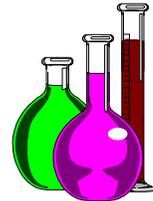
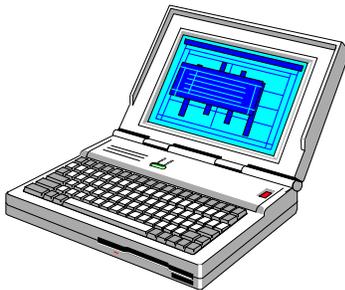


PART C

National Health Interview Survey



INSTRUMENT

PART C - THE NHIS INSTRUMENT

CHAPTER 1. OVERVIEW OF THE NHIS INSTRUMENT

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PART C, CHAPTER 1

OVERVIEW OF THE HIS INSTRUMENT

1.A INTRODUCTION

We refer to the computer software that runs the questionnaire as the instrument.

This chapter describes how the questions are selected for each interview, general contents of each screen, methods for entering responses, and the uses of the special function keys. There are instructions for starting the interview, for resuming a partially completed interview, and recovering from program errors.

Other chapters cover the various "sections" of the HIS instrument: the FRONT, the HOUSEHOLD COMPOSITION, the FAMILY, the SAMPLE CHILD, the SAMPLE ADULT, the RECONTACT, and the BACK sections.

1.B AUTOMATIC SELECTION OF QUESTIONS

The instrument decides which questions to display for you to ask, based on information previously entered about the sample address (*such as Screening Status, Year Built, Land Use, and the like*) and the information you enter about the household.

For example, questions concerning pregnancy and visits to a gynecologist are not asked for males. Questions about school attendance are not asked for anyone over 17 years of age.

You first determine the composition of the household and individual families within the household. Then, you are taken through the appropriate questions, based on this composition.

1.C CONTENTS OF EACH SCREEN

Throughout the instrument, each screen displays as appropriate:

- ! The question you will ask
- ! Special instructions
- ! Response options (if applicable)

Many screens also display previous information necessary for completion of the current question (such as a list of the family members in questions that ask "Who in the family" did something).

The computer fills appropriate proper names, pronouns, verbs, and reference dates into the text of the questions.

The following is a sample screen from the HIS instrument:

```
Caseid: 00000004
Item: HLTH_BEG
-----
Subject: Family 1
Respondent: John Doe
FR: READ THE FOLLOWING INTRODUCTION:

I am now going to ask about the general health
of family members and the effects of any physical,
mental, or emotional health problems.

PRESS 'ENTER' TO PROCEED
```

Screen names have been replaced by item names. If there is only one data entry field on the screen, the item name is the same as the screen name. If there is more than one data entry field on the screen, each field will have a unique name. The general format of the item names is *screen@item*. That is, the "@" symbol separates the screen name and the item name. The screen name is always the name to the left of the "@" sign.

1. Instructions

There are two types of on-screen instructions - general and specific. The general instructions are in regular type and tell you the screen name (-HLTH_BEG-*in the above example*), subject (Family 1 *in the above example*), and respondent (JOHN DOE *in the above example*).

Specific instructions are usually in bold capital letters and give you instructions for completing the item. (**FR: READ THE FOLLOWING INTRODUCTION** *in the above example*).

2. Errors

Above the question is an administrative part of the screen. In this area will be displayed the "CASE ID" (a number used by the computer to keep track of the case), the name of each answer space on the screen (this may be useful to you in certain lighting situations where it is hard to see the cursor), and error messages when you make an inappropriate entry.

For example, the appropriate entry for the question in the sample screen above is P to Proceed. If you enter something else, or attempt to press enter without making an entry, you might get an error message such as:

"O" is invalid

Simply make a valid/correct entry and the program will continue.

3. "Blind" Entries

There are two entries you can make that are generally accepted by each screen, but are not usually displayed on the screen. We call these "blind" entries and they are "D" for Don't Know and "R" for Refused.

If, after probing, the respondent still cannot answer the question, enter "D" for Don't Know.

If a respondent refuses to answer a particular question, explain the need to have all applicable questions answered. If the respondent still refuses, enter "R" for Refused.

4. Lists

Frequently, a list (*such as a roster of family members*) will be displayed at the bottom of the screen to help you ask or answer the question. This is called a "window". On some screens the screen is split vertically, and the roster of family members will be displayed on the right half of the screen.

Due to space limitations, on screens that have the window at the bottom of the screen, lists of more than four lines cannot be displayed in one "window". When this occurs, you will see an instruction to:

Press F12 to switch windows.

To view the remainder of the list in another "window", Press the **F12 key**. Then, press **PAGE DOWN** and **PAGE UP** to switch back and forth between the "windows".

NOTE: You cannot enter a response to the question while in a list "window".

When you are finished reading or viewing the list, press "Q" for quit and the cursor will return to the answer field.

The following is an example of a multi-window screen where the window is at the bottom of the screen:

Press F12 to switch windows		page 1 of 2	

HOUSEHOLD ROSTER			
LINE	HHSTAT	NAME	AGE FX REL

01	P R	JOHN DOE	29 1 Ref Person
02	S	JANE DOE	26 1 Wife
03	C	JIMMY DOE	6 1 son
"PgDn =		BOTTOM of screen	" for next page

Press F12 and then Page Down to get:

		page 2 of 2	

04		JANET DOE	1 1 daughter
"PgUp =		TOP of screen	" for prior page; `q` to quit

The following is an example of a multi-window screen where the window is on the right hand side of the screen:

-HHREF-		

FR: John Doe	LINE NAME	AGE
HAS BEEN SELECTED AS THE	-----	
HOUSEHOLD REFERENCE PERSON.	01 John Doe	29
IS THIS HOUSEHOLD MEMBER AN	02 Jane Doe	26
APPROPRIATE CHOICE? PREFERABLY		
A CIVILIAN ADULT?		
PRESS SHIFT F1 TO SEE FULL		
ROSTER INFORMATION		
(1) Yes, accept this person		
(2) No, select another person		

5. Multiple Questions or Answers

Usually the instrument displays just one item or question and one answer space on each screen. In some situations, however, two or more related questions appear on the same screen, or the question accepts multiple answers. The following are examples of these situations:

Multiple Questions

-ADD-	Has a doctor or health professional ever told you that Billy Doe had... (1) Yes (2) No (H)
	...Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)? <input type="checkbox"/>
	...Mental Retardation? <input type="checkbox"/>
	...Other developmental delay? <input type="checkbox"/>

Multiple Answers - A

-AGEDOB-	Subject: Jane Doe
	Respondent: John Doe
	What is Jane Doe's age and date of birth?
	Please give month, day, and year for the date of birth. (H)
	(1) January (5) May (9) September
	(2) February (6) June (10) October
	(3) March (7) July (11) November
	(4) April (8) August (12) December
	Age: <input type="text" value="26"/> Number
	Date of Birth: MONTH: <input type="text" value="6"/>
	<input type="text" value="4"/> Time Period DAY: <input type="text" value="3"/>
	(1) Day(s) YEAR: <input type="text" value="1971"/>
	(2) Week(s)
	(3) Month(s)
	(4) Year(s)

Multiple Answers - B

-HISPAN-

FR: SHOW FLASHCARD H1

Subject: JOHN DOE

Respondent: JOHN DOE

Please give me the number of the group that represents JOHN DOE's Hispanic origin or ancestry.

FR: IF A NONHISPANIC GROUP IS NAMED, PRESS "F1" TO RETURN TO NATOR AND CHANGE THE ANSWER FROM "YES" TO "NO". (H)

ENTER EACH NUMBER THAT APPLIES. ENTER (N) FOR NO MORE.

- (1) Puerto Rican
- (2) Cuban/Cuban American
- (3) Dominican (Republic)
- (4) Mexican
- (5) Mexican American
- (6) Central or South American
- (7) Other Latin American
- (8) Other Hispanic/Latino

___ _ _ _ _

-HIKIND-

Subject: John Doe

Respondent: John Doe

What kind of health insurance or health care coverage do you have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental), exclude private plans that only provide extra cash while hospitalized. (H) **FR: ENTER (N) FOR NO MORE. ENTER EACH NUMBER THAT APPLIES. PLEASE REFER TO FLASHCARDS F9 AND F10 FOR YOUR STATE.**

- | | |
|--|--|
| (1) Private health insurance plan from employer or workplace | (7) CHIP (Children's Health Insurance Program) |
| (2) Private health insurance plan purchased directly | (8) Military health care/VA |
| (3) Private health insurance plan through a state or local government or community program | (9) CHAMPUS/TRICARE/CHAMP-VA |
| (4) Medicare | (10) Indian Health Service |
| (5) Medi-Gap | (11) State-sponsored health plan |
| (6) Medicaid | (12) Other government program |
| | (13) Single Service Plan (e.g., dental, vision, perscriptions) |
| | (14) No coverage of any type |

(Anything else?)

N

1.D METHODS OF MAKING ENTRIES

For most items, you make an entry by pressing the number or letter corresponding to the appropriate listed answer, followed by pressing the <ENTER> key.

For some questions, you must type words or names, and then press the <ENTER> key. (*An example of this would be the question that asks: "What is the name of the next person living here?" or the instruction that says: "FR: SPECIFY THE OTHER RACE".*)

For a few questions, most notably in the health insurance section of the Family section, you will enter an "X" next to a persons name and then press the <ENTER> key.

For still others, you make a number entry (*such as a Person Number, a date, the number of doctor visits, and so forth*) and then press the <ENTER> key.

The only instance in which you DO NOT press the <ENTER> key is after pressing a function key (*see 1.E on page C1-10*).

1. Unacceptable Entries

If you make an unacceptable entry (*such as pressing "3" when the only options are "1" and "2", or making an entry that is not within an acceptable range*), a message such as **"3 is invalid"** will appear in the administrative section above the question and the instrument will not continue to the next question.

When this happens, simply make the correct entry and press <ENTER>.

2. Blanks

YOU CANNOT LEAVE AN ITEM BLANK. If you press <ENTER> without first typing a valid response, the instrument will give you a message that your entry is invalid. Make an appropriate entry and press <ENTER>.

NOTE: There are three exceptions to the "blank" rule -

É When entering the names of household members, press <ENTER> without making an entry if a person has no middle initial. This is also true of the last name field if the person you are currently entering has the same last name as the last person entered.

— When marking "X" next to person's names, if the question does not apply to any person, simply press enter to skip to the next person, or to the next screen if it is the last person.

É When instructed to press <ENTER>, do so without any other entry.

3. "Same as" Entries

In some items (such as the following example), known information is displayed with the answer spaces.

```
-CHNGMAIL- FR: ENTER MAILING ADDRESS OR ENTER (S) FOR SAME/NO CHANGE
              OR ENTER (X) TO BLANK-OUT THE CURRENT INFORMATION
CURRENT:
HOUSE NUMBER: 123          HOUSE NO SUFFIX: A12
                _____
STREET NAME: MAIN STREET
                _____
UNIT DESIG:                (H)
                _____

CITY: ANNANDALE
                _____
STATE: VA                ZIP CODE: 22230
                _____
COUNTY: JEFFERSON
                _____
```

hIf you need to correct the information, type in the correction.

hIf the information is correct as shown, enter "S" in the available answer field and press <ENTER>.

4. "No more" Entries

Many questions accept multiple answers. After each entry, press <ENTER> to go to the next answer space. Once you have entered all the answers that apply, enter "N" (for "no more") and press <ENTER>. Also, for screens that are "mark all that apply" like HIKIND enter "N" once you have entered all of the appropriate choices.

-RACE-	Subject: JOHN DOE
	Respondent: JOHN DOE
FR: SHOW FLASHCARD H2	
What race do you consider yourself to be? (H)	
Please select 1 or more of these categories.	
FR: ENTER (N) FOR NO MORE	
(1) White	(9) Asian Indian
(2) Black/African American	(10) Chinese
(3) Indian (American)	(11) Filipino
(4) Alaska Native	(12) Japanese
(5) Native Hawaiian	(13) Korean
(6) Guamanian	(14) Vietnamese
(7) Samoan	(15) Other Asian
(8) Other Pacific Islander	(16) Some Other Race
<u>1</u>	<u>8</u> <u>13</u> <u>N</u>

5. Dates

Dates must be entered as follows:

- ! Enter the numeric month and press <ENTER>.
- ! Enter the day of the month and press <ENTER>.
- ! Enter all four digits of the year and press <ENTER>.

NOTE: It is NOT necessary to enter months and days in two digits.

If any part of the date is unknown, probe for the respondent's best estimate of the exact date and enter that. (*If you want to note that this is an estimate, press the F7 function key.*)

If probing does not yield an estimated date, enter "D" (*for Don't Know*) for the unknown part of the date.

6. Telephone Numbers

The Area Code must be included with all telephone numbers.

- ! Enter the 3-digit Area Code. The cursor will automatically move to the first digit of the exchange.

! Enter the 7-digit telephone number and press <ENTER>.

NOTE: Do NOT type in the dash between the exchange and number. It is already in the instrument. Also, do NOT press <ENTER> after the exchange -- enter all seven digits before pressing <ENTER>.

7. Open-Ended Questions

For open-ended or "Specify" questions, type the complete answer without abbreviating at the time of interview. After the interview is completed, you CANNOT go back into it and edit your answers.

Space should be sufficient for most "type-in" entries. However, if an entry requires more than the allotted space, try to use understandable abbreviations to fit the answer in the allotted space. Using the **F7** notes to finish the entry should be avoided if possible.

8. Correcting Entries

If BEFORE PRESSING <ENTER> you realize an entry is incorrect (*for example, you inadvertently pressed a wrong key*), press the backspace key to delete the entry. Then type the correct entry and press <ENTER>.

If AFTER PRESSING <ENTER> you go to an inappropriate question or simply realize the previous entry was incorrect, press **F1** to return to the erroneously answered question. Then press the backspace key to delete the incorrect entry. Finally, type in the correct answer and press <ENTER>.

1.E FUNCTION KEYS

The function or "F" keys allow you to do several useful things during the interview. For example, you can back up to a previous screen to review or correct the entry, you can add notes to explain an entry, and you can skip to the end if a respondent is unable or unwilling to continue the interview.

Many operations require you to simply press the function key (*you don't have to press <ENTER>*), while some require you to use the <SHIFT> key with the function key. The easiest way to do this is to hold down the <SHIFT> key while pressing the function key.

F1 - BACK 1 item--Back up one screen

Moves you backwards one screen at a time through previously answered questions. On screens with multiple answers, it moves you backward through each entered answer.

F2 - FORWARD 1 item--Go forward one screen

Moves you forward one screen at a time through previously answered questions; however, you cannot move forward past an unanswered screen. On screens with multiple answers, it moves you forward through each entered answer.

F3 - NEXT UNANS'D item--Jump forward to next unanswered screen

Moves you forward to the next appropriate unanswered question faster than repeatedly pressing **F2**. Most useful when you have backed (**F1**) over several questions and need to return to the appropriate screen to continue the interview.

F4 - JUMP menu--Show all ANSWERED screens for current person

This screen is a "jump" screen allows you to jump back to a previously answered question for a particular person who is the subject of the questions you are currently asking.

F5 - Status table

The Status Table show status of each section, for each family in the household.

```
-H_NGST-
+-----+
| N = SECTION HAS NOT BEEN ASSIGNED A STATUS CODE YET.
| I = SECTION IS NOT COMPLETED.
| C = SECTION IS COMPLETED AS MUCH AS POSSIBLE FOR THIS INTERVIEW.
|N/A = SECTION NOT APPLICABLE FOR COMPLETION.
|
|                                     NAVIGATION GRID/STATUS TABLE
|
| Family #   FAMILY   SAMPLE CHILD   IMMUNIZATION   SAMPLE ADULT   CANCER
| 1          C        N          N/A          N          N          SUPPLEMENT   RECONTACT
|
|                                     PRESS ENTER TO CONTINUE █
+-----+
```

F6 - CHANGE answer--Change entry

Deletes the current entry in an item so that you can enter the correct one. Remember to press the <ENTER> after entering the answer.

F7 - Enter NOTES--Notes per screen

Allows you to enter comments, explanations, continuations, and so forth for the screen currently displayed. Upon completion of the note, type two slash marks (//) and press <ENTER>.

F8 - Not used for NHIS.

F9 - SKIP to end of FAMILY

Allows you to break off the interview in the Family Section without affecting the status of the entire household. This function can only be used after you have completed the Income section (screen INTROINC) or more of the interview. If you must breakoff the interview before you have reached that point, you will have to use the **F10** function key.

For example, if the Family Section respondent has to leave before completing the Family Section and no other adult respondent is available in that family, press F9. This allows you to make an appointment to continue the interview and to check on the availability of an adult respondent for an unrelated family group living in the same household.

F10 - Skip to END

Allows you to break off the interview in "emergency" situations when you have to leave the sample unit quickly. (*For other situations, see F9, SHIFT-F8, and SHIFT-F9 below.*)

F11 - Not used for NHIS.

F12 - Window Toggle

Allows you to shift between "windows" when the list is too long to display on one screen. (*See 1.C4 on page C1-3*)

SHIFT-F1- Display Case HH INFO

The Household Roster displays all persons in the household, the household phone number, and the phone number for up to 3 families in the household. This function key may be used anywhere within instrument.

```

HHROSTER
+-----+
|A=Armed Forces  B=Family Resp  C=Sample Child  D=Deleted      E=Emanc Minor
|I=Immun flag    P=HH Ref Per   R=HH Resp    S=Sample Adult
|                HOUSEHOLD      FAMILY 1      FAMILY 2      FAMILY 3
|TELEPHONE NOS.: (123)456-0789
|
|                HOUSEHOLD ROSTER
|LINE FX HHSTAT  FULL NAME          AGE SEX REL to HH
|NO.              REF PERSON
+-----+
|01  01 PR      John Doe           33  M
|02  01  S      Jane Doe           26  F  Wife
|03  01  C      Billy Doe           6   M  son
|
|                PRESS ENTER TO CONTINUE █
+-----+

```

SHIFT-F2 -FAQ

For each of the frequently asked questions, you can access a screen displaying the question and answer.

SHIFT-F3 - Not used for NHIS.

SHIFT-F4 - Not used for NHIS.

SHIFT-F5: LANGUAGE Toggle

This combination allows you to switch between English and Spanish versions of the instrument.

SHIFT-F6: Not used for NHIS.

SHIFT-F7: View NOTES

Allows you to review the notes made previously on the screen.

SHIFT-F8: SKIP to end of SAMPLE ADULT

Allows you to break off the interview in the Sample Adult section without affecting the status of the entire household.

For example, if the Sample Adult cannot or will not continue the interview while completing the Sample Adult section, press SHIFT-F8. This allows you to make a callback appointment if appropriate, and continue with any other applicable sections.

SHIFT-F9: SKIP to end of SAMPLE CHILD

Allows you to break off the interview in the Sample Child section without affecting the status of the entire household.

For example, if the respondent for the Sample Child has to leave, but wants to make an appointment to finish the section later, press SHIFT-F9 and arrange for the callback.

SHIFT-F10: Show F-KEYS--function key settings

Displays a list of each of the function keys and a short definition for each one.

NOTE: The function key settings for the Case Management system are different than above for the HIS instrument. When you are in Case Management, the function key settings are displayed across the top of the screen.

1.F STARTING THE INTERVIEW

When you are ready to go to the door of a sample household, it is time to start up the NHIS interview program.

Ë Beginning from the main menu, select CASE MANAGEMENT.

Ë On your case list, highlight the case you intend to interview and press **F2**.

If the first screen in the NHIS instrument does not appear within a few seconds, write down any error messages that may be on the screen and try to restart the program. If you are unable to restart, report the situation and error messages to your RO.

1.G EXITING FROM A PARTIALLY COMPLETED INTERVIEW

At times, you may have to exit from the instrument even though you have only partially completed the interview. *For example, the respondent may not have time to complete the interview because of another engagement.*

How you exit depends on the situation:

- ! If you must leave the household quickly press **F10**.
- ! To exit after starting the content portion of the interview, press **F9** in the Family Section, **SHIFT-F8** in the Sample Adult Section, or **SHIFT-F9** in the Sample Child Section or the Immunization Section..

