

**HIS-501(C)** (1998)  
(12-1-97)



**U.S. Department  
of Commerce**

**BUREAU OF THE  
CENSUS**

# **NATIONAL HEALTH INTERVIEW SURVEY**

## **Field Representative's Flashcard and Information Booklet (CAPI)**

*(Cut along broken lines)*

# CARD HM

<b>WHO IS TO BE INCLUDED AS A HOUSEHOLD MEMBER</b>	Include as member of household	
<b>A. PERSONS LIVING OR STAYING IN SAMPLE UNIT AT TIME OF INTERVIEW</b>  Any person in unit: members of family, lodgers, servants, visitors, etc. 1. Ordinarily stay here all the time (sleep here) ..... 2. Here temporarily – no living quarters held for person elsewhere ..... 3. Here temporarily – living quarters held for person elsewhere .....  In Armed Forces 1. Stationed in this locality, usually sleep here ..... 2. Temporarily here on leave – stationed elsewhere .....  Student – Here attending school .....	Yes Yes  Yes  Yes	No   No  
<b>B. ABSENT PERSONS WHO USUALLY LIVE HERE</b>  Inmates, of specified institutions – Absent because inmate in a specified institution (see listing in Topic 3, Chapter 4, Listing and Coverage Manual – Form 11-8) regardless of whether or not living quarters held for person here .....  Persons temporarily absent, on vacation, in general hospital, etc. (including veterans' facilities that are general hospitals) – Living quarters held here for person .....  Absent in connection with job 1. Living quarters held here for person -temporarily absent while “on the road” in connection with job (e.g., traveling salesmen, railroad men, bus driver) ..... 2. Living quarters held here and elsewhere for person but comes here infrequently (e.g., construction engineers) ..... 3. Living quarters held here at home for unmarried college student working away from home during summer school vacation .....  In Armed Forces -Were members of this household at time of induction but currently stationed elsewhere .....  In school -Away attending post-secondary school ..... – Away attending boarding school ..... Seamen – Living quarters held here for person .....	Yes  Yes  Yes  Yes  Yes  Yes	No   No  No  No  No  No
<b>C. EXCEPTIONS AND DOUBTFUL CASES</b>  Person with two concurrent residences 1. Regularly sleep greater part of week in another locality ..... 2. Regularly sleep greater part of week here .....  Citizens of foreign countries temporarily in the United States 1. Living on premises of an Embassy, Ministry, Legation, Chancellery, or Consulate ..... 2. Not living on premises of an Embassy, Ministry, etc. – a. If living and studying here and no usual place of residence elsewhere in the United States ..... b. If living and working here and no usual place of residence elsewhere in the United States ..... c. If merely visiting or traveling in the United States .....  Student nurses living away at school .....	Yes  Yes  Yes  Yes  Yes	No  No  No  No

# INDEPENDENT CITIES

## Virginia:

Alexandria	Fredericksburg	Petersburg
*Bedford	Galax	Poquoson
Bristol	Hampton	Portsmouth
Buena Vista	Harrisonburg	Radford
Charlottesville	Hopewell	*Richmond
Chesapeake	Lexington	*Roanoke
Clifton Forge	Lynchburg	Salem
Colonial Heights	Manassas	South Boston
Covington	Manassas Park	Staunton
Danville	Martinsville	Suffolk
Emporia	Newport News	Virginia Beach
*Fairfax	Norfolk	Waynesboro
Falls Church	Norton	Williamsburg
*Franklin		Winchester

**\*St. Louis, Missouri**

**\*Baltimore, Maryland**

**Carson City, Nevada**

(Cut along broken lines)

## INSTRUCTIONS

Above is a list of all the independent cities in the United States. Use the list to verify the exact address on the -VERADD-and -MAILADD- screens and to make corrections to the -CHNGADD- screen and -CHNGMAIL- screen.

\*The cities with an asterisk (\*) are those that also have a county of the same name within the State. Whenever one of these cities is reported, you may need to probe to determine if the person lives within the city limits of the independent city or within the county. If it is within the city limits, enter "IC" after the name, otherwise, enter the county name.

## WHEN TO FILL THE F7 CASE MANAGEMENT NOTES

- **Type A Noninterviews**
- **Type B Noninterviews**
- **Type C Noninterviews**
- **Partial Interviews**
- **Classification of Living Quarters Problems**

## WHEN TO FILL AN **INTERCOMM**

- **Problems trying to list and update an address**
- **Additional and EXTRA Units**
- **Merged Units**
- **Replaced Sample Unit Structure**
- **Permit address found to contain more or fewer units than expected**
- **Permit address found to be in a Group Quarters**
- **Abandoned Permit**
- **Segment boundary problems**
- **Problems encountered trying to classify the type of living quarters**
- **Unable to locate a sample address**

# 1997

When to  
fill the  
**F7 Notes**  
1997 calendar

JANUARY						
S	M	T	W	T	F	S
			①	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	②⑩	21	22	23	24	25
26	27	28	29	30	31	

JULY						
S	M	T	W	T	F	S
		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		

FEBRUARY						
S	M	T	W	T	F	S
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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	

AUGUST						
S	M	T	W	T	F	S
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

MARCH						
S	M	T	W	T	F	S
						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
③⑩	31					

SEPTEMBER						
S	M	T	W	T	F	S
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

APRIL						
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OCTOBER						
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MAY						
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25	②⑩	27	28	29	30	31

NOVEMBER						
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16	17	18	19	20	21	22
23	24	25	26	②⑩	28	29
30						

JUNE						
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

DECEMBER						
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	②⑩	26
27	28	29	30	31		

○ Holiday

Cut along broken lines

# 1998

JANUARY						
S	M	T	W	T	F	S
				①	2	3
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11	12	13	14	15	16	17
18	⑱	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY						
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8	9	10	11	12	13	14
15	⑯	17	18	19	20	21
22	23	24	25	26	27	28

MARCH						
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL						
S	M	T	W	T	F	S
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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		

MAY						
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	⑳	26	27	28	29	30
31						

JUNE						
S	M	T	W	T	F	S
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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			

JULY						
S	M	T	W	T	F	S
			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	

