to the ranked order of adults by age. They do not refer to person or column numbers. "1" on the label means the oldest, "2" the next oldest, "3" the third oldest, etc. For example, the following household members are listed in item 11:

- 1 James Jones (42)
- 2 Mary \_\_\_\_\_ (41)
- 3 John \_\_\_\_\_ (18)

SP

\* Assuming that the label below is affixed to the questionnaire for this family unit, you would select the oldest adult as the sample person for this family. This would be James, age 42, the first person listed.

SP

Family									
Members 18+=	1	2	3	4	5	6	7	8	9+
Select the:	1	2	1	3	5	4	2	7	9

b. If there are more than nine adults in the family, circle "9+" on the "Family Members 18+" line and select the number which appears below this number on the label.

- For households containing more than one family unit, after completing the HIS-1 questionnaire and the supplement for the first family unit, complete a separate HIS-1 questionnaire and supplement for the second family unit. Affix a label from your supply to the additional HIS-1 questionnaire, to select the sample person for the second family unit. Assuming there are two adults, and using the label below, you would select the second oldest person on line 2 as the sample person for the second family.

Family									
Members 18+=	1	2	3	4	5	6	7	8	9+
Select the:	1	2	1	3	5	3	6	4	7

- If you use more than one questionnaire to record more than 5 household members, who are all related to each other, do not affix a label from your supply to the additional questionnaire(s). Use the label on the original questionnaire to select a sample person.

However, if you have to prepare a separate questionnaire for persons or groups of persons unrelated to the reference person, affix a label, from your supply, to that HIS-1 questionnaire and use it to select the sample person for that group.

- For EXTRA units and units you add to the listing sheet, which are designated for the current HIS sample, take a label from your supply and affix it to the HIS-1 questionnaire you prepare for the unit to select the sample person in that unit.

\*5. The preprinted numbers 1-9 in item 11 may help to verify that you have selected the correct person. For example, if "2" is circled on the label, the sample person should be listed on line 2.

6a. Remember that the "Select the:" line on the label pertains to the rank by age, that is, the oldest = 1, next oldest = 2, etc., as long as they are related. Even if the persons are not listed on the HIS-1 in descending order by age, you will have entered them in order of age when you completed item 11. For example, the following household members are listed on the HIS-1:

- John Smith  
1 Reference Person (Age 42)
- Johnna \_\_\_\_\_  
2 Wife (Age 40)
- Jacob \_\_\_\_\_  
3 Son (Age 10)
- Alberta Perkins  
4 Sister (Age 50)
- Marsha Riley  
5 Sister (Age 48)

b. In item 11, you would enter:

Line No.	Person No.	Name	Age
75	76-77		78-79
1	4	Alberta Perkins	50
2	5	Marsha Riley	48
3	1	John Smith	42
4	2	Johnna Smith	40
5			

c. Using the label below, there are four adults in the family and you are to select John Smith since he is the third oldest.

Family Members 18+=	1	2	3	4	5	6	7	8	9+
Select the:	1	1	2	3	2	4	7	7	6

Remember to circle his person number in item 11.

7. If there is no label on a questionnaire, take one from the supply your office has sent you and affix it to the HIS-1 questionnaire. In your supply, you will receive a sheet of 24 labels, eight labels to a column, three columns. When selecting a label for an unlabeled questionnaire, always start with the left most column at the top of the sheet and go down the column until all labels in that column have been used. Then, start with the center column and do the same, followed by the right-most column. Call your office for a new sheet of labels when your sheet gets below six (6) labels.

TRANSCRIPTION FROM COMPLETED HIS-1		80
12. Telephone in household (Household page, question 11, THEN 16)		
1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> DK		
2 <input type="checkbox"/> No		
13. Education of SP (page 42, question 2a)		81-82
00 <input type="checkbox"/> Never attended or kindergarten		
Elem:    1   2   3   4   5   6   7   8		
High:    9   10   11   12		
College: 1   2   3   4   5   6+		
Finish grade/year (Question 2b)		83
1 <input type="checkbox"/> Yes		
2 <input type="checkbox"/> No		
14. Main Race of SP (page 42, question 3a/b)		84
1   2   3   4   5 - Specify		
15. Family Income (page 46, question 8b)		85-86
00 <input type="checkbox"/> A	10 <input type="checkbox"/> K	20 <input type="checkbox"/> U
01 <input type="checkbox"/> B	11 <input type="checkbox"/> L	21 <input type="checkbox"/> V
02 <input type="checkbox"/> C	12 <input type="checkbox"/> M	22 <input type="checkbox"/> W
03 <input type="checkbox"/> D	13 <input type="checkbox"/> N	23 <input type="checkbox"/> X
04 <input type="checkbox"/> E	14 <input type="checkbox"/> O	24 <input type="checkbox"/> Y
05 <input type="checkbox"/> F	15 <input type="checkbox"/> P	25 <input type="checkbox"/> Z
06 <input type="checkbox"/> G	16 <input type="checkbox"/> Q	26 <input type="checkbox"/> ZZ
07 <input type="checkbox"/> H	17 <input type="checkbox"/> R	(Transcribe from 8a if 8b blank)
08 <input type="checkbox"/> I	18 <input type="checkbox"/> S	27 <input type="checkbox"/> \$20,000 or more
09 <input type="checkbox"/> J	19 <input type="checkbox"/> T	28 <input type="checkbox"/> Less than \$20,000
16. TELEPHONE NUMBER		87-88
<input type="checkbox"/> None		
Area code	Number	
FOOTNOTES		
Refer to HIS-1 (SB) page 4, questions 4a and b. Transcribe from HIS-1 for the sample person, if required (page 20, questions 5a and b).		

**A. Objective**

In order to process some data from the supplement before HIS-1 processing is complete, certain demographic items must be transferred from the HIS-1 to the supplement. After your "at home" edit of the HIS-1, transcribe these items from the HIS-1 to the Supplement Cover Page. If the response to any item was "DK" or "REFUSED," enter this response in the appropriate answer space.

**B. Instructions**

**1. Item 12, Telephone in Household**

Mark "Yes" or "No" based on your entry in question 11, Household Page. This pertains to whether or not there is a telephone in the household, not whether a telephone number was obtained. If the telephone number is refused and you know that there is a telephone in the household, mark the "Yes" box. Also mark "Yes" if the number is "unlisted."

2. Item 13, Education of Sample Person

Transfer your entries from questions 2a and b, page 42 or 43.

3. Item 14, Main Race of Sample Person

Transfer your entry from question 3a, page 42 or 43, if only one race is reported for this sample person. If an entry was made in question 3b, transfer this entry, not multiple entries from 3a.

4. Item 15, Family Income

Transfer your entry from question 8b, page 46.

5. Height and Weight

To avoid reasking information concerning height and weight, this item was omitted in the supplement booklet if the household respondent was also the sample person. Due to processing limitations, however, this item must also be transcribed from the HIS-1 in the preceding situation. Refer to page 4, questions 4a and b of the supplement, and if blank, transfer your entries from questions 5a and b, page 20.

**Section M. Pregnancy and Smoking**

Objective

This section obtains information on the smoking habits of women during recent childbearing experiences. These data will be used to determine the effect of recent health promotion campaigns to reduce the number of women who smoke during pregnancy.

①

**Item M1, Females 18-44**

①

<b>M1</b>	Refer to age and sex on Household Composition Page.	Person Number _____	5-6
	<input type="checkbox"/> Females 18-44 in family (Enter person number and name of all females 18-44; THEN 1). <input type="checkbox"/> No females 18-44 in family (Section N)	First name _____	

Instructions

1. If there are females aged 18-44 in the family, mark that box and enter in a separate column the person number and first name of ALL applicable females.
2. If there are no females in this age group in the family, mark that box and go to Section N for the selected sample person.

①

**Question 1, Now Pregnant**

①

Read to respondent: These next few questions refer to smoking and pregnancy and are asked of women aged 18-44. In this family the questions refer to <u>(read names)</u> .		
1a. Are any of these women now pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No (2) <input type="checkbox"/> DK (2)		
b. Who is this? Mark box in person's column.	1b. 1 <input type="checkbox"/> Yes, pregnant now 9 <input type="checkbox"/> DK	7
c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No		

Instructions

1. Ask questions 1 and 2 of the respondent with whom you completed the HIS-1 interview.
2. Include the first names of all females aged 18-44 when reading the introduction to 1a. Then ask 1a to determine if any of them are now pregnant.
3. If appropriate, ask 1b and mark the "Yes, pregnant now" box in that person's column. Ask 1c, as appropriate, and mark the "No" box without asking if all females 18-44 have been accounted for.
4. If the respondent knows that some of the women are pregnant but does not know about others, mark "Yes" in 1a and "Yes, pregnant now" in 1b for those known persons. Mark "DK" in 1b for those the respondent does not know about.  
 If, however, the response to 1a is something like "I know I'm not, but I don't know about Mary," mark "DK" in 1a and make no entry in 1b in either woman's column. No callback is necessary for "DK" persons in questions 1 and 2.

2

2

Question 2, Birth in Past 5 Years

2a. Have any of these women given birth to a live born infant in the past 5 years?			
<input type="checkbox"/> Yes <input type="checkbox"/> No (M2) <input type="checkbox"/> DK (M2)			
b. Who is this? Mark box in person's column.		2b.	<input type="checkbox"/> Yes, child past 5 years <input type="checkbox"/> DK <input type="checkbox"/> <u>  </u>
c. Anyone else?			
<input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No			

A. Definition

Live Born--This term refers to any children born alive regardless of how long they lived after birth.

B. Instructions

1. Ask question 2a to determine if any of these women have given birth to a live born infant in the past 5 years even if "Yes, pregnant now" is marked in 1b for them.
2. If appropriate, ask 2b and mark the "Yes, child past 5 yrs." box in that person's column. "Child past 5 years" means since this date five years ago. Ask 2c, as appropriate, and mark "No" without asking if all females 18-44 have been accounted for.
3. If the response is "Yes" for some women and "DK" for others, or "No" for some and "DK" for others, follow the same procedures as for question 1, paragraph 3.
4. Note that there may be an entry in 1b AND 2b for the same person.

M2

M2

Item M2, Available Eligible Person

M2	Mark first appropriate box. <input type="checkbox"/> 1b and 2b blank for all persons (Section N)	M2	<input type="checkbox"/> 1 Available, "Yes" in 2b (3) <input type="checkbox"/> 2 Available, "Yes" in 1b (4) <input type="checkbox"/> 3 Callback required (NP) <input type="checkbox"/> 4 Noninterview (Cover page, THEN NP) <input type="checkbox"/> 5 Other (NP)

A. Objective

Check item M2 determines if the remainder of this section should be completed and whether an eligible respondent is available.

B. Instructions

1. Questions 3-14 are self-response questions for all persons for whom you have marked a "Yes" box in 1b OR 2b. Callbacks must be made for those persons not available during the initial interview.
2. If there are no entries in 1b or 2b, that is, there are no eligible females, mark the "1b and 2b blank for all persons" box in M2 and go to Section N for the sample person.
3. If the person is available, mark box 1 or 2 in M2, as appropriate, based on your entry in 2b. Box 2 means "Yes" in 1b ONLY. If "Yes" in both 1b and 2b, mark box 1 if the person is available.
4. If the person is not available, mark the "Callback required" box. Enter this person's column number and mark the "Section M" column in item 16 of the HIS-1. Arrange for a callback and go to the next person.



(M2)

5. Mark the "Noninterview" box if you learn during the initial visit that the person will not be available during the interview period and explain the reason in the Footnotes space on the cover page of the supplement booklet. Do not mark the "Noninterview" box in 8a unless all eligible females are noninterview.
6. If the noninterview status is determined on a callback, do NOT change M2 but explain the reason on the supplement cover page and in item 16, Household Page.
7. When making callbacks, follow the appropriate skip instruction in M2 but do NOT change your original entry there.
8. If there are one or more eligible females with "Yes" in 1b or 2b, mark "Other" in M2 for those listed females whose columns are blank or "DK" in 1b and 2b. For example, if person 1 is pregnant now and person 3 is not pregnant now and has not given birth in the past 5 years, mark "Other" in M2 for person 3.

(M2)

(3)

### Question 3, When Last Child Born

(3)

3. In what month and year was your last child born?	3.	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <span style="margin: 0 5px;">/19</span> <div style="border-bottom: 1px solid black; width: 40px; margin-left: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 2px;"> <span>Month</span> <span>Year</span> </div>	10-13
---	----	--	-------

#### Instructions

1. Enter the month and year the person's last child was born.
2. If the year given is more than 5 years ago, verify this with the respondent. Footnote "date verified" and continue the interview with question 4.

(4)

### Question 4, Cigarettes Smoked in Entire Life

(4)

4. Have you smoked at least 100 cigarettes in your entire life?	4.	<div style="display: flex; align-items: center; justify-content: center;"> <input type="checkbox"/> Yes (Mark "Smoking asked" box, THEN 5)         </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 2px;"> <input type="checkbox"/> No (Mark "Smoking asked" box, THEN NP)         </div>	14
---	----	--	----

#### A. Objective

This question identifies persons who have smoked very little in their lives, less than 100 cigarettes, or who have never smoked. For the purposes of this survey, these persons are considered to be nonsmokers whether or not they are currently smoking and will not be asked the remainder of the pregnancy and smoking questions.

#### B. Definition

Cigarettes--accept whatever is reported EXCEPT for small cigars and marijuana, which are excluded.

#### C. Instructions

1. If the response is "Yes," mark the "Smoking asked" box above this person's column on the HIS-1 and go to question 5.
2. If the response is "No," mark the "Smoking asked" box above the person's column on the HIS-1. Then go to the next person.
3. You will refer to the "Smoking asked" boxes later in the interview (Section S).

Questions 5 and 6, Smoke Cigarettes Now

Do you smoke cigarettes now?	5a. <input type="checkbox"/> Yes (6) <input type="checkbox"/> No	18
About how long has it been since you last smoked cigarettes fairly regularly?	b. <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years Number <input type="checkbox"/> Never smoked regularly (M3)	18-18
On the average, about how many cigarettes a day do you now smoke?	c. _____ Number <input type="checkbox"/> Less than 1 per day	18-20

A. Definition

Cigarettes smoked per day--There are 20 cigarettes to a pack. If the reponse is given in packs, multiply that number by 20. For example, a response of 1 1/2 packs should be entered as "30" cigarettes. Verify the number of cigarettes smoked with the respondent before recording it.

B. Instructions

- 1a. In question 5a, for persons who indicate they have stopped smoking temporarily, for example, due to illness, but expect to begin again, mark "Yes". Use this same procedure if the person volunteers she has stopped for the duration of the pregnancy but expects to start smoking again. Do not, however, probe for this information.
- b. If the person indicates she stopped because she intends to quit, that is, she is making an effort to stop, consider that person as not smoking now.
- 2a. In 5b, enter the response in the same time unit given by the respondent, then mark the appropriate box. Do not convert the answer to any other units. For example, if the answer is "12 1/2 months," enter "12 1/2" on the number line and mark the "Months" box.
- b. Accept the respondent's interpretation of "fairly regularly". Do not mark the "Never smoked regularly" box unless the respondent volunteers this information.
- 3. Enter the average number of cigarettes smoked per day in question 6, NOT the number of packs. If the answer cannot be given in a number of cigarettes per day, for example, four per week, one pack on weekends, etc., record the response verbatim in the answer space.

M3-9

Item M3 and Questions 7 through 9, Smoked During This Pregnancy

M3-9

<b>M3</b>	Mark appropriate box.	<b>M3</b>	1 <input type="checkbox"/> "Yes" in 1b and "Yes" in 5a (8) 2 <input type="checkbox"/> "Yes" in 1b and "No" in 5a (7) 8 <input type="checkbox"/> Other (M4)	21
	7. Have you smoked cigarettes at any time during this pregnancy?	7.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (M4)	22
	8. On the average, about how many cigarettes a day did you smoke BEFORE you found out you were pregnant this time?	8.	_____ Number 98 <input type="checkbox"/> Did not smoke regularly	23-24
	9. On the average, about how many cigarettes a day did you smoke AFTER you found out you were pregnant this time?	9.	_____ Number 98 <input type="checkbox"/> Did not smoke regularly	25-26

Instructions

1. Mark the appropriate box in M3 based on the entry in questions 1b and 5a.
2. Ask question 7 only of a currently pregnant woman to determine if she has smoked cigarettes at any time during this current pregnancy.
3. Ask questions 8 and 9 to determine the number of cigarettes smoked BEFORE and AFTER she found out she was pregnant. "Found out you were pregnant" does not necessarily only mean being told by a doctor that the pregnancy existed, but when the respondent realized she was pregnant.
4. Enter a dash (-) if the response to 8 or 9 is "None."

M4-13

Item M4 and Questions 10 through 13, Smoked During Last Pregnancy

M4-13

<b>M4</b>	Mark appropriate box.	<b>M4</b>	1 <input type="checkbox"/> "Yes" in 2b (10) 8 <input type="checkbox"/> Other (14)	27
	10. Did you smoke cigarettes at all during the 12 months before your last child was born in (month and year in 3)?	10.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (14)	28
	11. On the average, about how many cigarettes a day did you smoke BEFORE you found out you were pregnant?	11.	_____ Number 98 <input type="checkbox"/> Did not smoke regularly	29-30
	12. On the average, about how many cigarettes a day did you smoke AFTER you found out you were pregnant?	12.	_____ Number 98 <input type="checkbox"/> Did not smoke regularly 00 <input type="checkbox"/> None (14)	31-32
	13. In general, would you say that you smoked cigarettes during MOST of that pregnancy?	13.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> Other (Specify) _____	33

Instructions

1. Mark the appropriate box in M4 based on the entry in 2b.
2. Ask question 10 to determine if the person smoked cigarettes during the 12 month period prior to the birth of her last child as noted in question 3. Include the month and year entered in question 3 when asking question 10.

3. Refer to the instructions for completing questions 8 and 9 to complete questions 11 and 12.

4. In question 13, "MOST of that pregnancy" is respondent defined.

14

**Question 14, Ever Advised to Stop Smoking**

14

14. Did a doctor EVER advise you to quit or cut down on smoking?	14.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	34
--	-----	--	----

Instruction

Question 14 determines if a doctor EVER advised this person to quit or to cut down on smoking.