DO NOT TRY TO EXIT FROM THE INTERVIEW BY SIMPLY SHUTTING OFF THE COMPUTER. To do so will cause the partial information collected so far to be lost, the case management file will not be updated, and you will be prevented from going back into this case to complete the interview.

Regardless of whether you exit the entire interview (**F10**), or only one of the sections (**F9/SHIFT-F8/F9**), you will be prompted make an appointment for a callback or return visit to obtain the remaining information.

Partially completed cases remain on your case management main display, so that you can select the case and resume the interview when appropriate.

1.H COMPLETING A PARTIAL INTERVIEW

When you make your return visit (or telephone call), highlight the address on your case management display and press **F2** to run the interview.

Do your best to complete all partial interviews by closeout for the week. If you cannot get more information for a case, make sure that you have a transmittable outcome code (*refer to the outcome code list and status card in your HIS-501C Flashcard and Information booklet*), highlight the case on your case management display and press **F2**. On the -START- screen, enter "**R**" for ready to transmit and follow the instructions.

1.I EXITING FROM A COMPLETED INTERVIEW

Once all appropriate questions have been answered, the computer exits the instrument, updates the case management file, assesses the final status, and returns you to the main menu.

The computer moves completed cases from your case management main display and prepares them for transmittal to HQ.

Currently, you cannot re-enter a completed case to make changes to the data. If you are accustomed to editing your paper questionnaires after leaving the household, you may at first feel you have lost control of the interview. However, many of the problems you might look for when editing are handled automatically by the computer.

1.J PROGRAM ERROR RECOVERY

Occasionally, a problem in the computer may prevent the interview from continuing in a normal way. The following types of problems may occur:

- ! You may see a screen that contains only a DOS prompt (*C> or something like it*). This tells you that the HIS interview program is no longer running.
- ! Although the screen appears normal, it does not change or respond to entries of any kind from the keyboard.
- ! You may see an error message containing an error number and the words "RUN-TIME ERROR". If, along with the error message, the computer prompts you to press "<CR> to continue", ignore it. **DO NOT PRESS <ENTER>**, as to do so may result in erroneous updating of the case management file and may prevent you from getting back into the case.

In any of these situations when the interview program will not go forward normally, you should "reboot" (*that is, re-start*) the computer.

Warm Boot

First try a "warm boot", since it is faster and causes less wear and tear on the computer. In a "warm boot", the computer runs the same start-up self-test as when it is first started.

While holding down the keys marked **CTRL** and **ALT**, press the key marked **DEL**.

If this is not effective, try a "cold boot".

Cold Boot

Turn off the computer. Wait at least 30 seconds before restarting to allow the disk drive to stop spinning. When you turn the computer back on, it should behave normally.

If you cannot resume the interview after "rebooting", use the troubleshooting instructions in Part D and notify your RO of the problem.

NOTE: When you "reboot", the information collected so far in the current interview is lost, and some previously collected information (if any) may be erased.

PART C - THE NHIS INSTRUMENT

CHAPTER 2. THE "FRONT" OF THE INSTRUMENT

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PART C, CHAPTER 2 THE "FRONT" OF THE HIS INSTRUMENT

2.A OVERVIEW

The beginning of the HIS instrument consists of a series of questions to establish if you are interviewing the correct household, provide listing coverage, and obtain information about the sample unit. This is, also, where you classify Noninterviews, which are covered in detail in Chapter 8.

This module is the "FRONT" of the interview.

2.B INTRODUCTION

Because the HIS interview depends on various reference periods (*for example 2-week, 3-month, and 12-month*), it is vitally important that your computer has the correct date and time.

-PRE_START-

Therefore, the first screen, called "PRE_START", allows you to verify and make any needed corrections to the computer's date and time.

-PRE_START-

FR: VERIFY CORRECT DATE AND TIME
The Time is: 01:35 pm
The Date is: February 22, 2000

FR: ARE THESE CORRECT?
(1) Yes, resume interview.
(2) No, correction required.

CORRECT: (1) Time
(2) Date

If both the date and time are correct, enter "1" and continue with the interview. Otherwise, enter "2", indicate whether you need to change the time (precode 1) or date (precode 2), and make the necessary correction(s) before continuing with the interview.

-COVER1-

The COVER1 screen contains information you can use to answer respondents' questions relating to the confidentiality of the information they provide and the estimated length of the interview. You do not have to read this screen to respondents. Just press "P" to proceed.

Caseid: 00000020 Existing answer: "p" Item: COVER1

OMB No. 0920-0214: Approval Expires 4/30/2000 NATIONAL HEALTH INTERVIEW SURVEY
NOTICE - 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 establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden of this collection of information is estimated to average 70 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports, Clearance Officer; Paperwork Reduction Project (0920-0214), 1600 Clifton Rd., MS D-24, Atlanta, GA 30333.
ENTER (P) TO PROCEED (H)

-START-

The next of the introductory screens is the "START" screen. It introduces you to the sample case by displaying the Control Number and status of the case.

-START-	CENSUS CATI/CAPI SYSTEM	DATE: 11-29-1999
	NHIS	VER: 2
	NATIONAL HEALTH INTERVIEW SURVEY	
SAMPLE: Y2000	QUARTER: 3	WEEK: 7
		CASE STATUS: New Case
PSU: 13199		
SEGMENT: 1002	DATE IS: February 22, 2000	
SERIAL: 02	TIME IS: 01:35 pm	
SUFFIX:		
(P) Proceed		
(Q) Quit - Do Not Attempt Now		
(N) Noninterview		

Compare the Control Number (*Sample, PSU, Segment, and Serial number*) to the listing sheet in the segment folder to verify that you are at the correct sample unit. If you are not, enter "Q" to quit this case.

The "date" that appears in the upper right corner of your START screen is the instrument date, that is when this version of the HIS CAPI instrument was programmed.

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

New Case	<i>This is the first time you have called up this case.</i>
Unreached Household	<i>You called up the case before, but did not proceed with the interview, such as finding no one home.</i>
Household Reached	<i>You contacted the household, but did not conduct any of the interview, such as arranging to callback later.</i>
Household Refused	<i>You contacted the household, but they refused to be interviewed.</i>
Need Coverage	<i>You contacted the household, but did not complete the required items in the "FRONT" section.</i>
Need Control Card	<i>You contacted the household, but did not complete the interview through the Household Composition.</i>
Need Core	<i>You completed the interview through the Household Composition, but not the Family, Sample Adult, and (if appropriate) Sample Child sections.</i>
Fully Complete	<i>You previously completed all applicable sections of the interview.</i>
Other Resolution	<i>A status other than one of the above.</i>

-
Enter "P" to continue with the interview and the instrument will take you to the appropriate screen based on the Case Status.

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

Enter "N" for any Type A, Type B, or Type C Noninterviews. (*See Chapter 8 for more details.*)

2.C ADDRESS

After your introduction, begin the initial interview by verifying the "exact" address and asking about the "mailing" address.

In addition to assuring you are at the correct sample unit, this information may be used by NCHS to select and/or contact persons or units included in one of the population-based surveys sampled from HIS.

-VERADD-

You may reword this question as follows: "What is your exact address, including county and ZIP code?"

-VERADD-	(H)
What is your exact address?	
ADDRESS:	100 MAIN STREET APT 202 CENTERVILLE LINCOLN PA 15555
(1) Address correct as listed	
(2) Address correct, but some additions/revisions	
(3) Incorrect address - TERMINATE INTERVIEW AND FIND CORRECT ADDRESS	

Enter "3" **only if** you determine you are **NOT at the correct sample unit**.

Otherwise, enter "1" or "2" based on the response to this question:

- Ë If the "exact" address is the same as displayed, enter "1".
- Ë If there are **any differences** whatsoever between the "exact" address and the one displayed, enter "2".

NOTE: Always enter "2" if a descriptive address is displayed, such as "brick colonial, picket fence ..." and enter a more exact name on the address correction screen.

-CHNGADD-

Make all address changes or corrections on this screen. If part of the address requires no change, enter "S" for same; otherwise, type in the part to be changed

-CHNGADD-	
FR: ENTER ADDRESS OR ENTER (S) FOR SAME/NO CHANGE ENTER (X) TO BLANK OUT THE CURRENT INFORMATION	
HOUSE NUMBER: 100	HOUSE NO. SUFFIX:
_____	_____
STREET NAME: MAIN STREET	

UNIT DESIG: APT 202	(H)

DESCRIPTION:	
COUNTY: LINCOLN	

CITY: CENTERVILLE	STATE: PA ZIP CODE: 15555
_____	_____

For addresses in Alaska or Louisiana, enter the name of the borough or parish, respectively, for the "County".

If the address is in an independent city (*as described in the list of independent cities in your Information and Flashcard Booklet*), enter the city name followed by the letters "IC" (for independent city) for the "County". If the name identifies both an independent city and a county, probe to determine if the location is inside or outside the limits of the city. If it is within the city limits, enter the name of the city followed by the letters "IC"; otherwise, enter only the county name.

Make any address corrections on the listing sheet, also, as instructed in your Form 11-8, Listing and Coverage Manual.

-MAILADD-

The "exact" address may or may not be the address at which occupants of the sample unit receive mail.

-MAILADD-

Is this also your mailing address?

ADDRESS: 100 MAIN STREET
APT 202
LINCOLN
CENTERVILLE PA 15555

(1) Yes
(2) No

If the "exact" address and the "mailing" address are the same, enter "1". Otherwise, enter "2" and enter the mailing address (in -CHNGMAIL-) in the same manner as instructed for the "exact" address (-CHNGADD-).

-CHNGMAIL-

FR: ENTER MAILING ADDRESS OR ENTER (S) FOR SAME/NO CHANGE
OR ENTER (X) TO BLANK OUT THE CURRENT INFORMATION

CURRENT:
HOUSE NUMBER: 129 HOUSE NO SUFFIX:

STREET NAME: NORTH ARLINGTON

UNIT DESIGNATION: 1-G (H)

CITY: EAST ORANGE CITY

STATE: NJ ZIP CODE: 54321 1234

COUNTY: TARRANT

The mailing address should be as complete as possible. For example, an adequate urban mailing address includes the house number, street name, an apartment number (*if appropriate*), the name of the city supplying postal services, County, State, and ZIP code.

In rural areas, an adequate mailing address includes the route number and box number (*if appropriate*), name of the post office (*City*), County, State, and ZIP code.

Specifying "General Delivery", a Post Office box number, etc. along with the City, County, State, and ZIP code are also acceptable mailing addresses.

2.D YEAR BUILT

The HIS sample is kept up-to-date by supplementing it with a sample of building permits issued since the last decennial census (*April 1, 1990*). The selected permit addresses are included in the survey in Permit Segments.

In area segments located in permit-issuing areas, each newly constructed unit (*built after April 1, 1990*) must be excluded from the sample or it could have a chance of coming in sample more than once. Determining year built during the interview is required only when it was not determined at the time of listing or updating.

-YRBLT-

FR: IF THIS ADDRESS IS A GQ, MOBILE HOME, TRAILER, TENT, BOAT, OR OTHER UNIT NOT IN A STRUCTURE, ENTER (N) WITHOUT ASKING ABOUT YEAR BUILT.

When was this structure originally built?

(1) Before April 1, 1990

(2) After April 1, 1990

(N) Not asked

Year built refers to the original construction completion date. Consider construction as completed when:

- Ë All exterior windows and doors have been installed,
- Ë The usable floors are finished, and
- Ë The unit is ready for occupancy.

If the respondent is uncertain about whether the structure was built before or after April 1, 1990, choose "before" and enter "1" after pressing **F7** and noting the situation.

Make no entries on the listing sheet based upon this item.

2.E COVERAGE

Based on how the sample unit was listed, you may be required to ask one or more "coverage" questions to determine if there are any additional living quarters - either occupied or vacant - in the building or on the property.

-MULTI-

Enter whether or not the location is a single unit or multi-unit.

-MULTI-

FR: CHECK THE LISTING SHEET.

IS THIS LOCATION A SINGLE OR MULTI-UNIT?

(1) Single unit

(2) Multi unit

-INBLDG-

-INBLDG-

I have listed one unit at

129 NORTH ARLINGTON.

Are there any other living quarters

- either occupied or vacant - in this building?

(1) Yes

(2) No

If the answer to this coverage question is "Yes", you will be taken through a series of questions designed to determine whether or not you have discovered an EXTRA unit.

-ONPROP-

Are there any OTHER building, mobile home, or trailer - either occupied or vacant - ON THIS PROPERTY for people to live in?

(1) Yes

(2) No

If the answer to this coverage question is "Yes", you will be taken through a series of questions designed to determine whether or not you have discovered an EXTRA unit.

-REGCOV-

This screen asks 2 coverage questions.

-REGCOV-

Are there any other living quarters - either occupied or vacant - in this building?

(1) Yes

(2) No

Is there any other building, mobile home, or trailer - either occupied or vacant - on this property for people to live in?

(1) Yes

(2) No

If the answer to one of these coverage questions is "Yes", you will be taken through a series of questions designed to determine whether or not you have discovered an EXTRA unit.

An EXTRA unit is any unlisted separate living quarters discovered during the interview. (For a more detailed discussion of EXTRA units, refer to page 7-15 in your Form 11-8, Listing and Coverage Manual.)

Prior to determining if the discovered units actually will be counted as new extra units, you will enter the information for for each extra living quarters discovered on a separate line at screen OTHADD. (Press <ENTER> after each.) Be as complete and accurate as possible when entering the address or description of each unit. If the extra living quarters is an EXTRA unit, your entry will be used to "list" the unit in Case Management.

-OTHADD-			(H)
FR: PROBE AS NECESSARY AND ENTER THE ADDRESS OR DESCRIPTION OF EACH ADDITIONAL LIVING QUARTERS. ENTER (N) FOR NO MORE AFTER THE LAST ONE. ENTER (S) FOR SAME. ENTER (X) TO LEAVE THE FIELD BLANK			
ORIGINAL ADDRESS: 123 A12 Main St. (H)			
ORIGINAL UNIT DESIGNATION:			
Addr 1:	HOUSE #	SUFFIX	STR.
	UNIT DESIG:		
Addr 2:	HOUSE #	SUFFIX	STR.
	UNIT DESIG:		
Addr 3:	HOUSE #	SUFFIX	STR.
	UNIT DESIG:		
Addr 4:	HOUSE #	SUFFIX	STR.
	UNIT DESIG:		
Addr 5:	HOUSE #	SUFFIX	STR.
	UNIT DESIG:		

Enter "N" (for no more) after listing all extra living quarters discovered.

Separately for each extra living quarters entered, you will be taken through the following screens, as appropriate.

-LISTED-	ADDITIONAL QUARTER IS:
FR: CHECK THE LISTING SHEETS. IS THIS ADDITIONAL LIVING QUARTERS ALREADY LISTED?	

-SEGBND-	ADDITIONAL QUARTER IS:
FR: IS THE ADDITIONAL LIVING QUARTERS WITHIN THE AREA SEGMENT BOUNDARIES?	

-GRPQTR-	ADDITIONAL QUARTER IS:	
FR: IS THIS ADDITIONAL LIVING QUARTERS IN A GROUP QUARTERS (GQ)?		

-LIVESEP-	ADDITIONAL QUARTER IS:	
FR: ASK IF NOT APPARENT. Do the occupants or intended occupants of the additional living quarters live and eat separately from all other persons ON THE PROPERTY/IN THIS BUILDING?		

-DIRACC-	ADDITIONAL QUARTER IS:	(H)
FR: ASK IF NOT APPARENT. Do the occupants or intended occupants of the additional living quarters have direct access from the outside or through a common hall?		

Refer to your Form 11-8 Listing and Coverage Manual for definitions and instructions concerning the housing unit definition (separateness), segment boundaries, Group Quarters, and direct access.

Depending upon the answers to these items, you may or may not have actually discovered an EXTRA unit. In either case, the instrument will display a message advising you of the situation.

EXTRA Units

If you have discovered an EXTRA unit, you will be instructed to record it on the listing sheet.

-SEGLIST-	ADDITIONAL QUARTER IS:	
FR: LIST THE FIRST (OR ONLY) EXTRA UNIT ON THE "EXTRA UNIT" LINE FOR THE ORIGINAL SAMPLE UNIT IN COLUMN (c) OF THE AREA SEGMENT LISTING SHEET. IF MORE THAN ONE EXTRA UNIT, ENTER THE EXTRA UNIT(S) IN THE "FOOTNOTES" SECTION OF THE APPROPRIATE LISTING SHEET, ALONG WITH THE SHEET AND LINE NUMBER OF THE ORIGINAL UNIT.		
EACH EXTRA UNIT WILL BE ASSIGNED A NEW SERIAL NUMBER (WITH A SUFFIX) AND WILL APPEAR AS A NEW CASE IN CASE MANAGEMENT.		
THE REMAINING QUESTIONS REFER TO THE ORIGINAL UNIT IN SAMPLE. ENTER (P) TO PROCEED		

The instrument will automatically add the EXTRA unit(s) to your workload in the Case Management system.

More Than Three Extra Units

If you have identified more than 3 EXTRA units for this one sample unit, you must call your office for instructions before continuing this interview at the sample unit or beginning the interview at any of the EXTRA units.

The instrument will automatically take you to a screen instructing you to call your supervisor.

-CALLRO-

FR: YOU HAVE IDENTIFIED MORE THAN 3 EXTRA UNITS (H)
FOR THIS SAMPLE UNIT:

1. DO NOT CONTINUE THIS INTERVIEW OR ATTEMPT TO INTERVIEW ANY OF THE EXTRA UNITS UNTIL YOU RECEIVE INSTRUCTIONS.
2. CALL YOUR OFFICE.
3. TELL YOUR SUPERVISOR YOU HAVE MORE THAN 3 EXTRA UNITS AND REQUEST INSTRUCTIONS.

ENTER (P) TO PROCEED

You can make an appointment to continue this interview if necessary.

NOTE: If you are instructed not to interview the sample unit, call and cancel the appointment.

2.F CLASSIFICATION OF LIVING QUARTERS

Complete by observation the screens necessary to classify the unit as a housing unit or a Group Quarters (GQ) unit.

-LOCATE-

FR: INDICATE WHETHER THIS SAMPLE UNIT IS LOCATED IN GROUP QUARTERS OR NOT.

- (1) Not in Group Quarters
- (2) In Group Quarters

-ACCESS-

(H)

FR: ASK IF NOT APPARENT.

(Is access to the unit direct or through another unit?) (H)

- (1) Direct
- (2) Through another unit

A housing unit is a room or group of rooms occupied or intended for occupancy as separate living quarters. Units not in structures may be housing units if they are used/intended as separate living quarters and have direct access (*for example, trailers, tents, boats, motor vehicles, and so forth*).

A separate living quarters is one in which the occupants:

Ë Live and eat separately from all other persons on the property

AND

Ë Have direct access from the outside or through a common hall or lobby.

A living quarters has direct access when the occupants can enter and leave either directly from the outside of the structure, or from a common hall or lobby used by other occupants of the structure.

If the only entrance to a living quarters is through a room or hall that is part of another living quarters, the unit does NOT have direct access, is NOT a separate housing unit, and should be considered as part of the living quarters through which access is gained.

-MERGE-

FR: THIS IS NOT A SEPARATE HOUSING UNIT AND MUST BE COMBINED WITH THE UNIT THROUGH WHICH ACCESS IS GAINED. APPLY THE MERGED UNIT PROCEDURES IN YOUR 11-8 LISTING AND COVERAGE MANUAL, THEN COMPLETE THIS ITEM TO INDICATE WHETHER THIS SAMPLE UNIT SHOULD BE RETAINED FOR INTERVIEW OR MADE A TYPE C NONINTERVIEW.