AUGUST						
S	M	T	W	T	F	S
						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					

SEPTEMBER						
S	M	T	W	T	F	S
			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		

OCTOBER						
S	M	T	W	T	F	S
				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

NOVEMBER						
S	M	T	W	T	F	S
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	⑳	27	28
29	30					

DECEMBER						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	⑳	26
27	28	29	30	31		

○ Holiday

# HOLIDAYS

## 1997

<b>New Year's Day</b>	<b>January 1</b>	1998
<b>Martin Luther King's Birthday</b>	<b>January 20</b>	Holiday
<b>President's Day</b>	<b>February 17</b>	
<b>Easter</b>	<b>March 30</b>	
<b>Memorial Day</b>	<b>May 26</b>	
<b>Independence Day</b>	<b>July 4</b>	
<b>Labor Day</b>	<b>September 1</b>	
<b>Columbus Day</b>	<b>October 13</b>	
<b>Veteran's Day</b>	<b>November 11</b>	
<b>Thanksgiving</b>	<b>November 27</b>	
<b>Christmas</b>	<b>December 25</b>	

## 1998

<b>New Year's Day</b>	<b>January 1</b>	Cut along broken line
<b>Martin Luther King's Birthday</b>	<b>January 19</b>	
<b>President's Day</b>	<b>February 16</b>	
<b>Easter</b>	<b>April 12</b>	
<b>Memorial Day</b>	<b>May 25</b>	
<b>Independence Day</b>	<b>July 4</b>	
<b>Labor Day</b>	<b>September 7</b>	
<b>Columbus Day</b>	<b>October 12</b>	
<b>Veteran's Day</b>	<b>November 11</b>	
<b>Thanksgiving</b>	<b>November 26</b>	
<b>Christmas</b>	<b>December 25</b>	

## CARD HI

1. Puerto Rican
2. Cuban
3. Cuban American
4. **Mexican/Mexicano**
5. Mexican American
6. Chicano
7. Hispanic
8. Other Latin American
9. Other Spanish or Hispanic



## CARD H2

- 1.** White
2. Black/African American
3. Indian (American)
4. Eskimo
5. Aleut
6. Chinese
7. Filipino
8. Hawaiian
9. Korean
10. Vietnamese
- 11.** Japanese
12. Asian Indian
13. Samoan
- 14.** Guamanian
- 15.** Other Asian/Pacific Islander

Card H1

Card H2

Cut along broken line



## CARD H3

2. Spouse (husband/wife)
3. Unmarried Partner
4. Child (biological/adoptive/in-law/  
step/foster)
5. Child of Partner
6. Grandchild
7. Parent (biological/adoptive/in-law/  
step/foster)
- 8. Brother/sister (biological/adoptive/in-law/  
step/foster)**
9. Grandparent (Grandmother/Grandfather)
10. Aunt/Uncle
- 11. Niece/Nephew**
12. Other relative
13. Housemate/roommate
14. Roomer/Boarder
15. Other nonrelative
16. Legal guardian
17. Ward

Blank

Card H3

(Cut along broken line)

## CARD **F1**

1. Vision/problem seeing
2. Hearing problem
3. Speech problem
4. Asthma/breathing problem
5. Birth defect
6. Injury
7. Mental retardation
8. Other developmental problem (e.g. cerebral palsy)
9. Other mental, emotional or behavioral problem
10. Bone, joint, or muscle problem
- 11** 1. Epilepsy
12. Other impairment/problem

## CARD F2

1. Vision/problem seeing
2. Hearing problem
3. Arthritis/rheumatism
4. Back or neck problem
5. Fracture, bone/joint injury
6. Other injury
7. Heart problem
8. Stroke problem
9. Hypertension/high blood pressure
10. Diabetes
- 11.** Lung/breathing problem
12. Cancer
13. Birth defect
14. Mental retardation
15. Other developmental problem (e.g. cerebral palsy)
16. Senility
17. Depression/anxiety/emotional problem
18. Weight problem
19. Other impairment/problem

Card F1

Card F2

Cut along broken line

## CARD F3

On or down or from:

1. Escalator
2. Stairs or steps
3. Floor/Level ground
4. Curb (including sidewalk)
5. Ladder or scaffolding
6. Playground equipment
7. Building or other structure
8. Chair, bed, sofa or other furniture
9. Tree
10. Toilet, commode
11. Bathtub, shower

Into:

12. Swimming pool
13. Hole or other opening
14. Other

## CARD **F4**

1. Driving
2. Working at a paid job
3. Working around the house or yard
- 4.** Attending school
5. Unpaid work (including, housework, shopping, volunteer work)
6. Sports (organized team or individual sport such as running, biking, skating)
7. Leisure activity (excluding sports)
8. Sleeping, resting, eating, drinking
9. Cooking
10. Being cared for (hands-on care from other person)
11. Other

Card F3

Card F4

(Cut along broken line)

## CARD F5

1. Home (inside)
2. Home (outside)
3. School (not residential)
4. Child care center or Preschool
5. Residential institution (excluding hospital)
6. Health care facility (including hospital)
7. Street/highway
8. Parking lot
9. Sport facility, athletic field or playground
10. Trade and service area (restaurant, store, bank, gas station)
11. Farm
12. Park/recreation area (fields, bike or **jog path**)
13. River/lake/stream/ocean
14. Swimming pool
15. Industrial or construction area
16. Mine/quarry
17. Other public building
18. Other



## CARD F6

Not employed at the time of  
the injury/poisoning

None

Less than **1** day

**1** to 5 days

6 or more days

Card F5

Card F6

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## CARD F7

Not in school at the time of  
the injury/poisoning

None

Less than **1** day

**1** to 5 days

6 or more days

## CARD F8

1. a drug or medical substance used mistakenly or in overdose
2. a harmful or toxic solid or liquid substance
3. inhaling gases or vapors
4. eating a poisonous plant or other substance mistaken for food
5. a venomous animal or plant
6. something else

Card F7

Card **F8**

(Cut along broken line)

## CARD **F9**

1. Private health insurance plan from employer or workplace\*
2. Private health insurance plan purchased directly\*
3. Private health insurance plan through a state or local government program or community
4. Medicare
5. Medi-Gap
6. Medicaid
7. Military health care/VA
8. **CHAMPUS/TRICARE/CHAMP-VA**
9. Indian Health Service
10. State-sponsored health plan
11. Other government program

\*EXCLUDE private plans that only provide extra cash while hospitalized or pay for only one type of service (nursing home care, accidents, or dental care).