Section N. General Health Habits

Overall Objective

The General Health Habits Section contains questions about eating, weight, sleeping, use of health care facilities and other personal health care habits. Data from this section will be combined with similar information obtained in the past, on other surveys, and in the future to analyze the effectiveness of specific health promotion campaigns.

(N1)

Person Number and Item N1

(N1)

		Sample Person Number _____	3-4
<b>N1</b>		1 <input type="checkbox"/> Callback required (Hhld. page) 2 <input type="checkbox"/> Noninterview (Cover page) 3 <input type="checkbox"/> Available (1)	5

Instructions

1. Enter the column number of the sample person on the line provided. Ask Sections N through V of this person. Do NOT accept a proxy respondent under any circumstances.
2. Mark the "Callback required" box in N1 if the sample person is unavailable during the initial interview. Enter this person's column number and mark the "SP" column in item 16 of the HIS-1. Arrange for a callback and continue with the household page.
3. Mark the "Noninterview" box if you learn during the initial visit that the person will not be available during the interview period and explain the reason on the cover page of the supplement booklet. Also mark this box if the person is available but refuses or otherwise cannot be interviewed, for example, mentally or physically incapable.
4. If the noninterview status is determined on a callback, do NOT change N1 but explain the reason on the supplement cover page and in item 16, household page.

Questions 1-3, Health Status Indicators

<p>Read to respondent:                  These questions are about general health practices.</p>		
<p>1. How often do you eat breakfast – almost every day, sometimes, rarely or never?</p>	<p>1 <input type="checkbox"/> Almost every day                  2 <input type="checkbox"/> Sometimes                  3 <input type="checkbox"/> Rarely or never</p>	6
<p>2. Including evening snacks, how often do you eat between meals – almost every day, sometimes, rarely or never?</p>	<p>1 <input type="checkbox"/> Almost every day                  2 <input type="checkbox"/> Sometimes                  3 <input type="checkbox"/> Rarely or never</p>	7
<p>3. When you visit a doctor or other health professional for routine care, is eating proper foods discussed often, sometimes, rarely or never?</p>	<p>1 <input type="checkbox"/> Often                  2 <input type="checkbox"/> Sometimes                  3 <input type="checkbox"/> Rarely or never                  4 <input type="checkbox"/> Don't visit for routine care</p>	8

A. Objective

The information from these questions will be combined with other health status indicators to derive a "wellness" scale, which is an indicator of how well people take care of themselves. The degree of wellness will be compared to other information obtained in both the HIS-1 and supplement.

B. Definitions

1. Breakfast--If asked, coffee or tea alone is NOT breakfast; otherwise, this term is respondent defined.
2. Snack--This term is respondent defined.
3. Doctor/Health Professional--These terms are respondent defined. If questions arise, include any person in the health care profession, including family members, such as medical doctors, osteopaths, nurses, assistants, dentists, chiropractors, etc.
4. Routine Care--A visit for the purpose of determining the general state of the person's health. This includes checkups for specific purposes, such as periodic (yearly) checkups, and for other similar purposes.

Do not include a visit for a checkup or examination for a specific condition, such as a checkup for high blood pressure, a heart condition, or pre or post natal care. Also, do not include a visit solely for the purpose of receiving immunizations, allergy shots, or other specific treatments.

C. Instruction

In question 3, record how often eating proper foods is discussed over the course of all visits, not just during a single visit. If the person mentions that a doctor or health professional is only seen on an emergency basis and thus doesn't visit for routine care, mark that box. Do not probe for this information however.

<b>N2</b>	Refer to page 46 or 47, Item R, of HIS-1.	1 <input type="checkbox"/> SP is Hhld. resp. (5) 2 <input type="checkbox"/> Other (4)	9
4a. About how tall are you without shoes?		_____ Feet _____ Inches	10-12
b. About how much do you weigh without shoes?		_____ Pounds	13-16
Hand Card N1 or read responses for telephone interview. 5. In your opinion which of these are the TWO best ways to lose weight?		1 <input type="checkbox"/> Don't eat at bedtime 2 <input type="checkbox"/> Eat fewer calories 3 <input type="checkbox"/> Take diet pills 4 <input type="checkbox"/> Increase physical activity 5 <input type="checkbox"/> Eat NO fat 6 <input type="checkbox"/> Eat grapefruit with each meal	16 17
6. Are you now trying to lose weight?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9)	18
7. Are you eating fewer calories to lose weight?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	19
8. Have you increased your physical activity to lose weight?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	20
9a. Do you consider yourself overweight, underweight, or just about right?		1 <input type="checkbox"/> Overweight 2 <input type="checkbox"/> Underweight 3 <input type="checkbox"/> About right } (10)	21
b. Would you say you are very overweight, somewhat overweight, or only a little overweight?		1 <input type="checkbox"/> Very overweight 2 <input type="checkbox"/> Somewhat overweight 3 <input type="checkbox"/> Only a little overweight	22

A. Objective

These questions determine the sample person's awareness of proper weight loss procedures.

B. Definition

Overweight/Underweight--These terms are respondent defined.

C. Instructions

1. To avoid reasking question 4 if the sample person is also the household respondent, refer to item R of the HIS-1, if necessary, and mark the appropriate box in item N2. If question 4 is asked, follow the same procedures as in the HIS-1.

N2-9

N2-9

- 2a. If the person gives more than two responses to question 5, probe to determine the best TWO in his/her opinion, and mark those boxes. If only one response is given, repeat the question and obtain a second response.
- b. For telephone interviews, read ALL of the responses to the person before accepting an answer.
3. ASK questions 7 and 8, if appropriate, regardless of the answers to question 5; do not "verify" these items.

10

### Question 10, Sleep Patterns

10

10. On the average, how many hours of sleep do you get in a 24-hour period?

23-24

\_\_\_\_\_ Hours

A. Definition

Sleep--The number of hours usually slept in a 24 hour period, including daily naps.

B. Instruction

Enter the response verbatim, including fractions; for example, "7 hours, 30 minutes," or "8-1/2 hours."



<p>11. Is there a particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (14)</p>	<p>25</p>
<p>12. What kind of place is it — a clinic, a health center, a hospital, a doctor's office, or some other place?  IF HOSPITAL: Is this an outpatient clinic or the emergency room?  IF CLINIC: Is this a hospital outpatient clinic, a company clinic, or some other kind of clinic?</p>	<p>1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Hospital outpatient clinic 3 <input type="checkbox"/> Sample person's home 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center 7 <input type="checkbox"/> Other (Specify) _____</p>	<p>26</p>
<p>13. Is there ONE particular doctor you usually see at (place in 12)?</p>	<p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (N3)</p>	<p>27</p>
<p>Hand Card N2 or read reasons for telephone interview.  14. Which of these is the MAIN reason you don't have a particular place you usually go?</p>	<p>1 <input type="checkbox"/> Have two or more usual doctors or places depending on what is wrong 2 <input type="checkbox"/> Haven't needed a doctor 3 <input type="checkbox"/> Previous doctor no longer available 4 <input type="checkbox"/> Haven't been able to find the right doctor 5 <input type="checkbox"/> Recently moved to area 6 <input type="checkbox"/> Can't afford medical care 7 <input type="checkbox"/> Other reason (Specify) _____</p>	<p>28</p>

A. Objective

Data concerning the usual source of medical care will allow analysts to examine the level of utilization of medical care in relation to various health characteristics.

B. Definitions

1. Health Center--a public or private ambulatory facility generally sponsored by a unit of local government and receiving Federal funding. They are frequently called Community Health Centers or Neighborhood Health Centers since they provide medical care only to residents of a particular area.
2. Sample Person's Home--Any place the person was staying at the time of the doctor's visit. It may be the person's own home, the home of a friend or relative, a hotel room, etc.
3. Use the definitions given on page D9-4 for other types of places.

C. Instructions

1. Ask question 11 to determine whether or not there is one particular place this person usually receives health care. If the response is not "Yes" or "No" but there is indication of more than one doctor or place, reask the question emphasizing "particular" and "usually." If the response is still not yes or no, footnote the situation. If the person is bedridden but has a particular doctor come to the home to give medical care or advice consider this a "Yes" response. Do not lead the respondent by referring to a "family" or "regular" doctor.

- 2. Ask question 12 to determine the kind of place. If the response is "Hospital" or "Clinic," ask the appropriate probe question to determine if this was the outpatient clinic, emergency room, company clinic, etc. Mark the box which indicates the kind of place, not the name of the place. The categories are the same as those on the Doctor Visits page of the HIS-1.
- 3. Ask question 13 to determine if this person usually sees one particular doctor at the place specified in question 12. If the person usually sees a nurse, some other medical person, or various doctors, mark "No."
- 4a. Hand Card N2 and ask question 14 for all persons with "No" in question 11 and for those persons who did not answer "Yes" or "No" to question 11. If the person does not give a number from the card but gives a response that is exactly the same as one listed, mark the appropriate box without reasking. If the verbal response is not exactly the same as one of the listed categories, ask for a number. If the answer still doesn't fit, mark box "8 - Other reason" and enter the response verbatim. If you are given more than one number reask the question reemphasizing "MAIN."
- b. For telephone interviews, read ALL of the reasons to the person before accepting an answer.

Item N3 and Questions 15 and 16, Pap Smear/Breast Examination

<b>N3</b>	Refer to sex.	<input type="checkbox"/> Male (Section O) <input type="checkbox"/> Female (15)	29
15. About how long has it been since you had a Pap smear test?		_____ Years <input type="checkbox"/> Never <input type="checkbox"/> Less than 1 year	30-31
16a. About how long has it been since you had a breast examination by a doctor or other health professional?		_____ Years <input type="checkbox"/> Never <input type="checkbox"/> Less than 1 year	32-33
b. Do you know how to examine your own breasts for lumps?		<input type="checkbox"/> Yes <input type="checkbox"/> No (Section O)	34
c. About how many times a year do you examine your own breasts for lumps?		_____ Times per year <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Never	35-36

Instructions

- 1. Ask questions 15 and 16 only of females. Enter the responses verbatim, including fractions, or mark the appropriate box.

N3-16

N3-16

- 2a. Do not attempt to explain these tests or examinations. For example, if you are asked if question 16a refers to X-rays, mammography or just a physician's examination, explain it is whatever she considers as a breast examination. If asked, include breast examinations by nurses, physician assistants, midwives, nurse practitioners, or other health professionals.
- b. Questions 16b and c concern self-examinations only.

Section O. Injury Control and Child Safety and Health

Overall Objective

This section obtains information concerning adult awareness of ways to prevent certain types of injuries to children, methods used to accomplish this and questions on breastfeeding, which is a child health factor. This section also contains questions on certain types of safety measures used in the home.

01-2

Item 01 and Questions 1 and 2, Poison Control

01-2

<b>01</b>	Refer to household composition.	1 <input type="checkbox"/> Children under 10 in family (1) 2 <input type="checkbox"/> No children under 10 in family (03)	37
Read to respondent: These questions are about preventing injuries to children.			38
1a.	Have you ever heard about POISON CONTROL CENTERS?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (02)	
b.	Do you have the telephone number for a Poison Control Center in your area?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	39
2.	There is a medication called IPECAC (ip' i kak) SYRUP which is sometimes taken to cause vomiting after something poisonous is swallowed. Do you now have any Ipecac Syrup in this household?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	40

Instructions

1. Refer to the household composition and mark the appropriate box in 01.
2. Ask question 1 if there are children under 10 in this family to determine if the sample person is familiar with Poison Control Centers.
3. In question 1b, consider responses such as "It's in the phone book," or "I don't know it but I could get it if necessary" as "Yes." The point is that the person knows how to get the number to a Poison Control Center.

02-4

Item 02 and Questions 3 and 4, Child Safety Seats

02-4

<b>02</b>	Refer to household composition.	1 <input type="checkbox"/> Children under 5 in family (3) 2 <input type="checkbox"/> No children under 5 in family (03)	41
3.	Have you heard about child safety seats, sometimes called car safety carriers, which are designed to carry children while they are riding in a car?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (03)	42
4.	Did a doctor or other health professional EVER tell you about the importance of using car safety seats for your children?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	43

A. Definition

Doctor/Health Professional--These terms are respondent defined. If questions arise, include any person in the health care profession, including family members, such as medical doctors, osteopaths, nurses, assistants, dentists, chiropractors, etc.

02-4

02-4

B. Instructions

1. Refer to the household composition and mark the appropriate box in 02.
2. Ask question 3 if there are children under age 5 in the family to determine if the sample person is aware of child safety seats, sometimes called car safety seats or car safety carriers.
- \*3. Ask question 4 to determine if a doctor or health professional advised the sample person of the importance of their use. Mark "No" if someone else, not the sample person, was so advised by a medical person. Use the parenthetical "your" if the sample person has children under 5 in the household.

03-04

Items 03 and 04, Children Under 18

03-04

<b>03</b>	<i>Refer to household composition.</i>	<input type="checkbox"/> Children under 18 in family (04) <input type="checkbox"/> No children under 18 in family (10)												
<b>04</b>	<i>Enter person number and name of all children under 18; THEN mark box.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 70%; text-align: right;">RT73</td> <td style="width: 20%; text-align: center;">3-4</td> </tr> <tr> <td style="text-align: center;"><b>04</b></td> <td>Person Number _____</td> <td style="text-align: center;">5-6</td> </tr> <tr> <td></td> <td>First name _____</td> <td></td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Under 5 (5)  <input type="checkbox"/> 5-17 (7)         </td> <td style="text-align: center;">7</td> </tr> </table>		RT73	3-4	<b>04</b>	Person Number _____	5-6		First name _____			<input type="checkbox"/> Under 5 (5) <input type="checkbox"/> 5-17 (7)	7
	RT73	3-4												
<b>04</b>	Person Number _____	5-6												
	First name _____													
	<input type="checkbox"/> Under 5 (5) <input type="checkbox"/> 5-17 (7)	7												

Instructions

1. Refer to the household composition and mark the appropriate box in 03.
2. In item 04, enter in a separate column the person number and first name of all applicable children. Then mark the appropriate box for the first child listed. Ask questions 5-7, as appropriate, for the first child listed before asking for the next, and so on. Then complete 05-06, as appropriate, for each child.

5-7

Questions 5 through 7, Car Safety Seats, Seat Belts

5-7

5. When -- was brought home from the hospital following birth, was -- buckled in a car safety seat?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5.</td> <td style="width: 80%;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not born in hospital  <input type="checkbox"/> Didn't ride home in "car"  <input type="checkbox"/> DK         </td> <td style="width: 10%; text-align: center;">8</td> </tr> </table>	5.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not born in hospital <input type="checkbox"/> Didn't ride home in "car" <input type="checkbox"/> DK	8
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not born in hospital <input type="checkbox"/> Didn't ride home in "car" <input type="checkbox"/> DK	8		
6a. Does -- now have a car safety seat?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6a.</td> <td style="width: 80%;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK } (7)         </td> <td style="width: 10%; text-align: center;">9</td> </tr> </table>	6a.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (7)	9
6a.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (7)	9		
b. When riding in a car, is -- buckled in a car safety seat all or most of the time, some of the time, once in awhile, or never?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">b.</td> <td style="width: 80%;"> <input type="checkbox"/> All or most of the time } (NP)  <input type="checkbox"/> Some of the time  <input type="checkbox"/> Once in awhile  <input type="checkbox"/> Never  <input type="checkbox"/> DK } (7)         </td> <td style="width: 10%; text-align: center;">10</td> </tr> </table>	b.	<input type="checkbox"/> All or most of the time } (NP) <input type="checkbox"/> Some of the time <input type="checkbox"/> Once in awhile <input type="checkbox"/> Never <input type="checkbox"/> DK } (7)	10
b.	<input type="checkbox"/> All or most of the time } (NP) <input type="checkbox"/> Some of the time <input type="checkbox"/> Once in awhile <input type="checkbox"/> Never <input type="checkbox"/> DK } (7)	10		
7. When riding in a car, does -- wear a seat belt all or most of the time, some of the time, once in awhile, or never?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7.</td> <td style="width: 80%;"> <input type="checkbox"/> All or most of the time  <input type="checkbox"/> Some of the time  <input type="checkbox"/> Once in awhile  <input type="checkbox"/> Never  <input type="checkbox"/> Uses child safety seat  <input type="checkbox"/> DK         </td> <td style="width: 10%; text-align: center;">11</td> </tr> </table>	7.	<input type="checkbox"/> All or most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Once in awhile <input type="checkbox"/> Never <input type="checkbox"/> Uses child safety seat <input type="checkbox"/> DK	11
7.	<input type="checkbox"/> All or most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Once in awhile <input type="checkbox"/> Never <input type="checkbox"/> Uses child safety seat <input type="checkbox"/> DK	11		

A. Objective

Questions 5 through 7 obtain data on the utilization of car safety seats and seat belts by children while they are riding in cars.

\* Revised February 1985

5-7

5-7

**B. Definition**

Cars--If asked, cars include trucks, vans, and other vehicles that have seat belts.

**C. Instructions**

1. Insert the child's name when asking these questions so the respondent is aware of which child you are referring to.
2. If the response to question 5 indicates the child was not born in a hospital or did not ride home in a car, as defined above, mark one of those boxes.
- 3a. In question 6a, we are interested in whether the child HAS a car safety seat, regardless of whether or not it is used.
- b. Question 6b determines the frequency of use of the car safety seat.
4. Ask question 7 to determine how often children under 5 who do not use safety seats, and children aged 5-17 wear seat belts.

05-9

**Item 05 and Questions 8 and 9, Breastfeeding**

05-9

<b>05</b>	Refer to age.	<b>05</b>	<input type="checkbox"/> Under 5 (8) <input type="checkbox"/> Other (06)	12
Read to respondent: (These next questions are about breastfeeding.) <b>8. Was ---ever breastfed?</b>		<b>8.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (06)	13
<b>9. How old was --- when --- COMPLETELY stopped breastfeeding?</b>		<b>9.</b>	<input type="checkbox"/> Still breastfed _____ Age	14-16

**A. Objective**

These questions will provide data on recent breastfeeding patterns to help evaluate the effectiveness of health promotions to increase the proportion of women who breastfeed their babies.