- (1) Retain/interview
- (2) Type C Noninterview

If the merger procedures indicate that you should interview the result of the merger, enter "1" and continue the interview.

If the merger procedures instruct you to classify the sample unit as a Type C Noninterview, enter "2" and the instrument will automatically classify it as such.

Type of Living Quarters

The final classification screen is one on which you will indicate the specific type of housing unit or Group Quarters unit that applies to the sample unit. You will first specify if the unit is or is not a Group Quarters unit. You will then specify the specific type of unit on the LIVQRT screen.

If the sample unit is **not** in a Group Quarter, you will see:

-LIVQRT-	FR: ENTER APPROPRIATE TYPE OF HOUSING UNIT
<p>(1) House, apartment, flat, condo (2) Housing unit in nontransient hotel, motel, etc. (3) Housing unit - permanent in transient hotel, motel, etc. (4) Housing unit in rooming house (5) Mobile home or trailer with no permanent rooms added (6) Mobile home or trailer with one or more permanent rooms added (7) Housing unit not specified above</p>	

If the sample unit is a Group Quarter, you will see:

-LIVQRT-	FR: ENTER APPROPRIATE TYPE OF GROUP QUARTERS
<p>(8) Quarters not housing unit in rooming or boarding house (9) Unit not permanent in transient hotel, motel, etc. (10) Unoccupied site for mobile home, trailer, or tent (11) Student quarters in college dormitory (12) Group quarter unit not specified above</p>	

Enter the precode for the one category that best describes the type of living quarters:

(1) House, apartment, flat, condo

A house or apartment; an apartment over a garage or behind a store; janitor's quarters in an office building; and housing units in such places as converted barns or sheds.

(2) Housing unit in nontransient hotel, motel, etc.

All separate living quarters in a motel, nontransient hotel, motor court, or YMCA. (*See Form 11-8 Listing and Coverage Manual for definitions of nontransient hotels and motels.*)

(3) Housing unit - -permanent in transient hotel, motel, etc.

All separate living quarters in a hotel, motel, transient hotel, motor court, etc. and occupied or intended for occupancy by permanent guests or resident employees. *(See Form 11-8 Listing and Coverage Manual for definitions of transient hotels and motels.)*

(4) Housing unit in rooming house

Housing units in rooming houses or combination rooming and boarding houses. *(See Form 11-8 Listing and Coverage Manual for definitions of rooming and combination rooming and boarding houses.)*

(5) Mobile home or trailer with no permanent rooms added

Do not consider open or unheated porches or sheds built onto trailers as rooms.

(6) Mobile home or trailer with one or more permanent rooms added

Do not consider open or unheated porches or sheds built onto trailers as rooms.

(7) Housing unit not specified above

Any living quarters that meets the housing unit definition, but cannot be described by categories (1)-(6). *(For example, tents, houseboats, railroad cars.)*

(8) Quarters not housing unit in rooming or boarding house

Any unit in a rooming, boarding, or combination rooming and boarding house that does not meet the housing unit definition. *(See Form 11-8 Listing and Coverage Manual for definitions.)*

(9) Unit not permanent in transient hotel, motel, etc.

Any unit in a transient hotel, motel, motor court, etc. occupied or intended for occupancy by transient guests or not meeting the housing unit definition. *(See Form 11-8 Listing and Coverage Manual for definitions of transient hotel and motel.)*

(10) Unoccupied site for mobile home, trailer or tent

Although not a Group Quarters, an **unoccupied** site for a tent, trailer, or mobile home is **not** a housing unit either.

(11) Student quarters in college dormitory

A room in a college dormitory occupied or intended for occupancy by a student.

(12) Group quarter unit not specified above

Any unit in a GQ or not meeting the housing unit definition that cannot be described by categories (8)-(11). *(For example, quarters for nurses or quarters in a bunkhouse.)*

2.G TELEPHONE COVERAGE

In case of missing information or to complete a portion of the interview with a designated respondent, it may be more efficient to make a telephone callback than another personal visit. In addition, the NCHS is considering several different random digit dialing (RDD) telephone surveys to augment the HIS. To properly weight the RDD data, they need to know the number of HIS sample units with a telephone, with access to a telephone, and with loss of telephone service for extended periods in the past 12 months.

Telephone Number

Enter the telephone number on which members of the household can be reached.

-TELENUM-	(H)
What is the telephone number here?	
FR: ENTER THE AREA CODE AND THE NUMBER, OR ENTER (N) IF NO PHONE.	
()__-__	

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

If you are given a number for a telephone not in the household (*such as a neighbor's number, a work number, a common phone in the hall or lobby, etc.*), press **F7** and note the location of the telephone. Also press **F7** to note anything else about the telephone (*such as an unlisted number, only operational during certain hours, etc.*).

If the sample unit has no phone and no access to a telephone for receiving calls, enter "N".

Telephone Coverage

Regardless of whether or not a telephone number was reported, ask the telephone "coverage" questions, as appropriate, to determine if and how long the household was without telephone service in the past 12 months.

The telephone service questions concern only telephone service in the sample unit for the current occupants, not previous occupants (if any) or previous residences of the current occupants (if any).

- È If none of the current occupants lived in the sample unit for the entire past 12 months, these questions apply only to the time at least one has been an occupant.
- È If the current occupants recently moved into the sample unit and do not yet have telephone service, these questions apply to the time they have resided in the sample unit without telephone service.

The following questions concern telephones inside the sample unit. Substitute a more appropriate word for "home" if necessary. (*For example, in a dorm you might say, "Is there at least one telephone INSIDE your room that is currently working?"*)

-INSIDE-	(H)
Is there at least one telephone INSIDE your home that is currently working?	
(1) Yes	
(2) No	

-NOSERV-
During the past 12 months, has your household been without telephone service for more than 1 week?
(1) Yes
(2) No

On the HOWLONG screen, enter the total amount of time the sample unit was without telephone service during the past 12 months.

- ! If telephone service was interrupted more than once for at least a week each time during the past 12 months, add each period and enter the total. Do not count periods when the unit was without telephone service for less than a week, except for current occupants that moved into the sample unit within the past week and are still without service.

For example, if during the past 12 months, the sample unit was without telephone service for 8 days because of an ice storm, 2 days because they didn't pay the phone bill on time, and 6 hours while the telephone company reprogrammed their computers, enter "8 days".

- ! If the sample unit did not have a working telephone for the entire 12-month period, enter "12 months".

-HOWLONG-	(H)
For how long was your household without telephone service in the past 12 months?	
FR: ENTER NUMBER, PRESS RETURN, AND ENTER PERIOD. IF ONE WEEK OR LESS, ENTER (0) FOR THE NUMBER.	
__NUMBER	__PERIOD
	(1) Day(s)
	(2) Week(s)
	(3) Month(s)

PART C - THE NHIS INSTRUMENT

CHAPTER 3. THE HOUSEHOLD COMPOSITION SECTION

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PART C, CHAPTER 3

THE HOUSEHOLD COMPOSITION SECTION

3.A OVERVIEW

The Household Composition Section provides a record of individual household members. In addition to names, this includes age, sex, ethnicity, race, relationship to the Household Reference Person, and relationships to each other.

After identifying all household members and the composition of families in the household, one Sample Adult and one Sample Child is selected in each family. You then identify the appropriate respondent(s) for the remainder of the interview.

3.B DEFINITIONS

The following terms apply throughout the NHIS interview.

Household Reference Person

At screen HHREF, the first household member listed in the roster, 18 years of age or older, will be selected as the Household Reference Person. If all persons in the household are less than 18 years of age, the first person 14 to 17 years old will be selected as the Reference Person. You will be asked to verify that this person is an appropriate choice, preferably a non-military adult that owns or rents the housing unit. If necessary, you can select another person to be the Reference Person. If no occupant owns or rents the unit, the Reference Person is the first household member 18 years of age or older, (or 14 to 17 years of age if none are 18 or older).

Household

The household consists of the entire group of persons who live in one housing unit or one GQ 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 include roomers, servants, or other persons not related to the Reference Person.

Household Member

Consider the following two categories of persons in the sample unit as members of the household:

- ! Persons, whether present or temporarily absent, whose usual place of residence at the time of the interview is the sample unit.

! Persons staying in the sample unit who have no usual place of residence elsewhere.

Usual Residence

The place where a person usually lives and sleeps. This 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 as his/her usual residence during the time these quarters are occupied by someone else.

Likewise, vacant living quarters offered for rent or sale during a person's absence should not be considered as his/her usual residence while he/she is away.

Family

Household members related to each other by blood, marriage, adoption, or foster relationships are considered to be a "family" for the purposes of the NHIS interview. Likewise, one person not related to any other household members constitutes a separate "family."

An unmarried couple living together as if they are legally married also should be considered as related. This includes same sex couples as well as opposite sex couples.

Family Reference Person

At screen FAMREF, in multi-family households, there will be a Family Reference Person selected for each family. The selection criterion is the same as for the Household Reference Person, with the restriction that the selected person must be a family member.

3.C HOUSEHOLD ROSTER

Entering Names

Create the household roster by entering one at a time each person staying in the sample unit at the time of interview, including persons temporarily absent for reasons such as traveling, visiting friends or relatives, or in a hospital.

Item: NAME@FNAME

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. (H)

FR: PROBE FOR MIDDLE NAME OR MIDDLE INITIAL IF NOT REPORTED.
INITIALS MAY BE ENTERED FOR EACH FIELD BUT MUST BE FOLLOWED
BY "."
PRESS (ENTER) TO SKIP TO LAST NAME IF NO MIDDLE NAME.

FIRST NAME:
MIDDLE NAME:
LAST NAME:

Or, after the first person is entered:

Item: NAME@FNAME

What is the name of the next person living or staying here? (H)

FR: PROBE FOR MIDDLE NAME OR MIDDLE INITIAL IF NOT REPORTED.
INITIALS MAY BE ENTERED FOR EACH FIELD BUT MUST BE FOLLOWED
BY ". "
PRESS (ENTER) TO SKIP TO LAST NAME IF NO MIDDLE NAME.

FIRST NAME:
MIDDLE NAME:
LAST NAME: Doe

Ask for and enter the full legal name, including middle name, or middle initial. Always verify the correct spelling of names with the respondent.

If two or more persons in the household have the same first, middle, and last name, further identify them by entering SR., JR., etc. with the last name.

If the person has a title that the respondent requests be used, enter it with the first name, such as "DR. JOHN", "GENERAL WILLIAM", and so forth.

Make every effort to obtain the full and complete name. However, if the respondent refuses to provide it, or does not know it:

- Ë Enter "R" for "refused" if the respondent refuses to give the name, or "D" if they do not know the person's name. Enter "R" or "D" in first and last name fields.
- Ë This will take you to screen ALIAS where you will ask the respondent to provide you with an alias to identify the person. If this is refused, enter an alias of your own making, such as "John Doe", "Husband", or "Mr X".

The preferred order for entering persons in the roster is as follows:

- ! The person, or one of the persons, that owns or rents the housing unit
- ! That person's spouse (or Unmarried partner)
- ! Their unmarried children, beginning with the oldest
- ! Their married children (by age), with each followed by his/her spouse and children
- ! Other relatives (with each's family in the prescribed order)
- ! Unrelated persons (with each's family in the prescribed order)

If you enter the persons in a different order, do NOT attempt to correct it. However, to avoid this, you may ask the respondent to *"Begin with the oldest child"* or something similar.

Usual Residence

As you enter each person, you must determine if he/she is a household member or has a usual residence elsewhere.

<p>-USUALRES-</p> <p>Does JOHN DOE usually live here?</p> <p>(1) Yes</p> <p>(2) No</p>
--

An entry of "2" in USUALRES will take you to screen ASKURE:

<p>-ASKURE-</p> <p>Does JOHN DOE have some other place where he usually lives?</p> <p>(1) Yes</p> <p>(2) No</p>

Persons with a usual residence elsewhere will be automatically "deleted" from the household.

You may encounter certain situations where household membership is unclear. Below are some guidelines for handling such situations. (*Refer also to card HM on page 2 of your Flashcard and Information Booklet.*)

- È Two or more homes - If a person has two or more homes in which he/she spends part of the time, the usual residence is the one in which the person spends the largest part of the calendar year.
- È Students/Student nurses - Post-secondary school students away at college, trade or commercial schools are eligible to be interviewed in the locality where they are attending school. Therefore, consider such a person to be a non-household member of his/her parent's home unless he/she is home for summer vacation and has no usual residence at the school.

NOTE: This applies only to post-secondary school students and student nurses. Children under 18 attending boarding school away from home should still be considered as household members in their parents' home.

- È Seamen - Consider crew members of vessels to be household members at their homes, rather than on the vessel, if they have no usual place of residence elsewhere.
- È Armed Forces Members - Active duty armed forces members are considered household members if they are stationed locally and usually sleep in the sample unit. They are not considered household members if they are stationed elsewhere (for example, overseas, or a different state).
- È Foreign Citizens - Apply the following rules to determine whether or not to interview foreign citizens staying in the sample unit:
 - 1) Do NOT interview persons living on the premises of an Embassy, Ministry, Legation, Chancellery, or Consulate of a foreign country.
 - 2) Interview foreign citizens and any other persons living or staying in the United States (other than these excluded above) if they have no usual residence elsewhere in the United States and have no living quarter held for them in the home country while visiting the United States.

- È Two Concurrent Residences - Ask how long the person has maintained two concurrent residences and consider him/her to be a household member at the one in which he/she spent the greater number of nights during the period of having two concurrent residences.
- È Vacation homes/tourist cabins - Consider persons in transient units to be household members of such units only if they have no usual residence elsewhere.
- È Inmates/Patients in institutions - Persons who are inmates or patients in certain types of institutions at the time of interview are not household members of the sample unit. Instead, they are considered residents of the institution. (See Chapter 4 in your form 11-8 Listing and Coverage Manual for definitions and lists of institutions.)

Verification of Household Roster

After entering all persons living or staying in the sample unit, ask about persons who may have been overlooked:

Item: MISPEERS@MCHILD		

FR: READ FIRST TIME ONLY:	LINE NAME	FAM
I have listed living here	-----	
(READ NAMES). (H)	01 John Doe	
	02 Jane Doe	
(1) Yes	03 Billy Doe	
(2) No		
Have I missed -		
- Any babies or small children?		
- Any lodgers, boarders, or persons you employ who live here?		
- Anyone who USUALLY lives here, but is now away from home traveling or in a hospital?		
- Anyone else staying here?		

Read the list of names already entered in the household from the "window" at the right of the screen. (If you entered nineteen or more persons, press **F12** and **PgDn** to see the rest of the list. Be sure to press **Q** before trying to enter responses to this question.)

If the answer to a question is "No", enter "2" and ask the next question.

If the answer to a question is "Yes" (you missed someone), enter "1" and the instrument will take you through the appropriate questions for entering the missed person.

After entering all appropriate information for the missed person, you will be returned to this screen. The data entry fields will have been reset, so you will need to reask all the questions on this screen, not just the one to which you had received a "yes" response.

Household Verification

After verifying the completeness of the household roster, verify that you have listed only one complete household.

In certain situations, you may have listed persons who actually occupy separate living quarters, or missed persons who do not occupy separate living quarters (such as may result from a merger or may include separate apartments in the basement, garage, etc.)

Item: LIVEAT		

Do all the persons I have listed live AND eat together? (H)	LINE NAME	FAM

	01 John Doe	
	02 Jane Doe	
FR: READ NAMES IF NECESSARY.	03 Billy Doe	
	04 Tommy Doe	
(1) Yes		
(2) No		

Item: XACCESS

Do the people who do not live and eat here have direct access from the outside or through a common hallway to a separate living quarters? (H)
(1) Yes
(2) No

Item: TABX@1

FR: ENTER THE LINE NUMBER OF EACH PERSON WHO DOES NOT LIVE AND EAT WITH THIS HOUSEHOLD.	(H)	LINE NAME	FAM
		01 John Doe	
		02 Jane Doe	
		03 Billy Doe	
ENTER "N" FOR NO MORE		04 Tommy Doe	

Persons who do not live and eat with the household and occupy a separate "housing unit" will be deleted from this household. **(Refer to page 4 in the Glossary of your 11-8 Listing and Coverage Manual for a definition of "Housing Unit".)**

Item: OTHLIV

Do members of any other household on the property live and eat with members of this household? (H)

(1) Yes
(2) No

Item: ADDOTH

All such persons should be included in this interview.

ENTER "P" TO ADD THE ADDITIONAL PERSON(S) TO THE HOUSEHOLD ROSTER.

Property includes:

- Ë The entire structure (*or other type of living quarters such as a mobile home or trailer*) which contains the sample unit;
- Ë The land it stands on;
- Ë Any additional structures (*or other types of living quarters*) on the same plot of land as the structure containing the sample unit that is owned by the same person;
- Ë Any adjacent land and structures (*or other types of living quarters*) which are owned by the same person who owns the structure containing the sample unit.

For cooperative and condominium units, include only the structure (*or other type of living quarters*) containing the sample unit and the ground on which it stands as the property.

3.D HOUSEHOLD RESPONDENT

Item: HHRESP		

	LINE NAME	FAM
	-----	-----
FR: ASK IF NECESSARY (With whom am I speaking?)	01 John Doe	
	02 Jane Doe	
ENTER LINE NUMBER OF THE RESPONDENT. IF MORE THAN ONE, ENTER THE NUMBER OF THE ONE YOU CONSIDER TO BE THE MAIN RESPONDENT. (H)	03 Billy Doe	
	04 Tommy Doe	

Refer to Part B, Chapter 1 for the NHIS respondent rules.

For persons who are not able to answer questions for themselves and have no relative living in the household who can answer for them, you may interview someone who is responsible for their care. This respondent may or may not be a household member.

- Ē If the respondent is a household member, enter his/her Person Number.
- Ē If the respondent is not a household member, but is being assisted by a household member, enter the household member's Person Number. Also, press F7 and note the situation, including the name and relationship to the Reference Person of the non-household member.
- Ē If the respondent is not a household member and is not being assisted by a household member, press **F7** and note the situation, including the name and relationship of the respondent to the Reference Person. Then enter the most appropriate person number.

If more than one person has been responding to this point, enter the Person Number of the one you consider the main respondent. This may be the one who gave the best answers or who will be available for the rest of the interview.

Now that you have entered all household members into the roster and have selected a respondent, you will enter the sex, age and date of birth, national origin, and race, of each household member.

Sex

A person's sex can usually be determined from the name and/or relationship to the Reference Person.

If there is any doubt, ask the question as worded. Otherwise, you may verify the sex rather than asking the question.

Item: SEX ----- Subject: John Doe Respondent: John Doe FR: ASK IF NOT APPARENT: IF DON'T KNOW OR REFUSED ENTER YOUR BEST GUESS Are you male or female? (1) Male (2) Female
--

Regardless of whether you ask about a person's sex or simply verify it, be sure to enter each person's sex accurately. If not, you may get questions for a male about visits to a gynecologist or hysterectomies, and other such incorrect questions.

Age and Date of Birth

After entering the person's sex, you will ask for their age and date of birth. Age is an important characteristic, since whether or not to ask certain questions is based on age, and age is often used to select the sample for followback surveys (*for example, the National Survey of Family Growth selects only females within a certain age range*).

Item: AGEDOB@5

Subject: John Doe
Respondent: John Doe

What is your age and date of birth?
Please give month, day, and year for the date of birth. (H)

(1) January (5) May (9) September
(2) February (6) June (10) October
(3) March (7) July (11) November
(4) April (8) August (12) December

Age: 39 Number Date of Birth: MONTH: 8

4 Time Period DAY: 19

(1) Day(s) YEAR: 1960
(2) Week(s)
(3) Month(s)
(4) Year(s)

Enter one or two digits, as appropriate, for the age (designated as "Number"), then enter the appropriate time period.

Enter one or two digits, as appropriate, for the month and day, but always enter the year of birth in four digits.