# CARD F10

## STATE NAMES FOR MEDICAID

**(Note: OR indicates that the state also has the name "state name medicaid" such as "Iowa Medicaid")**

Alaska	Medical Assistance Program
Arizona	AHCCCS (Pronounced "Access") OR Acute Care Program OR Long Term Care System ( <b>ALTCS</b> )
California	<b>Medi-Cal</b>
Connecticut	OR <b>ConnecticutAccess</b> (CONNECT CARD)
D.C.	OR Medical Assistance
Florida	OR <b>MediPass</b>
Georgia	OR Better Health Care Program OR Medical Assistance
Hawaii	OR Med-QUEST OR Maluhia OR Medical Assistance
Idaho	OR Healthy Connections OR Medical Assistance
Illinois	OR <b>MediPlan</b>
Indiana	OR Hoosier Healthwise
Iowa	OR <b>MediPASS</b> (Medical Assistance)
Kansas	OR <b>PrimeCare</b> OR Community Care Kansas ( <b>CCK</b> ) OR <b>HealthConnect</b>
Kentucky	OR Kentucky Patient Access and Care System ( <b>KenPAC</b> ) OR Medical Assistance
Louisiana	OR <b>CommunityCARE</b> Program
Maine	OR <b>PrimeCare</b>
Maryland	OR Maryland Access to Care (MAC) OR Medical Assistance, Health Choice
Massachusetts	<b>MassHealth</b>
Minnesota	OR Prepaid Medical Assistance Program ( <b>PMAP</b> ), Health Care Programs
Mississippi	OR <b>HealthMACS</b>
Missouri	OR MC Plus
Montana	OR Passport to Health
Nebraska	OR Primary Care Plus (+) OR Health Connection
Nevada	OR <b>MAPnet</b>
<b>New Jersey</b>	OR New Jersey Care 2000
New Mexico	OR Primary Care Network
New York	OR MAX
North Carolina	OR Carolina Access
North Dakota	OR North Dakota Access to Care ( <b>NoDAC</b> )
Ohio	OR Accessing Better Care (ABC) Program
Oklahoma	OR <b>SoonerCare</b>
Oregon	OR Oregon Health Plan ( <b>OHP</b> ), Kaiser-S/HMO, Medical Assistance
Pennsylvania	OR <b>HealthPASS</b> , Family Care Network ( <b>FCN</b> ), Lancaster Community Health Plan, Blue Card or Green Card, ACCESS
Rhode Island	OR Rite care OR Medical Assistance
South Carolina	OR South Carolina Health Access Plan ( <b>SCHAP</b> )
South Dakota	OR Primary Care Provider Program
Tennessee	<b>TennCare</b>
Texas	OR <b>LoneSTAR</b> (State of Texas Access Reform)
Vermont	<b>OR Dr. Dynosaur</b> , Vermont Health Access Program ( <b>VHAP</b> ), <b>AIM</b>
Virginia	OR Medallion, Options, Medical Assistance
Washington	OR Health Access Spokane, Kaiser-S/HMO, Healthy Options
West Virginia	OR West Virginia Physician Assured Access System ( <b>PAAS</b> )
Wisconsin	Medical Assistance Program

Card **F9**

State  
Medicaid

(Cut along broken lines)

## CARD F11

### NON-MEDICAID STATE SPONSORED HEALTH INSURANCE PROGRAMS

Alaska	General Relief Medical ( <b>GRM</b> )
Arizona	Medically Indigent Program
California	County Medical Services Program ( <b>CMSP</b> ), Children's Services ( <b>CCS</b> ), AIM (Access for Infants and Mothers), California's children's health
Colorado	Child Health Plan, Children's Health Plan
Connecticut	Healthy Steps, General Assistance Program (GA)
Delaware	Nemours Child Program
Florida	Healthy Kids
Hawaii	Hawaii <b>HealthQUEST</b>
Illinois	General Assistance Program (State Child and Family Assistance, SCFA or Transitional Assistance, TA)
Iowa	Caring Program for Children, Iowa coverage for unemployed workers
Kansas	<b>MediKan</b> , Caring Program for Kids, Kansas Caring Program for Kids
Maine	Maine Health Program
Maryland	AIDS Insurance Assistance Program
Massachusetts	<b>CommonHealth</b> Program, Medical Security Plan ( <b>MSP</b> ), <b>CenterCare</b> Program, Children's Medical Security Plan, Healthy Kids
Michigan	Wayne County Plus Care Program, Medical Assistance Program, Caring Program for Children
Minnesota	<b>MinnesotaCare</b> , Minnesota General Assistance Medical Care Program ( <b>GAMC</b> )
Mississippi	Mississippi subsidized insurance coverage
Missouri	General Relief Medical Assistance
Nebraska	State Disability Program
New Hampshire	Healthy Kids
<b>New Jersey</b>	Health Access New Jersey, New Jersey's coverage for pregnant women
New York	Home Relief, Child Health Plus ( <b>CHP</b> ), New York's subsidized insurance
North Carolina	Caring Program for Children
Ohio	Ohio Disability Assistance Medical Program, Children's Health Care Program
Oregon	Oregon Health <b>PLan</b>
Pennsylvania	Children's Health Insurance Program (CHIP), General Assistance Medical Program
Rhode Island	General Public Assistance ( <b>GPA</b> ) Medical Program
Tennessee	<b>TennCare</b>
Utah	Utah Medical Assistance Program ( <b>UMAP</b> ), Rite Care
Virginia	State and Local Hospitalization ( <b>SLH</b> ) Program, Caring Program for Children
Washington	Basic Health Plan, Children's Health Program, General Assistance Unemployable Program (GA-U), Children's Health <b>PLan</b>
Wisconsin	General Relief Medical