**B. Definition**

Wet Nurse--Someone (other than the natural mother) who breastfeeds another's child (or provides "natural" milk for feeding through a bottle, medicine dispenser, glass, etc., to another's child).

**C. Instructions**

1. Mark "Yes" in question 8 if the child was ever breastfed by the mother, a wet nurse or if "mother's milk" was given to the child through a bottle, etc.
2. In question 9, be sure to record the child's age when breastfeeding was completely stopped, not the length of time since it was stopped.

06

Item 06, Respondent

06

06	Respondent	06	<input type="checkbox"/> Child's parent <input type="checkbox"/> Other	17
----	------------	----	---	----

Instruction

Mark the appropriate box in each child's column to indicate whether the sample person is that child's parent or not. You may need to refer to the relationship entries on the Household Composition Page to make this determination. Do not differentiate between biological, adoptive, or step parents. Also, mark the "Child's parent" box for foster relationships.

If the person is not the child's parent but you know based on the interview situation that this person is responsible for the child, mark "Other" and footnote the situation. For example, if the child stays with a grandmother, who is the sample person, mark "Other" and footnote "grandmother, responsible for child".

10

Question 10, Adult Safety Measures

10

10. When driving or riding in a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?	<input type="checkbox"/> All or most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Once in awhile <input type="checkbox"/> Never <input type="checkbox"/> Don't ride in car	5
---	--	---

Instruction

Ask question 10 to determine the frequency of use of seat belts by the sample person.

Questions 11 through 14, Smoke Detectors, Hot Water

<p><b>Read to respondent:</b> The next questions are about this home.</p> <p>11a. How many smoke detectors are installed in this home?</p>	<p>01 <input type="checkbox"/> Only 1 (11c) <span style="float: right;">8-7</span></p> <p>_____ Number (11b)</p> <p>00 <input type="checkbox"/> None } (12) 09 <input type="checkbox"/> DK }</p>
<p>b. How many of them are now working?</p>	<p>_____ Number (11d) <span style="float: right;">8-8</span></p> <p>00 <input type="checkbox"/> None (11f)</p>
<p>c. Is it now working?</p>	<p>1 <input type="checkbox"/> Yes <span style="float: right;">10</span> 2 <input type="checkbox"/> No } (11f) 9 <input type="checkbox"/> DK }</p>
<p>d. How do you know [it is/they are] working?</p>	<p>1 <input type="checkbox"/> Tested it/them <span style="float: right;">11</span></p> <p>1 <input type="checkbox"/> It/they went off because of smoke <span style="float: right;">12</span></p> <p>1 <input type="checkbox"/> It/they went off while cooking <span style="float: right;">13</span></p> <p>1 <input type="checkbox"/> Changed the batteries <span style="float: right;">14</span></p> <p>1 <input type="checkbox"/> The light is on <span style="float: right;">15</span></p> <p>1 <input type="checkbox"/> Beeps when battery is low <span style="float: right;">16</span></p> <p>1 <input type="checkbox"/> Other (Specify) _____ <span style="float: right;">17</span></p>
<p>e. Any other way?</p>	<p><input type="checkbox"/> Yes (Reask 11d and e) <input type="checkbox"/> No</p>
<p>f. [Is it/Are any of the smoke detectors] next to a sleeping area?</p>	<p>1 <input type="checkbox"/> Yes <span style="float: right;">18</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>12a. Do you know about what the hot water temperature is in this home?</p>	<p>1 <input type="checkbox"/> Yes <span style="float: right;">19</span> 2 <input type="checkbox"/> No (13)</p>
<p>b. About what temperature is the hot water?</p>	<p>_____ Temperature <span style="float: right;">20-22</span></p> <p>OR</p> <p>1 <input type="checkbox"/> High <span style="float: right;">23</span> 2 <input type="checkbox"/> Low 3 <input type="checkbox"/> Medium</p>
<p>c. How did you estimate the hot water temperature?</p>	<p>1 <input type="checkbox"/> The setting on hot water heater <span style="float: right;">24</span> 2 <input type="checkbox"/> Tested with thermometer 3 <input type="checkbox"/> Guessed 9 <input type="checkbox"/> Other (Specify) _____</p>
<p>13. In the past 12 months, have you (or has anyone in your household) used a thermometer to test the temperature of the hot water here?</p>	<p>1 <input type="checkbox"/> Yes <span style="float: right;">25</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>14. ABOVE what temperature will hot water cause scald injuries?</p>	<p>_____ Temperature <span style="float: right;">26-28</span></p> <p>999 <input type="checkbox"/> DK</p>



A. Objective

These questions ask about the respondent's knowledge of certain household safety features.

B. Definition

Home/household--These terms refer to single living quarters as a whole, including any areas occupied by unrelated persons or groups. Do NOT, however, include units in apartment houses not occupied by this family.

C. Instructions

1. In question 11d, enter any response verbatim that does not fit into a listed category.
2. Select the correct phrase when asking 11d and 11f. In 11d we are concerned about the smoke detectors that are working, 11b or c. In 11f we want to know if any of the smoke detectors (11a) are next to a sleeping area, regardless of whether or not they are working.
3. If it is volunteered the home is temporarily without hot water, explain that questions 12 and 13 refer to the normal situation. However, if the sample unit does not normally have a piped source of hot water, make no entries in 12 and 13, but footnote the situation and skip to question 14.
4. If the temperature is given in centigrade or celsius measure in 12b or 14, enter the response verbatim. Do not attempt to convert the answer to any other measure.
5. Omit the parenthetical phrase in question 13 in single person households.
- \* 6. If the person reports two temperatures in question 14, even after probing, for example, one for babies and one for adults, enter both in the answer or footnote space and specify the situation. Do not make an entry on the answer line.

\* Revised February 1985

**Section P. High Blood Pressure**

**Overall Objective**

This section obtains information on the degree of awareness of the risks for heart disease and stroke including certain environmental and physical factors. Information is also obtained concerning a person's own blood pressure status, medicine or treatment advised and other conditions associated with high blood pressure.

①

**Question 1, Risk Factors Associated With Heart Disease**

①

1. I am going to read a list of things which may or may not affect a person's chances of getting HEART DISEASE.	DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION	
<i>Hand Card P</i>						
After I read each one, tell me if you think it definitely increases, probably increases, probably does not, or definitely does not increase a person's chances of getting heart disease. First --						
a. Cigarette smoking? (Give me a number from the card.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6
b. Worry or anxiety?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6
c. High blood pressure?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7
d. Diabetes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8
e. Being VERY overweight?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9
f. Overwork?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	10
g. Drinking coffee with caffeine?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	11
h. Eating a diet high in animal fat?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	12
i. Family history of heart disease?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	13
j. High cholesterol?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	14

①

A. Objective

This question obtains the sample person's opinion of the effect certain factors may or may not have on the chances of getting heart disease.

B. Instructions

1. Read question 1 slowly and hand card P so the respondent is aware that a choice of opinions is offered. As you read the list, mark the appropriate box indicating to what degree the person thinks the listed behavior or condition increases, does not increase, or has no opinion as to whether it affects the chances of getting heart disease. A "Don't know" response is the same as "No opinion."
2. After reading part a, "cigarette smoking" read, "Give me a number from the card." If the response at any point in the question is "Probably," or "Definitely" rather than numbers, ask for a number.
3. If there is a break in the continuity of the series or if some extra conversation takes place, bring the respondent back into the series by reading the next factor and reasking the appropriate part of question 1. For example, "Overwork--tell me if you think it definitely increases, probably increases, probably does not or definitely does not increase a person's chances of getting heart disease."
4. Read the answer choices as often as you feel it necessary during a telephone interview.

①

② ③

Questions 2 and 3, Stroke and High Blood Pressure Association

② ③

2. The following conditions are related to having a STROKE. In your opinion, which of these conditions MOST increases a person's chances of having a stroke - diabetes, high blood pressure, or high cholesterol?	1 <input type="checkbox"/> Diabetes 2 <input type="checkbox"/> High blood pressure 3 <input type="checkbox"/> High cholesterol 4 <input type="checkbox"/> DK	15
3. Which one of the following substances in food is MOST often associated with HIGH BLOOD PRESSURE - sodium, cholesterol or sugar?	1 <input type="checkbox"/> Sodium 2 <input type="checkbox"/> Cholesterol 3 <input type="checkbox"/> Sugar 4 <input type="checkbox"/> Other (Specify) _____ 5 <input type="checkbox"/> DK	16

A. Objective

These questions obtain the sample person's opinion of certain conditions related to stroke, and certain food substances related to high blood pressure.

B. Instruction

If multiple responses are given, for example, "cholesterol and sodium," in question 3, probe to determine which the respondent feels is MOST often associated with high blood pressure and mark that category. Use this same procedure in question 2.

Questions 4 and 5, Told Had High Blood Pressure/Hypertension

<p>4. Have you EVER been told by a doctor or other health professional that you had hypertension, sometimes called high blood pressure?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No (12)                  3 <input type="checkbox"/> Only during pregnancy (12)</p>	<p>17</p>
<p>5. Were you told two or more DIFFERENT times that you had hypertension or high blood pressure?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> DK</p>	<p>18</p>

A. Objective

Many persons use the term high blood pressure and hypertension interchangeably. If the respondent selects one term, use it when asking the remaining questions. For example, if the response is, "Yes, I was told I had hypertension," use that term. On the other hand, if the response is just "Yes," use both terms.

B. Definition

Doctor/health professional--These terms are respondent defined. If questions arise, include any person in the health care profession, including family members, such as medical doctors, osteopaths, nurses, assistants, dentists, chiropractors, etc. Do NOT include, however, non-health professionals, such as friends, self, or self operated machines.

C. Instructions

1. Question 4 refers to "EVER" been told. Mark the correct box even if the condition no longer exists. For example, a woman who only had high blood pressure during pregnancy would be marked "Only during pregnancy." Also accept the term "high blood," used by some persons to mean high blood pressure.
2. If questions arise in question 5, two or more different times refers to separate contacts. For example, if the sample person was told on a single visit his/her blood pressure was high, rested, had it rechecked and was told again that it was high, count this as only one time. The person would have to be told that he/she had high blood pressure on separate visits before you could mark the "Yes" box.
3. If the person was told "high blood pressure" on one visit and "hypertension" on another visit (perhaps by two different doctors), mark "Yes" in question 5.

6. Are you NOW taking any medicine prescribed by a doctor for your hypertension or high blood pressure?	1 <input type="checkbox"/> Yes (8) 2 <input type="checkbox"/> No	19	
7a. Was any medicine EVER prescribed by a doctor for your hypertension or high blood pressure?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (8)	20	
b. Did a doctor advise you to stop taking the medicine?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	21	
8. Because of your hypertension or high blood pressure, has a doctor or other health professional EVER advised you to --	a. Diet to lose weight? 1 <input type="checkbox"/> Yes (9) 22 2 <input type="checkbox"/> No (8b)	b. Cut down on salt or sodium in your diet? 1 <input type="checkbox"/> Yes (9) 23 2 <input type="checkbox"/> No (8c)	c. Exercise? 1 <input type="checkbox"/> Yes (9) 24 2 <input type="checkbox"/> No (11)
9. Have you EVER followed this advice?	1 <input type="checkbox"/> Yes (10) 25 2 <input type="checkbox"/> No (8b)	1 <input type="checkbox"/> Yes (10) 26 2 <input type="checkbox"/> No (8c)	1 <input type="checkbox"/> Yes (10) 27 2 <input type="checkbox"/> No (11)
10. Are you NOW following this advice?	1 <input type="checkbox"/> Yes } (8b) 28 2 <input type="checkbox"/> No }	1 <input type="checkbox"/> Yes } (8c) 29 2 <input type="checkbox"/> No }	1 <input type="checkbox"/> Yes } (11) 30 2 <input type="checkbox"/> No }

A. Objective

These questions obtain data on medicine and other treatment prescribed by doctors for patients diagnosed as having hypertension or high blood pressure.

B. Definitions

1. Prescribed medicine--Any medicine obtained on a doctor's written prescription or prepared on the basis of a doctor's call to a pharmacist. Also include any medicine that cannot be purchased over the counter that was given by the doctor or nurse to the person to take during the visit or to take at home.
2. Now taking medicine--Include persons now taking medicine on a regular or irregular basis.

C. Instruction

If the response to 8a is "Yes," ask questions 9 and 10 as appropriate. Then bring the respondent back into the series by reasking question 8 and the b part. For example, "Because of your ... has a doctor or other health professional EVER advised you to cut down on salt or sodium in your diet?"

Use this same procedure if there is a break in the continuity of the series or some extra conversation takes place.

11a. Do you still have hypertension or high blood pressure?	<input type="checkbox"/> Yes (12) <input type="checkbox"/> No <input type="checkbox"/> DK	31
b. Is this condition completely cured or is it under control?	<input type="checkbox"/> Cured <input type="checkbox"/> Under control <input type="checkbox"/> DK	32
12a. ABOUT how long has it been since you LAST had your blood pressure taken by a doctor or other health professional?	_____ Number { <ul style="list-style-type: none"> <li><input type="checkbox"/> Days</li> <li><input type="checkbox"/> Weeks</li> <li><input type="checkbox"/> Months</li> <li><input type="checkbox"/> Years</li> </ul> <input type="checkbox"/> DK } (13) <input type="checkbox"/> Never }	33-35
b. Blood pressure is usually given as one number over another. Were you told what your blood pressure was, in NUMBERS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (12d)	36
c. What was your blood pressure, in NUMBERS?	_____ / _____ <input type="checkbox"/> DK	37-39
d. At that time, was your blood pressure high, low, or normal?	<input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> DK	40-42 43

A. Objective

Questions 12c and d determine how many adults are able to state their blood pressure as taken at the most recent reading by a doctor or other health professional.

B. Definitions

1. Cured/Under Control--these terms are respondent defined.
2. Doctor/Health Professional--see page D15-33.

C. Instructions

1. In 12a, indicate the length of time since the person last had his/her blood pressure taken. Do not include self-readings or the use of blood pressure machines in stores or shopping centers unless the person who did the reading was a trained professional.
2. Ask questions 12b-d to determine if the person was told whether the reading was high, low, normal, etc., if he/she was told in numbers, and if so, what those numbers were. If you are asked what is "normal" say that you are not medically trained and do not know.

11-12

b. If the person was not "told," but knows the numbers, do not mark a box in 12b but enter this information in the answer or footnote space. For example, "Not told, saw on chart". Enter the numbers in 12c.

11-12

\* c. If you are given two sets of numbers in response to 12c, such as from two readings, enter only the last set of numbers reported.

d. In 12c, enter the first number to the left of the slash (/) and the second to the right. For example, record a response of "120 over 80" as "120/80." If only part of the number is known, enter "DK" for the unknown. For example, record a response of "140 over something" as "140/DK."

13-14

Questions 13 and 14, Diabetes/Cholesterol

13-14

13. Do you NOW have diabetes or sugar diabetes?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Other (Specify) _____	44
14. Have you ever been told by a doctor or other health professional that you had high cholesterol?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	45

Instruction

Record on the "Other" line any response to 13 other than a "Yes" or "No" after reasking the question. For example, if the initial response is "I'm a borderline diabetic," reask the question. If the response is the same, mark "Other" and record "borderline diabetic." For similar situations in 14-16, enter the response in the answer or footnote space without marking a box.

15-16

Questions 15 and 16, Heart Condition/Stroke

15-16

15. Do you have any kind of heart condition or heart trouble?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	46
16. Have you ever had a stroke?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	47

Instruction

Ask these questions to determine if the person has any kind of heart condition or heart trouble and has ever had a stroke.

\* Revised June 1985

Section Q: Stress

Overall Objective

The questions in this section are designed to measure the respondent's awareness of the level of stress experienced, its effect on health and the use of stress control techniques.

① ②

Questions 1 and 2, Degree of Stress

① ②

<p>Read to respondent:</p> <p>These next questions are about stress.</p> <p>1. During the past 2 weeks, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all?</p>	<p>1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Relatively little 4 <input type="checkbox"/> Almost none 5 <input type="checkbox"/> DK what stress is (3)</p>	48
<p>2. In the past year, how much effect has stress had on your health — a lot, some, hardly any or none?</p>	<p>1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Hardly any or none</p>	49

A. Definitions

1. Stress--This term is respondent defined.
2. Past year--Since this same general period, one year ago through last Sunday night.

B. Instructions

1. Ask question 1 to determine the amount of stress experienced during the past 2 weeks.
2. Ask question 2 to determine if stress had any effect on this person's health during the past year. Accept whatever is reported.



3a. In the past year, did you think about seeking help for any personal or emotional problems from family or friends?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	50																																				
b. from a helping professional or a self-help group?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	51																																				
<b>Q1</b>	Refer to 3a and b.	1 <input type="checkbox"/> "No" in 3a and 3b (Section R) 2 <input type="checkbox"/> Other (4)	52																																				
4a. Did you actually seek any help?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Section R)	53																																				
b. From whom did you seek help? Number up to four items in the order mentioned. Do not read list.		<table border="0"> <tr> <td>Family member or relative</td> <td>54</td> <td>Gamblers Anonymous</td> <td>63</td> </tr> <tr> <td>Friend</td> <td>55</td> <td>Weight Watchers</td> <td>64</td> </tr> <tr> <td>Psychologist</td> <td>56</td> <td>Counselor at work</td> <td>65</td> </tr> <tr> <td>Psychiatrist</td> <td>57</td> <td>Counselor at school</td> <td>66</td> </tr> <tr> <td>Psychiatric social worker</td> <td>58</td> <td>Probation officer</td> <td>67</td> </tr> <tr> <td>Other mental health professional</td> <td>59</td> <td>Other (Specify)</td> <td>68</td> </tr> <tr> <td>Medical doctor</td> <td>60</td> <td></td> <td>69</td> </tr> <tr> <td>Religious counselor</td> <td>61</td> <td></td> <td>70</td> </tr> <tr> <td>Alcoholics Anonymous</td> <td>62</td> <td></td> <td></td> </tr> </table>	Family member or relative	54	Gamblers Anonymous	63	Friend	55	Weight Watchers	64	Psychologist	56	Counselor at work	65	Psychiatrist	57	Counselor at school	66	Psychiatric social worker	58	Probation officer	67	Other mental health professional	59	Other (Specify)	68	Medical doctor	60		69	Religious counselor	61		70	Alcoholics Anonymous	62			
Family member or relative	54	Gamblers Anonymous	63																																				
Friend	55	Weight Watchers	64																																				
Psychologist	56	Counselor at work	65																																				
Psychiatrist	57	Counselor at school	66																																				
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Other mental health professional	59	Other (Specify)	68																																				
Medical doctor	60		69																																				
Religious counselor	61		70																																				
Alcoholics Anonymous	62																																						
c. Anyone else?		<input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No	8178																																				

**A. Objective**

These questions enable us to determine how many adults seek help for personal or emotional problems and what types of persons provide this help.