If the respondent does not know the age, or refuses to give the age, enter "**D**" (*for Don't Know*) or "**R**" (*for refused*), as appropriate, in the "Number" field. You will then skip to "Month"; you will not need to enter "**D**" or "**R**" for the time period if you have entered either "**D**" or "**R**" for "Number".

If any part of the birth date is unknown, or refused, enter "**D**", or "**R**", for that part.

Based on your entries, the instrument will do one of several different things. Below are three of the most common situations:

- If you enter an age and a date of birth, and the age calculated from the date of birth matches the age you entered, you will not need to verify any of the information, and the instrument will skip to NATOR (National Origin).
- If you enter an age and a date of birth, and the age calculated from the date of birth *does not* match the age you entered, you will be skipped to screen DOBVER (shown below), where you will verify that the date of birth given is correct.

Item: DOBVER

Subject: Jane Doe
Respondent: John Doe

There is a difference between the age the computer calculated from Jane Doe's date-of-birth and the age that you gave me.

I recorded Jane Doe's date-of-birth as March 15, 1965. Is that Jane Doe's correct date-of-birth?

- (1) Yes
- (2) No

If you enter "1" in DOBVER the age will be the age calculated from the date of birth and the skip will be to NATOR. If you enter "2" you will go to screen DOBCHG where you can correct the date of birth. If you enter "D" or "R" the age will be the age that you entered in AGEDOB (not the age the computer calculated from the date of birth).

- If the respondent does not know either the age or date of birth you will go to screen AGEGES, where you will ask the respondent for their best guess as to the person's age.

Item: AGEGES1@NUM

Subject: Billy Doe
Respondent: John Doe

FR: IF THE RESPONDENT DOES NOT KNOW THE AGE,
ENTER YOUR BEST ESTIMATE OF THE PERSON'S AGE.
ENTER (C) FOR COMPUTE IF THE RESPONSE IS A RANGE OF AGES. (H)

What is your best guess of Billy Doe's age?

Age: ___ Number

_ Time Period

- (3) Month(s)
- (4) Year(s)

(C) Compute from range

If the respondent gives a range, try not to compute from a range that contains "18". That is, ask the respondent for the more appropriate age range over 18 or under 18.

There are other possible paths that can be followed from screen AGEDOB, depending on your entries. For example, try entering incomplete dates of birth, with or without an age entry. You will see screens not shown here. Try entering "D" or "R" in AGEGES and see what happens!

3.E NATIONAL ORIGIN

National origin or ancestry is the national or cultural group from which the person is descended, as determined by the nationality or lineage of the person's ancestors. There is no set rule as to how many generations are to be considered in determining origin: a person may report his/her origin based on that of a parent, grandparent, or some far-removed ancestor.

```
Item: NATOR
-----
Subject: Jane Doe
Respondent: John Doe
FR: SHOW FLASHCARD H1.
Do you consider yourself to be Hispanic or Latino?
FR: READ IF NECESSARY: (H)
Puerto Rican
Cuban/Cuban American
Dominican (Republic)
Mexican
Mexican American
Central or South American
Other Latin American
Other Hispanic/Latino

(Where did your ancestors come from?)
(1) Yes
(2) No
```

```
Item: HISPAN@1
-----
Subject: Jane Doe
Respondent: John Doe
SHOW FLASHCARD H1
Please give me the number of the group that represents your
Hispanic origin or ancestry.

FR: IF A NONHISPANIC GROUP IS NAMED, PRESS "F1" TO RETURN TO NATOR
AND CHANGE THE ANSWER FROM "YES" TO "NO". (H)
ENTER EACH NUMBER THAT APPLIES. ENTER(N) FOR NO MORE
(1) Puerto Rican
(2) Cuban/Cuban American
(3) Dominican (Republic)
(4) Mexican
(5) Mexican American
(6) Central or South American
(7) Other Latin American
(8) Other Hispanic/Latino
```

If the respondent does not understand "national origin or ancestry", read the probe: "*Where did ___'s ancestors come from?*" If the respondent reports more than one category of Hispanic origin, make sure to enter them in the order in which they were given.

If questioned as to why only Hispanic groups are included, say that we collect information on different groups of people, and are trying to increase the reliability of the data on Hispanics.

If the respondent reports a name instead of the number of a group:

- Ë Enter the number corresponding to the name.
- Ë Probe by repeating the question: "*Please give me the number of the group.*" if the name does not correspond to a listed group.
- Ë Press **F1** to return to "NATOR" if the reported group is not Hispanic. Then, change "NATOR" from "Yes" to "No."

Refer to the following table to help respondents distinguish between "7. Other Latin American" and "8. Other Hispanic/Latino."

7 - OTHER LATIN AMERICAN	
Argentina	Balearic Islands
Bolivia	Basque
Chile	California
Honduras	Canary Islands
Columbia	Catalonia
Costa Rica	Hispanic
Dominican Republic	Iberian (<i>i.e., Spain</i>)
Ecuador	Majorcan
El Salvador	Spanish
Guatemala	Spaniard
Nicaragua	Spanish-American
Panama	Spanish speaking
Paraguay	
Peru	
Uruguay	
Venezuela	

3.F RACE

The Bureau of the Census and National Center for Health Statistics base race on self-identification by respondents.

```
Item: RACE@2
-----
Subject: Jane Doe
Respondent: John Doe

FR: SHOW FLASHCARD H2.
What race do you consider yourself to be?(H)
Please select 1 or more of these categories.

FR: ENTER (N) FOR NO MORE

(01) White (10) Chinese
(02) Black/African American (11) Filipino
(03) Indian (American) (12) Japanese
(04) Alaska Native (13) Korean
(05) Native Hawaiian (14) Vietnamese
(06) Guamanian (15) Other Asian
(07) Samoan (16) Some Other Race
(08) Other Pacific Islander
(09) Asian Indian
```

Do not suggest answers to respondents and do not try to explain or define any of the groups. If the respondent reports more than one race, make sure to enter them in the order they were given (and not in the order that they appear on the card).

Since it is important to the NHIS screening (*see 3.H below*) that all Blacks/African Americans be identified, enter **2** (*instead of 16*) for responses of Afro-American, Colored, Negro, Mulatto, Haitian, Jamaican, West Indian, Nigerian, or any of the countries or tribes of Black Africa.

If multiple races are reported, enter up to five. Then ask "MLTRAC" to determine the one that best represents the person's race. If the respondent cannot report just one race, enter "**D**" for Don't Know.

3.G ARMED FORCES STATUS

Armed forces members living in the sample unit are still considered as household members, but are excluded from some of the survey's questions. Screen NOWAF is asked only once for the entire household, after you have collected the age, date-of-birth, national origin and race for all household members.

Refer to the table on the following page to determine if specific service is considered "active duty".

TYPE OF SERVICE	ACTIVE DUTY?	
Now serving full-time (<i>including the 6-month period of training</i>) in: ! U.S. Army/Navy/Air Force/Marine Corps/Coast Guard ! Military service of a foreign country	YES	
In a Reserve branch of any of the above currently activated as part of the regular forces	YES	
U.S. Public Health Service commissioned officers currently assigned to any branch of the armed forces	YES	
Members of the National Guard currently blanketed into the regular forces by Presidential Order	YES	
Cadets in U.S. military academy (West Point, Naval Academy, Air Force Academy or Coast Guard Academy)	YES	
Persons whose only service is in the Coast Guard Temporary Reserve		NO
Employees of the Merchant Marine, Maritime Commission, or American Field Service		NO
Civilian employees of the Department of Defense		NO
Persons in a National Guard or reserve unit not currently activated as part of the regular armed forces, even though: ! currently attending meetings or summer camp ! currently activated by Gubernatorial order because of a disaster or civil disorder (<i>flood, riot, etc.</i>)		NO

3.H SCREENING

To improve the reliability of health statistics for Blacks and Hispanics, these groups are being "over sampled". Households in this additional sample are designated for "screening" and will be interviewed only if they contain at least one Black or Hispanic member.

Based on the screening status code for that unit and your entries for the race and origin items, the instrument will determine whether you should continue the interview or assign a Type B "Screened Out" noninterview.

3.I HOUSEHOLD REFERENCE PERSON

At screen HHREF the Household Reference Person will be selected. The computer will select the first person 18 years old or older that is not in the Armed Forces, or the first person 14 to 17 years old if all the household members are less than 18. An Armed Forces person will be selected if that is the only choice. You will be asked to verify that the selected person is an appropriate choice. If not, you can select another person. There will not be a chance later to change the Household Reference Person, so be certain that you make an appropriate selection.

```
Item: HHREF@A
-----
FR: John Doe                               | LINE NAME
HAS BEEN SELECTED AS THE                   | AGE
HOUSEHOLD REFERENCE PERSON.               |-----
IS THIS HOUSEHOLD MEMBER AN               | 01 John Doe                               37
APPROPRIATE CHOICE? PREFERABLY           | 02 Jane Doe                               32
A CIVILIAN ADULT?                         | 05 Steve Smith                            27
                                           | 06 Karen Smith                            25
PRESS SHIFT F1 TO SEE FULL                |
ROSTER INFORMATION                        |
                                           |
(1) Yes, accept this person                |
(2) No, select another person              |
```

Relationship to the Household Reference Person

Relationships are generally reported based on self-identification. That is, the respondent selects the appropriate answer category from the options on Flashcard H3.

```
Item: RPREL
-----
-----
Subject: Jane Doe
Respondent: John Doe
FR: SHOW FLASHCARD H3.

What is Jane Doe's relationship to you? (H)

(2) Spouse (husband/wife)                 (9) Grandparent
(3) Unmarried partner                     (10) Aunt/uncle
    (grandmother/father)                  (11) Niece/nephew
(4) Child (biological/ adoptive/         (12) Other relative
    in-law/ step/ foster)                (13) Housemate/Roommate
(5) Child of partner                      (14) Roomer/Boarder
(6) Grandchild                            (15) Other nonrelative
(7) Parent (biological/ adoptive/       (16) Legal guardian
    in-law/ step/ foster)                (17) Ward
(8) Brother/sister (biological/
    adoptive/ in-law/ step/ foster)
```



While most of these relationship categories should be self-evident to the respondents, a few may need additional explanation to help the respondent better pick the best category.

(2) Spouse - This applies to a person of the same sex as well as the opposite sex of the Reference Person.

(3) Unmarried Partner - This applies to a person of the same sex, as well as the opposite sex, who shares living quarters with the Reference Person because they have a close, personal relationship, but is not married to the Reference Person.

(4) Child - This applies to all sons and daughters of the Reference Person, including natural-born, adopted, in-law, step, and foster, regardless of age. *Do not enter category (4) for children of an unmarried partner (see (5) Child of Partner below).*

(5) Child of Partner - This applies to all sons and daughters of Reference Person's unmarried partner, for which the Reference Person is not the biological parent.

(12) Other Relative - This applies to persons related to the Reference Person by blood, marriage, or adoption that cannot be included in categories (2), (4), or (6)-(11).

(13) Housemate/Roommate - This applies to all unrelated persons of either sex who share living quarters with the Reference Person primarily to share expenses or reduce costs.

(14) Roomer/Boarder - This applies to a person not related to the Reference Person who occupies a room(s) in the Reference Person's home, pays rent for the room(s), and may or may not take meals with the Reference Person.

(15) Other Nonrelative - This applies to any persons not related to the Reference Person that cannot be included in categories (3), (5), (13), (14), (16), or (17).

(16) Legal guardian - This applies to a person appointed to take charge of the affairs of a minor, or a person not capable of managing his/her own affairs.

(17) Ward - This applies to a child or incompetent person placed by law under the care of a guardian or court.

3.J FAMINT

```
Item: FAMINT
-----
-
FR:  ENTER THE FAMILY NUMBER      |LINE NAME                      FAM
OF THE FAMILY YOU WISH TO INTERVIEW. |-----|
      Family number: 1 2           | 01  John Doe                  1
      (N) No one is available to   | 02  Jane Doe                  1
      interview now.              | 03  Billy Doe                 1
      | 04  Tommy Doe            1
      | 05  Steve Smith           2
      | 06  Karen Smith           2
      |
```

Selecting the Family

If there is only one family in the household you will not see screen FAMINT, and either screen MARITAL, DEGREE4, DEGREE5, MOTHER, FATHER or HHCHANGE would come after the last person is asked RPREL, depending on the family composition. Screen HHCHANGE will be discussed later.

You will not return to screen FAMINT to select the next family until you have completed the entire interview, or at least as much of the interview as possible, with the family you first selected at FAMINT. That includes the remainder of the Household Composition Section, the Family Section, the Child Section, and the Adult Section. Of course, the Adult and Child sections may not apply.

In a multi-family household, after selecting a family to continue with, you will see screens FAMNEW and RELRESP:

```

Item: FAMNEW
-----
                Family Number: 2      | LINE  AGE  NAME
-----|-----
FR: READ IF NECESSARY:                |05   27  Steve Smith
I would like to speak with            |06   25  Karen Smith
someone in this family,
preferably an adult who is
knowledgeable about the family's
health, to complete
the interview for their family.

Is (READ NAMES) available?

(1) Yes, continue
(2) No, arrange a callback

```

```

Item: RELRESP@A
-----
                Family Number: 2      | LINE  AGE  NAME
-----|-----
FR:  ENTER THE LINE NUMBER OF          |05   27  Steve Smith
THE PERSON YOU ARE SPEAKING TO.       |06   25  Karen Smith

```

In RELRESP you will enter the line number of the person that will be the respondent for the remainder of the Household Composition section *for their family*.

Family Reference Person

At screen FAMREF you will select a Family Reference Person.

```

Item: FAMREF@A
-----
                Family Number: 2      | LINE  AGE  NAME
-----|-----
FR: Steve Smith                        |05   27  Steve Smith
HAS BEEN SELECTED AS THE FAMILY        |06   25  Karen Smith
REFERENCE PERSON FOR THIS FAMILY.
IS THIS FAMILY MEMBER AN
APPROPRIATE CHOICE?                    (H)

PREFERABLY A CIVILIAN ADULT?

(1) Yes, accept this person
(2) No, select another person

```

As you can see, this screen is very similar to screen HHREF. At HHREF you were selecting a *Household Reference Person*; at screen FAMREF you are selecting a *Family Reference Person*. The same selection rules that applied to screen HHREF apply to FAMREF.

Relationship to Family Reference Person

```
Item: FRPREL
-----
                Subject: Karen Smith
                Respondent: Steve Smith
FR:  SHOW FLASH CARD H1.

What is Karen Smith's relationship to you? (H)

(2) Spouse (husband/wife)      (9) Grandparent (grandmother/father)
(3) Unmarried partner         (10) Aunt/uncle
(4) Child (biological/ adop-  (11) Niece/nephew
    tive/in-law/step/foster)  (12) Other relative
(5) Child of partner          (13) Housemate/Roommate
(6) Grandchild                (14) Roomer/Boarder
(7) Parent (biological/ adop- (15) Other nonrelative
    tive/in-law/step/foster)  (16) Legal guardian
(8) Brother/sister(biological/(17) Ward
    adoptive/ in-law/step/
    foster)
```

At screen FRPREL you will ask the relationship of each person in the family to the Family Reference Person. This screen is identical to screen RPREL, where you were getting the relationship of each person in the *household* to the *Household Reference Person*. The relationship categories in FRPREL are defined exactly as in RPREL. If the relationship of any family member is "13", "14", or "15" you will be asked to verify this, and if correct, that person will be deleted.

3.K VERIFYING DEMOGRAPHIC DATA: SCREEN HHCHANGE

In 1998 screen HHCHANGE was changed so that the exact wording necessary to verify the demographic data is provided. At this screen you will verify the demographic data of each person in the family. Note that we use the word *family*, rather than *household*. Remember that after screen FAMINT you are asking questions at a family level, not a household level.

Item: HHCHANGE

Subject: Steve Smith

I have recorded that your name is Steve Smith, you are male, 29 years old,
born on June 3, 1970. Your national origin is:

Dominican (Republic)

and your race is:

White

Black/African American

Is this information correct?

(1) Yes, information is correct

(2) No, correction(s) needed/more corrections needed

Item: CWHAT2

Subject: Steve Smith

Change(s) needed for Steve Smith

FR: ENTER EACH NUMBER THAT APPLIES. IF A WRONG CHOICE,
TYPE THAT CHOICE AGAIN. ENTER (N) FOR NO MORE.

n

(M) Mistake -- No correction needed

(1) Name

X (2) Age or DOB

(3) Sex

(4) National origin

(5) Race

If any of the demographic data is incorrect, enter "2" in HHCHANGE and then enter the numbers corresponding to the items that you need to change. Screen CWHAT2 is your second encounter with a "mark all that apply" screen (NOWAF, which was not discussed in detail, was the first encounter). These screens are used when multiple selections can be made on one screen. However, they are not consistently used in every place that they could be used, because this is new, and will take some time before all applicable screens can be redesigned for this type of data entry.

"Mark all that apply" screens have only one data entry field. When you enter the number that corresponds to the item you wish to mark/select, an "X" appears to the left of that item. If you selected that item in error, or otherwise want to unmark an item, simply enter the number for that

item again and the "X" will be removed. When you have marked all the appropriate items, enter "N" and you will be taken to the next appropriate screen.

For screen CWHAT2, after you enter "N" you will be taken to the appropriate screens where you can change the items that you marked.

3.L MARITAL STATUS

Determine current marital status for each family member 14 years of age or older. This usually will be known by the time you get to this item, so you can verify it without asking in most cases. If there is any doubt, however, ask. Also, if a family member is either married or living with a partner, you will identify the spouse or partner, thus identifying marital relationships.

```
Item: MARITAL
-----
Subject: John Doe
FR: ASK OR VERIFY.

Are you now married, widowed, divorced,
separated, never married, or living with a partner? (H)

(1) Married
(2) Widowed
(3) Divorced
(4) Separated
(5) Never married
(6) Living with a partner
```

MARITAL will not be asked for the Reference Person or the Family Reference Person, if he or she has a spouse or unmarried partner. In this case, MARITAL also would not be asked for the spouse or unmarried partner. This is because this information was determined when the relationship was entered in RPREL or FRPREL.

Enter "1" for persons who are legally married, including those who state that they have a common-law marriage. Also, enter "1" for same-sex couples that claim they are married.

Enter "6" for unmarried opposite-sex and same-sex couples living together as if they were married.

Enter "4" for married persons who are legally separated, or who have parted because of marital discord, but have not yet obtained a divorce.

Consider a legally annulled marriage as never having taken place. For example, enter "5" for a person whose only marriage has been annulled; or enter "3" for a person whose first marriage ended in divorce and whose most recent marriage was legally annulled. A person whose marriage has been annulled only through a religious decree is to be classified according to his/her legal status.

Probe for clarification as necessary.

Identifying the Spouse or Unmarried Partner

If you enter "1" in MARITAL you will go to SPOUS:

Item: SPOUS ----- Subject: John Doe FR: ASK OR VERIFY. Is your spouse living in the household? (H) (1) Yes (2) No

If you enter "1" in SPOUS you will go to SPOUS2 where you will enter the person number of the spouse.

If you enter "6" (Living with a partner) in MARITAL you will go to COHAB1:

Item: COHAB1 ----- Subject: John Doe Have you ever been married? (H) (1) Yes (2) No
--

If "Yes" you will go to COHAB2:

Item: COHAB2

Subject: John Doe

What is your current legal marital status? (H)

- (1) Married
- (2) Widowed
- (3) Divorced
- (4) Separated

After making an entry in COHAB2 you will go to COHAB3 where you will enter the person number of the unmarried partner. An entry of "2" in COHAB1 will also take you to COHAB3.

3.M PARENT-CHILD RELATIONSHIPS

Next you will identify any parent-child relationships that may exist within the family. Of course, some of these relationships may have already been identified. For example, if the Household Reference Person or the Family Reference Person has any children, a parent-child relationship was identified when you entered the relationship of the child in RPREL or FRPREL. Therefore, you will not need to ask any questions regarding that particular parent-child relationship. Other parent-child relationships can be inferred. For example, if the Reference Person (household or family) has a spouse, it is reasonable to assume that there is some degree of parent-child relationship between the Reference Person's child and spouse.