## CARD F12

1. Less than \$500
2. \$500 – \$999
3. \$1,000 – \$1,999
4. \$2,000 – \$2,999
5. \$3,000 or more

Non-Medicaid  
State

Card F12

(Cut along broken lines)

## CARD F13

1. 6 months or less
2. More than 6 months, but not more than **1** years ago
3. More than 1 year, but not more than 3 years ago
- 4.** More than 3 years
5. Never



## CARD F14

1. Person in family with health insurance lost job or changed employers
2. Got divorced or separated/death of spouse or parent
3. Became ineligible because of age/left school
4. Employer does not offer coverage/or not eligible for coverage
5. Cost is too High
6. Insurance company refused coverage
7. Medicaid/Medical plan stopped after pregnancy
8. Lost Medicaid/Medical plan because of new job or increase in income
9. Lost Medicaid (other)
10. Other (specify)

Card F13  
Card F14

(Cut along broken line)

## CARD F15

0. Zero
1. Less than \$500
2. \$500 – \$1,999
3. \$2,000 – \$2,999
4. \$3,000 – \$4,999
5. \$5,000 or more

## CARD F16

1. Yes, born in the United States
2. Yes, born in Puerto Rico, Guam, American Virgin Islands, or U.S. territory
3. Yes, born abroad to American parents
4. Yes, U.S. citizen by naturalization
5. No, not a citizen of the United States

Card F15  
Card **F16**

(Cut along broken line)

## CARD F17

0. Never attended/kindergarten only
1. 1st grade
2. 2nd grade
3. 3rd grade
4. 4th grade
5. 5th grade
6. 6th grade
7. 7th grade
8. 8th grade
9. 9th grade
10. 10th grade
- 11. 11th grade**
12. 12th grade, no diploma
13. HIGH SCHOOL GRADUATE
14. GED or equivalent
15. Some college, no degree
16. Associate degree: occupational, technical, or vocational program
17. Associate degree: academic program
18. Bachelor's degree (Example: BA, AB, BS, BBA)
19. Master's degree (Example: MA, **MS, MEng, MEd, MBA**)
20. Professional School degree (Example: MD, DDS, DVM, JD)
21. Doctoral degree (Example: **PhD, EdD**)

## CARD F18

**U.** \$20,000 – \$20,999  
v. \$21,000 – **\$21,999**  
**W.** \$22,000 – \$22,999  
X. \$23,000 – \$23,999  
Y. \$24,000 – **\$24,999**  
**Z.** \$25,000 – \$25,999  
AA. \$26,000 – \$26,999  
**BB.** \$27,000 – \$27,999  
CC. \$28,000 – \$28,999  
DD. \$29,000 – \$29,999  
EE. \$30,000 – \$30,999  
FF. \$31,000 – \$31,999  
GG. \$32,000 – \$32,999  
HH. \$33,000 – \$33,999  
II. \$34,000 – \$34,999  
JJ. \$35,000 – \$39,999  
KK. \$40,000 – \$44,999  
**LL.** \$45,000 – \$49,999  
MM. \$50,000 – \$54,999  
NN. \$55,000 – \$59,999  
OO. \$60,000 – \$64,999  
PP. \$65,000 – \$69,999  
QQ. \$70,000 – \$74,999  
RR. \$75,000 and over

Card F17

Card **F18**

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Cut along broken line

## CARD F19

- A. Less than \$1,000
- B. **\$1,000** - \$1,999
- C. \$2,000 - \$2,999
- D. \$3,000 - \$3,999
- E. \$4,000 - \$4,999**
- F. \$5,000 - \$5,999
- G. \$6,000 - \$6,999
- H. \$7,000 - \$7,999
- I. \$8,000 - \$8,999
- J. \$9,000 - \$9,999
- K. \$10,000 - \$10,999
- L. \$11,000 - \$11,999**
- M. \$12,000 - \$12,999**
- N. \$13,000 - \$13,999
- O. \$14,000 - \$14,999**
- P. \$15,000 - \$15,999**
- Q. \$16,000 - \$16,999**
- R. \$17,000 - \$17,999**
- S. \$18,000 - \$18,999
- T. \$19,000 - \$19,999

## CARD CI

1. Parent (Biological, Adoptive or Step)
2. Grandparent
3. Aunt/Uncle
- 4.** Brother/Sister
5. Other relative
6. Legal guardian
7. Foster parent
8. Other non-relative

Card **F19**  
Card CI

(Cut along  
broken line)

## CARD C2

- 1.** Down's Syndrome
- 2.** Cerebral Palsy
3. Muscular Dystrophy
4. Cystic Fibrosis
5. Sickle Cell Anemia
6. Autism
7. Diabetes
8. Arthritis
9. Congenital Heart Disease
10. Other heart condition



# CARD C3

0. Not true

**1.** Sometimes true

2. Often true

Card C2  
Card C3  
-----  
(Cut along  
broken line)

## CARD c4

1. 6 months or less
- 2.** More than 6 months, but not more than 1 year ago
3. More than 1 year, but not more than 3 years ago
4. More than 3 years
5. Never