**B. Definitions**

1. Personal/emotional problem--These terms are respondent defined.
2. Other mental health professional--Any person in the mental health profession including analysts, therapists, counselors, not elsewhere included in the listing.
3. Religious counselor--Ministers, rabbis, priests, nuns, and other religion-related persons.

C. Instructions

1. For question 4b, number (1, 2, 3, 4) up to 4 responses in the order mentioned. For example, if a person reports seeking help from "a counselor at work," and "Alcoholics Anonymous," number these "1" and "2" in the order they are mentioned. Assign each "Other" a different number.
2. Count different persons in the same field only once. For example, if the person reports seeing 2 different medical doctors, count this only once, but footnote this information.
3. If a friend was seen who is a medical doctor, or if a minister was seen who is also a marriage counselor, ask the respondent "Did you see him/her as a \_\_\_\_\_ or as a \_\_\_\_\_?" and take that response.
4. Do not count a psychiatrist as a medical doctor, count it as "Psychiatrist."
5. If the respondent reports seeking help from someone whom you cannot easily categorize, enter the response verbatim on the "Other - specify" lines provided and enter the appropriate sequence number.
6. Mark 4c "No" without asking once 4 responses, including "Others", have been indicated.
7. Following is an example of how question 4b should be completed if the response was "I saw my analyst and my "Smoke-Enders" group who both said it was my nerves, so I went to my doctor. He sent me to a neurologist who sent me to a psychiatrist."

Family member or relative	54	Gamblers Anonymous	63
Friend	55	Weight Watchers	64
Psychologist	56	Counselor at work	65
<u>4</u> Psychiatrist	57	Counselor at school	66
Psychiatric social worker	58	Probation officer	67
<u>1</u> Other mental health professional	59	Other (Specify)	
<u>3</u> Medical doctor ✓	60	<u>2</u> <u>Smoke'Enders</u>	68
Religious counselor	61	_____	69
Alcoholics Anonymous	62	_____	70

*✓ medical doctor  
' and neurologist*

## Section R. Exercise

### Overall Objective

This section contains questions to obtain an estimate of how many adults participate in physical activities, the type of activity, the amount of time spent in each activity, and the effects the activity has on a person's breathing and heart rate. Questions concerning regular exercise programs, physical work involved in a person's daily activity and strengthening the heart and lungs are also asked.

Item R1 and Questions 1 and 2, Type of Exercise

<b>R1</b>		<input type="checkbox"/> SP is physically handicapped (Describe in footnotes, THEN 1) <input type="checkbox"/> Other (2)		6
Read to respondent: These next questions are about physical exercise. Hand calendar.				
1a. In the past 2 weeks (outlined on that calendar), beginning Monday (date) and ending this past Sunday (date), have you done any exercises, sports, or physically active hobbies?		<input type="checkbox"/> Yes <input type="checkbox"/> No (3, page 13)		6
b. What were they? Record on next page, THEN 1c.				
c. Anything else?		<input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No (2b)		
<b>NOTE - ASK ALL OF 2a BEFORE GOING TO 2b-d.</b> Read to respondent: These next questions are about physical exercise. Hand calendar.		<b>NOTE: ASK 2b-d FOR EACH ACTIVITY MARKED "YES" IN 2a.</b>		
2a. In the past 2 weeks (outlined on that calendar), beginning Monday (date), and ending this past Sunday (date), have you done any (of the following) exercises, sports, or physically active hobbies?		b. How many times in the past 2 weeks did you (play/go/do) activity in 2a?		c. On the average, about how many minutes did you actually spend (activity in 2a) on each occasion?
YES NO <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> 7-9 <input type="checkbox"/> 10-12		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(1) Walking for exercise?		(1) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
<b>R2</b> Refer to age: <input type="checkbox"/> SP is 75+ (23) <input type="checkbox"/> Other (2)				14
(2) Jogging or running?		(2) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(3) Hiking?		(3) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(4) Gardening or yard work?		(4) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(5) Aerobics or aerobic dancing?		(5) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(6) Other dancing?		(6) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(7) Callisthenics or general exercise?		(7) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(8) Golf?		(8) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(9) Tennis?		(9) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(10) Bowling?		(10) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(11) Biking?		(11) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(12) Swimming or water exercises?		(12) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(13) Yoga?		(13) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
<b>R3</b> Refer to age: <input type="checkbox"/> SP is 85-74 (23) <input type="checkbox"/> Other (14)				14
(14) Weight lifting or training?		(14) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(15) Basketball?		(15) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(16) Baseball or softball?		(16) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(17) Football?		(17) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(18) Soccer?		(18) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(19) Volleyball?		(19) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(20) Handball, racquetball, or squash?		(20) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(21) Skating?		(21) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(22) Skiing?		(22) _____ Times _____ Minutes		<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> None
(23) Have you done any (other) exercises, sports, or physically active hobbies in the past 2 weeks (that I haven't mentioned)? Anything else?				
<input type="checkbox"/> Yes - What were they? <input type="checkbox"/> No				

**A. Objective**

Item R1 is designed to screen out physically handicapped persons so that you will not ask irrelevant questions.

**B. Definttion**

Physically handicapped--This term must be interpreted by you in each situation. What may be a physical handicap to one person may not be to another. Obviously, confined to a wheelchair or bedridden are physical handicaps. Include also other conditions that make it impossible to participate in one or more of the listed activities. Enter in a footnote whatever it is about the person that makes you consider him/her to be physically handicapped.

**C. Instructions**

- 1a. Ask question 1 of physically handicapped persons to obtain the types of exercises, sports, or physically active hobbies they participate in. Record each activity in question 2, either by marking the "Yes" box for that listed activity, even if the person is not in that age range, or entering it on the lines provided in item 23 if it is not listed. Do not ask 2a in these cases.
- b. If a physically handicapped person reports one or more activities, after marking the "Yes" box(es) for these activities (or entering in item 23), ask questions 2b-d for each activity marked or entered. Then go to question 3.
- c. Do not mark items R2 and R3 for these physically handicapped persons since you did not read any activities to these persons.
- \* 2a. Ask question 2a for all other sample persons. The last parenthetical phrase in question 2a, "Of the following exercises, sports, or physically active hobbies", should NOT be read for persons aged 75 and over.
- b. Refer to the sample person's age and mark R2 and R3 as required to avoid asking about activities not usually performed by those age groups.
- \*c. Include the parenthetical phrases when asking item (23) if you have received at least one "Yes" response to items (1) through (22). If a listed activity in items (2) through (22) is given in response to item (23), mark the corresponding activity instead of entering it in item (23). Use item (23) only for unlisted activities. Enter only two "other" (unlisted) activities in this item.
- \* 3. If there is a break in the continuity of the series, or if some extra conversation takes place, bring the person back into the series by asking a shortened version of 2a. For example, "In the past 2 weeks, have you done any ...?" and continue at the point the series was interrupted.
- 4a. Ask about each activity listed in question 2a before going to 2b. Ask questions 2b-d for each "Yes" in 2a. Ask 2b-d for the first activity marked "Yes" in 2a before going to the next one marked "Yes." Continue in this manner until all "Yes" activities are accounted for.

- b. When asking 2b, insert the activity you are asking about and select the proper term within the brackets. For example, ask 2b "How many times in the past 2 weeks did you play basketball?"; "How many times in the past 2 weeks did you go bowling?"; or "How many times in the past 2 weeks did you do weight lifting or training?" Ask 2c and d using the proper form of the activity. For example, ask 2c, "... how many minutes did you actually spend bowling?"
- c. If questions arise in 2c, "on the average" means just that. For example, if a person bowled one night for 1/2 hour and another night for 50 minutes, the "average" time would be 40 minutes. What we want here is the actual time the person spent doing the activity, not the total time involved, for example, the time spent bowling, not the time waiting to bowl between frames, before the first game, etc. at the bowling establishment. Use this distinction if questions arise. Obtain the respondent's best estimate if an exact average cannot be stated.
- d. If questions arise in 2d, we are interested in the usual amount of increase in heart rate OR breathing as a result of the activity. Do NOT accept responses based on other than physical factors. For example, if the respondent volunteers that the heart rate or breathing was affected by excitement, nerves, etc., probe to determine the effect of the activity itself.

## Questions 3 and 4, Regular Exercise/Sports

3. Do you exercise or play sports regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No (5)	SS
4. For how long have you exercised or played sports regularly?	_____ Number	<input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years SS-SS

A. Definition

Regular Exercise/Sports--These terms are respondent defined.

B. Instruction

In question 4, enter the response in the same time unit given by the respondent, then mark the appropriate box. Do not convert the answer to any other unit. For example, if the response is "A year and a half," enter "1-1/2" on the number line and mark the "Years" box.

5

## Questions 5, Level of Activity

5

5a. Would you say that you are physically more active, less active, or about as active as other persons your age?	<input type="checkbox"/> 1 More active <input type="checkbox"/> 2 Less active <input type="checkbox"/> 3 About as active (R4) <input type="checkbox"/> 4 Other (Specify) _____ (R4)	89
b. Is that [a lot more or a little more/a lot less or a little less] active?	<input type="checkbox"/> 1 A lot more <input type="checkbox"/> 2 A little more <input type="checkbox"/> 3 A lot less <input type="checkbox"/> 4 A little less	90

A. Definition

Physically Active--This term is respondent defined.

B. Instruction

Ask question 5 to determine the sample person's opinion of his/her physical activity as compared with other people of the same age. Physical activity is an important aspect of health maintenance and may be an indicator of health status.

R4-6

## Item R4 and Question 6, Hard Physical Work

R4-6

R4	Refer to "Wa/Wb" boxes in C1 on HIS-1.	<input type="checkbox"/> 1 Wa or Wb box marked (6a) <input type="checkbox"/> 2 Other (6c)	81
6a. How much hard physical work is required on your job? Would you say a great deal, a moderate amount, a little, or none?	<input type="checkbox"/> 1 Great deal <input type="checkbox"/> 2 Moderate amount <input type="checkbox"/> 3 A little } (7) <input type="checkbox"/> 4 None }	82	
b. About how many hours per day do you perform hard physical work on your job?	_____ Hours (7)	93-94	
c. How much hard physical work is required in your main daily activity? Would you say a great deal, a moderate amount, a little, or none?	<input type="checkbox"/> 1 Great deal <input type="checkbox"/> 2 Moderate amount <input type="checkbox"/> 3 A little } (7) <input type="checkbox"/> 4 None }	95	
d. About how many hours per day do you perform hard physical work in your main daily activity?	_____ Hours	96-97	

A. Definition

Hard Physical Work--This term is respondent defined.

B. Instructions

- Complete item R4 as instructed to determine which parts of question 6 to ask.
- If you are aware that the person has multiple jobs, or are questioned as to which job you are referring, questions 6a and b refer to the job reported in question 6 on the Demographic Background Page of the HIS-1.
- If the person does not have a job or business, "main daily activity" in 6c/d consists of whatever activity the person does most of the day.

\* Revised February 1985

7

### Question 7, Heart and Lung Fitness

7

<p><i>Read to respondent:</i> These next questions are about strengthening the heart and lungs through exercise.</p> <p>7a. How many days a week do you think a person should exercise to strengthen the heart and lungs?</p>	<p>_____ Days</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p><input type="checkbox"/> DK</p>	<p>99</p>
<p>b. For how many minutes do you think a person should exercise on EACH occasion so that the heart and lungs are strengthened?</p>	<p>_____ Minutes</p> <p><input type="checkbox"/> DK</p>	<p>99-101</p>
<p><i>Hand card R1</i></p> <p>c. (During those (number in 7b) minutes), How fast do you think a person's heart rate and breathing should be to strengthen the heart and lungs?</p> <p>Do you think that the heart and breathing rate should be —</p> <p>no faster than usual, a little faster than usual, a lot faster but talking is possible, so fast that talking is not possible?</p>	<p><input type="checkbox"/> No faster than usual</p> <p><input type="checkbox"/> A little faster than usual</p> <p><input type="checkbox"/> A lot faster but talking is possible</p> <p><input type="checkbox"/> So fast that talking is not possible</p> <p><input type="checkbox"/> DK</p>	<p>102</p>

#### A. Objective

Question 7 is designed to measure the awareness of the level of exercise believed to promote cardiovascular fitness.

#### B. Instructions

1. Ask question 7 to obtain this person's opinion of the frequency and extent of exercise required to maintain heart and lung well-being.
2. If a time period other than minutes is reported in 7b, reask the question. If the response is still something other than minutes, enter the response verbatim in the answer space.
3. Use the parenthetical phrase in 7c and the "Time" entered in 7b, as appropriate.
4. Read all categories even if you are conducting a personal interview and have given the respondent the card.



Section S. Smoking

Overall Objective

Questions 1 through 3 concerning smoking are the same as those presented in Section M but are asked of persons who were not included in that section; that is, females who are not currently pregnant and have not given birth in the past 5 years, as well as all males.

S1-3

Item S1 and Questions 1 through 3, General Smoking Habits

S1-3

<p><b>S1</b></p>	<p>Refer to "Smoking asked" box on HIS-1.</p>	<p>1 <input type="checkbox"/> "Smoking asked" box marked (4)                  2 <input type="checkbox"/> Other (1)</p>	<p>5</p>
<p>Read to respondent:                  These next questions are about smoking cigarettes.</p>			
<p>1. Have you smoked at least 100 cigarettes in your entire life?</p>		<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No (4)</p>	<p>6</p>
<p>2a. Do you smoke cigarettes now?</p>		<p>1 <input type="checkbox"/> Yes (3)                  2 <input type="checkbox"/> No</p>	<p>7</p>
<p>b. About how long has it been since you last smoked cigarettes fairly regularly?</p>		<p>Number <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Days} \\ 2 \text{ <input type="checkbox"/> Weeks} \\ 3 \text{ <input type="checkbox"/> Months} \\ 4 \text{ <input type="checkbox"/> Years} \end{array} \right\}</math> (4)</p> <p>333 <input type="checkbox"/> Never smoked regularly (4)</p>	<p>8-10</p>
<p>3. On the average, about how many cigarettes a day do you now smoke?</p>		<p>00 <input type="checkbox"/> Less than 1 per day</p> <p>Number</p>	<p>11-12</p>

Instructions

1. Refer to the "Smoking asked" box on the HIS-1 and mark S1 accordingly.
2. The instructions and definitions are the same as those in Section M for these same questions.

**Question 4. Conditions Associated With Cigarette Smoking**

4. (These next questions are about smoking cigarettes.) (Hand Card S) Tell me if you think CIGARETTE SMOKING definitely increases, probably increases, probably does not, or definitely does not increase a person's chances of getting the following problems. First --		DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION		
a. Emphysema? (Give me a number from the card.)		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	13	
b. Bladder cancer?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	14	
c. Cancer of the larynx (lar'inks) or voice box?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	15	
d. Cataracts?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	16	
e. Cancer of the esophagus?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	17	
f. Chronic bronchitis?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	18	
g. Gallstones?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	19	
h. Lung cancer?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	20	
<b>S2</b>	Refer to age.	1 <input type="checkbox"/> SP is under 45 (4)					2 <input type="checkbox"/> SP is 45 + (S3)	21
<b>Read to respondent:</b> Does cigarette smoking during pregnancy definitely increase, probably increase, probably not or definitely not increase the chances of		DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION		
i. Miscarriage?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	22	
j. Stillbirth?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	23	
k. Premature birth?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	24	
l. Low birth weight of the newborn?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	25	

**A. Objective**

These questions obtain the sample person's opinion of the effect cigarette smoking has on certain health problems, including those associated with pregnancy and childbirth.

**B. Definition--**These terms are all respondent defined.

4

4

C. Instructions

1. Include the statement in braces to introduce the section if box 1 is marked in S1, that is, some smoking questions were asked previously.
2. Read question 4 slowly and hand card S so the sample person is aware that a choice of opinions is offered. As you read the list, mark the box indicating to what degree the person thinks cigarette smoking increases, does not increase or has no opinion as to whether it affects the chances of getting the listed conditions.
3. After reading part a, "Emphysema," read "Give me a number from the card." If the response at any point in the question is "Probably," "Definitely," remind the person to give you a number.
4. If there is a break in the continuity of the series or if some extra conversation takes place, bring the respondent back into the series by reasking the appropriate part of question 4 and reading the next condition. For example, "Tell me if you think cigarette smoking definitely increases, probably increases, probably does not or definitely does not increase a person's chances of getting gallstones?"
5. Complete Item S2 based on the person's age.
6. Read the answer choices as often as you feel it necessary for telephone interviews.

5 6

Questions 5 and 6, Birth Control Pills/Smoking

5 6

5a. If a woman takes birth control pills, is she more likely to have a stroke if she smokes than if she does not smoke?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (S3)	26
b. Is she much more likely or somewhat more likely to have a stroke?		<input type="checkbox"/> Much more <input type="checkbox"/> Somewhat more	27
<b>S3</b>	Refer to 1.	<input type="checkbox"/> "Yes" in 1 (6) <input type="checkbox"/> Other (Section T)	28
6. Did a doctor EVER advise you to quit or cut down on smoking?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	29

Instructions

1. Ask question 5 of both males and females to obtain the sample person's opinion of the effect the combination of birth control pills and cigarette smoking has on a woman's chances of having a stroke. Do NOT attempt to define "birth control pills" for the respondent.
2. Complete item S3 based on the entry in question 1.
3. Ask question 6 to determine if a doctor EVER advised this person to quit or to cut down on smoking.