DEGREE4, shown below, is used when the Reference Person (Household or Family) is female, and she has both a husband and a child. The instrument will make the connection that there is some degree of parent-child relationship between the Reference Person's husband and child.

-DEGREE4- I recorded that JOHN DOE is the father of BILLY DOE. Is BILLY DOE his biological (natural), adoptive, step, foster child, or son/daughter-in-law?

(H)

- (1) Biological (natural) child
- (2) Adoptive child
- (3) Step child
- (4) Foster child
- (5) Son/daughter-in-law

DEGREE5, shown below, is used when the Reference Person (Household or Family) is male, and he has both a wife and a child. The instrument will make the connection that there is some degree of parent-child relationship between the Reference Person's wife and child.

Item: DEGREE5

I recorded that JANE DOE is the mother of
BILLY DOE. Is BILLY DOE her biological (natural), adoptive,
step, foster child, or son/daughter-in-law?

(H)

- (1) Biological (natural) child
- (2) Adoptive child
- (3) Step child
- (4) Foster child
- (5) Son/daughter-in-law

Screens MOTHER and FATHER, combined with screens MOTHERCK and FATHERCK, shown below, will be used to identify parent-child relationships not associated with the Reference Person (Household and Family).

MOTHER will be asked only if a person's mother has not already been identified, and there is at least one female in the family that is at least 12 years old or older. There is a roster at the bottom of MOTHER that will contain all the females in the family that are at least 12 years.

Item: MOTHER

Subject: John Doe
Respondent: John Doe

FR: ASK OR VERIFY

Is your mother a household member? (Include Mother-in-law)

FR: ENTER THE LINE NUMBER OF THE MOTHER OR MOTHER-IN-LAW.

IF THE MOTHER OR MOTHER-IN-LAW IS NOT A HOUSEHOLD MEMBER, ENTER "00".

IF THE PERSON HAS NO PARENTS PRESENT BUT HAS A LEGAL GUARDIAN, ENTER "G".

(H)

Line Number of Mother

FR: CHOOSE MOTHER OVER MOTHER-IN-LAW IF BOTH ARE PRESENT.

LINE AGE NAME

02 33 Jane Doe

Enter "0" if subject's mother is not a household member, "G" if the subject has no parent present, but does have a legal guardian, or the line number of the mother. If you enter a line number you will go to screen MOTHERCK:

```

Item: MOTHERCK@A
-----
                Subject: John Doe
                Respondent: John Doe

Is she your biological
(natural), adoptive, step, or foster mother or mother-in-law? (H)

                (1) Biological mother
                (2) Adoptive mother
                (3) Step mother
                (4) Foster mother
                (5) mother-in-law

```

FATHER will be asked only if a person's father has not already been identified, and there is at least one male in the family that is at least 12 years old or older. There is a roster at the bottom of FATHER that will contain all the males in the family that are at least 12 years.

```

Item: FATHER
-----
                Subject: Jane Doe
                Respondent: John Doe
FR: ASK OR VERIFY
Is Jane Doe's father a household member? (Include father-in-law).

FR: ENTER THE LINE NUMBER OF THE FATHER OR FATHER-IN-LAW.
IF THE FATHER IS NOT A HOUSEHOLD MEMBER, ENTER "00". IF THE PERSON
HAS NO PARENTS PRESENT BUT HAS A LEGAL GUARDIAN, ENTER "G".

                Line Number of Father                (H)
FR: CHOOSE FATHER OVER FATHER-IN-LAW IF BOTH ARE PRESENT.

-----
LINE AGE NAME
-----
01 37 John Doe

```

Enter "0" if subject's father is not a household member, "G" if the subject has no parent present, but does have a legal guardian, or the line number of the father. If you enter a line number you will go to screen FATHERCK:

Item: FATHERCK@A

Subject: Jane Doe
Respondent: John Doe

Are you Jane Doe's biological
(natural), adoptive, step, or foster father or father-in-law? (H)

(1) Biological father
(2) Adoptive father
(3) Step father
(4) Foster father
(5) father-in-law

GUARD2 will be asked for children less than 12 years of age for which a parent or legal guardian has not been identified:

Item: GUARD2

Subject: Billy Doe
Respondent: John Doe

IF THE GUARDIAN IS NOT A HOUSEHOLD MEMBER, ENTER "00".

Is Billy Doe's legal guardian a household member?

Line Number of Guardian

LINE	NAME	AGE
01	John Doe	37
02	Jane Doe	32

3.N EMANCIPATED MINORS

An Emancipated Minor is 1) any person 14 to 17 years of age that is currently married, or living with an unmarried partner, or 2) any person 14 to 17 years of age that has no adult relative or legal guardian living with them. Emancipated Minors are not eligible to be either the Sample Adult or Sample Child. Emancipated Minors will be identified and "flagged" with **E** after the verification of demographic data. There are no screens associated with this; the computer will do this internally. If a household has an Emancipated Minor you will see the flag **E** in the roster, to the left of their name.

3.O SAMPLE PERSONS

Sample Adult

In each family with one or more members 18+ years of age, the instrument will select one person as the Sample Adult. The Sample Adult Section (*see Part C, Chapter 5*) requires self-response by the selected Sample Adult.

Sample Child

In each family with one or more children under 18 years of age, the instrument will select one as the Sample Child (excluding Emancipated Minors; see 3.M). The designated respondent for the Sample Child Section will be one of the persons reported as knowing about the Sample Child's health.

Item: KNOWSC2 ----- Subject: Billy Doe Respondent: John Doe We select one child in each family for additional health questions. In this family that is Billy Doe. Who in the family would you say knows about the health of Billy Doe? (H) SELECT UP TO THREE PERSONS. TO 'SELECT' A PERSON, ENTER THE NUMBER NEXT TO THE PERSON'S NAME. TO 'UNSELECT' A PERSON, RE-ENTER THE NUMBER; ENTER (N) FOR NO MORE. (1) John Doe (2) Jane Doe
--

It is not necessary to ask this if you know the answer. *For example, enter the person number of the Sample Child's parent if it is obvious that the parent is competent or the only possible respondent. If there is only one possible respondent KNOWSC2 will be automatically filled with their line number and skipped.*

Even if given in response to this question, do not enter the Sample Child's person number. Enter all persons, up to three, that are knowledgeable about the child's health. Only the person(s) entered in KNOWSC2 can be respondents for the Sample Child section.

PART C - THE NHIS INSTRUMENT

CHAPTER 4. THE FAMILY SECTION

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PART C, CHAPTER 4 THE FAMILY SECTION

4.A OVERVIEW

Topics in the Family Section include:

- ! Health Status and Limitations
- ! Injuries and Poisonings
- ! Health Care Access and Utilization
- ! Health Insurance
- ! Demographic Background
- ! Family Income

Most questions in this section are directed toward the entire family and are asked "family style" (e.g., "*Because of a health problem, does anyone in the family have difficulty walking without using any special equipment?*"). These questions will not have the roster displayed at the bottom of the screen, because it is not necessary to read names, since the question is about the entire family.

Some questions will be directed toward a specific group of persons within the family and are asked as follows: "*Is/Are {READ NAMES BELOW} limited in the kind or amount of play activities he/she/they can do because of a physical, mental, or emotional problem?*". These types of questions will have the roster displayed at the bottom of the screen. The roster will be limited to only those family members to which that question applies. You will have to make the correct choice between "Is/Are" and "he/she/they" in these types of questions. You may need to use F12 and Page Down to see all the names in the roster, if the roster contains more than 2 or 3 names.

Other questions are directed toward an individual family member as a follow-up to a previous question, and are asked "individual style" (e.g. "How many different times did Jane Doe stay in any hospital overnight or longer during the past 12 months?"). These questions will have the name of the person filled-in within the question.

The first screen that you will encounter in the Family section will be an introductory screen. The purpose of this item is to ask the respondent to have all adult family members who are currently at home take part in this section of the interview. After these persons (if any) have entered the room, you will need to enter the line numbers of each person who is present. Upon entering the line number of the person, the instrument will mark an X by that person's name.

-FINTRO-	Subject: Family 1
	Respondent: JOHN DOE
FR: IF ANY PERSONS LISTED BELOW ARE NOT PRESENT, SAY: We would like to have all adult family members who are at home take part in the interview. Are (READ NAMES BELOW) at home now? IF YES, ASK: Could they join us? (ALLOW TIME). IF NO ENTER (N).	
FR: ENTER LINE NUMBER(S) OF FAMILY MEMBERS LISTED BELOW THAT ARE CURRENTLY PRESENT. ENTER UP TO 10 NUMBERS. ENTER (N) FOR NO MORE. —	
X (01) John Doe	
X (02) Jane Doe	

After indicating which adult family members are present to take part in the survey, the instrument will take you to a screen that asks you to choose one person to be the respondent for the Family section.

-FAMRESP-	
FR: ASK IF NECESSARY: With whom am I speaking? ENTER THE LINE NUMBER OF THE PERSON YOU CONSIDER TO BE THE MAIN RESPONDENT FOR THIS FAMILY'S HEALTH QUESTIONS.	

LINE	NAME
	FX

01	Jane Doe
	1
02	John Doe
	1

The person identified at the FAMRESP screen will be the respondent for the family section. His or her name will fill in as the Respondent in the upper right hand corner of the screen on all questions. However, any family member, 18 years old and older may respond for themselves or other family members in this section. In general, 17 year old family members may respond for themselves if an adult family member is present, but may not respond for other family members. The exceptions to this rule are emancipated minors, who may always respond for themselves.

The wording of the questions in the Family Section may be awkward at times, because the computer will automatically word the questions as though you are asking the question of the person designated as the respondent. You may need to change the wording to eliminate this possible awkwardness. For example, suppose that John Doe is the designated respondent, and an injury has been reported for Jane Doe (John Doe's spouse), who is currently present. Question IJDATE will be worded as follows: *"When did Jane Doe's injury/poisoning happen?"*. Since Jane Doe is present, and an adult, she may respond for herself. In this situation, it would not be

appropriate to ask the question as worded. You should direct this question to Jane Doe and reword as follows: *"When did your injury/poisoning happen?"*.

Since any responsible adult family member can respond to questions in the Family Section, you may continue this section even if the person designated as the respondent is not present. Do not arrange a callback for this section just because the person designated as the family respondent cannot be present. You may conduct the Family Section of the interview with any responsible adult family member.

4.B ENDING THE FAMILY SECTION

The instrument will automatically lead you through the Family Section based on the composition of the family and your entries to the questions.

We have disabled the **F9** key until you have reached the Income portion of the Family section. Pressing the **F9** key at this point will take you to the end of the Family section where you indicate if a callback is required to complete this partial interview or whether no callback is possible; that is, a noninterview. If this is the only family in the household, it will take you to the recontact section, then out of the instrument. If you have more than one family in the household, it will then take you to a screen where you can choose to interview another family. If, however, you must exit the interview quickly and completely, press **F10** rather than **F9**. This lets you quickly terminate the interview for the entire household, without going through the recontact section.

4.C HEALTH STATUS AND LIMITATIONS

After screen FINTRO, the next item, HLTH_BEG, is an introduction to the Family Health Status and Limitations portion of the Family Section.

-HLTH_BEG-	Subject: Family 1
Respondent: JOHN DOE	
FR: READ THE FOLLOWING INTRODUCTION:	
I am now going to ask about the general health of family members and the effects of any physical, mental, or emotional health problems.	
PRESS (P) TO PROCEED	

For family style questions and introduction screens such as this one, "Family", followed by the appropriate family number, will fill in as the subject.

This first series of questions in the Family Section identifies any family members that are limited because of a physical, mental or emotional problem. The questions that are asked will depend in part on the structure of the family; some questions are for specific age groups.

A **problem** is defined as the respondent's perception of a chronic, perhaps permanent, departure from physical, mental or emotional well being. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included as problems.

A person is **limited** if he or she can only partially perform an activity, can do it fully only part of the time, or cannot do it at all. Do not define this term to the respondent; if asked for a definition, emphasize that we are interested in whether the respondent thinks the person is limited in the specific activity or not.

Question FLAPLYLM is the first question in the Family section, and is asked only for children less than five years old. In a family with no children less than five, you will not see this question, nor any of the follow-up questions, PLAPLYLM and PLAPLYUN. These three questions are shown below:

-FLAPLYLM-	Subject: Family 1
	Respondent: JOHN DOE
Are/is (READ NAMES BELOW) limited in the kind or amount of play activities he/she/they can do because of a physical, mental, or emotional problem? (H)	
(1) Yes	
(2) No	

LINE	HHSTAT NAME AGE FX

04	C BILLY DOE 2 1

As you will notice, the Family roster at the bottom of the FLAPLYLM screen will fill with only those family members to which this question applies.

A "Yes" answer in FLAPLYLM prompts the following two questions:

-PLAPLYLM-

FR: ASK OR VERIFY. ENTER APPLICABLE PERSON NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

Who is this? (Anyone else?) (H)

03	C	Billy Doe	2	1
----	---	-----------	---	---

-PLAPLYUN-

Is BILLY DOE able to take part AT ALL in the usual kinds of play activities done by most children BILLY DOE's age? (H)

(1) Yes
(2) No

PLAPLYUN is asked of each child entered in PLAPLYLM, and CAPI will automatically fill in the names for you in this question. This set of questions is typical of questions in the Family Section: first there will be a question asking if anyone in the family, or part of the family, is limited in a particular way (e.g. FLAPLYM); if so, a question follows identifying those who are limited (PLAPLYM); and perhaps a follow-up question for each of the limited persons (PLAPYUN). In a question like FLAPLYLM, which is directed at only part of the family, names will not be filled-in at the question. However, the roster will be displayed at the bottom of the screen, limited to those family members to whom the question is directed. In the case of question FLAPLYLM, the roster will be limited to family members less than five years old. You may need to press **F12** and **PgDn** to see the rest of the names, if there are more than two or three persons to whom the question applies.

-FSPPEDEIS-

Do any of the children under 18 in this family, (**READ NAMES BELOW**), receive Special Educational or Early Intervention Services?

(1) Yes
(2) No

LINE	HHSTAT	NAME	AGE	FX
03	C	Billy Doe	2	1

This question applies only to children less than 18 years old, so you will not see this question, nor its follow-up question, in a family with no children below the age of 18.

Special Education is teaching designed to meet the needs of a child with special needs and/or disabilities. It is designed for children and youths aged 3 to 21. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.

Early Intervention Services are services designed to meet the needs of very young children with special needs and/or disabilities. They may include but are not limited to: medical and social services, parental counseling, and therapy. They may be provided at the child's home, a medical center, a day care center, or other place. They are provided by the State or school system at no cost to the parent.

-FLAADL-

Because of a physical, mental, or emotional problem, does anyone in the family need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?

(1) Yes

(2) No

Since the FLAADL screen is directed at the entire family, there is no need to read names, so the roster will not be displayed with these types of questions. If there are no family members below the age of 18, this will be the first question in the Family Section.

For this question, **help** from another person is considered to be hands on assistance with performing an activity. An **other person** may be a friend, relative, paid helper, volunteer from an agency or organization or anyone else who helps the family member in doing the activities mentioned. He or she may be a household member or a non-household member.

-PLAADL2- Subject: JOHN DOE
Respondent: JOHN DOE

Do you need the help of other persons with? (1) Yes (2) No (H)

Bathing or showering? —
Dressing? —
Eating? —
Getting in or out of bed or chairs? —
Using the toilet, including getting to the toilet? —
Getting around inside the home? —

PLAADL2 is asked for each family member that has been reported as needing the help of other persons with their personal care needs indicated on screen PLAADL1.

A **bed** is anything used for lying down or sleeping, including a sofa, cot, or mattress.

-FLAIADL-

Because of a physical, mental, or emotional problem, does anyone in the family 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?

(1) Yes
(2) No

FLAIADL similar to FLAADL, except FLAIADL is concerned with routine needs, whereas FLAADL is concerned with personal care needs.

-FLAWKNOW-

Does a physical, mental, or emotional problem NOW keep any of these family members, (**READ NAMES BELOW**), from working at a job or business?

(1) Yes
(2) No

LINE	HHSTAT	NAME	AGE	FX
01	P R	Jane Doe	36	1
02	S	John Doe	36	1

-FLAWKLIM-

(Other than the persons mentioned) Are any of these family members (READ NAMES BELOW) limited in the kind OR amount of work they can do because of a physical, mental or emotional problem?

- (1) Yes
- (2) No

LINE	HHSTAT	NAME	AGE	FX
01	P R	Jane Doe	36	1
02	S	John Doe	36	1

FLAWKNOW and FLAWKLIM are directed at all family members 18 years old and older. FLAWKLIM is further restricted to those persons not reported in PLAWKNOW (the "Who is this?" question that follows a "Yes" response to FLAWKNOW).

-FLAWALK-

Because of a health problem, does anyone in the family have difficulty walking without using any special equipment?

- (1) Yes
- (2) No

The term **health problem** is respondent defined, but should be limited to chronic conditions.

Special equipment is any device, tool, utensil, instrument, implement, etc. used as an aid in performing an activity because of a physical mental or emotional problem.

-FLAREMEM-

Is anyone in the family LIMITED IN ANY WAY because of difficulty remembering or because they experienced periods of confusion?

- (1) Yes
- (2) No

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

-FLIMANY-

Are any family members (**READ NAMES BELOW**) LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

- (1) Yes
- (2) No

FLIMANY is directed at any family members that have not already been reported as having a limitation in any of the previous questions. The roster will include only those persons that have not been entered in a previous item in this section. If every family member was reported to have at least one limitation, FLIMANY will not appear

-LAHCC-

Subject: BILLY DOE
Respondent: JANE DOE

What conditions or health problems cause BILLY DOE's limitations? **FR: HAND CARD F2. DO NOT READ. CODE ALL THAT APPLY, UP TO 5, BUT DO NOT PROBE. ENTER (N) FOR NO MORE.**
(H)

- | | |
|------------------------------|---|
| (1) Vision/problem seeing | (8) Other developmental problem |
| (2) Hearing problem | (e.g., cerebral palsy) |
| (3) Speech problem | (9) Other mental, emotional or |
| (4) Asthma/breathing problem | behavioral problem |
| (5) Birth defect | (10) Bone, joint, or muscle problem |
| (6) Injury | (11) Epilepsy |
| (7) Mental retardation | (12) Other impairment/problem (Specify one) |
| | (13) Other impairment/problem (Specify one) |

LAHCC is asked for each child, less than 18 years of age, who has been reported as having a limitation in any of the previous questions. If the respondent names a condition that is not on this list, you can enter up to two such conditions, by selecting "12", and entering the first "other" condition, and then "13", and entering the second "other" condition. Remember to code the child's condition as one of the precoded categories if applicable. The "other" categories should only be used as a last resort.

Consider as a **condition** any response describing a health problem of any kind.

For each condition entered, with the exception of "birth defect", the respondent will be asked how long the child has had that particular limitation.

-LAHCCL@TI-

How long has BILLY DOE had this hearing problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

___ Number (ENTER "96" IF SINCE BIRTH)

___ Time Period (1) Day(s)
(2) Week(s)
(3) Month(s)
(4) Year(s)

The same sequence of questions (what conditions exist; how long have they existed) is repeated for family members 18 years old and older who were reported as having a limitation. The categories of conditions/health problems vary slightly from those asked of the children family members.

-LAHCA-

Subject: JANE DOE

Respondent: JOHN DOE

What condition or health problem causes JANE DOE's limitations?