## CARD C5

0. None

1. 1

2. 2 - 3

3. 4 - 9

4. 10 - 12

5. 13 or more

## CARD C6

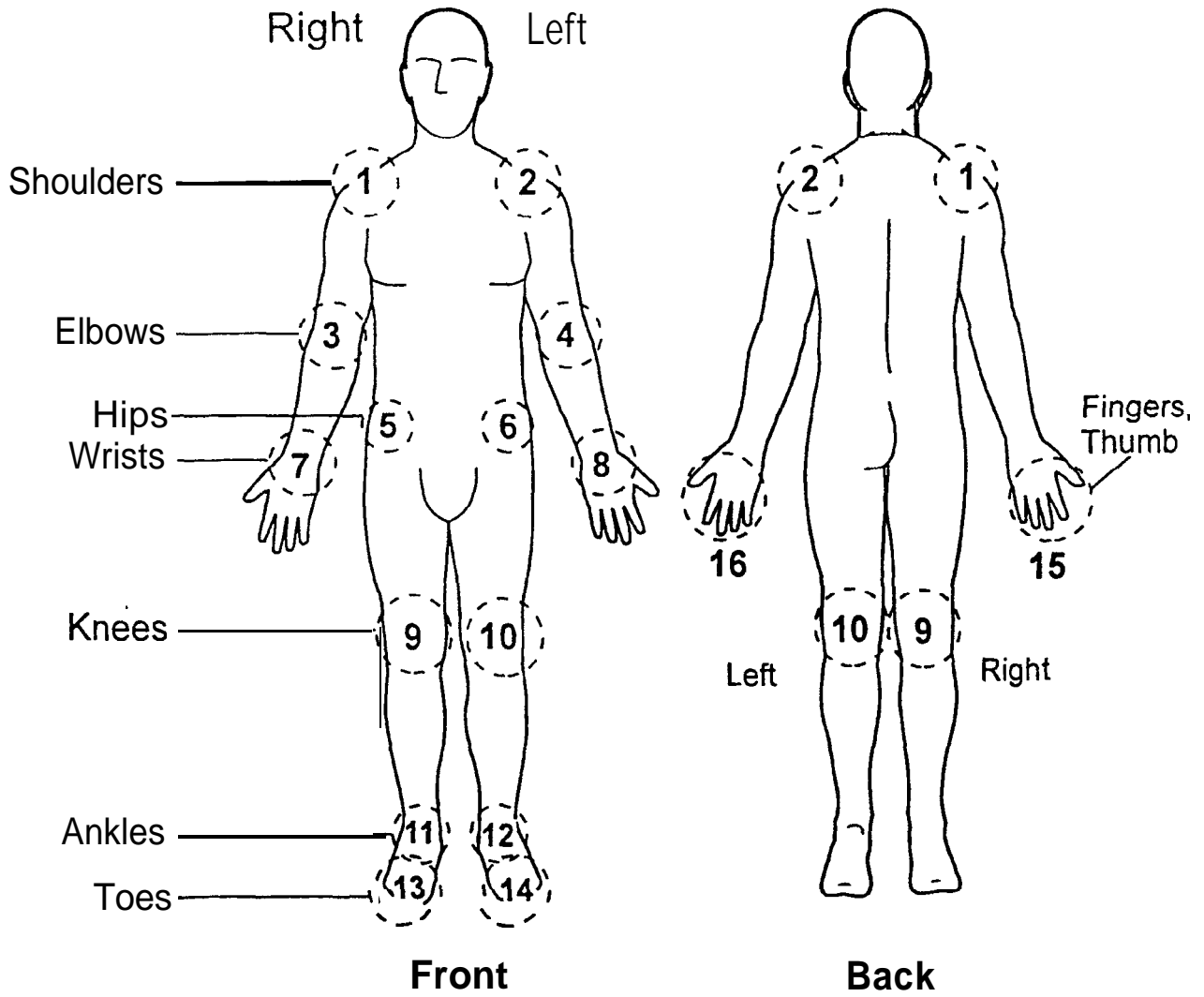
1. 1
2. 2 - 3
3. 4 - 9
4. **10 - 12**
5. 13 or more

## CARD C7

1. Football
2. Baseball or Softball
3. Soccer
4. Rugby
5. Field or Ice hockey
6. Lacrosse
7. Wrestling
8. Boxing
9. Karate or Judo

(Cut along broken line)

# CARD AI



○ = joint

## CARD A2

Card A1  
Card A2

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

(Cut along broken line)

## CARD A3

0. Not difficult at all
1. Only a little difficult
2. Somewhat difficult
3. Very difficult
4. Can't do at all



## CARD A4

0. Not difficult at all
- 1.** Only a little difficult
2. Somewhat difficult
3. Very difficult
- 4.** Can't do at all
  
6. Do not do this activity

Card A3  
Card A4

(Cut along broken line)

## CARD A5

1. Vision/problem seeing
2. Hearing problem
3. Arthritis/rheumatism
4. Back or neck problem
5. Fracture, bone/joint injury
6. Other injury
7. Heart problem
8. Stroke problem
9. Hypertension/high blood pressure
10. Diabetes
- 11.** Lung/breathing problem
12. Cancer
13. Birth defect
14. Mental retardation
15. Other developmental problem  
(e.g. cerebral palsy)
16. Senility
17. Depression/anxiety/emotional problem
18. Weight problem
19. Other impairment/problem

## CARD A6

1. 6 months or less
2. More than 6 months, but not more than 1 year ago
3. More than 1 year, but not more than 3 years ago
4. More than 3 years
5. Never

Card A5

Card A6

r - - - - -

(Cut along broken line)

## CARD A7

0. None
1. 1
2. 2 - 3
3. 4 - 9
4. 10 - 12
5. 13 or more

## CARD A8

1. **1**
2. 2 - 3
3. 4 - 9
4. 10 - 12
5. 13 or more

Card A7  
Card A8

(Cut along broken lines)

## CARD A9

1. An employee of a PRIVATE company, business, or individual for wages, salary, or commission
2. A FEDERAL government employee
3. A STATE government employee
4. A LOCAL government employee
5. Self-employed on OWN business, professional practice or farm
6. Working WITHOUT pay in family business or farm

## CARD A10

1. 1-9 employees
2. 10-24 employee
3. 25-49 employee
4. 50-99 employee
5. **100-249** employee
6. 250-499 employee
7. 500-999 employee
8. 1000 employees or more

Card A9  
Card **A10**

-----

-----  
*Cut along broken line*  
-----

## CARD AI 1

1. Just to find out/Worried that you are infected
2. Because a doctor asked you to
3. Because the health department asked you to
4. Because sex partner asked you to
5. For hospitalization or surgical procedure
6. To apply for health insurance or life insurance
7. To comply with guidelines for health workers
8. To apply for a new job
9. For military induction, separation, or during military service
10. For immigration
11. Because of pregnancy
12. For some other reason



## CARD AI2

1. Because you want to find out if you are infected
2. Because it will be part of hospitalization or surgery you expect to have
3. Because you expect to apply for life or health insurance
4. Because you expect to apply for a job
5. Because you expect to join the military
6. Because of guidelines for health care workers
7. Because it will be a required part of some other activity that includes automatic AIDS testing
8. Because it is required in your non-health care employment
9. Because you plan to have/begin sexual relationship
10. Because you are pregnant or expect to become pregnant
- 11 .For some other reason (Specify)