Section T. Alcohol Use

Overall Objective

Information on alcohol use allows analysts to compare consumption rates and the health status of people who drink with people who do not drink. These questions also obtain information on the awareness of the risks of certain diseases which may or may not result because of alcohol drinking. All of these questions refer to any alcoholic beverages, that is, beer, wine and liquor.

Question 1, Drink During Entire Life

①

①

<p><i>Read to respondent:</i> These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey, rum, gin, or vodka, and beer, and wine, and any other type of alcoholic beverage.</p> <p>1a. In YOUR ENTIRE LIFE have you had at least 12 drinks of ANY kind of alcoholic beverage?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (1d)</p>	30
<p>b. In ANY ONE YEAR have you had at least 12 drinks of ANY kind of alcoholic beverage?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (1d)</p>	31
<p>c. Have you had at least one drink of beer, wine, or liquor during the PAST YEAR?</p>	<p>1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No</p>	32
<p>d. What is your MAIN reason for not drinking (in the past year)?</p>	<p>00 <input type="checkbox"/> No need/not necessary 01 <input type="checkbox"/> Don't care for/dislike it 02 <input type="checkbox"/> Medical/health reasons 03 <input type="checkbox"/> Religious/moral reasons 04 <input type="checkbox"/> Brought up not to drink 05 <input type="checkbox"/> Costs too much 06 <input type="checkbox"/> Family member an alcoholic or problem drinker 07 <input type="checkbox"/> Infrequent drinker 08 <input type="checkbox"/> Other (Specify)</p>	33-34

A. Objective

This question identifies non-drinkers (less than 12 drinks during their entire life) and occasional drinkers and determines the reason for not drinking.

B. Definitions

1. Liquor--All types of liquor, including brandy and liqueurs, such as amaretto, creme de menthe, etc. Include other distilled beverages, such as scotch, Canadian and blended whiskeys, tequila, etc.
2. Beer--All types of beer, including stout, ale, malt liquor, or light beer.
3. Wine--All types of wine, including port, sherry, sangria, or champagne.

1

- 4. Drinks--This term refers to whole drinks, not just "tastes."
- 5. Any One Year--This term refers to any 12 month period, as determined by the sample person.
- 6. Past Year--Since this same general period, one year ago through last Sunday night.

1

C. Instructions

- 1. Read the introduction, then ask 1a about drinking during the sample person's entire life. Question 1b is similar, but concerns drinking during any one year, as defined by the person.
- 2. In question 1d, mark the box which most closely summarizes the MAIN reason for not drinking. If more than one is given, probe for the main reason and mark that box. Include the parenthetical "in the past year" if "No" is marked in 1c.

2 3

Questions 2 and 3, Average Number of Drinks

2 3

<p>2. In the past 2 WEEKS (outlined on that calendar), beginning Monday (date) and ending this past Sunday (date), on how many days did you drink any alcoholic beverages, such as beer, wine, or liquor?</p> <p>Use list to probe, if necessary.</p>	<p>01 <input type="checkbox"/> 14 (Every day)  02 <input type="checkbox"/> 13-14  03 <input type="checkbox"/> 13  04 <input type="checkbox"/> 12-13  05 <input type="checkbox"/> 12  06 <input type="checkbox"/> 11-12  07 <input type="checkbox"/> 11  08 <input type="checkbox"/> 10-11  09 <input type="checkbox"/> 10  10 <input type="checkbox"/> 9-10  11 <input type="checkbox"/> 9</p>	<p>12 <input type="checkbox"/> 8-9  13 <input type="checkbox"/> 8  14 <input type="checkbox"/> 7-8  15 <input type="checkbox"/> 7  16 <input type="checkbox"/> 6-7  17 <input type="checkbox"/> 6  18 <input type="checkbox"/> 5-6  19 <input type="checkbox"/> 5  20 <input type="checkbox"/> 4-5  21 <input type="checkbox"/> 4  22 <input type="checkbox"/> 3-4</p>	<p>23 <input type="checkbox"/> 3  24 <input type="checkbox"/> 2-3  25 <input type="checkbox"/> 2  26 <input type="checkbox"/> 1-2  27 <input type="checkbox"/> 1  00 <input type="checkbox"/> None/Never (4)  99 <input type="checkbox"/> DK</p>	35-36
<p>3. On the (number in 2) days that you drank alcoholic beverages, how many drinks did you have per day, on the average?</p> <p>Use list to probe, if necessary.</p>	<p>01 <input type="checkbox"/> Twelve or more  02 <input type="checkbox"/> Seven to eleven  03 <input type="checkbox"/> Six  04 <input type="checkbox"/> Five or six  05 <input type="checkbox"/> Five  06 <input type="checkbox"/> Four or five  07 <input type="checkbox"/> Four</p>	<p>08 <input type="checkbox"/> Three or four  09 <input type="checkbox"/> Three  10 <input type="checkbox"/> Two or three  11 <input type="checkbox"/> Two  12 <input type="checkbox"/> One or two  13 <input type="checkbox"/> One  99 <input type="checkbox"/> DK</p>	37-38	

Instructions

- 1. Ask question 2 to obtain the frequency of this person's drinking during the past 2 weeks. Use the answer categories as a probe, if necessary.
- 2. Ask question 3 to obtain the average number of drinks consumed on the days the person drank. Insert the number of days entered in 2 when asking question 3. Use the answer categories to probe if necessary.
- 3. If the response to question 2 is "Don't know," ask question 3 "On the days that you drank ...?"

4

### Question 4, Drinking Typical of Past 12 Months

4

4a. Was the amount of your drinking during that 2-WEEK period typical of your drinking during the past 12 months?	<input type="checkbox"/> Yes (5) <input type="checkbox"/> No	38
b. Was the amount of your drinking during that 2-WEEK period more or less than your drinking during the past 12 months?	<input type="checkbox"/> More <input type="checkbox"/> Less	40

#### A. Definition

Amount/Typical--the quantity and frequency of drinking which was usual for the sample person.

#### B. Instruction

Ask question 4 to determine if the person's drinking during the past 2 weeks, as reported in questions 2 and 3, was typical of his/her drinking during the past 12 months.

5-7

### Questions 5 through 7, Drinking Past 12 Months

5-7

5. During the past 12 months, in how many MONTHS did you have at least one drink of ANY alcoholic beverage?	_____ Months 41-42
6. During [that month/those months], on how many DAYS did you have 9 or more drinks of ANY alcoholic beverage?	_____ Days <input type="checkbox"/> None or never 43-48
7. During [that month/those months], on how many DAYS did you have 5 or more drinks of ANY alcoholic beverage? (Include the number in 6) days you had 9 or more drinks.)	_____ Days <input type="checkbox"/> None or never 45-48

#### Instructions

1. If "1" is entered in 5, use "that month" when asking question 6.
2. Use this same procedure when asking question 7 and include the number entered in 6 on the "days" line.

8

### Question 8, Drink When Driving

8

8. During the past year, how many times did you drive when you had perhaps too much to drink?	_____ Times <input type="checkbox"/> None <input type="checkbox"/> Don't drive 49-51
---	---

#### Instruction

Ask this question to determine if the sample person drove when he/she had perhaps too much to drink. "Too much" is respondent defined.

**Question 9, Conditions Associated With Drinking**

9

9

		DEFINITELY	PROBABLY	PROBABLY	DEFINITELY	DK/NO	
		INCREASES	INCREASES	DOES NOT INCREASE	DOES NOT INCREASE	OPINION	
<b>9. (Hand Card T) Tell me if you think HEAVY ALCOHOL DRINKING definitely increases, probably increases, probably does not, or definitely does not increase a person's chances of getting the following problems. First —</b>							
a. Throat cancer? (Give me a number from the card.)		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	52
b. Cirrhosis of the liver?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	53
c. Bladder cancer?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	54
d. Cancer of the mouth?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	55
e. Arthritis?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	56
f. Blood clots?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	57
							58
<b>T1</b>	Refer to age.	1 <input type="checkbox"/> SP is under 45 (9g) 2 <input type="checkbox"/> SP is 45+ (Section U)					
<i>Read to respondent :</i>							
Does heavy drinking during pregnancy definitely increase, probably increase, probably not or definitely not increase the chances of —		DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION	
g. Miscarriage?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	59
h. Mental retardation of the newborn?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	60
i. Low birth weight of the newborn?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	61
j. Birth defects?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	62

**A. Objective**

These questions obtain the sample person's opinion of the effect heavy alcohol drinking has on getting certain health problems, including those associated with pregnancy and childbirth.



9

B. Definition--These terms are all respondent defined.

9

C. Instructions

1. Read question 9 slowly and hand card T so the sample person is aware that a choice of opinions is offered. As you read the list, mark the box indicating to what degree the person thinks heavy drinking increases, does not increase or has no opinion as to whether it affects the chances of getting the listed conditions.
2. After reading part a, "Throat cancer," read "Give me a number from the card." If the response at any point in the question is "Probably," "Definitely," ask for a number.
3. If there is a break in the continuity of the series or if some extra conversation takes place, bring the respondent back into the series by reasking the appropriate part of question 9 and reading the next condition. For example, "Tell me if you think heavy alcohol drinking definitely increases, probably increases, probably does not or definitely does not increase a person's chances of getting arthritis."
4. Complete item T1 based on the person's age.
5. Read the answer choices as often as you feel it necessary for telephone interviews.

10

Question 10, Fetal Alcohol Syndrome

10

10a. Have you ever heard of FETAL ALCOHOL SYNDROME?	1 <input type="checkbox"/> Yes	63
	2 <input type="checkbox"/> No (Section U)	
b. In your opinion, which ONE of the following best describes Fetal Alcohol Syndrome -- a baby is born drunk, or born addicted to alcohol, or born with certain birth defects?	1 <input type="checkbox"/> Drunk 2 <input type="checkbox"/> Addicted to alcohol 3 <input type="checkbox"/> With certain birth defects	64

Instructions

1. Ask question 10a to determine the sample person's awareness of fetal alcohol syndrome.
2. Ask 10b to determine what the person thinks BEST describes this term. If more than one response is given, probe for the one the person thinks BEST describes fetal alcohol syndrome.

Section U. Dental Care

Overall Objective

These questions determine the sample person's ability to identify the principal risk factors related to dental disease and awareness of measures to control these diseases.

Question 1 and 2, Dental Health Factors

1 2

1 2

1. This next question is about preventing TOOTH DECAY. Hand Card U. After I read each of the following, tell me if you think it is definitely important, probably important, probably not, or definitely not important in preventing TOOTH DECAY. First —	DEFINITELY IMPORTANT	PROBABLY IMPORTANT	PROBABLY NOT IMPORTANT	DEFINITELY NOT IMPORTANT	DK/NO OPINION	
a. Seeing a dentist regularly? (Give me a number from the card.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	65
b. Drinking water with fluoride from early childhood?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	66
c. Regular brushing and flossing of the teeth?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	67
d. Using fluoride toothpaste or fluoride mouth rinse?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	68
e. Avoiding between-meal sweets?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	69
2. Now I'm going to ask about preventing GUM DISEASE. In your opinion, how important or not important is each of the following in preventing GUM DISEASE? First —						
a. Seeing a dentist regularly?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	70
b. Drinking water with fluoride from early childhood?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	71
c. Regular brushing and flossing of the teeth?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	72
d. Using fluoride toothpaste or fluoride mouth rinse?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	73
e. Avoiding between-meal sweets?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	74

Instructions

1. Read question 1 slowly and hand card U1 so the sample person is aware that a choice of opinions is offered. As you read the list, mark the box indicating to what degree the person thinks these factors are important, not important or has no opinion as to the importance in preventing tooth decay.

1 2

2. After reading part a "Seeing a dentist regularly," read "Give me a number from the card." If the response at any point in the question is "Probably," "Definitely," ask for a number.

1 2

3. If there is a break in the continuity of the series or if some extra conversation takes place, bring the respondent back into the series by reasking the appropriate part of question 1 and reading the next factor. For example, "Regular brushing and flossing of the teeth--do you think it is definitely important, probably important, probably not or definitely not important in preventing tooth decay?"

4. Handle question 2 in the same manner as question 1. Be sure to emphasize "Tooth decay" in question 1 and "Gum disease" in question 2 so the person will know there are two different conditions involved.

5. Read the answer choices as often as you feel it necessary for telephone interviews.

3 4

### Questions 3 and 4, Tooth Loss

3 4

3. In your opinion, which of the following is the MAIN cause of tooth loss in CHILDREN - tooth decay, gum disease, or injury to the teeth?	<input type="checkbox"/> 1 Tooth decay <input type="checkbox"/> 2 Gum disease <input type="checkbox"/> 3 Injury to the teeth	75
4. In your opinion, which of the following is the MAIN cause of tooth loss in ADULTS - tooth decay, gum disease, or injury to the teeth?	<input type="checkbox"/> 1 Tooth decay <input type="checkbox"/> 2 Gum disease <input type="checkbox"/> 3 Injury to the teeth	76

#### Instruction

Ask questions 3 and 4 to determine the sample person's opinion of the MAIN cause of tooth loss in children and adults. If more than one reason is given, probe for the MAIN reason and mark that box. If a response not listed is given after repeating the question, enter it in the answer space. For example, if the response to question 4 is "The main reason is that kids naturally lose their teeth when the permanent ones come in," record that response.

5

### Question 5, Dental Sealants

5

5a. Have you ever heard of DENTAL SEALANTS?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Section V)	77
b. Which of the following BEST describes the purpose of dental sealants - to prevent gum disease, to prevent tooth decay, or to hold dentures in place?	<input type="checkbox"/> 1 Prevent gum disease <input type="checkbox"/> 2 Prevent tooth decay <input type="checkbox"/> 3 Hold dentures in place	78

#### A. Objective

We want to determine how many persons are aware of this procedure and the purpose for which it is done.

**B. Instructions**

1. Ask question 5a to determine if the person is aware of this procedure.
2. Ask 5b to determine what the respondent thinks BEST describes the purpose of dental sealants. If more than one response is given, probe for the one that BEST describes the purpose of dental sealants.

**Section V. Occupational Safety and Health**

**Overall Objective**

Sample persons' awareness of occupational health and safety risks and their potential consequences will be analyzed in relation to their present occupation. Verbatim responses will be coded into hazard categories, therefore, legible entries are required.

V1-1

**Item V1 and Question 1, Dangerous Substances**

V1-1

<b>V1</b>	Refer to "Wa/Wb" boxes in C1 on HIS-1.	<input type="checkbox"/> Wa or Wb box marked (1) <input type="checkbox"/> Other (Cover page)	5																						
Read to respondent: These questions are about your present job.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (2)																							
1a. In your present job, are you exposed to any SUBSTANCES that could endanger your health, such as chemicals, dusts, fumes, or gases?		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: center;">SUBSTANCE 1</th> <th style="width:50%; text-align: center;">SUBSTANCE 2</th> </tr> <tr> <td style="text-align: right;">7-8</td> <td style="text-align: right;">17-18</td> </tr> <tr> <td style="text-align: right;">9-16</td> <td style="text-align: right;">19-20</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td style="text-align: right;">99 <input type="checkbox"/> DK</td> <td style="text-align: right;">99 <input type="checkbox"/> DK</td> </tr> </table>		SUBSTANCE 1	SUBSTANCE 2	7-8	17-18	9-16	19-20															99 <input type="checkbox"/> DK	99 <input type="checkbox"/> DK
SUBSTANCE 1	SUBSTANCE 2																								
7-8	17-18																								
9-16	19-20																								
99 <input type="checkbox"/> DK	99 <input type="checkbox"/> DK																								
b. What substances are you exposed to that could endanger your health? Enter each substance in a separate column. Any others?		RT80																							
Ask 1c for each response in 1b.		RT80																							
c. How can (response in 1b) endanger your health? Record verbatim response(s). Any other way?		RT80																							

**Instructions**

- \*1. Refer to the "Wa/Wb" boxes in C1 of the HIS-1 and mark V1 accordingly. If you are aware that the person has multiple jobs, or are questioned as to which job you are referring, these questions refer to the job recorded in question 6 on the Demographic Background page of the HIS-1.
- 2a. Ask question 1a to determine if the sample person is exposed to any substances in the present job that could endanger his/her health.
- b. Ask question 1b to determine what these substances are and record the responses verbatim in the chart to the right. Record the first substance mentioned under "Substance 1," the second mentioned under "Substance 2," etc., for up to six substances. Ask "Any others" until the response is "No." If more than six substances are reported, footnote them but do not ask any further questions about them.
- \* Responses of "Chemicals", "Poisonous gases," etc., are acceptable. It is not necessary to probe for the type of chemical or gas.

\* Revised February 1985

VH

V1-1

- 3a. Ask question 1c to determine how each substance can endanger the person's health. Insert in the parentheses the response under "Substance 1," and list the health effects verbatim on the lines in that column. Ask "Any other way?" until you receive a "No" response before going to the next substance. Mark the "DK" box if the respondent does not know any health effects from that substance.
- b. Next, ask question 1c for the response under "Substance 2" and record those health effects in that column. Always ask "Any other way?" before going to the next substance. Repeat question 1c for each substance reported.

Question 2, Dangerous Work Conditions

2

2

<p>2a. In your present job, are you exposed to any WORK CONDITIONS that could endanger your health, such as loud noise, extreme heat or cold, physical or mental stress, or radiation?</p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No          3 <input type="checkbox"/> DK } (3)</p>	<p>3-4 5</p>
<p>b. What work conditions are you exposed to that could endanger your health?          Enter each work condition in a separate column.          Any others?</p>	<p>WORK CONDITION 1 6-7</p>	<p>WORK CONDITION 2 16-17</p>
<p>Ask 2c for each response in 2b.</p>	<p>8-15</p>	<p>18-25</p>
<p>c. How can (response in 2b) endanger your health?          Record verbatim response(s).          Any other way?</p>	<p>99 <input type="checkbox"/> DK</p>	<p>99 <input type="checkbox"/> DK</p>

Instructions

- 1a. Ask question 2a to determine if the sample person is exposed to any work conditions that could endanger his/her health.
- b. Ask question 2b to determine what these work conditions are and record the responses verbatim in the chart to the right as described for question 1b.
2. Ask question 2c to determine how each work condition can endanger the person's health. Record the responses verbatim exactly as described for question 1c.