FR: HAND CARD F3. DO NOT READ. CODE ALL THAT APPLY, UP TO 5, BUT DO NOT PROBE. ENTER (N) FOR NO MORE. (H)

- | | |
|--------------------------------------|--|
| (1) Vision/problem seeing | (12) Cancer |
| (2) Hearing problem | (13) Birth defect |
| (3) Arthritis/rheumatism | (14) Mental retardation |
| (4) Back or neck problem | (15) Other developmental problem
(e.g., cerebral palsy) |
| (5) Fracture, bone/joint injury | (16) Senility |
| (6) Other injury | (17) Depression/anxiety/
emotional problem |
| (7) Heart problem | (18) Weight problem |
| (8) Stroke problem | (19) Other impairment/problem (Specify one) |
| (9) Hypertension/high blood pressure | (20) Other impairment/problem (Specify one) |
| (10) Diabetes | |
| (11) Lung/breathing problem | |

If the respondent names a condition that is not on this list, you can enter up to two such conditions, by selecting "19", and entering the first "other" condition, and then "20", and entering the second "other" condition. Again, remember to code the person's condition under one of the precoded categories as opposed to the "Other" categories, if at all possible.

After this question, the instrument again will ask for how long has the subject had this condition, with the exception of "birth defect".

Consider as a **condition** any response describing a health problem of any kind.

-PHSTAT-

Would you say JOHN DOE's health in general is excellent, very good, good, fair, or poor?

- (1) Excellent
- (2) Very Good
- (3) Good
- (4) Fair
- (5) Poor

PHSTAT is the last question in this first part of the Family section. You will ask this question of each family member. The computer will fill-in the names for you. If the response is not one of the given categories (*For example, "pretty good" or "up and down"*), repeat the question, emphasizing "**In GENERAL**" and clearly state the answer choices. If the second answer still does not fit one of the categories, press **F7** and enter the response in a note. Then enter "D" for don't know for this item. In no instance should you choose an answer for the respondent.

4.D INJURIES AND POISONINGS

The reference period for all questions in this section is 3 months, which is defined as 91 days prior to the day of interview. You will not need to calculate this date yourself, the computer will do that for you.

Injuries include such things as cuts, bruises, burns, sprains, fractures, insect stings, animal bites, and anything else that the respondent considers an injury. Injuries can result from accidental causes, such as falls or motor vehicle collisions, or from intentional incidents, such as stabbing, gunshot wounds, or other assaults. **Poisonings** include coming into contact with harmful substances, and overdose or wrong use of any drug or medication. Illness, such as poison ivy or food poisoning, should not be included as poisoning. We are only interested in collecting data on injuries/poisonings for which medical advice or treatment is sought.

Item: FINJ3M Subject: Family 1
Respondent: JOHN DOE

In this next set of questions, I will ask about INJURIES AND POISONINGS that happened in the PAST THREE MONTHS, that REQUIRED MEDICAL ADVICE OR TREATMENT, including calls to a poison control center.

DURING THE PAST THREE MONTHS, that is since September 9, 1999 was anyone in the family injured or poisoned seriously enough that they got medical advice or treatment? (H)

(1) Yes (2) No

Medical Advice is advice from a trained medical or dental professional. This advice may be given in a formal office setting, over the phone, in informal settings such as a dinner party, or from a friend or relative that is a trained medical professional.

Treatment is defined as medical treatment received from a trained medical or dental professional.

For each person that has had an injury/poisoning in the past three months you will ask a set of questions to determine how many times he or she was injured/poisoned in that time period. For each injury/poisoning of each person, you will record the injury/poisoning date and specific details of the injury/poisoning, how it happened, the primary cause, and if hospitalization or additional care was/is required. **Be sure to get the specific date of the injury/poisoning if possible, and not an approximate date.** The injury/poisoning screens are shown below:

Item: IJNO3M@T Subject: JOHN DOE
Respondent: JOHN DOE

How many different times in the PAST 3 MONTHS did you seek medical advice because you were injured or poisoned? (H)

Times injured _____

Item: IJDATE@M

Subject: JOHN DOE

Respondent: JOHN DOE

Now I'm going to ask a few questions about your most recent injury/poisoning. When did it happen?

FR: SHOW CALENDER CARD - PROBE FOR SPECIFIC DATE

MONTH: _____

DAY: _____

YEAR: _____

Item: IJMED2@T

Subject: JOHN DOE

Respondent: JOHN DOE

Where did you receive MEDICAL ADVICE OR TREATMENT for this injury/poisoning? Anywhere else?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

- (1) Did not receive medical treatment or advice
 - (2) Phone call to doctor or health care professional
 - (3) Phone call to Poison Control Center
 - (4) Visit to Doctor's Office
 - (5) Visit to Clinic or Outpatient department
 - (6) Visit to Emergency department
 - (7) Visit to Hospital (stayed at least one night)
- _____

Hospitalized means a stay of one or more nights in a hospital. For an entry of (7), exclude visits to an emergency room or outpatient clinic, even if they occur at night, unless the person was admitted and stayed overnight. Hospitalized persons are referred to as "patients in the hospital". Do not include stays in the hospital during which the person did not spend at least one night, even though surgery may have been performed.

The IJMED screen is designed to find out where the subject received medical advice or treatment. If the respondent indicates that the subject did not receive medical advice or treatment at this screen, then the instrument goes to a verification screen. If, at the verification screen it is determined that the subject DID NOT receive medical advice or treatment, the instrument cycles

through to the next injury for this person, the next person with an injury, or skips out of the Injuries and Poisonings section entirely.

Item: IJTYPE@1	Subject: JOHN DOE
	Respondent: JOHN DOE
At the time, what part(s) of your body was/were hurt? What kind of injury/poisoning was it? Anything else?	
FR: RECORD THE BODY PART, THEN THE KIND OF INJURY. RECORD UP TO FOUR PART/KIND COMBINATIONS. FOR POISONINGS AFFECTING THE WHOLE BODY, INDICATE "WHOLE BODY" UNDER BODY PART AND SUBSTANCE CAUSING THE POISONING UNDER KIND OF POISONING. ENTER (N) WHEN ALL ENTRIES HAVE BEEN MADE. (H)	
Body Part	Kind of Injury or Poisoning
_____	_____
_____	_____
_____	_____
_____	_____

Enter the specific **Body Part** that was injured. For example, "upper right arm", and "lower back" are specific, but "right arm" and "back" are not specific enough. Enter each specific body part/kind of injury combination on a separate line.

Enter the specific **Kind of Injury** that the body part sustained. For example, "broken bone", "cut", "sprained", "bruised", etc. Probe for as specific a description as possible.

General or vague answers *such as “hit” or “hurt”* **are not acceptable** for “kind of injury” because they do not provide sufficient information on the nature of the injury. The following are several good examples of part/kind combinations:

<u>Body Part</u>	<u>Kind of Injury</u>
Upper right arm	Broken bone
Right upper leg	Bruised
Left upper leg	Bruised
Right eye	Cut
Back of head	Concussion
Index finger on left hand	Broken

For poisonings affecting the whole body, indicate "Whole Body" under Body Part and substance causing the poisoning under kind of poisoning.

You should note that the detail questions for each injury/poisoning event are worded to account for multiple "injuries" resulting from the same event (for example, broken arm and concussion from a fall). Multiple injuries that occurred at different times should be coded as separate events. You will need to use whatever language is most appropriate to get information about the injury/poisoning event as a whole.

Item: IJHOW@1

Subject: JOHN DOE

Respondent: JOHN DOE

FR: VERIFY OR ASK: How did your injury/poisoning happen?

Please describe fully the circumstances or events leading to the injury/poisoning, and any object, substance, or other person involved.

FR: ENTER THE VERBATIM RESPONSE, PROBING FOR AS MUCH DETAIL AS POSSIBLE, INCLUDING SPECIFICALLY WHAT THE PERSON WAS DOING AT THE TIME AND ALL CIRCUMSTANCES SURROUNDING THE EVENT. RECORD ALL VOLUNTEERED INFORMATION.

ENTER (N) FOR NO MORE.

(H)

Enter the verbatim response, probing for as much detail as possible, including specifically what the injured person was doing at the time and all circumstances surrounding the event. record all volunteered information.

Entries such as "sports injury" or "auto accident" are insufficient. For a sports injury, determine whether there was a collision with another person or object, or if a fall, what caused the fall. For an auto accident, determine whether the vehicle was moving or stopped, and if a collision, what it collided with.

Item: CAUSNEW

Subject: JOHN DOE

Respondent: JOHN DOE

FR: ENTER THE FIRST APPROPRIATE BOX WHICH DESCRIBES THE CAUSE OF THE PERSON'S INJURY/POISONING FROM THE LIST BELOW. (H)

- (1) Transportation, including motor vehicle/bicycle/motorcycle
/pedestrian/train/boat/airplane
- (2) Fire/burn/scald related
- (3) Fall
- (4) Poisoning
- (5) Overexertion/strenuous movements
- (6) Struck by object or person
- (7) Animal or insect bite
- (8) Cut/pierce
- (9) Machinery
- (10) Other

You should have learned enough information about the injury from question IJHOW to make the appropriate entry in item CAUSNEW.

From this item you will ask one of six different sets of questions about the injury. There are followup questions for each of the causes in CAUSNEW. Some entries have the same follow questions as another entry, and some are specifically tailored to that type of. The purpose of these questions is to verify details of the circumstances surrounding the injury/poisoning. Each of these sets of questions shares core questions regarding when and where the injury occurred and what resulted from the injury. These common questions are shown below:

Item: WHAT@1

Subject: JOHN DOE

Respondent: JOHN DOE

FR: VERIFY OR ASK. SHOW FLASHCARD F5. RECORD UP TO 2 RESPONSES: ENTER (N) FOR NO MORE.

What were you doing when the injury/poisoning happened?

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

Item: WHERNEW@1

Subject: JOHN DOE

Respondent: JOHN DOE

FR: VERIFY OR ASK. SHOW FLASHCARD F6. RECORD UP TO 2 RESPONSES: ENTER (N) FOR NO MORE. Where were you when the injury/poisoning happened? (H)

- | | |
|--|--|
| (1) Home (inside) | (10) Trade and service areas (shopping center, restaurant, store, bank, gas station) |
| (2) Home (outside) | (11) Farm |
| (3) School (not residential) | (12) Park/recreation area (fields, bike or jog path) |
| (4) Child care center or Preschool | (13) River/lake/stream/ocean |
| (5) Residential instit. (excl. hosp.) | (14) Industrial or construction area |
| (6) Health care facility (incl. hospital) | (15) Other public building |
| (7) Street/highway | (16) Other |
| (8) Parking lot | |
| (9) Sport facility, ath. field or playground | |

Item: WKLS

Subject: JOHN DOE

Respondent: JOHN DOE

FR: SHOW FLASHCARD F7.

As a result of this injury/poisoning, how much work
did you miss? (H)

- (1) Not employed at the time of injury/poisoning
 - (2) None
 - (3) Less than 1 day
 - (4) One to five days
 - (5) Six or more days
- _____

WKLS is asked for persons 14 years old and older.

Item: SCLS

Subject: JOHN DOE

Respondent: JOHN DOE

FR: SHOW FLASHCARD F8.

As a result of this injury/poisoning, how much school
did you miss? (H)

- (1) Not in school at the time of the injury/poisoning
 - (2) None
 - (3) Less than 1 day
 - (4) One to five days
 - (5) Six or more days
- _____

SCLS is asked for persons 5 years old and older.

Item: IJADL

Subject: JOHN DOE

Respondent: JOHN DOE

As a result of this injury/poisoning do
you now need the help of other persons with
your personal care needs, such as eating, bathing,
dressing or getting around this home? (H)

(1) Yes

(2) No

Item: IJIAD

Subject: JOHN DOE

Respondent: JOHN DOE

As a result of this injury/poisoning do
you now 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? (H)

(1) Yes

(2) No

4.E HEALTH CARE ACCESS AND UTILIZATION

The first two questions in this section are intended to determine if the family's access to health care is restricted because of financial concerns.

-FDMED12M-

The following questions are about the use of health care. Do not include dental care.

DURING THE PAST 12 MONTHS, has anyone in the family delayed seeking medical care because of worry about the cost?

-FNMED12M-

DURING THE PAST 12 MONTHS, was there any time when someone in the family needed medical care but did not get it because the family couldn't afford it?

Delayed assumes that medical care has been or will eventually be received.

The last part of the Health Care Access and Utilization section consists of questions to determine the overall utilization of health care services by the family. The basic questions are given below. Each has one or two follow-up questions to a "Yes" response. For each of these questions, you may enter a maximum of ten (10) different line numbers.

-FHOSPYR-

DURING THE PAST 12 MONTHS was anyone in the family a patient in a hospital OVERNIGHT? Do not include an overnight stay in the emergency room.

Include as a **patient in a hospital** only persons who were admitted and stayed overnight or longer.

Exclude persons who visited emergency rooms or outpatient clinics, unless that person was admitted and stayed overnight and exclude stays for nonmedical reasons, such as staying with a sick family member.

-FHCHM2W-

These next questions are about health care received during the 2 WEEKS outlined on that calendar. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists, and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors.

Do not include care while an overnight patient in a hospital.

During those 2 WEEKS, did anyone in the family receive care AT HOME from a nurse or other health care professional?

-FHCPH2W-

During those 2 WEEKS, did anyone in the family talk over the PHONE with a doctor, nurse, or other health care professional? Include phone calls for medical advice, prescriptions or test results, but do NOT include phone calls to make appointments.

-FHCDV2W-

During those 2 WEEKS did anyone in the family see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place? (Do not include times during an overnight hospital stay.)

-F10DVYR-

During the past 12 MONTHS did any member of the family receive care from doctors or other health care professionals 10 or more times?

4.F HEALTH INSURANCE

The purpose of this section is to get information about the type(s) of health insurance, if any, that the family has.

In this section there are several places where you will enter "X" to identify which person the question applies to, rather than enter a line number as you do with parts of the rest of the instrument.

The following questions are asked to find the most knowledgeable respondent about health insurance for the family.

-HRFHI-

Subject: Family 1
Respondent: JANE DOE

The next questions are about health insurance.

Are you familiar with the family's health care coverage? (H)

- (1) Yes
- (2) No

-PHIWHO-

Subject: Family 1
Respondent: JANE DOE

ASK OR VERIFY. MARK "X" ALL THAT APPLY.

Who else in the family could answer questions about the family's health insurance?

JOHN DOE X

-FAVAIL-

Subject: Family 1
Respondent: JANE DOE

Is anyone that you just mentioned available now to answer questions about health insurance?

- (1) Yes
- (2) No

Once you have determined the most knowledgeable respondent for this section, the next questions you will see ask about health insurance coverage, including who is covered, what kind of coverage that person has and cost of coverage.

-FHICOV-

FR: SHOW FLASHCARD F9.

Is anyone covered by any kind of health insurance or some other kind of health care plan?

FR: READ IF NECESSARY: INCLUDE HEALTH INSURANCE OBTAINED THROUGH EMPLOYMENT OR PURCHASED DIRECTLY AS WELL AS GOVERNMENT PROGRAMS LIKE MEDICARE AND MEDICAID THAT PROVIDE MEDICAL CARE OR HELP PAY MEDICAL BILLS.

- (1) Yes
- (2) No

After FHICOV, HIKIND appears. Enter the line number of each kind of health insurance coverage for the person mentioned. Question HIKIND is asked of each person.

Item: HIKIND Subject: JOHN DOE Respondent: JOHN DOE

What kind of health insurance or health care coverage do you have?

INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care), exclude private plans that only provide extra cash while hospitalized. (H) **FR: ENTER (N) FOR NO MORE. ENTER EACH NUMBER THAT APPLIES. PLEASE REFER TO FLASHCARDS F9 AND F10 FOR YOUR STATE.**

- | | |
|--|--|
| (1) Private health insurance plan from employer or workplace | (7) CHIP (Children's Health Insurance Program) |
| (2) Private health insurance plan purchased directly | (8) Military health care/VA |
| (3) Private health insurance plan through a state or local government or community program | (9) CHAMPUS/TRICARE/CHAMP-VA |
| (4) Medicare | (10) Indian Health Service |
| (5) Medi-Gap | (11) State-sponsored health plan |
| (6) Medicaid | (12) Other government program |
| | (13) Single service plan (e.g. dental, vision prescriptions) |
| | (14) No coverage of any type |

(Anything else?)

Private Health Insurance Plan is any type of health insurance, including Health Maintenance Organizations (HMOs), other than the public programs in categories (4) and (6)-(13). These plans may be provided in part or full by the persons' employer or union, or may be purchased directly by an individual.

Private Health Insurance Plan through a State or Local Government program or community Program is a type of private insurance for which state or local government or community effort pays for part or all of the cost of a private insurance plan, such as Blue Cross/Blue Shield. The individual may also contribute the cost of the health insurance and may receive a card such as a Blue Cross/Blue Shield card. A community program or effort may include a variety of mechanisms to achieve health insurance for persons who would otherwise be uninsured. An example would be a private insurance company providing insurance for 500 uninsured children at little or no cost.

Medicare refers to the Federal health insurance coverage for persons 65+ years of age and certain disabled persons under 65.

Medi-Gap refers to private health insurance purchased to supplement Medicare. Medi-Gap will be treated as a private health insurance plan in the detail questions.

Medicaid refers to a medical assistance program that provides health care coverage to low income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the States. The State names for Medicaid can be found in the Flashcard and Information Booklet.

CHIP (Children's Health Insurance Program or SCHIP) refers to a joint federal and state program, administered by each State that offers health care coverage to low-income, uninsured children. This law was passed in 1997. In some states, CHIP programs have distinct names. The State names for CHIP can be found in the Flashcard and Information Booklet.

Military health care/VA refers to health care available to active duty personnel and their dependents; in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

CHAMPUS/TRICARE/CHAMP-VA -- CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services) provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. TRICARE is the “managed care” version of CHAMPUS. CHAMP-VA (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.

Indian Health Service is the Federal health care program for Native Americans.

State-sponsored health plan refers to any other health care coverage run by a specific state, including public assistance programs other than “Medicaid” that pay for health care.

Other Government Program is a catch-all category for any public program providing health care coverage other than those programs in categories.

Single Service Plan (SSP) refers to health insurance coverage paid for by the individual that provides for only one type of service. Examples of SSPs are dental care, vision care, prescriptions, nursing home care, hospice care, accidents, catastrophic care, cancer treatment, AIDS care, and/or hospitalization.

The bulk of the health insurance questions collect detailed information about each type of coverage specified in HIKIND.

Detailed information about private health insurance plans is collected at the plan level, meaning that you will ask detailed questions about each separate plan rather than asking questions about each person covered by this plan.

The detailed Medicare, Medicaid, other government plan questions, and single service plans, however, will be asked for each person individually with such coverage. The detail questions on Medicare, Medicaid, and Single Service Plans will appear before the detail questions for private plans.

For those respondents who have indicated that they have a single service plan (number 13 on HIKIND), the following question is asked.

-SSTYPE2@z-
Subject: Jane Doe Respondent: Jane Doe
What type of service or care do your single service plan or plans pay for? (Mark all that apply) FR: SHOW FLASHCARD F11
(1) Accidents (2) Aids care (3) Cancer treatment (4) Catastrophic care (5) Dental care (6) Disability insurance (cash payments when unable to work for health reasons) (7) Hospice care (8) Hospitalization only (9) Long-term care (nursing home care) (10) Prescriptions (11) Vision care (12) Other - specify
Answer:

The screens for collecting information on private plans are shown below.

-HIPNAM-

It's important that we have the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan? **FR: REMIND RESPONDENT IF NECESSARY** Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service such as nursing home care, accidents and dental care.

IF NECESSARY: DO YOU HAVE SOMETHING WITH THE PLAN NAME ON IT?

Plan Name:

If there is more than one person covered by private health insurance, the instrument asks who is covered by this plan, then the instrument asks if there are any other plans. If there are, the instrument will cycle around and collect the name of every plan, and who is covered by it, until you indicate that there are no other plans.

When recording the health insurance plan name, probe for and record only the full specific name of the plan. Do not record the type of plan (e.g. family plan, high-option, etc). Do not record abbreviations for plan names.