Card AI 1  
Card AI2

(Cut along broken line)

## CARD AI3

- A. You have hemophilia and have received clotting factor concentrations
- B. You are a man who has had sex with another man at some time since 1980, even one time
- C. You have taken street drugs by needle at any time since 1980
- D. You have traded sex for money or drugs at any time since 1980
- E. Since 1980, you are or have been the sex partner of any person who would answer "Yes" to any of the items on this card

## CARD **A14**

0. Nothing
1. Joined a weight loss program
2. Eating fewer calories
3. Eating special products such as canned or powdered food supplements
4. Exercising more
5. Eating less fat
6. Skipping meals
- 7.** Taking diet pills
8. Taking laxatives
9. Taking water pills or diuretics
10. Vomiting
11. Fasting for 24 hours or longer
12. Something else (Specify)

Card A13  
Card A14

(Cut along broken line)

## CARD AI5

- 1.** Work mainly indoors
- 2.** Work mainly outdoors
3. Travel to different buildings or sites
4. In a motor vehicle
5. Other

## CARD AI6

1. Not allowed in ANY indoor common areas
2. Allowed in SOME indoor common areas, including designated smoking areas
3. Allowed in ALL indoor common areas

Card AI 5

Card AI6

-----

(Cut along broken line)

## CARD AI 7

1. Not allowed in ANY work areas
2. Allowed in SOME work areas
3. Allowed in ALL work areas

## CARD A18

0. No facilities
1. Gymnasium/ Exercise room
2. Weight lifting equipment
3. Exercise equipment
4. Walking/Jogging path
5. Parcours/fitness trails
6. Bike path
7. Bike racks
8. Swimming pool
9. Showers
- 10.** Lockers
- 11.** Other

Card AI 7  
Card\_A18

(Cut along broken lines)

## CARD AI9

0. No programs
1. Walking group
2. Jogging/Running group
3. Biking/Cycling group
4. Aerobics class
5. Swimming class
6. Non-aerobic exercise class
7. Weight lifting class
8. Fully paid membership in health/fitness club
9. Partially paid membership in health/fitness club
10. Physical activity or exercise competition
11. Other



## CARD A20

0. None
- 1.** Weight control
2. Nutrition information
3. Prenatal education
4. Stress reduction and management
5. Alcohol and other drugs
6. Sexually transmitted diseases  
(including HIV or AIDS)
7. Job hazards and injury prevention
8. Back care and prevention of back injury
9. Preventing off-the-job accidents
10. Other

Card A19

Card A20

(Cut along broken lines)

## **CARD A21**

0. Never
1. A year ago or less
2. More than 1 year, but not more than 2 years
3. More than 2 years, but not more than 3 years
4. More than 3 years, but not more than 5 years
5. Over 5 years ago

## CARD A22

0. Not difficult at all
1. Only a little difficult
2. Somewhat difficult
3. Very difficult
4. Can't do at all

Card A2 1

Card A22

r - - - - -

(Cut along broken line)

## **CARD A23**

1. A year ago or less
2. More than 1 year, but not more than 2 years
3. More than 2 years, but not more than 3 years
4. More than 3 years, but not more than 5 years
5. Over 5 years ago

## **CARD A24**

1. Because of a specific health problem
2. Follow-up to a previous health problem
3. Part of a routine physical exam/As a screening test
4. Other

Card A23

Card A24

(Cut along broken lines)

## CARD A25

1. One or more firearms are kept in an UNLOCKED place
2. ALL firearms are kept in LOCKED PLACES, such as drawers, cabinets or closets

# DECLARACION ACERCA DE LA LEY DE CONFIDENCIALIDAD

“Como parte de su actividades estadísticas, la Oficina del Censo prepara listas de direcciones y unidades habitacionales. Una de esas listas se usa para ayudar al Centro Nacional de Estadísticas sobre la Salud (NCHS) a llevar a cabo estudios sobre el estado de la salud en el país. Toda la información que usted de es confidencial, según la ley, y puede usarse **SOLAMENTE PARA PROPOSITOS ESTADISTICOS** por la Oficina y por el Centro Nacional de Estadísticas sobre la Salud.

La participación es voluntaria, y no se le castigara por negarse a dar información. Sin embargo, agradeceríamos profundamente su cooperación.”

Si el/la entrevistado/da pregunta sobre la autorización legal para prepara la lista, cite el título 42 del código de los Estados Unidos, sección 242k.

## EXAMPLES FOR VERIFYING LISTING

At time of listing and updating, verify the listing after you have introduced yourself and before you interview.

### 1. SINGLE UNIT ADDRESS – Verify the listing with the respondent by asking:

**"Yo tengo enlistada una unidad habitacional** (*read basic address*). **¿Existen otras unidades habitacionales – ocupadas o vacantes – en esta misma dirección de correo?"**

### 2. MULTI-UNIT ADDRESS – Verify the listing with the owner, building superintendent, manager, rental agent, or some other knowledgeable person, such as a long-time resident by asking:

**"Tengo enlistados del apartamento – al apartamento – en** (*read basic address*). **¿He mencionado cualquier unidad habitacional donde no vive gente?** (*Pause*) **¿No mencioné alguna unidad habitacional, ya sea ocupada o vacante, en esta misma dirección** (*read basic address*)?"