Question 3, Risks of Accidents or Injuries

<p>3a. In your present job are you exposed to any risks of accidents or injuries?</p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No          9 <input type="checkbox"/> DK } (Cover Page)</p>	66
<p>b. What (other) risks of accidents or injuries are you exposed to?          Record verbatim response(s).</p>	<p>67-86</p> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>c. Any others?</p>	<p><input type="checkbox"/> Yes (Reask 3b and c)  <input type="checkbox"/> No  <input type="checkbox"/> DK } (Cover Page)</p>	

Instruction

Ask question 3a to determine if the person is exposed to any risks of accidents or injuries. Ask question 3b to determine what these risks are, and record the responses verbatim on the lines provided. Ask 3c, "Any others?" until a "No" response is received. If any previously recorded responses are again reported here, record them again in this question.

CHAPTER 16. ITEM E AND TABLE X

(E)

Item E

(E)

E	If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit →	If in AREA OR BLOCK SEGMENT, also enter for FIRST unit listed on property →	LISTING SHEET	
			Sheet number	Line number

A. Objective

Item E is filled on questionnaires prepared for EXTRA units. The information is utilized by the regional office in assigning serial numbers.

B. Instructions

Fill item E on a questionnaire for an EXTRA unit by entering the control number of the original sample unit and, if the EXTRA unit is in an area or block segment, by entering the listing sheet and line number of the first unit listed on the same property as the original sample unit.





# Table X



TABLE X - LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS						
ADDRESS OF ADDITIONAL LIVING QUARTERS	LOCATION OF UNIT	SEPARATENESS AND FACILITIES		CLASSIFICATION	AREA AND BLOCK SEGMENTS	FERRY SEGMENTS
If already listed, fill sheet and line number below and skip Table X. Otherwise, enter basic address and unit address, if any, OR description of location.	Is this a unit in a special place?	Do the occupants (or intended occupants) of (address in col. (1)) live and eat separately from all other persons on the property?		Does (address in col. (1)) have direct access from the outside or through a common hall?	N - Not a separate unit include on this questionnaire. Separate unit - Do not include on this questionnaire. Complete the appropriate segment type column for interviewing instructions. HU OT	Is this unit within the segment boundaries? Is this unit within the same structure as the original sample unit?
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sheet _____ Line _____	<input type="checkbox"/> Yes - Skip to col. (5) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to col. (5) and mark N	<input type="checkbox"/> Yes - Mark HU in col. (5) <input type="checkbox"/> No - Mark N in col. (5)	<input type="checkbox"/> N - Stop Table X for this line <input type="checkbox"/> HU - Fill col. (6) or (7), as appropriate <input type="checkbox"/> OT - Fill col. (6) or (7), as appropriate	<input type="checkbox"/> Yes - Interview as an EXTRA unit <input type="checkbox"/> No - Do not interview	<input type="checkbox"/> Yes - List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No - Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes - Skip to col. (5) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to col. (5) and mark N	<input type="checkbox"/> Yes - Mark HU in col. (5) <input type="checkbox"/> No - Mark N in col. (5)	<input type="checkbox"/> N - Stop Table X for this line <input type="checkbox"/> HU - Fill col. (6) or (7), as appropriate <input type="checkbox"/> OT - Fill col. (6) or (7), as appropriate	<input type="checkbox"/> Yes - Interview as an EXTRA unit <input type="checkbox"/> No - Do not interview	<input type="checkbox"/> Yes - List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No - Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes - Skip to col. (5) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to col. (5) and mark N	<input type="checkbox"/> Yes - Mark HU in col. (5) <input type="checkbox"/> No - Mark N in col. (5)	<input type="checkbox"/> N - Stop Table X for this line <input type="checkbox"/> HU - Fill col. (6) or (7), as appropriate <input type="checkbox"/> OT - Fill col. (6) or (7), as appropriate	<input type="checkbox"/> Yes - Interview as an EXTRA unit <input type="checkbox"/> No - Do not interview	<input type="checkbox"/> Yes - List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No - Do not interview

NOTE: Be sure to continue interview for original unit after completing Table X for all lines.

## A. Objective

- \* Table X is used to record information to help determine whether the reported living quarters is a part of the unit being interviewed or is occupied or intended for occupancy as separate living quarters and should be interviewed as an EXTRA unit or added to the listing sheet.

\*Revised June 1985

**B. Instructions**

Use a separate line of Table X for each living quarters reported; for example, if the respondent reports there are living quarters in the basement and on the second floor, you would fill one line for the basement and another line for the second floor.

**1. Column (1)**

- a. If the unit in question is already listed on the listing sheet, enter the sheet and line number that the unit is listed on, in the space provided; then stop.
- b. If the unit in question is NOT listed on the listing sheet, enter the basic and unit (specific) address of the living quarters or a description of each space you are inquiring about; for example, "2nd floor left", "1st floor rear", or "basement".

**2. Column (2)**

Mark "Yes" or "No" in column (2) based upon whether or not the address is in a special place. If the address is in a special place, refer to Table A in part C to determine whether or not the address is a separate housing unit or OTHER unit. Then skip to column (5) and mark the appropriate box. If the address is not in a special place, go to column (3).

**3. Columns (3) and (4)**

For addresses not located in special places the questions in these columns will determine whether or not the living quarters is a separate housing unit.

**a. Column (3)**

Mark "Yes" or "No" in column (3) based upon whether or not the occupants or intended occupants of the address in column (1) live and eat separately from all other persons on the property. (See part C, topic 10 for definition of separateness.)

- If "Yes", go to column (4).
- If "No" skip to column (5) and mark the "N" box.

**b. Column (4)**

In column (4) indicate whether or not the address in column (1) has direct access from the outside or through a common hall. See part C, topic 10, for definition of direct access.

- If "Yes", go to column (5) and mark the "HU" box.
- If "No", go to column (5) and mark the "N" box.



Table X (Continued)



4. Column (5)

Mark in column (5) the classification of the living quarters identified by the address in column (1). Do this based upon the responses to the questions in columns (2) and (4) (plus information from Table A in part C if applicable).

- o If you mark "N," indicating that the address in column (1) does not identify separate living quarters, stop filling Table X for this line. Consider the additional living quarters on this line as part of the original sample unit and include any occupants of it on the HIS-1 questionnaire prepared for the original sample unit.
- o If you mark "HU" or "OT," indicating that the address in column (1) identifies separate living quarters, fill column (6) or (7), depending on the segment type.

5. Columns (6) and (7)

- \* Fill column (6) or column (7), depending on the type of segment in which the separate living quarters is located. Determine if the unit meets the criteria, as listed at the top of the appropriate column.
- \*
  - If the unit does meet the criteria, mark "Yes" in the appropriate column. For an EXTRA unit in Area or Block Segments, prepare a separate HIS questionnaire. Continue the interview with the original sample unit. For an unlisted unit in a Permit Segment, add the unit to the Listing Sheet and prepare a separate HIS-1 questionnaire if the unit is listed on a current sample line. Continue the interview with the original sample unit.
  - If the unit does not meet the criteria, mark "No" in the appropriate column and do not prepare an HIS questionnaire. Continue the interview for the original sample unit.

CHAPTER 17. PROCEDURES FOR EXTRA UNITS AND MERGED UNITS

A. Definitions

1. EXTRA Unit--An unlisted unit, found at the sample address at time of interview. For a more complete discussion of EXTRA units, refer to part C, topic ⑧ .
2. Merged Unit--A unit which is formed by the combination of two or more units. The resulting unit may or may not be in the current sample.

B. Instructions

EXTRA UNITS

1. Prepare an HIS-1 questionnaire for each EXTRA unit, whether occupied or vacant.
  - a. Transcribe heading items 2 through 4 from the questionnaire for the original unit.
  - b. ~~Transcribe PSU and segment number to item 5 but leave the space for serial number blank.~~
  - c. Item 7, YEAR BUILT--Mark the "Ask" or "Do not ask" box the same as for the original unit.
  - d. Item 9, LAND USE--Mark the "URBAN/RURAL" boxes the same as for the original sample unit.
  - e. Fill item E on the back of the questionnaire for the EXTRA unit.
  - f. If the EXTRA unit is occupied, complete the interview in the usual fashion. If the EXTRA unit is vacant, fill the questionnaire as you would for any vacant unit.

See page E1-18 for items which must be filled prior to transmittal.

2. Prepare an INTER-COMM; fill the heading items and explain how the EXTRA unit was discovered. Attach the INTER-COMM to the forms for the EXTRA unit.

## MERGED UNITS

1. To determine if the merged unit should be interviewed, see part C, topic (14), of the manual.
2. For merged units discovered at time of updating, see part C, topic (14).
3. Questionnaires
  - a. First Unit Involved in Merger--A Current Sample Unit--If the first of the listed units which are involved in the merger is a unit for which you have a questionnaire, interview the merged unit on that questionnaire. If the merger also involves any other units for which you have questionnaires, return those questionnaires as "Type C-merged."
  - b. First Unit Involved in Merger--Not a Current Sample Unit--If the first of the listed units involved in the merger is not a current sample unit but the merger involves one or more other units for which you do have questionnaires, return the questionnaires as "Type C-merged."
- \* c. On the Questionnaire Used for the Merger--Enter in item 6a the complete description or address of the units now merged.
4. In addition to the entries required on the questionnaires for merged units, certain notations must be made on the listing sheet. For these instructions, refer to part C, topic (14).
5. Prepare an INTER-COMM; fill the heading items and specify sheet and line numbers of the merged units. Attach the INTER-COMM to the forms for the merged units.

\*Revised June 1985

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**PART E**

**INTERVIEWING TECHNIQUES AND ADMINISTRATIVE**

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## CHAPTER 1. INTERVIEWING TECHNIQUES

### A. Your Role as an Interviewer

You must play two roles as an interviewer.

#### 1. Technician

You are a technician who applies standard techniques to each interview. The standard techniques, detailed in parts A through D of your Interviewer's Manual, ensure that the data collected by all HIS interviewers are accurate and reliable. Since all interviewers apply the same techniques, the results of the interviews from across the country can be combined to provide valid statistical totals on the health of the Nation's population.

#### 2. Diplomat

You should show a sincere understanding and interest in the respondent, and create a friendly but businesslike atmosphere in which the respondent can talk truthfully and fully. You should begin building a harmonious relationship with the respondent when he or she first answers the door. ~~Maintain the rapport throughout the interview to ensure full and valid information.~~

During an interview, if rapport is broken because the respondent finds a particular question "too personal," you would be wise to take a little time to reassure the respondent regarding the impersonal, and confidential nature of the survey. Through restating the survey objectives and showing the respondent a report from a past survey you will be able to illustrate how one respondent's answers are grouped with answers from other respondents as an impersonal statistic.

### B. Locating the Address and Contacting the Household

#### 1. Locating the Address

Most addresses in your assignment can be easily located based on your general knowledge of your interviewing area. If you have difficulty locating an address, use the suggestions below to find the address.

- Maps of your interview area may be available from various sources, such as the Chamber of Commerce, local government offices, automobile clubs, private firms that sell maps, some service stations, and local or state highway departments. Ask your supervisor before purchasing any maps, since you may be reimbursed for the cost of maps.

- 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.
- The segment folder may contain maps, sketches, or notes on the locations of the addresses in that segment.
- Police, fire, and other local government officials, such as assessors, building inspectors, and zoning officials, may be helpful.
- Local businesspersons who deal with people in the area may be able to explain the location of an address.
- Utilities such as electric companies and telephone companies service most households and would have a knowledge of the locations of most addresses.
- Part B, Chapter 2, of your Interviewer's Manual discusses locating addresses in permit segments.

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

## 2. Contacting the Household

After you locate an assigned address, list or update at that address, if applicable, then visit the household at the sample unit and ~~introduce yourself using an introduction similar to the one discussed in paragraph Clb on page E1-4.~~ Area and Block segments are prelisted and preupdated; therefore, you will only have to visit the household at the sample unit and introduce yourself using the above introduction reference.

### a. No one home on first visit

If no one is home on your first visit, find out from neighbors, janitors, etc., whether the occupants are temporarily absent.

- If the occupants are temporarily absent (according to the conditions listed on page D4-18), follow the instructions on pages D4-18 and D4-19 for temporarily absent households.
- If the occupants are not temporarily absent, 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 said you would call back in a footnote on the Household Page. Do not leave this form where it is easily visible from the street as this may anger the respondent.

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 a footnote on the Household Page and call back at that time.

b. 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 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 available from 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 use the telephone for the interview. Also, do not look inside the mailbox to get the household name.)

Remember when inquiring of neighbors or other persons about the occupants, you may say that you are a representative of the Bureau of the Census and you are interested in contacting the occupants for a survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service, but you must not mention the particular name of the survey.

c. Number of callbacks to make in an attempt 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.

Your office will designate a closing date for completing your assignment.

## C. How to Begin the Interview

### 1. Introduce Yourself to the Respondent

- a. The first step in an interview is to introduce yourself, including these six points:
  - (1) Your name.
  - (2) The U.S. Bureau of the Census.
  - (3) Your Identification (ID) Card.
  - (4) The fact that you are taking a health survey.
  - (5) The National Center for Health Statistics of the U.S. Public Health Service.
  - (6) The "Advance" letter.
- b. A suggested introduction is:

"I am \_\_\_\_\_ from the United States Bureau of the Census. Here is my identification card. We are conducting a health survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service. Did you receive a letter explaining this survey?"
- c. If you are not invited in immediately after your introduction, you may add, "May I come in?"

### 2. The Privacy Act of 1974 and the "Advance" Letter

- a. The Privacy Act passed by Congress in 1974 seeks to ensure that personal information about individuals collected by Federal agencies is maintained in a manner which prevents unwarranted intrusions on individual privacy.

Among other things, the provisions of the Privacy Act call for Federal agencies to provide individuals with the following information about requests for information:

- The authority under which the information is being collected and whether compliance is mandatory or voluntary.
- The principal purpose or purposes for which the information is intended to be used.
- The various uses which may be made of the information.
- The effects on the respondent, if any, of not providing all or any part of the requested information.

- b. The information listed above, along with a general explanation of the HIS, is contained in the advance letter which is sent from the regional office on Monday preceding the week of interview. The letter is sent only to those households for which the office has a specific street address or mailing address.
- c. It will be necessary for you to inquire if respondents received the "Advance" letter. It is not necessary to ask if they have read it. If the "Advance" letter was not received or if the respondent does not know if it was received, provide him/her with a copy. If the respondent wishes to read the letter prior to the interview, allow sufficient time for that purpose. If the respondent inquires about the purpose of the survey, even though a copy of the "Advance" letter had been provided, you should offer an explanation such as:

"The Bureau of the Census is conducting the National Health Interview Survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service, because of the urgent need for up-to-date statistics on the health of the people. The survey is authorized by title 42, United States Code, section 242k. The information collected is confidential and will be used only to prepare statistical summaries. Participation in this survey is voluntary and there are no penalties for refusing to answer any question. However, your cooperation is extremely important in obtaining much needed information to ensure the completeness and accuracy of the data."

At households where two or more members are interviewed at different times, it is not necessary to give the second person a letter; however, include the statement, "Your household has been provided with a letter explaining this survey," in your introduction.

- d. After inquiring about the "Advance" letter and seating yourself, begin immediately with the first question of the interview: "What is your exact address?" The sooner the respondent begins to participate in the interview, the better. (NOTE: If a listing of the address is required, verify the listing before beginning the HIS-1 interview.) Starting the actual interview is much more desirable than describing the types of questions you plan to ask.
- e. If persons who are not members of the immediate family are present, before continuing suggest to the respondent that it might be preferable to talk in a more private place. Even though a respondent might not refuse to be interviewed under these circumstances, the presence of outsiders might cause a reluctance to talk about certain types of illnesses which could result in a loss of information and cause a bias in the data. This may also help to assure respondents that the information they provide is confidential. Allow the respondent to make this determination.

### 3. Background of the National Health Interview Survey

- a. The National Health Survey, of which the National Health Interview Survey is a part, is authorized by title 42, United States Code, section 242k.
- b. The National Health Survey is a fact-finding survey only. Everyone realizes the importance of information about people's health and medical care, and they trust the survey to be concerned only with gathering facts about these health problems--and not with how the problems should be solved. Actually, when there are questions about how to solve a health problem, health administrators turn to the National Health Interview Survey for the facts on the situation because they trust the survey results to be accurate.
- c. If the respondent confuses this survey with other census work, or the 10-year decennial census, explain that this is one of the many special surveys that the Census Bureau is asked to carry out because of its function as an objective fact-finding agency and because of its broad experience in conducting surveys.

### 4. Reluctant Respondents

You will find that most respondents will accept your introduction as the reason you are taking the survey. However, there will be a few who want more information about the survey and you should be prepared to answer their questions. There also may be a few respondents who are reluctant to give information, or who refuse to be interviewed because they do not want to be bothered or because they do not believe the survey has any real value.

It is your responsibility, as a Census Bureau representative, to "sell" the HIS program to a reluctant respondent. A good selling job at the beginning of the interview should gain you the cooperation needed to complete the HIS interview.

To convert reluctant respondents, you must decide how much explanation is needed and the best approach. Explain the survey in your own words, in a manner that the respondent can understand. A thorough understanding of the survey by you is the key to an appropriate explanation.

#### a. General Explanation of Survey

Shown below is an example of a general explanation. If a respondent mentions specific reasons why he/she does not want to participate, refer to the topics listed in section 4b below for handling specific points.

"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 fall in their efforts to maintain a health care system that is equipped to handle the present and future medical needs of the people.

"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."

You may also refer to the "Advance" letter, the explanation on page 42 of the Flashcard Booklet, and the material in part A, chapter 1, of this manual for assistance in explaining the survey to the respondents.

b. Specific Reasons for Reluctance

If a respondent gives specific reason(s) for her/his reluctance to be interviewed, you may use the general explanation in section 4a above, but you should also answer the reason(s) mentioned. Shown below are some reasons a person may give for being reluctant to participate, and the responses you should give.

(1) How long will the interview take?

Mention that the length of the interview depends largely on the number of persons in the family. Do not say the interview will take only a few minutes.

(2) I don't have the time.