If the respondent doesn't know the complete name, ask to see a membership card or other document with the complete name. If nothing with the complete name is available, record as much of the name as the respondent knows.

If a plan name is reported twice, for example two policies with the same company for separate family members, record both plans separately. In this case, to keep the plans separate when asking questions about them, you may want to put a **I** or a **II** at the end of the names.

If you listed a family member as having private insurance in the HIKIND screen, but you have not marked this person as being covered by any of the private health insurance plans listed, HIVER1 verifies your entries.

-HIVER1-

Subject: JANE DOE

Respondent: JOHN DOE

JANE DOE is listed as having private insurance but was not mentioned as being covered by any of the plans we just discussed. Is JANE DOE covered by private insurance?

- (1) Yes
- (2) No

Item: PLNMGD

Subject: Family 1

Respondent: JOHN DOE

Is Health Plus an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?

- (1) HMO/IPA (H)
- (2) PPO
- (3) POS
- (4) Fee-for-service/indemnity
- (5) Other

-MGCHMD-

Subject: Family 1

Plan Name: Health Plus

Respondent: JOHN DOE

Under this plan, can the family member(s) with this plan choose ANY doctor or MUST they choose one from a specific group or list of doctors?

- (1) Any doctor
- (2) Select from group/list

(If "Any doctor" at MGCHMD)

-MGPRMD-

Subject: Family 1

Plan Name: Health Plus

Respondent: JOHN DOE

Does the family member(s) with this plan have the option of choosing a doctor from a preferred or select list at a lower cost?

- (1) Yes
- (2) No

(If "From a list" at MGCHMD)

-MGPYMD-

Subject: Family 1
Respondent: JOHN DOE

If anyone in the family selects a doctor who is not in the plan, will Health Plus pay for any part of the cost?

- (1) Yes
- (2) No

-MGPREF-

Subject: Family 1
Respondent: John Doe
Plan name: Health Plus

If anyone in your family needs to go to a different doctor or place for special care, do they need approval or a referral? (Do not include emergency care.)

- (1) Yes
- (2) No

For those people who have no coverage, or who are ONLY covered by a Single Service Plan, the following screens will come up.

-HILAST-

Subject: John Doe
Respondent: Jane Doe

FR: SHOW FLASHCARD F12.

Not including Single Service Plans, about how long has it been since John Doe last had health care coverage? (H)

- (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

-HISTOP@1-

Subject: John Doe

Respondent: Jane Doe

Which of these are reasons John Doe stopped being covered or does not have health insurance?

FR: SHOW FLASHCARD F13.

ENTER UP TO 5 REASONS. ENTER (N) FOR NO MORE. (H)

- (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)

The following question is asked of every person who indicated that they were covered by health insurance.

-HINOTYR-

Subject: JOHN DOE

Respondent: JOHN DOE

In the PAST 12 MONTHS, was there any time when you did NOT have ANY health insurance or coverage?

- (1) Yes
- (2) No

The concluding health insurance question simply asks for an estimate of the family expenditures on medical care.

-HCSPFYR-

FR: HAND CARD F12

During the PAST 12 MONTHS, about how much did your family spend for medical care, including dental care? Do NOT include the cost of health insurance premiums, over-the-counter remedies, or any costs for which you expect to be reimbursed.

- 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

Include in screen HCSPFYR only **medical expenditures** which could be counted as itemized deductions on income tax forms such as mental health care, eye-exams and glasses and prescription medicines.

4.G DEMOGRAPHIC BACKGROUND

In this section you will collect demographic information about each family member. Information collected includes birthplace, citizenship (for some respondents), education level, employment status and earnings. The citizenship, education, employment status and earnings questions are further explained below.

Item: PLBORN	Subject: JOHN DOE	
	Respondent: JOHN DOE	
Where were you born?		
(1) Alabama	(19) Louisiana	(37) Oklahoma
(2) Alaska	(20) Maine	(38) Oregon
(3) Arizona	(21) Maryland	(39) Pennsylvania
(4) Arkansas	(22) Massachusetts	(40) Rhode Island
(5) California	(23) Michigan	(41) South Carolina
(6) Colorado	(24) Minnesota	(42) South Dakota
(7) Connecticut	(25) Mississippi	(43) Tennessee
(8) Delaware	(26) Missouri	(44) Texas
(9) Dist. of Columbia	(27) Montana	(45) Utah
(10) Florida	(28) Nebraska	(46) Vermont
(11) Georgia	(29) Nevada	(47) Virginia
(12) Hawaii	(30) New Hampshire	(48) Washington
(13) Idaho	(31) New Jersey	(49) West Virginia
(14) Illinois	(32) New Mexico	(50) Wisconsin
(15) Indiana	(33) New York	(51) Wyoming
(16) Iowa	(34) North Carolina	(57) United States (state unknown)
(17) Kansas	(35) North Dakota	(99) NOT IN THE U.S.
(18) Kentucky	(36) Ohio	

At this point, depending upon your response, the instrument will take one of several paths. If you enter anything but "99", the instrument will go on to the next person, or if there are no other people in the family, it will go on to the next series of questions. However, if at PLBORN you entered "99" for NOT IN THE US, the instrument will go on to screen POB_FOREIGN, which asks for the first letter of the country in which the person was born.

Item: POB_FOREIGN
ENTER THE FIRST LETTER OF THE COUNTRY OR PLACE NAME

From here the instrument takes you to an alphabetized list of countries beginning with the letter that you indicated. At this screen, you would then enter the 3 digit country code for the subject's place of birth.

-USYR-

Subject: JOHN DOE
Respondent: JOHN DOE

FR: READ IF NECESSARY

Earlier I recorded your date of birth as
March 28, 1974.

In what year did you come to
the United States to stay? (H)

The last screen you will see in this series is a screen that asks for the citizenship status of the subject.

-CITIZEN-

Subject: John Doe
Respondent: John Doe

FR: SHOW FLASHCARD F15.

Are you a CITIZEN of the United States?

(H)

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

- EDUC-

Subject: Jane Doe
Respondent: Jane Doe

FR: SHOW FLASHCARD F16. What is the HIGHEST level of school you have completed or the highest degree you have received? Please tell me the number from the card. FR: ENTER HIGHEST LEVEL OF SCHOOL

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

Include only regular schooling which advances a person toward an elementary or high school diploma, or a college/university/professional school (*such as law, medicine, dentistry*) degree. Count schooling in other than regular schools only if the credits obtained are acceptable in a regular school system.

Do not include “adult education” classes not taken for credit in a regular school system. *For example: Do not consider a person to have had “some college” simply because he/she took an “adult education” class in Conversational French at a local university.*

Enter “(13) High School Graduate” if the person received a high school diploma even if he/she did so in less than 12 years.

For persons who have attended “post-graduate” high school courses, but have not attended college, probe to determine if a high school diploma was received. If so, enter “(13) High School Graduate”. If not, enter “(12) 12th grade, no diploma” if appropriate (*or the actual grade completed if less than the 12th*).

For nurses, determine whether training was received in a college or in a nursing school. If college, enter the appropriate college-related category. If not college, enter the grade/level completed at the last regular school.

For persons still in school, be sure to report the highest grade/level completed. For example, a person currently in the 10th grade probably completed the 9th grade.

For persons who attended "special education" classes or a school for persons with mental, physical or developmental disabilities, probe to determine which grade on the Flashcard accompanying this question most closely matches the person's education level.

-DOINGLW-

Which of the following was JOHN DOE doing LAST WEEK?

- 1 Working at a job or business
- 2 With a job or business but not at work
- 3 Looking for work
- 4 Not working at a job or business

Enter the person's MAIN activity LAST WEEK.

To be **looking for work**, a person has to have conducted an active job search. An active job search means that the person took steps necessary to put him/herself in a position to be hired for a job. Active job search methods include:

- 1) Filled out applications or sent out resumes
- 2) Placed or answered classified ads
- 3) Checked union/professional registers
- 4) Bid on a contract or auditioned for a part in a play
- 5) Contacted friends or relatives about possible jobs
- 6) Contacted school/college university employment office
- 7) Contacted employment directly

Job search methods that are not active include:

- 1) Looked at ads without responding to them
- 2) Picked up a job application without filling it out

Include as **working**:

Work for pay.

Work for profit in one's own business, practice or farm.

Work without pay in a business or farm operated by a related household member.

Work as a civilian for the National Guard or Dept. of Defense.

-WRKHRS-

How many hours did JOHN DOE work LAST WEEK at ALL jobs or businesses?

Include only the actual hours spent on the job last week. Exclude time off for any reason, even if the person was paid for the time off. For example, exclude a half-hour paid lunch break, any “sick leave” used due to illness or to see a doctor, and any “vacation” time or “personal days”.

Enter hours in whole numbers, rounding 30 minutes or more UP to the next whole number and dropping 29 or fewer minutes.

For persons with businesses, include hours spent setting up a new business or profession, even if it is not opened yet. Also, include hours worked at a person’s business, even if he/she actually transacted no business.

Include extra hours worked last week, even if they were without compensation. For example: include the time a teacher spent at home grading papers.

Do NOT include hours spent on jury duty or on the National Guard duty.

<p>-WHYNOWRK-</p> <p>What is the main reason JOHN DOE did not work last week?</p> <ol style="list-style-type: none">1 Keeping house2 Going to school3 Retired4 Unable to work for health reasons5 On layoff6 Other

Keeping house is any type of work around the house such as cleaning, cooking, maintaining the yard, caring for children or family, etc.

Going to school means attending any type of public or private educational establishment both in and out of the regular school system.

Unable to work for health reasons and **Retired** are respondent defined.

On layoff means that the person is waiting to be called back to a job from which they have 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.

-WRKLYR-

Although you reported that JOHN DOE did not work at any time in the LAST week, did he work for pay at any time in 1996?

-ERNYR-

What is your best estimate of JOHN DOE's earnings (include hourly wages, salaries, tips and commissions) before taxes and deductions from ALL jobs and businesses in 1996?

Earnings includes:

- 1) Wages and salaries including tips, commissions, Armed Forces pay and cash bonuses, as well as subsistence allowances.
- 2) Net income from unincorporated businesses, professional practices, farms, or from rental property. ("Net" means after deducting business expenses, but before deducting personal taxes.)
- 3) Social Security, or Supplemental Security Income.
- 4) Retirement, disability, and survivors pensions.
- 5) Interest and dividends.
- 6) Cash public assistance payments (welfare), excluding food stamps.
- 7) Veteran's payments.
- 8) Unemployment or workman's compensation.
- 9) Alimony and child support
- 10) Money regularly received from friends or relatives not living in the household.
- 11) Other periodic money income.

Earnings does not include:

- 1) 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.
- 2) Lump sum payments of any kind, such as insurance payments, inheritances, or retirement.
- 3) Occasional gifts of money from persons not living in the household or any exchange of money between relatives living in the same household.
- 4) Money received from selling one's own house, car, or other personal property.
- 5) Withdrawals of savings from banks, retirement funds, or loans.
- 6) Tax refunds or any other refund or rebate.

4.H FAMILY INCOME

This last part of the Family Section collects information to give policy makers an accurate estimate of the total family income.

-INTROINC-

FR: READ THE FOLLOWING: The next questions are about your combined family income.

ENTER "P" TO PROCEED

-FCINC-

When answering these questions, please remember that by "combined family income", I mean your income PLUS the income of all persons living in this household (including cohabiting partners, and armed forces members living at home) BEFORE TAXES.

Are you knowledgeable about your family's finances?

Income is an important factor in the analysis and interpretation of the health information we collect.

For example, the use of and access to medical care depends partly on the financial resources of the family. In addition, federal, state, and local health policies and programs are developed based on the data from our survey. So that these programs may be better planned we need to know how much income the families in our survey have from all sources.

If necessary, assure the respondents that this information will be held in the strictest confidence.

If the response to FCINC is "no", you will go through a set of questions to identify a family member that is knowledgeable about the family's finances. However, as with other questions in the Family Section, any responsible adult family member may respond, as well as 17 year old family members, if an adult family member is present.

After you have identified a respondent for this part of the Family Section, you will ask a set of questions about different possible sources of income. If any family member has income from one of those sources you will be asked to enter the line numbers of each person that receives this source of income. The different sources of income asked about are:

Income from...

- 1) Wages and Salaries including tips, bonuses and overtime, commissions, Armed Forces pay and cash bonuses, as well as subsistence allowances.
- 2) Self-employment including business and farm income

3) Social Security or Railroad Retirement

U. S. Government Railroad Retirement Benefits are based on a person's long-term employment in the railroad industry.

Social Security payments are received by persons who have worked long enough in employment which had SS deductions taken from their salary in order to be entitled to payments.

SS payments may be made to the spouse or dependent children of the covered workers. SS also pays benefits to student dependents (under 19 years of age) of eligible social security annuitants who are disabled or deceased.

Other questions are asked to determine if the SS payment was received as a disability benefit, who was receiving it, and if they were disabled.

4) Disability Pension

The following are the most common types of disability pensions: Company or union disability, Federal Government (Civil Service) disability, U.S. military retirement disability, State or local government employee disability, accident or disability insurance annuities, and Black Lung miner's disability.

5) Other Retirement or Survivor Pension

This includes retirement or pension income other than disability pensions, Social Security, and Railroad Retirement. Include in this item regular income from annuities or paid-up life insurance policies, as well as IRA or KEOGH (individual) accounts.

6) Supplemental Security Income

SSI pays monthly benefits to aged, disabled, and blind people who have limited income and assets, regardless of age. A person may be eligible for SSI payments even if they have never worked.

SSI is NOT the same as Social Security. A person can get SSI in addition to Social Security.

The SSI program is issued by the Social Security Administration. Each state may add to the Federal payment from its own funds. This additional money may be included in the federal payment or it may be received as a separate check. If it is combined with

the Federal payment, the words "STATE PAYMENT INCLUDED" will appear on the Federal check. A few states make SSI payments to individuals who do not receive a Federal payment.

7) Welfare or Temporary Assistance for Needy Families

Aid to Families with Dependent Children (AFDC) or Aid for Dependent Children (ADC) is the old welfare program name. AFDC has been replaced by Temporary Assistance to Needy Families (TANF; pronounced "tan'iff"). TANF is administered by state and local governments. Each TANF program has a unique name depending on the state or local area.

Eligibility for TANF programs varies from state to state, but usually depends on having low income. Services provided through TANF programs also vary from state to state. Where AFDC primarily provided cash benefits, TANF provides a wide range of services such as job training, child care, and subsidies to employers.

Item: FTANF

Subject: Family 1

Respondent: JOHN DOE

At any time during 1998, even for one month, did any family members living here receive any CASH assistance from a state or county welfare program, such as (specific program name)?

FR: SHOW FLASHCARD F17. PLEASE DO NOT INCLUDE FOOD STAMPS, SSI, ENERGY ASSISTANCE, OR MEDICAL ASSISTANCE PAYMENTS.

- (1) Yes
- (2) No

8) Government Assistance for Housing

Federal, State or local government housing programs for persons with low income may take many forms. Government housing assistance could come from: monetary assistance to help pay rent, a program called "Section 8", direct payments to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.

9) Interest from savings or other bank accounts

10) Dividends received from stocks or mutual funds, or net rental income from property, royalties, estates or trusts

11) Child Support

- 12) Other income source such as alimony, contributions from family/others, VA payments, Worker's Compensation, or unemployment compensation
- 13) WIC add when help screen comes up

After asking about these specific sources of family income, you will ask for the total family income.

-FAMINC-

Now I am going to ask about the total combined income of your family in 1996, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that figure before taxes?

FR: IF NECESSARY REMIND RESPONDENTS THAT TOTAL COMBINED FAMILY INCOME IS THEIR INCOME PLUS THE INCOME OF ALL FAMILY MEMBERS INCLUDING COHABITING PARTNERS AND ARMED FORCES MEMBERS LIVING AT HOME BEFORE TAXES

_____ [dollars]

If the respondent does not know this amount, enter "D" for "don't know" and you will be taken to screen FINC20 and FINCCAT.

-FINC20-

You may not be able to give us an exact figure for your total combined family income, but can you tell me if your income in 1996 was....

- 1 \$20,000 or more?
- 2 Less than \$20,000?

**FR: IF 1 (\$20,000 OR MORE) HAND CARD F14
IF 2 (LESS THAN \$20,000) HAND CARD F15**

-FINCCAT-

Of those income groups, can you tell me which letter best represents the total combined FAMILY income during 1996?

Other questions in this section ask if the housing unit is owned, being bought or rented. Note, the categories for this screen have been collapsed for 1999.

-HOUSEOWN-

Subject: Family 1
Respondent: John Doe

Is this house/apartment owned, being bought, rented
or occupied by some other arrangement by you?

- (1) Owned or being bought
- (2) Rented
- (3) Other arrangement

In addition, there are some follow-up questions about Supplemental Security Income, Social Security disability benefits, Welfare or Temporary Assistance for Needy Families (TANF).

Depending upon the respondent's answers to certain previous questions, the last question in this section will either ask about food stamps or WIC.

PART C - THE NHIS INSTRUMENT

CHAPTER 5. THE SAMPLE CHILD SECTION

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PART C, CHAPTER 5 THE SAMPLE CHILD SECTION

5.A OVERVIEW

Topics in the Sample Child Section include:

- ! Conditions
- ! Limitations of Activities
- ! Health Status
- ! Mental Health
- ! Health Care/Access and Utilization
- ! Dental Care
- ! Health Care Provider Contacts
- ! Immunization
- ! Immunization Provider Information

All questions in the Sample Child section apply to the one selected Sample Child per family only. The immunization questions will apply to the Sample Child, regardless of age, as well as all non-sample children 12-35 months old. A few questions have had some minor wording revisions and three questions have had the answer categories expanded. A new question about the Rotavirus vaccine has been added to the immunization questions.

The most significant change to the Sample Child section is the addition of questions in the CAPI instrument to capture the name, address, telephone number, etc. for the immunization providers of children 12-35 months of age which were previously entered on a paper form, the HIS-2A(PT) 1999 Immunization Provider Questions and Permission Form. This form will now only collect the signature of the child's parent or guardian and is renamed the 2000 Immunization Provider Permission Form, since the "questions" have now been added to the CAPI instrument.

5.B RESPONDENT IDENTIFICATION/VERIFICATION

-CURRE-

Subject: JOSEPH DOE

FR: ENTER THE NUMBER OF THE PERSON TO WHOM YOU ARE SPEAKING.

HOUSEHOLD ROSTER

LINE	HHSTAT	NAME	FX
01	P R	JOHN DOE	1
02	S	JANE DOE	1

Knowledgeable respondents for the Sample Child were identified at the end of the Household Composition Section at the KNOWSC2 screen. If the person to whom you are speaking when you begin asking the Sample Child questions is listed in KNOWSC2, the CRESP screen will appear and you will continue with that person if he or she is able to continue.

-CSRESP-

Sample Child: JOSEPH DOE

The next questions are about JOSEPH DOE.

Are you able to answer questions about his health at this time?

- (1) Yes
- (2) No

If the person to whom you are speaking is not knowledgeable about the child or is not able to continue with the interview, the CSPAVAIL screen will appear and the instrument will cycle through the person numbers of all family members listed in KNOWSC2 until an available respondent is identified.

-CSPAVAIL-

Is JEREMY DOE available to answer some questions about JOSEPH DOE's health?

- (1) Yes
- (2) No

If no other knowledgeable respondents are available, or if there are no other knowledgeable respondents in the family, the instrument will take you to a screen to make arrangements to

callback at a later date, when a knowledgeable respondent will be available to complete the Sample Child section. An appropriate status code will be set by the instrument based on the whether or not you can make a callback.

-CSRELTIV-

FR: SHOW FLASHCARD C1. ENTER ONLY ONE.

What is JANE DOE's relationship to JOSEPH DOE?

- (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

-CSPVERF-

FR: PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE SAMPLE CHILD BEFORE PROCEEDING. (1) Yes (2) No (H)

JOSEPH DOE

Gender = male Is it correct?