Card A25  
Declaracion  
(SP)

(Cut along broken line)

# **EXPLICACION DE LA ENCUESTA NACIONAL DE LA SALUD**

**El proposito de la Encuesta Nacional de la Salud es obtener información sobre la frecuencia y la severidad de varias enfermedades, incapacitaciones y accidentes, el tipo de cuidado medico que reciben las personas para sus problemas de salud; y otra información relacionada con la salud del país.**

**La información recolectada es para el uso de los departamentos de salud federales, estatales y locales, escuelas médicas, organizaciones de investigación y otros grupos e individuos.**

**La Oficina del Censo lleva a cabo esta encuesta para el Centro Nacional de Estadísticas sobre la Salud, que es parte del Servicio de Salud Pública de los Estados Unidos, y realiza esta encuesta debido a la urgente necesidad de tener estadísticas al día sobre la salud de la gente. La encuesta está autorizada bajo el título 42, Código de los Estados Unidos, sección 242k. La información recolectada es confidencial y se usará solo con fines estadísticos. La participación en esta encuesta es voluntaria y no hay ninguna penalidad por no contestar a cualquier pregunta. Sin embargo, su cooperación es muy importante para obtener la datos necesarios para asegurarse de que la información estadística sea representativa.**

## **INTRODUCCION**

**“Hola, soy \_\_\_\_\_ de la Oficina del Censo de los Estados Unidos. Esta es mi tarjeta de identificación/identidad. Estamos llevando a cabo un estudio sobre la salud para el Centro Nacional de Estadísticas sobre la Salud, el cual es parte del Servicio de Salud Pública de los Estados Unidos. ¿Recibió una carta en la cual se le explica este estudio?”**

## **INTRODUCCION A LLAMADA TELEFONICA DE SEGUIMIENTO**

**Soy \_\_\_\_\_ de la Oficina del Censo de los Estados Unidos. (United Stats Bureau of the Census). Hablé con (previous respondent) en una visita a su hogar respecto a una encuesta de salud que estamos realizando a través de toda la nación. Hice arreglos con \_\_\_\_\_ {previous respondent) para llamarlo a usted hoy y hacerle algunas preguntas. En su hogar se le proveyó con una carta explicando esta encuesta de salud. Su participación es voluntaria y puede discontinuarla en cualquier momento. De acuerdo a la ley, la Oficina del Censo, el Centro Nacional de Estadísticas de Salud (National Center for Health Statistics) y otras agencias deben mantener confidenciales todas sus respuestas. Los datos son usados solo para investigaciones estadísticas sobre asuntos relacionados a la salud.**



# PRIVACY ACT LISTING STATEMENT

**"As part of its statistical activities, the Bureau of the Census develops lists of addresses and housing units. One such list is used to aid the National Center for Health Statistics (NCHS) to conduct surveys and studies on the state of the nation's health. Any information you provide is confidential by law, and can be used ONLY by the Bureau and NCHS FOR STATISTICAL PURPOSES ONLY.**

**Participation is voluntary, and there are no penalties for refusing to provide information. However, your cooperation is greatly appreciated."**

**If respondent requests legal authority for conducting listing, cite title 42, United States Code, section 242k.**

## EXAMPLES FOR VERIFYING LISTING

At time of listing and updating, verify the listing after you have introduced yourself and before you interview.

1. SINGLE UNIT ADDRESS – Verify the listing with the respondent by asking:

**"I have listed one unit at *(read basic address)*. Are there any other living quarters – either occupied or vacant – at this address?"**

2. MULTI-UNIT ADDRESS – Verify the listing with the owner, building superintendent, manager, rental agent, or some other knowledgeable person, such as a long-time resident by asking:

**"I have listed apartments \_\_\_\_\_ through \_\_\_\_\_ at *(read basic address)*. Have I listed any units that are not used as living quarters? *(Pause)* Have I missed any living quarters – either occupied or vacant – which use the basic address *(read basic address)*?"**

**Explicacion  
SP**

Privacy Act

(Cut along broken line)

# EXPLANATION OF THE NATIONAL HEALTH INTERVIEW SURVEY

The basic purpose of the National Health Interview Survey (HIS) is to obtain information about the frequency and severity of various illnesses, disability, and accidents, the kind of care and treatment people receive for their health problems, and other information related to the health of our Nation.

Data are compiled for use by Federal, State, and local health departments, medical schools, research organizations, and other groups or individuals.

The Bureau of the Census is conducting this 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 for statistical purposes. 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.

## SUGGESTED INTRODUCTION

**"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?"**

## TELEPHONE CALLBACK 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 conducting across the Nation. I arranged with *(previous respondent)* to call today to ask you some questions. Your household was previously provided with a letter explaining this health survey. Your participation is voluntary and you may discontinue participation at any time. By law, the Bureau of the Census, the National Center for Health Statistics, and other health agencies must keep all your answers confidential. The data are used only for statistical research on issues related to health.**

# Adding **NHIS** Extra Units to Case Management

Usually EXTRA units are picked up by the instrument when you ask the housing unit coverage questions at the beginning of the interview. EXTRA units picked up by the instrument are automatically added to Case Management.

However, **when you discover EXTRA units after you have completed the coverage questions, you need to add these EXTRA units to Case Management yourself**

---

## First determine if a unit is an EXTRA unit by using this criteria:

In general, an EXTRA unit is any separate housing unit that is *not* listed.

### Area Segments

The EXTRA unit must be:


- A separate living quarters (live and eat separately) with direct access to the unit
- Within the segment boundaries
- Within the same structure or on the same property as the sample unit

### Permit Segments

The EXTRA unit must be:

- A separate living quarters (live and eat separate with direct access to the unit)
- Within the same structure
- Within the same space occupied by the original sample unit

### Group Quarters in Area Segments

-  Group Quarters (GQ) do not have separate living quarters, therefore, there are *no* EXTRA units for a GQ by definition. If you find more GQ units than expected as you interview, note this in the Footnotes section of the listing sheet.

---

## Then add the EXTRA unit(s) to Case Management following these steps:

-  If you find more than 3 EXTRA units, call your office before conducting the interview.

1. Go to the Case List Screen.
2. Place the cursor on the parent unit address on the Case List Screen.
3. Press F4 to create new record for the EXTRA unit(s).
4. Enter the unique unit designation or correct the address for the EXTRA unit.