If the respondent states that he/she has no time right now for an interview, find out when you may come back. However, always assume (without asking) that the respondent has the time unless you are told otherwise.

(3) 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 the person does not have to answer any particular question(s) he/she feels is too personal. In most cases, you will find that respondents provide most, if not all, of the needed information. Also mention the information about the household is confidential by law and that identifiable information will be seen only by persons working on the survey.

(4) 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 happens to be one of the representative addresses picked. Say that the selection was not based on who lives at the address, nor whether they have problems with their health. Each person represents approximately 1,600 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 the U.S. Public Health Service.

(5) 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 a chance of being in the sample. The one "next door" may have been or may be in the sample.

(6) I consider this a waste of taxpayer's money.

We are conducting the National Health Interview Survey for the U.S. Public Health Service to provide needed information on the health of the Nation's people. This information is useful when public or private health care programs are proposed or evaluated. The cost of conducting this survey is modest in comparison to the cost of health care in the United States. The information obtained from this survey helps ensure a more efficient allocation of funds for health care programs.

(7) How can you say that the survey is confidential but yet the data will be published?

All information gathered in this survey is held in strict confidence by law, unless we specifically request a respondent to sign a release form. There are severe penalties for revealing any information gathered in the survey that would identify any individual. Data are produced in such a way that no individual person can be identified. Both NCHS and the Census Bureau have outstanding records in this area.



(8) Why don't you get this information from doctors or the American Medical Association?

Doctors and the American Medical Association only have records on contacts with health care facilities. They do not have information on illnesses or injuries for which persons do not contact medical persons, and on persons without health problems.

The HIS also collects information on the effects of health on the person's lifestyle. This information is not available from medical records.

(9) What have you done with the data collected in the past?

From previous surveys a number of detailed reports on the following subjects have been published.

- Medical Care of Acute Conditions
- Hospital and Surgical Insurance Coverage
- Personal Out-of-Pocket Health Expenses
- Characteristics of Persons with Hypertension
- Information on Hospitalizations

(10) I gave information in the decennial census.

The 1980 Decennial Census was conducted in April 1980. Therefore, some respondents may question why you are interviewing them when they have already completed a census questionnaire. Explain that the decennial census does not collect information on the health of the Nation's people. The information in the National Health Interview Survey is separate from the decennial census and it is very important to collect this needed health information.

(11) Isn't participation in the survey voluntary?

Although participation in the National Health Interview Survey is voluntary, it is very important that we obtain the cooperation of all households selected in this relatively small sample to assure that we will continue to produce valid and representative information on the health of the population.

(12) Not convinced of need for information on health.

Other approaches may be used for persons who are not convinced that it is important to have information on health.

- For example, a respondent with children may be interested that data are sometimes collected on the immunization of children for measles, mumps, tetanus, polio, and whooping cough.
- For example, a respondent who is concerned with the "high" cost of health care may be interested in the fact that HIS data may be useful for more efficiently directing government health care expenditures and for formulating government programs to assist persons with their payment for health care.

c. Refusals

Occasionally, a household may refuse to give any information. You should make every effort to obtain cooperation from each household assigned to you for interview. Use the explanations provided in this part of the Manual to demonstrate to the respondent the need for this information and to overcome any objections he/she has.

If all attempts at obtaining cooperation have failed, follow the instructions for refusals on page D4-17.

D. Your Own Manner

1. 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 on the questionnaire. Appearing too friendly or concerned about the respondent's personal troubles may actually lead to your obtaining less information.
2. 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.
3. Sometimes you may feel it awkward to ask particular questions of certain family groups or in certain situations, for example, something in the condition lists, income, etc. 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 is any discussion on the respondent's part, explain that the questionnaire 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.

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

#### E. How to Ask the Questions

1. Ask Each Question as Instructed—The uniformity and value of the final results depend on all interviewers asking the questions in the same order and with the same wording.

- a. If you change the order, it is likely that both you and the respondent will become confused. This is especially true of the health questions, which refer to different periods of time. Asking the questions out of order would invite confusion.
- b. Speak clearly and read the entire question as it appears on the questionnaire. If you change the wording of a question, the respondent may answer differently than if you asked the question with the proper wording. This would mean the information obtained in the interview is not reliable, because it is not comparable to the information obtained in all interviews where the question was asked properly.
- c. It may appear to be bad manners to ask a question when the respondent has already provided you with the specific answer. It may confuse the respondent, or even cause antagonism, and may result in loss of information for later questions in the interview. If you are sure of the specific answer, you may make the appropriate entry without asking the question. However, you should verify the answer by saying something like: "I believe you told me earlier that a motor vehicle was involved in the accident, is this correct?"

2. Listen to the respondent until the statement is finished. Failure to do so can result in your putting down incorrect or incomplete entries. The two most common types of errors made in this regard are:

- a. Failure to listen to the last half of the sentence because you are busy recording the first half.
- b. Interrupting before the respondent has finished, especially if the person hesitates. A respondent often hesitates when trying to recollect some fact, and you should allow sufficient time for this to be done. Also, people will sometimes answer "I don't know" at first, when actually they are merely considering a question. When you think that this may be the situation, wait for the respondent to finish the statement before repeating the question or asking an additional question.

3. Repeat the Question if Not Understood--The respondent may not always understand the question when it is first asked, and sometimes you can tell from the answer that the question has not been understood. In this case, repeat the question using the same phrasing as used originally. This should not prove to be embarrassing since what you said the first time was not heard or understood. Frequently the respondent is capable of understanding the question but has missed a word or two. If you think it is helpful, preface the repetition of the question by a phrase, such as "I see," "Oh, yes," and the like, and then repeat the actual question. If the respondent still does not understand the question, follow the instructions for probing in paragraph F on page E1-14.
4. Repeat the Answer--Sometimes it is helpful to repeat the respondent's answer and then pause expectantly. Often this will bring out additional information on the subject. It is also helpful as a check on your understanding of what has been said, especially if the statements or comments given have not been entirely clear. For example, "Including your doctor visit last week, that makes three times during the past 2 weeks?"
5. Avoid Influencing the Respondent
  - a. Experiences in other studies have shown that respondents tend to agree with what they think you expect them to say, even though the facts in the case may be different. Therefore, avoid "leading" the respondent by adding words or making slight changes in questions that might indicate an answer you expect to hear.
  - b. Even slight changes which may seem to make no apparent difference can prove harmful and should be avoided. For example, the question, "During those 2 weeks did you stay in bed because of illness or injury?" is greatly changed in meaning when changed to, "You didn't stay in bed during those 2 weeks because of illness or injury, did you?" The question, "Did the doctor or assistant call the eye trouble by a more technical or specific name?" would have a different meaning if changed to "Did the doctor say you had glaucoma?"
  - c. Changes in question wording such as these suggest answers to the respondent and must be avoided. In an effort to be helpful the respondent may say, "Yes, that was it," or "That is true," or "That sounds about right"; whereas, the facts may have been quite different.
  - d. Sometimes the respondent may not know the answers to the questions, and if this is the case, record the fact that the information is not known. (See page D2-9, paragraph 4, for instructions on recording "Don't know" responses.)

6. Information Given Out of Turn--Sometimes respondents will start describing the health of the family in answer to the very first question and will cover their own illnesses and those of other family members in such a way that it is difficult to know which person has which condition. When this happens, you should explain that you cannot keep up in recording the information and ask them to permit you to ask the questions as they appear so that the information needed will not be given more than once.

If you find it helpful, you may footnote conditions which are reported in questions not designed to pick up conditions for your reference in verifying these conditions later on the same page. For example, if the response to 2b on the Restricted Activity Page is, "He missed 3 days from work because of sinus trouble," you may wish to footnote "Sinus trouble" for verifying this condition when asking 7a. Do NOT attempt to verify conditions reported on a previous page.

Do not enter conditions in C2 unless they are verified or reported in response to questions designed to obtain conditions so that you will be sure to enter the proper source.

7. Do Not "Practice Medicine"

- a. Do not try to decide yourself whether or not any member of the household is ill. If the respondent mentions a condition but makes light of it or expresses doubt that the person was "ill," enter the condition on the questionnaire and ask the appropriate question(s) about it.
- b. Do not attempt to diagnose an illness from the symptoms, or to substitute names of diseases for the respondent's own description of the trouble. If an answer to a question is not specific or detailed enough, ask additional questions in accordance with instructions in section F below. However, the final entry must always represent what the respondent said, in his or her own words.
- c. If respondents ask for any information regarding health, explain that you are not knowledgeable enough to give health information and refer them to their physician or to the local medical society.

8. Pacing the Interview

- a. Try to avoid hurrying the interview even under trying circumstances. If respondents sense that you are in a rush to complete the questions and get out of the house, they will probably cooperate by omitting important health information which they might feel would take too much time to explain and record.
- b. Maintaining a calm, unhurried manner and asking all the questions in an objective and deliberate way will do much to promote an attitude of relaxed attention on the part of the respondent.
- c. Do not, however, unnecessarily "drag" the interview by allowing the respondent to present extraneous information after each question.

## F. Probing

### 1. When to Probe

- a. Sometimes a person will give you an answer which does not furnish the kind of information you need or one which is not complete. It will be necessary to ask additional questions to obtain the required information, being careful to encourage the respondent to do the explaining without suggesting what the explanation might be. Ask as many questions as necessary to satisfy yourself that you have obtained complete and accurate information insofar as the respondent is able to give it to you.
- b. Be sure to keep asking additional questions until you have a complete picture and all the pertinent details. In some cases, the actual probe to use is printed on the questionnaire.
- c. However, do not "over-probe." If the respondent does not know the answer to a question, do not try to insist that an answer be given. This might cause irritation and also cause concern about our interest in accurate responses.

### 2. How to Probe

- a. Ask additional questions in such a way that you obtain the information required without suggesting specific answers. For example, "Please explain that a little more," "Please describe what you mean," or "What was the operation for?" Fit the question to the information which has already been given.
- b. Ask probes in a neutral tone of voice. A sharp demanding voice may damage rapport. Also, it is sometimes a good technique to appear slightly bewildered by the respondent's answer and suggest in your probe that it was you who failed to understand. (For example, "I'm not sure what you mean by that--could you tell me a little more?") This technique can arouse the respondent's desire to cooperate with you since he or she can see that you are conscientiously trying to do a good job. However, do not overplay this technique. The respondent should not feel that you do not know when a question is properly answered.
- c. In some instances you may need to suggest specific alternatives when general phrases have not been successful in obtaining the information. This is also an acceptable method of asking additional questions, provided the respondent is never given a single choice. Any items specifically suggested must always consist of two or more choices. The examples below illustrate both acceptable and unacceptable methods for asking additional questions.

Acceptable

Not Acceptable

(1) Can you tell me the approximate number of days?

Would you say it was 6 days?

(2) You said you first noticed the condition about a year ago. Was it more than 12 months ago or less than 12 months ago?

Was it more than a year ago?

(3) Do you all live and eat together?

Are you all one household?

(4) Does she live the greater part of the year here or at her sister's home?

Is she a member of this household?

(5) What kind of asthma is it?

Is it bronchial asthma?

d. The "Not acceptable" questions in examples (3) and (4) show an interviewer who is unable to apply Census rules for determining the composition of a household, and expects the respondent (who doesn't know the Census rules) to make the decision.

e. The "Not acceptable" questions in examples (1) and (5) illustrate an invitation to the respondent to just say "Yes" without giving any thought to the question.

f. The "Acceptable" question in example (2) illustrates a proper way to give the respondent an opportunity to tie an event to a particular period of time. The "Not acceptable" question is again an invitation to the respondent to say "Yes."

g. We have stressed the fact 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 always be neutral so that the respondent's answers are not distorted. When a neutral question is asked of all respondents, we have comparability between all the interviewers in the survey. If each interviewer asked a leading probe, the replies would no longer be responses to the original question but would vary from interviewer to interviewer, depending upon the probe. This thoroughly defeats the objective of standardization, and dilutes the respondent's answer with interviewer ideas.

- h. Your thorough knowledge of the objectives of the questions will alert you to those times when probing is necessary for clearer, more complete, answers. Do not accept vague or partial answers which a respondent gives; this may lead to inaccurate data. The following example illustrates a faulty knowledge of a question objective:

Question: What were you doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?

Answer: Well, last week I was doing something else.

Probe: Then you were doing something other than working, keeping house, or going to school. Is that right?

Answer: Yes, that's correct.

In this example, notice that the question asks what the respondent was doing during most of the past 12 months. However, the respondent answered in terms of last week and the interviewer failed to catch this. The mere fact that the respondent said something doesn't mean that the question was answered according to the question objective. You must be able to separate the facts wanted from the respondent's answers. The basic procedure is:

- to know the question objective thoroughly.
- to know how to probe when the answer is inadequate while, at the same time, maintaining good rapport.

- i. Sometimes a respondent may answer, "I don't know." This answer may mean:

- The respondent doesn't understand the question, and answers "I don't know" to avoid saying that he/she didn't understand.
- The respondent is thinking and says, "I don't know" as a filler to give him/her time to think.
- The respondent may be trying to evade the issue, so he/she begs off with the "I don't know" response.
- The respondent may actually not know.

Do not immediately record "DK" for "Don't know" if that is the respondent's first answer. Probe if it appears the respondent answered "I don't know" only because he/she did not understand the question, needs additional time to think of an answer, or is attempting to evade the question.



#### G. Recording Information Correctly

Recording information correctly is just as important a part of the interview as asking the questions correctly. This involves printing clearly in the space allotted for descriptive entries. If an additional description is required, make free use of the footnote space. Be careful not to leave blank spaces where they should be filled in.

1. Use a black lead pencil so that you can erase incorrect entries.
2. Make sure all entries are legible.
3. Use "DK" for "don't know" only to indicate that the respondent does not know the answer to a particular question. Do not use it to fill answers for questions that you may have overlooked at the time of interview.
4. If, after an interview, you discover blanks in the questionnaire for questions which should have been asked, and you are unable to call back for the information, leave the items blank.

#### H. Review of Work

1. At Close of Interview--Look over the questionnaires while you are in the house so that you can ask any missing items or clarify any questions you might have. Check to be sure you have completed:
  - a. The Limitation of Activities Page.
  - b. A Restricted Activity Page for each person.
  - c. A 2-week doctor visit column for each visit recorded in item C1.
  - d. The Health Indicator Page.
  - e. A hospital stay column for each hospitalization recorded in item C1.
  - f. A Condition Page for each condition listed in item C2.
  - g. The Demographic Background Page (including the Social Security Number and Contact Person Information).
  - h. The Cover Page of the HIS-1(SB) Supplement Booklet, if appropriate.
  - i. The Health Promotion and Disease Prevention Supplement or made arrangements for a callback.

Also check to be sure you have entered dates and times for callbacks on the Household Page.

**2. Prior to Transmittal**

a. Review the Household Pages for completeness. Verify that you have correctly filled the following items:

(1) EXTRA UNITS

1 through 5 (except serial number)

6

7 (Ask or Do not ask box must be marked same as for original unit.)

9 (URBAN or RURAL box must be marked same as for original unit.)

10

11 through 17

Item E on page 52

(2) Nonrelated Household Members

1 through 5

6b

11 through 17

(3) More Than One Questionnaire for Related Household Members

1 through 5

13

(4) Noninterviews

All items must be completed as specified in item 14.

b. When you review your questionnaires, do not enter any information which should have been furnished by the respondent and recorded during the interview, even if you think you can recall the specific situation. Call the respondent and reask the questions which were originally missed.

## I. "Thank You" Letters

The "Thank You" letters are signed by the Director of the National Center for Health Statistics of the U.S. Public Health Service. Leave one of these at each household after the interview has been completed. The letter thanks the respondent briefly for his/her cooperation and can be shown by the person interviewed to other members of the household who were not at home at the time of your call. In leaving the letter, say something such as: "Here is a letter of appreciation from the U.S. Public Health Service," or "Here is a letter from the U.S. Public Health Service thanking you for your cooperation in this survey."

## J. Use of Telephone

### 1. When to Use the Telephone

Use the telephone only:

- a. To make appointments.
- b. To obtain a few items of information missed in the personal interview.
- c. To obtain information that was not available to the respondent during the personal interview.
- d. To obtain information on the Health Promotion and Disease Prevention Supplement (see Chapter D15 for specific callback procedures).

### 2. General Guidelines

The guidelines appearing in this section should be kept in mind any time you contact respondents on the telephone.

#### a. Principles of using the telephone

Successful telephone communication is not dependent on visual techniques. Physical means of communication, such as gestures, posture, etc., which can be a factor in creating a favorable impression during a personal visit are not a factor in telephone interviewing. Vocal expression, through the use of language, grammar, voice quality, rate of speech, and effective enunciation is the key for creating a favorable impression over the telephone.

When you are talking to a respondent on the telephone, he/she forms a mental picture of you. Therefore, it is important to convey a positive image over the telephone. To do that, you must maintain a businesslike attitude and positive frame of mind at all times. There will be occasions when respondents will give you a very difficult time on the telephone. At these times, it is especially important that you maintain a professional attitude. Do not allow a respondent to upset or excite you and, by all means, be certain that you do not say anything to upset or excite the respondent.

b. General rules

You obviously want to create a favorable impression over the telephone. Experienced interviewers will impress the respondent as being confident, easy to understand, polite, and businesslike. The following general rules should help you to project this image when interviewing by telephone.

● CLARITY

Avoid talking with anything in your mouth, such as a cigarette, food, chewing gum, or pencils. Speak directly into the mouthpiece with your mouth about one inch from the telephone.

● ENUNCIATION

The English language is full of similarities, "T" and "D," "P" and "B," and "E" and "P." Clear enunciation will help avoid misunderstandings and the need to repeat yourself.

● COURTESY

Common everyday courtesy is just as important on the telephone as it is in personal interviews. For telephoning, it may be even more important because you can't see the person to whom you are speaking, and it may be more difficult to gain his/her confidence and trust.

● RATE

The basic rate of speech is 120 words per minute. If you speak too rapidly, people start listening to how fast you're talking, instead of what you are saying. If you speak too slowly, it can be irritating to a listener because he or she is kept hanging on every word and tends to anticipate what you are going to say. Take a paragraph from a magazine or newspaper, count out 120 words, and practice reading it aloud, timing yourself to see how close you can come to the standard rate.