Explanation

Extra units

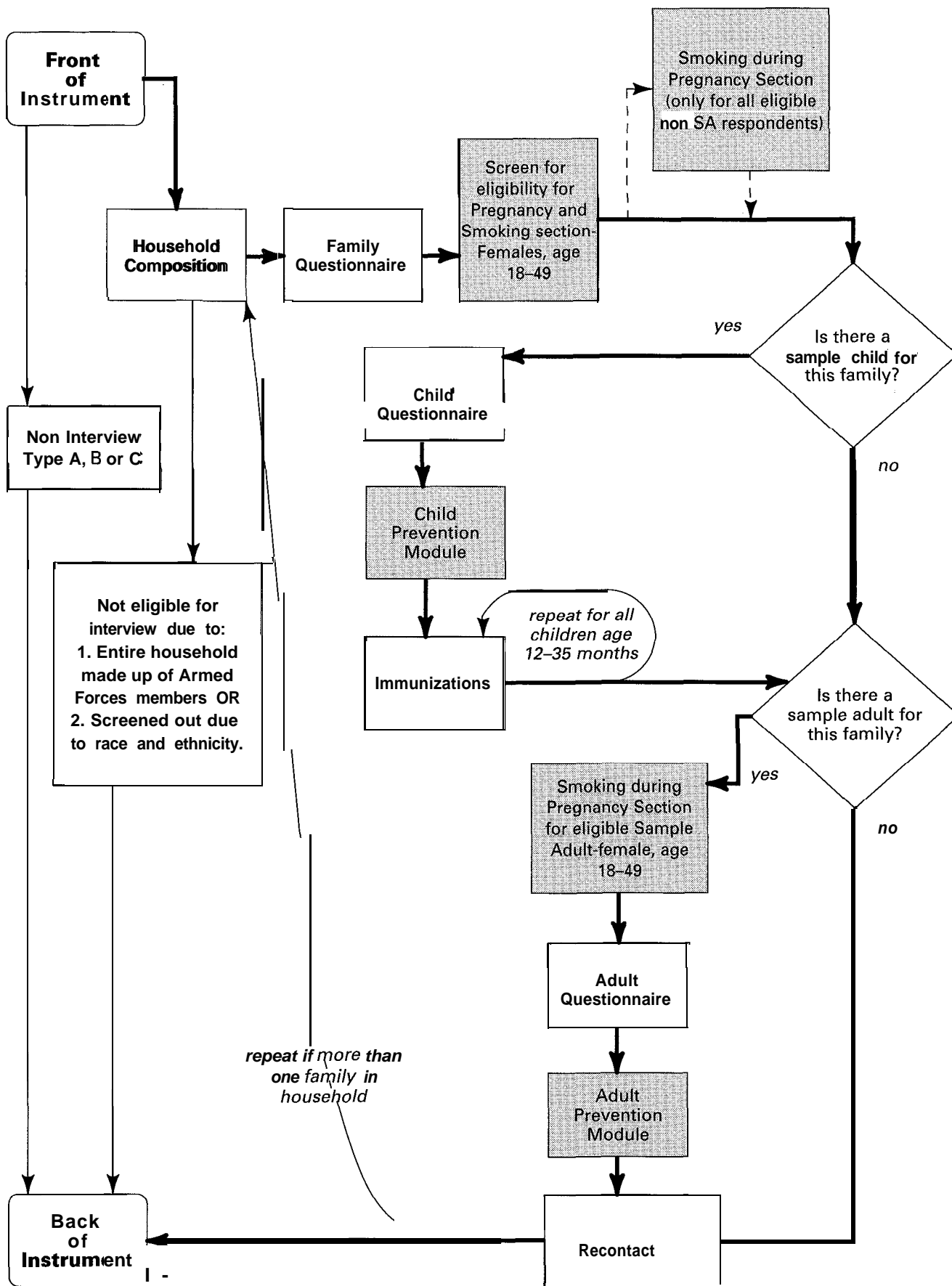
(Cut along broken line)

# OUTCOME CODES

OUT-COME	DEFINITION	USUAL ACTION*	LAPTOP	CAPI CONTROL
<b>Type A</b>				
200	New case, not started	00	Remain	NA
201	Complete interview	10	Transmit	To DSD
202	Accessed instrument, no progress	01	Remain	NA
203	Partial interview, no follow-up	04	Transmit	To DSD
204	Partial interview, follow-up needed	02	Remain	NA
213	Language problem	21	Transmit	To Supervisor
216	No one home, repeated calls	21	Transmit	To Supervisor
217	Temporarily absent, no follow-up	21	Transmit	To Supervisor
218	Refused	21	Transmit	To Supervisor
219	Other Type A	21	Transmit	To Supervisor
220	Temporarily absent, follow-up possible	01	Remain	NA
<b>Type B</b>				
223	Occupied entirely by Armed Forces members	31	Transmit	To Supervisor
225	Occupied entirely by persons with URE	31	Transmit	To Supervisor
226	Vacant, nonseasonal	31	Transmit	To Supervisor
228	Unfit or to be demolished	31	Transmit	To Supervisor
229	Under construction, not ready	31	Transmit	To Supervisor
230	Converted to temporary business or storage	31	Transmit	To Supervisor
231	Unoccupied site for mobile home, trailer, or tent	31	Transmit	To Supervisor
232	Permit granted, construction not started	31	Transmit	To Supervisor
233	Other Type B	31	Transmit	To Supervisor
235	Vacant, seasonal	31	Transmit	To Supervisor
236	Occupied – screened out by household	31	Transmit	To Supervisor
<b>Type C</b>				
240	Demolished	41	Transmit	To Supervisor
241	House or trailer moved	41	Transmit	To Supervisor
242	Outside segment boundaries	41	Transmit	To Supervisor
243	Converted to permanent business or storage	41	Transmit	To Supervisor
244	Merged	41	Transmit	To Supervisor
245	Condemned	41	Transmit	To Supervisor
246	Built after April 1st 1990 (4/1/90)	41	Transmit	To Supervisor
247	Unused line of listing sheet	41	Transmit	To Supervisor
248	Other Type C	41	Transmit	To Supervisor

**\*ACTION CODES      DESCRIPTION**

- 00      Case not started
- 01      Case open, insufficient data
- 02      Partial interview, with follow-up
- 04      Partial interview, no follow-up
- 10      Complete interview
- 21      Type A noninterview
- 31      Type B noninterview
- 41      Type C noninterview



## Flow of 1998 HIS **CAPI** Instrument

 = Prevention Module Sections