- PITCH

Speech experts say low pitch is desirable because it projects and carries better. Also, it is more pleasant. Try lowering your head, since this technique helps to lower the pitch of your voice.

- INFLECTION

Don't talk in a monotone. Use the full range of your voice to make the conversation interesting. Rising inflection toward the end of a sentence is very helpful. As in personal interviews, stress those words or phrases that need to be emphasized. These are USUALLY shown in capital letters.

c. Keys to good listening

A good interviewer does much more than ask questions. In order to interview properly, he/she must be a good listener. This is especially important during a telephone call, where verbal communication is the only form of contact. During a personal interview, where you can see the respondent, gestures, facial expressions, etc., may tell you that a respondent is pausing to gather his/her thoughts. Since we lose this advantage when using the telephone, interviewers must be especially aware of the proper listening techniques described below:

- LIMIT YOUR OWN TALKING

You can't talk and listen at the same time.

- ASK QUESTIONS

If you don't understand something, or feel you may have missed a point, clear it up immediately. If you don't it can confuse the interview and may embarrass both you and the respondent.

- DON'T INTERRUPT

A pause, even a long pause, doesn't always mean the respondent is finished saying everything he/she wants to say. When telephoning, you may find it is necessary to probe more often than usual.

- CONCENTRATE

Focus your mind on what the respondent is saying. Practice shutting out distractions.

- **INTERJECTIONS**

An occasional "Yes," "I see," etc., shows the respondent you're still with him/her, but don't overdo it or use comments that might bias the interview in any way, such as "That's good," or "That's too bad."

- **AVOID REACTIONS**

Don't allow your irritation at things the respondent may say, or allow his/her manner, to distract you.

- **DON'T JUMP TO CONCLUSIONS**

Avoid making assumptions about what the respondent is going to say, or mentally trying to complete a sentence for him/her. Such conclusions "lead" the respondent, and bias the interview.

d. Telephone techniques

Every interviewing situation is unique and should be treated as such. It is important that you adapt to each new respondent. Don't allow a difficult interview or sharp refusal to shake your confidence or affect subsequent interviews. There is nothing mechanical about interviewing either in person or by telephone, but there are some basic techniques for a telephone contact that will help to make telephone interviewing easier.

- **SELECT GOOD WORKING PLACE**

When contacting a respondent on the telephone, select a quiet place where you have adequate working space, and where interviews may be conducted confidentially.

- **BE PREPARED**

Always have enough paper, pens, pencils, and forms, as well as your Interviewer's Manual and interviewer aids within arm's reach when you are on the telephone. Excuse yourself in the unlikely event that you have to leave the telephone and never leave the telephone for more than 30 seconds.

- **KEEP INTRODUCTION BRIEF**

Avoid lengthy introductions. Keep them brief and to the point, and begin interviewing as soon as possible.

- **BE COURTEOUS**

Never slam the receiver down. Explain all lengthy pauses which delay the interview; for example, "Please excuse the slight delay but I'm writing down the information you gave me. Is this correct?..."

- **MAINTAIN YOUR CONFIDENCE**

Do not allow a "tough" interview or refusal to affect the next call. Remember, you are speaking to a different person each time and your attitude will be easily betrayed by your telephone voice.

- **DO NOT RUSH THE INTERVIEW**

Speak deliberately and distinctly and ask all questions as worded. Speak clearly and pronounce each word.

- **ENDING THE INTERVIEW**

When you are finished interviewing a respondent, express your thanks, and when the time comes, always let the respondent hang up first.

e. Telephone expenses

You will be reimbursed each month for the actual expenses you incur in making telephone calls. See instructions in the Administrative Handbook for Interviewers.

3. Specific Rules for HIS Telephone Interviews

a. Local and Long Distance Calls

Use a local telephone whenever practical. (Consult your Administrative Handbook or supervisor on the use of long distance calls.)

b. Make your telephone calls at the time which will maximize your chances of contacting the desired household members you need to interview. Avoid calling very early in the morning (before 8:00 a.m.) or very late in the evening (after 9:00 p.m.) unless the respondent specifically requested that you call at such times.

c. Once you have contacted the household by phone, ask to speak to the desired respondent(s). If they are not available, determine when they will be available and record this in a footnote on the Household Page of the HIS questionnaire.

d. If the desired respondent is available and you have spoken to this person previously, introduce yourself and explain your reason for calling. (For example, "I am calling for the information which you were unsure of during my visit.")

- e. If the desired respondent is available and you have not spoken to this person previously, you will need to introduce yourself and explain your reason for calling in more detail.

Use the following introduction:

"I am \_\_\_\_\_ from the United States Bureau of the Census. I spoke with -- (previous respondent) during a visit to your household concerning a health survey we are taking across the Nation. I arranged with -- (previous respondent) to call today to ask you some questions. Your answers are confidential. The survey is voluntary and you may discontinue participation at any time. Your household has been provided with a letter explaining the survey."

- f. If the respondent is unable to provide certain information during the HIS-1 interview, arrange a telephone callback to obtain this information from a more knowledgeable respondent. For example, if the respondent is unable to provide information on the 2-Week Doctor Visits Probe Page about his 19-year-old cousin, arrange a telephone callback to speak with the cousin and complete all appropriate questions which the previous respondent was unable to answer. If the cousin now reports one doctor visit during the 2-week period, also complete a 2-Week Doctor Visits column. Do NOT, however, verify or change information previously reported by the original respondent. For example, if you are calling the cousin to ask questions 2 and 3 on the Health Indicator Page, do not reask questions 1, 4, or 5 on this page for the cousin. Again, if the family does not have a telephone, make personal callbacks for missing information only if you have other work to do in the same general area.

Keep in mind that the above callback procedures apply only if a few items are missing. If most of the interview cannot be completed for one or more family members or the household in general, a personal callback is required to interview a more knowledgeable respondent.

- g. After the interview is completed, thank the respondent for his/her cooperation.



CHAPTER 2. ADMINISTRATIVE

A. Transmittal of Materials

1. If possible, transmit all "materials" for a segment to the regional office together, in the same package. These include all questionnaires (completed interviews and final noninterviews) and the Segment Folder. However, do not delay your transmittal for one or two outstanding cases.
2. Insert the HIS-1(SB) Supplement Booklet for a household inside the HIS-1 questionnaire for that household.
3. Mail the materials on the day you make your last call, that is, the day you complete your last interview in the (each) segment, but no later than Saturday of interview week.
4. If you feel you will not be able to complete your assignment by Saturday of the interview week but can complete it by Monday or Tuesday of the following week, contact your office by Friday for instructions.
5. If you have picked up an EXTRA unit(s), enter "EXTRA" in the serial number column of the "Transmittal Record" on the Segment Folder, following the serial numbers for questionnaires received from your office.
6. Enter the date you are mailing all "materials" for the segment on the Segment Folder in the "Date of Shipment" column opposite serial number "01." If only some questionnaires are being mailed, enter the date after each appropriate serial number.
7. If, in unusual circumstances, you have permission to complete any questionnaires after interview week, enter the following notation in the lower left-hand corner of the mailing envelope: "Late transmittal for Week \_\_\_\_\_" (enter the appropriate interview week number, for example, 01, 02, etc.). If you have permission to complete supplement interviews after interview week, make a note in your transmittal of HIS-1 questionnaires which HIS-1(SB) Supplement Booklets you are retaining. You will need to transcribe telephone number and roster information from the HIS-1 before you transmit the core questionnaire in this situation.

CONFIDENTIALITY

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 to Part E of the manual explains the guarantee of confidentiality given to respondents in the National Health Interview Survey (HIS), 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 will be required to sign a semiannual certification of compliance with the Bureau's nondisclosure policy.

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 printed in the upper left corner of the HIS-1 Household Page:

"Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m)."

A similar statement is also made in the HIS-600 advance letter to fulfill the requirements of the Privacy Act of 1974.

3. SPECIAL SWORN EMPLOYEES (SSEs)

The Bureau of the Census 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. Staff from the sponsoring agency for this survey are made SSEs to allow them to observe interviewing and/or examine completed questionnaires. Anyone who is not a Bureau of the Census employee or an SSE of the Bureau is referred to as an "unauthorized person."

4. USING THE GUARANTEE OF CONFIDENTIALITY WITH RELUCTANT RESPONDENTS

Use the information in Part A, paragraph E (page A1-7), and Part E, section C4.b(3), (7), and (9) (pages E1-7 through E1-9), when a respondent is reluctant to participate because he/she thinks the data will be open for public inspection. Also show the respondent a copy of published data from this survey, if available.

5. PENALTIES FOR DISCLOSING CONFIDENTIAL INFORMATION

Unauthorized disclosure of individual information collected in the National Health Surveys is punishable by a fine of up to \$1,000, or imprisonment up to 1 year, or both (18 USC 1905). Deliberate falsification, by an employee, of any information in this survey is punishable by a fine up to \$10,000, or imprisonment up to 5 years, or both (18 USC 10001).

6. 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 United States Bureau of the Census. Here is my identification (show ID). I am conducting a survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service, and I would like to know when someone at (address) will be at 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 a student in a dormitory, if others are present, ask the respondent if he/she wants to be interviewed privately. If so, make the necessary arrangements to conduct the interview where 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 (e.g., neighbors, friends, other non-"family" members), use your discretion in asking the respondent if he/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.
- (3) When conducting an interview in which an interpreter is required, ask the respondent if he/she is willing to have another person act as interpreter. If the respondent objects to the interpreter and a more suitable one cannot be located at the time of the interview, call the 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. When Discussing Your Job With Family, Friends, 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 in conversation or by allowing them to look at completed questionnaires.
- d. When "Storing" Completed Questionnaires: If it becomes necessary to leave completed questionnaires around your home, motel room, or other nonsecure place when you will not be there, put them "out-of-sight" so that unauthorized persons will not be tempted to look at them if they cannot be more securely stored.

## 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 Bureau of the Census 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 B  
DIAGNOSTIC ERROR CODES

Code	Page/Item	Situation
01	Limitation of Activity/2 through 15	Limitations are reported, but <u>conditions</u> causing the limitations are not entered in C2 with "LA" as source.
02	Restricted Activity/2 through 7	<p>Restricted activity days are reported, but no condition entered in C2 with "RA" as source.</p> <hr/> <p><u>Code 02 is not assigned if:</u></p> <p>"Normal birth," "immunization/vaccination with no side effects," or "tests/exams-no condition" is footnoted as the cause of the restricted activity.</p>
03	2-Week Doctor Visits/Column	Doctor visit recorded in C1 but a doctor visit column is not completed for it.
04	2-Week Doctor Visits/4	<ul style="list-style-type: none"> <li>● "Condition" box is marked in 4a/b,</li> </ul> <p style="text-align: center;">AND/OR</p> <p style="text-align: center;">an entry appears in 4f and/or 4h,</p> <p style="text-align: center;">BUT</p> <p style="text-align: center;">no condition entered in C2 with "DV" as source.</p> <ul style="list-style-type: none"> <li>● "Other" box is marked in 4a/b,</li> </ul> <p style="text-align: center;">AND</p> <p style="text-align: center;">the name of a condition is entered in 4a/b but not in C2,</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">an operation or surgery is reported in 4a/b but the condition causing the operation or surgery, or the name of the operation or surgery if condition cannot be determined, is not entered in C2.</p>

Code	Page/Item	Situation
05	Hospital/ Column	Hospital stay recorded in C1 but a hospital column is not completed for it.
06	Hospital/4 and J1	<ul style="list-style-type: none"> <li>● Nights during 2-week reference period but condition in 4 is not entered in C2 with "HS" as source.</li> <li>● "No condition" box is marked in 4,</li> </ul> <p style="text-align: center;">AND</p> <p>the name of a condition is entered in 4 but not in C2,</p> <p style="text-align: center;">OR</p> <p>an operation or surgery is reported in 4 but the condition causing the operation or surgery, or the name of the operation or surgery if condition cannot be determined, is not entered in C2.</p>
07	Condition/ Page	Condition entered in C2 but a Condition Page is not completed for it.
08	Condition/3b	Double entries appear, but a separate Condition Page is not completed for each entry.

Code	Page/Item	Situation
09	Condition/3f and 17b	<p>Condition, or additional present effect(s), not entered in C2 when more than one present effect is reported in 3f (for stroke only).</p> <p>Examples--3f:</p> <ul style="list-style-type: none"> <li>● "Paralyzed arm and leg"--requires one Condition Page.</li> <li>● "Paralyzed arm and stiff leg"--requires two Condition Pages.</li> </ul> <p>Multiple present effects reported in 17b but not entered in C2.</p> <p>Examples--17b:</p> <ul style="list-style-type: none"> <li>● "Lower left arm stiff and sore"--requires two Condition Pages.</li> <li>● "Lower left arm stiff, upper right leg sore"--requires two Condition Pages.</li> <li>● "Upper left arm and lower right leg stiff"--requires one Condition Page.</li> </ul>
		<p><u>Code 09 is not assigned if:</u></p>
		<p>Present effects in 3f (for stroke only) or in 17b are the same as the entry in item C2 or question 3b on the same Condition Page.</p>
10	2-Week Doctor Visits/1	<p>Date entered is impossible.</p> <p style="text-align: center;">OR</p> <p>Date is outside the reference period.</p> <p style="text-align: center;">OR</p> <p>Date is omitted.</p>
		<p><u>Code 10 is not assigned if:</u></p>
		<p>Date is blank but "Last week" or "Week before" box is marked.</p>

Code	Page/Item	Situation
11	Hospital/2	<p>Date entered is impossible.</p> <p style="text-align: center;">OR</p> <p>Date is omitted.</p> <p style="text-align: center;">OR</p> <p>Date and number of nights indicates entire stay during interview week.</p>
12	Condition/3b	<p>"Effects of operation," "after-effects," "ill effects," "recuperating," or "convalescing" is entered, but not the condition causing the operation, or the name of the operation if no condition.</p> <hr/> <p><u>Code 12 is not assigned if:</u></p> <p>Condition causing the operation is given as "cause."</p>
13	Condition/3b	<p>Only part of body is entered.</p> <p style="text-align: center;">OR</p> <p>"DK" entered.</p> <p style="text-align: center;">OR</p> <p>An obviously vague description, such as "lame," "retarded," "gastric stomach," "impaired," "crippled," "heart failure," "tubes in ear," etc., is entered, AND a more complete description is not recorded in any succeeding question.</p> <p style="text-align: center;">OR</p> <p>No entry is recorded.</p>
14	Condition/3c	<p>Cause not entered for any condition other than color blindness, cancer, normal pregnancy, normal delivery, vasectomy, or old age.</p>



Code	Page/Item	Situation
15	Condition/3d	Neither "Accident/injury" box nor "Yes/No" box marked, as appropriate.
16	Condition/3e	<p>Kind or manifestation is not given, for the terms or conditions listed.</p> <p style="text-align: center;">OR</p> <p>Entry describes only site, part of body, or surface.</p> <p>Example: "flesh tumor," "bone cyst," "skin ulcer."</p> <hr/> <p><u>Code 16 is not assigned if:</u></p> <ul style="list-style-type: none"> <li>● Entry includes term "disease," when commonly used as part of the name of a specific disease.</li> <li>Example: "Parkinson's Disease."</li> <li>● Entry of "skin cancer."</li> <li>● "Birth defect" entered as cause.</li> <li>● Entry of "<u>trouble</u> sleeping."</li> <li>● <del>Entry indicates doubt that the condition exists, or respondent is not sure what condition is.</del></li> </ul> <p>Example: "Swelling on neck-DK, cyst or boil," or "chest congestion, may be asthma, DK."</p>
17	Condition/3f	Effects or manifestation of allergy or stroke is not entered OR is inadequate, such as "lame," "impaired," "no use of," "deformed," etc.

Code	Page/Item	Situation
18	Condition/3g	<p>Part of body is not entered OR is inadequate, for</p> <ol style="list-style-type: none"> <li>(1) the terms or conditions specified, OR</li> <li>(2) an impairment, OR</li> <li>(3) for the parts of the body shown.</li> </ol> <p style="text-align: center;">OR</p> <p>"Internal" is entered without any reference to specific areas.</p> <p>Example: "internal pain."</p> <hr/> <p><u>Code 18 is not assigned if:</u></p> <ul style="list-style-type: none"> <li>● Specific part of body is not entered in 3g for terms entered in item 1 but not 3b.</li> </ul> <p>Example: "Ear infection" is entered in item 1 and "otitis media" is entered in 3b, no error is charged if 3g is blank.</p> <ul style="list-style-type: none"> <li>● "Headache," "earache," "eye strain," or "female organs" entered.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>● Part of body is adequately described in previous part of 3.</li> </ul>
19	Condition/13 through 17	<p>Accident questions not completed for an injury or condition due to an accident.</p> <hr/> <p><u>Code 19 is not assigned if:</u></p> <ul style="list-style-type: none"> <li>● Code 15 was previously assigned for question 3d on this Condition Page.</li> <li>● Birth injuries to mother or child entered.</li> <li>● There is a footnote indicating "same as for condition 1" or something similar.</li> <li>● There is doubt as to whether or not an accidental injury happened, or the respondent does not remember the accident, even though a doctor believed it was the cause of the condition.</li> </ul>

Code	Page/Item	Situation
20	Condition/17	Part of body not entered OR is inadequate.  <u>Code 20 is not assigned if:</u>  Part of body is not entered for "whiplash" (neck injury).
21	Condition/17a	"Kind of injury" is inadequate.  OR  "Kind of injury" is not specified when injury is described as internal but no site or organ is entered.  Example: "internal bleeding" or "broken blood vessel."  OR  Entry consists of only a general description.  Example: "nerve injury," "nerve damaged," etc.
22	Condition/17b	Present effects are not entered or are inadequate for accidents or injuries which happened more than 3 months ago.  OR  Entry such as "no use of," "can't bend," "lack of mobility," "difficulty," etc., i.e., a limitation rather than a condition.  <u>Code 22 is not assigned if:</u>  Entry of "slipped disc," "slipped vertebra," "dislocated disc," or "ruptured disc," which may indicate continuing conditions (present effects).

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**PART F**

**INDEX OF QUESTIONNAIRE TERMS AND CONCEPTS**

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