Age = 2 Is it correct?

Birthday = February 25, 1994 Is it correct?

Once you have identified the respondent for the Sample Child section, you will verify this person's relationship to the Sample Child. You will also verify the Sample Child's sex, age and birth date if the respondent did not respond for the household composition questions.

While verifying the age and date of birth information, you may occasionally come across a situation where the "Sample Child" is actually 18 years of age or more. When this occurs, the instrument will display the following screen telling you that this person is no longer the Sample Child. Therefore, in this family or household you will not conduct a Sample Child interview with anyone. However, you could have an "immunization interview" if there is a child or other children in the family who are 12-35 months of age.

-CNO_MORE-

FR: JOSEPH DOE IS NO LONGER THE SAMPLE CHILD FOR THIS FAMILY

Enter (P) to proceed

The secondary purpose of the Respondent Identification/Verification part of the Sample Child section is to identify the specific age of the Sample Child in months. If any Sample Child is 12-35 months old, you will then be prompted, after asking the immunization questions for the Sample Child, to complete a HIS-2A(PT) Immunization Provider Permission Form. This is a paper form which you will be given instructions on how to complete later in this manual.

5.C CONDITIONS

This set of questions collects information about the Sample Child's weight, both current and at birth, and height as well as a variety of conditions the child may have including colds, intestinal illness, difficulty hearing and seeing, impairments in ability to crawl, walk, run and play, and learning disabilities as well as the conditions which appear on the screens displayed below.

Via the BWGT, CWGT, and CHGHT screens you can report answers given in metric measures (*grams, kilograms, meters, centimeters*) by entering an 'M' in the first answer category on these screens and go to similar screens (BWGTM, CWGTM, CHGHTM) which show the appropriate metric answer categories.

-BWGT-

What was JOSEPH DOE'S birth weight? (H)

Pounds Ounces

FR: ENTER 'M' TO RECORD METRIC MEASUREMENTS.

-CHGHT-

how tall is JOSEPH DOE now?

FR: IF THE CHILD'S HEIGHT IS GIVEN IN INCHES, PRESS "ENTER" AT 'Feet' AND ENTER THE MEASURE IN 'Inches' (36 INCHES MAXIMUM).

Feet Inches

FR: ENTER 'M' TO RECORD METRIC MEASUREMENTS.

-ADD-

Has a doctor or health professional ever told you that JOSEPH DOE had...

(1)Yes (2)No (H)

...Attention Deficit Hyperactivity Disorder (ADHD)
or Attention Deficit Disorder (ADD)?

...Mental Retardation?

...Other Developmental Delay?

Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder is diagnosed by a health professional and is characterized by problems with attention, impulsiveness, hyperactivity, school problems, and sometimes aggression. This question does not appear for children who are less than 2 years old.

Mental Retardation refers to someone who is significantly below average in intellectual functioning in addition to having problems with adaptive behavior.

Developmental delay is a significant delay, as defined by the state and measured by appropriate diagnostic tests, in one of several areas: physical development, cognitive (mental) development, social or emotional development, or adaptive development.

-CONDL-

FR: SHOW FLASHCARD C2:

Looking at this list, has a doctor or health professional ever told you that JOSEPH DOE had any of these conditions?

- (0) None (H)
- | | |
|------------------------|------------------------------|
| (1) Down's Syndrome | (6) Autism |
| (2) Cerebral Palsy | (7) Diabetes |
| (3) Muscular Dystrophy | (8) Arthritis |
| (4) Cystic Fibrosis | (9) Congenital Heart Disease |
| (5) Sickle Cell Anemia | (10) Other Heart condition |

Which ones?

FR: ENTER CODE FROM LIST ABOVE, ENTER "N" IF NO MORE.

Cerebral Palsy is pronounced (ce - Re - bral Pawl - zee)

Muscular Dystrophy is pronounced (Dis - tro - fee)

Cystic Fibrosis is pronounced (Sis - tic fi - Bro - sis)

Autism is pronounced (Aw - tizm) and is a developmental disability affecting verbal and nonverbal communication as well as social interaction.

Heart Disease or **heart condition** should be included if a doctor has told the parent or guardian that the child has any kind of heart problem or condition.

Ē "Has JOSEPH DOE EVER had chickenpox?"

This next question is asked if you answer "Yes" to the previous question.

Ē "Has JOSEPH DOE had chickenpox DURING THE PAST 12 MONTHS?"

Asthma is a condition marked by recurrent attacks which include breathing difficulty and wheezing.

Ē "Has a doctor or other health professional EVER told you by that JOSEPH DOE had asthma?"

Ē "DURING THE PAST 12 MONTHS, has JOSEPH DOE had an episode of asthma or an asthma attack?"

Ē "DURING THE PAST 12 MONTHS, did JOSEPH DOE have to visit an emergency room or urgent care center because of asthma?"

Accept asthma of any kind such as smoker's asthma, bronchial asthma, allergic asthma, and the like. Do not accept self-diagnosed lung problems or conditions reported by a person who is not a doctor and not working with or for a doctor.

-CCONDT-

DURING THE PAST 12 MONTHS, has JOSEPH DOE had any of the following conditions?(1)

Yes (2) No

Hay fever?

Any kind of respiratory allergy?

Any kind of food or digestive allergy?

Eczema or any kind of skin allergy?

Frequent or repeated diarrhea or colitis?

Anemia?

Frequent or severe headaches, including migraines?

Three or more ear infections?

Seizures?

Stuttering or stammering?

Diarrhea is considered to be **frequent** if it occurs 3 or more times in a day.

The instrument will not ask about frequent or severe headaches or stuttering or stammering for children who are 2 years old or younger.

Ë "Compared with 12 months ago, would you say that JOSEPH DOE's health is now better, worse, or about the same?"

-SCHDAYR-

DURING THE PAST 12 MONTHS, that is, since February 09, 1998, about how many days did JOSEPH DOE miss school because of illness or injury?

FR: ENTER 996 IF CHILD DID NOT GO TO SCHOOL IN THE PAST 12 MONTHS.

Days

Question SCHDAYR - Number of school days missed in a year, is asked only for children 5 years of age or older.

Ë "These next questions are about JOSEPH DOE's recent health during the 2 weeks outlined on that calendar.

Did JOSEPH DOE have a head cold or chest cold that started during those two weeks?"

- È "Did JOSEPH DOE have a stomach or intestinal illness with vomiting or diarrhea that started during those two weeks?"
- È "Which statement best describes JOSEPH DOE's hearing without a hearing aid: Good, a little trouble, a lot of trouble, or deaf?"
- È "Does JOSEPH DOE have any trouble seeing, even when wearing glasses or contact lenses?"
- È "Is JOSEPH DOE blind or unable to see at all?"
- È "Does JOSEPH DOE have any impairment or health problem that requires him to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?"
- È "Does JOSEPH DOE have an impairment or health problem that limits his ability to (crawl), walk, run, or play?"
- È "Is this an impairment or health problem that has lasted, or is expected to last 12 months or longer?"
- È "Does JOSEPH DOE now have a problem for which he has regularly taken prescription medication for at least three months?"

Prescription medication is:

- (1) any medicine obtained on a licensed health care professional's written prescription,
- (2) any medicine prepared on the basis of a doctor's telephone call to a pharmacist,
- (3) any medicine, including injections, given by the doctor (or nurse) to the person to take at home or administered in the office, hospital, or clinic.

Do not include medicine only recommended by a doctor if no prescription is necessary.

Regularly taken - Do not count medicine that the sample child is taking for a short term illness, such as taking antibiotics for 10 days for an infection.

- È "Has a representative from a school or a health professional ever told you that JOSEPH DOE had a learning disability?"

A learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written. It may be evident by an inability to listen, think, speak, read, write, spell or do mathematical calculations. It includes conditions

such as brain injury, minimal brain disfunction, dyslexia, or aphasia. It does not apply to children who have difficulty learning as a result of visual, hearing, motor, mental retardation, or emotional disturbance.

5.D MENTAL HEALTH

The next set of questions concerns mental health. These questions will be used to compile a score for an overall mental health indication. A different combination of behaviors is asked about based on the age and sex of the Sample Child.

For example, you will ask the respondent if DURING THE PAST TWO MONTHS a male Sample Child age 2-3 years:

(Be sure the respondent understands that you are talking about THE PAST TWO MONTHS.)

- ! Has been uncooperative
- ! Has trouble getting to sleep
- ! Has speech problems
- ! Has been unhappy, sad, or depressed

Whereas, you will ask if DURING THE PAST SIX MONTHS a female Sample Child age 12-17 years:

(Be sure the respondent understands that you are talking about THE PAST SIX MONTHS.)

- ! Lies or Cheats
- ! Does poorly at school work
- ! Has trouble sleeping
- ! Has been unhappy, sad, or depressed

Ask if each of these behaviors is Not True, Sometimes True, or Often True. If the respondent gives an answer which does not match the categories read in the question, reread the question emphasizing the wording of the answer categories. The following example is for Janet Doe, who is 6 years old.

-CMHAGF21-

FR: SHOW FLASHCARD C3

I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of JANET DOE DURING THE PAST SIX MONTHS.

(0) Not True (1) Sometimes True (2) Often True(H)

She:

can't concentrate or pay attention long?

has been nervous, high strung or tense?

acts too young for her age?

has been unhappy, sad, or depressed?

5.E HEALTH CARE/ACCESS AND UTILIZATION

This set of questions records detailed information on the Sample Child's health care practices and are similar to the Sample Adult Access to Care questions.

Questions in the Family Section determined 12-month hospital stays and 2-week doctor visits for each person in the family. This section gets detailed information on the Sample Child's health care practices, including:

- ! When a medical doctor was last seen.
- ! Where the Sample Child usually goes for health care.
- ! Whether the Sample Child has different places of health care because of specific needs.
- ! Type of physician usually seen.
- ! Recent (*past 12 months*) changes in where the Sample Child gets health care.
- ! Types of physicians seen in past 12 months.
- ! Emergency room visits.
- ! Doctor's "house calls."
- ! 12-month doctor visits.
- ! Alternative health care services.

For these questions, "Medical Doctor" refers to both medical doctors (MDs) and osteopathic physicians (DOs), including general practitioners, and all types of specialists (*such as surgeons*,

internists [internal medicine], pediatricians, psychiatrists, obstetricians, proctologists, ophthalmologists, and so forth.) It also includes physician assistants who work with or for a MD or DO, but does NOT include health care providers who do NOT have an MD or DO degree (such as dentists, oral surgeons, chiropractors, podiatrists, naturopaths, Christian Science Healers, optometrists, psychologists, and the like.)

If the Sample Child was taken to a doctor, but the respondent is unable to classify the place as a doctor's office, clinic or health center, probe to determine how many doctors work out of the "place".

- ! If 3 or less doctors, consider the place a doctor's office.
- ! Enter clinic or health center if the respondent defines the place as such.

Include all types of financial limitations that prevented the person from getting medical services.

Usual Source of Care

-CUSUALPL-

THESE NEXT QUESTIONS ARE ABOUT HEALTH CARE

Is there a place that JOSEPH DOE USUALLY goes when he is sick or you need advice about his health?

- (1) Yes
- (2) There is NO place
- (3) There is MORE THAN ONE place

This is not necessarily the doctor most recently contacted. (*For example, the most recent contact may have been with a specialist never seen before.*) Also, it need not be a doctor or clinic the respondent has ever contacted for the Sample Child. In this case, the question refers to the doctor or place the respondent would contact if the Sample Child is sick or needs advice about his/her health.

A place to USUALLY go when sick or in need of advice about one's health includes:

- ! Walk-in clinic
- ! Doctor's office
- ! Clinic
- ! Health Center
- ! Health Maintenance Organization
- ! Hospital - Emergency room or outpatient clinic
- ! Military or VA health care facility

-CPLKIND-

What kind of place is it - A clinic, doctor's office, emergency room, or some other place?

- (1) Clinic or health center
- (2) Doctor's office or HMO
- (3) Hospital Emergency room
- (4) Hospital outpatient department
- (5) Some other place
- (6) Doesn't go to one place most often

Doctor includes medical doctors as well as other health care professionals such as general practitioners, psychologists, nurses, chiropractors, etc.

The respondent may indicate that the Sample Child does not go to one place most often.

-CHCPLROU-

Is that doctor's office or HMO the same place JOSEPH DOE usually goes when he needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

- (1) Yes
- (2) No

Routine or Preventive care is a doctor's visit or health procedure to prevent illness or to detect problems early such as immunization or physical exam.

A general physical exam or check-up is an examination not for a specific condition or problem. This may include the following; a periodic health examination, a complete medical

examination, an annual health check-up or a comprehensive physical examination. It does not include dental exams and vision tests.

È "What kind of place does JOSEPH DOE go to when he needs routine preventive care, such as a physical examination or (well baby/child) check-up?"

Accept whatever the respondent reports for the Sample Child. This includes reporting that he/she does not go to one place most often.

È "At any time in the past 12 months did you CHANGE the place(s) to which JOSEPH DOE USUALLY goes for health care?"

È "Was this change for a reason related to health insurance?"

Change of place refers to a change in health care providers not a change of address for a current provider.

-CHCDYLR1-

There are many reasons people delay getting medical care. Have you delayed getting care for JOSEPH DOE for any of the following reasons in the past 12 months?

(1) Yes(2) No

You couldn't get through on the telephone:

You couldn't get an appointment for JOSEPH DOE soon enough:

Once you get there, JOSEPH DOE has to wait too long to see the doctor:

The clinic/doctor's office wasn't open when you could get there:

You didn't have transportation:

Delayed assumes that medical care has been or will eventually be received.

Waiting time to see the doctor includes only time from arrival until the health care provider is seen.

-CHCAFYR1-

DURING THE PAST 12 MONTHS, was there any time when JOSEPH DOE needed any of the following, but didn't get it because you couldn't afford it?

(1) Yes(2) No

Prescription medicines?

Mental health care or counseling?

Dental care (including check-ups)?

Eyeglasses?

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

Mental Health Care is respondent defined.

The instrument will not display the mental health care, dental care, or eyeglasses items for children who are less than two years old.

È "About how long has it been since JOSEPH DOE last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists."

- 0 "Never"
- 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 2 years ago"
- 4 "More than 2 years, but not more than 5 years ago"
- 5 "More than 5 years ago"

Always probe for an exact number. If the respondent reports a range or interval, assist the respondent in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

This question is now going to be asked of children aged 1 year old in addition to those 2 years old and older.

Use flashcard C4 to identify answers for this question.

Health Care Provider Contacts

This set of questions asks about the types of health care provider seen by the Sample Child in the past 12 months. There are two types of questions. The first asks "Has anyone in the family seen or talked to...about {Sample Child's name} health?"; the second asks "How many times did {Sample Child's name} see...". The reference period is the past 12 months for both types of questions.

When recording the number of visits to a health care provider or the length of time since a health care provider was last seen, always probe for an exact number. If the respondent reports a range or interval, assist the respondent in making an estimate by probing.

For example: "Could you give me a more exact number of times your child has had outpatient surgery in the past 12 months?"

È "DURING THE PAST 12 MONTHS, that is since {fill 12-month date}, has anyone in the family SEEN or TALKED TO any of the following health care providers about JOSEPH DOE'S health?"

- ! "A mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?"
- ! "An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?"
- ! "A foot doctor?"
- ! "A chiropractor?"
- ! "A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?"
- ! "A nurse practitioner, physician assistant, or midwife?"
- ! "A doctor who specializes in women's health (an obstetrician/gynecologist)?"
- ! "A medical doctor who specializes in a particular medical disease or problem (other than an obstetrician/gynecologist, psychiatrist, or ophthalmologist)?"
- ! "A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?"

È "Does that doctor treat children and adults (a doctor in general practice or family medicine)?"

If you know from previous questions that a specific type of doctor was seen in the past 12 months, verify this with the respondent before entering (1) "Yes".

Do NOT include an optician or an ophthalmologist as an optometrist. An ophthalmologist should be counted as a specialist and an optician should not be counted at all in this item.

Seeing different types of providers all on one visit should be reported separately. *For example: If the Sample Adult saw a physician's assistant who checked his temperature and blood pressure before seeing the general practitioner, count this as both "a general doctor..." and "a ... physician's assistant," even though they were both seen on the same visit.*

A foot doctor is someone who treats diseases of the foot and is commonly known as a podiatrist.

A chiropractor is a licensed professional, but not a medical doctor who uses manipulation of the body joints, especially the spine to restore normal nerve function.

A physical therapist is a health care professional who administers therapy to develop, improve, or restore gross motor skill movements, such as walking.

A speech therapist is a person who works to improve speech or oral communication for problems such as stuttering, impaired articulation, or a language or voice impairment.

A respiratory therapist is a person who provides services prescribed by a physician for the assessment, diagnostic evaluation, treatment, management and monitoring of patients with deficiencies and abnormalities of cardiopulmonary function.

An audiologist is a person skilled in working with hearing problems. These services include: identifying a hearing problem, determining the range and nature of the hearing problem; training the individual to deal with the problem, such as teaching lip-reading; and counseling the family members on how to deal with the problem.

An occupational therapist is a health care professional who works to develop, improve or restore fine motor skills which usually involves the use of the fingers, hands or arms. It may involve working on activities like dressing, feeding and writing.

Recreational therapy includes art, music or dance therapy, as well as evaluating leisure and recreational activities, participation in school and community activities and/or providing leisure education.

A nurse practitioner is a registered nurse who has completed a program of study leading to an expanded role in health care. Nurse practitioners function under the supervision of a doctor,

but not necessarily in the presence of a doctor. Nurse practitioners often perform duties similar to those of a physician's assistant.

An obstetrician/gynecologist is a medical doctor who treats women, pregnancy, and disease of the female reproductive system including the breasts.

Medical doctor refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s) including general practitioners and all types of specialists; and their assistants. Do not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, psychologists, etc. unless they assist an M.D. or D.O.

È "DURING THE PAST 12 MONTHS, did JOSEPH DOE receive a well-child checkup - that is a general checkup when he was not sick or injured?"

-CHERNOYR-

FR: SHOW FLASHCARD C5.

DURING THE PAST 12 MONTHS, how many times has JOSEPH DOE gone to a hospital emergency room about his health? (This includes emergency room visits that resulted in a hospital admission.)

(H)

- | | |
|----------|----------------|
| (0) None | (5) 8-9 |
| (1) 1 | (6) 10-12 |
| (2) 2-3 | (7) 13-15 |
| (3) 4-5 | (8) 16 or more |
| (4) 6-7 | |

The answer categories for this screen has been revised. The old answer category of "4-9" has been replaced by "4-5", "6-7", and "8-9", as well as the answer category "13 or more" with "13-15" and "16 or more".

A hospital emergency room is an emergency care facility at a hospital. Do NOT include emergency care received at a clinic or HMO. Include emergency room visits which resulted in admission for inpatient care.

Do not include visits to outpatient clinics, urgent care facilities and the like.

Use flashcard C5.

È "During the PAST 12 MONTHS, did JOSEPH DOE receive care AT HOME from a nurse or other health care professional?"

È "During how many of the PAST 12 MONTHS did JOSEPH DOE receive care AT HOME from a health care professional?"

-CHCHNOYR-

FR: SHOW FLASHCARD C6.

What was the total number of home visits received for JOSEPH DOE during that month?

(H)

- | | |
|---------|----------------|
| (1) 1 | (5) 8-9 |
| (2) 2-3 | (6) 10-12 |
| (3) 4-5 | (7) 13-15 |
| (4) 6-7 | (8) 16 or more |

The answer categories for this screen has been revised. The old answer category of "4-9" has been replaced by "4-5", "6-7", and "8-9", as well as the answer category "13 or more" with "13-15" and "16 or more".

AT HOME refers to the Sample Child's own home and anyone else's home, like the home of family friends or relatives, a hotel, or any other place in which the Sample Child was staying at the time of the health care professional's visit. This could be a house, apartment, motor home, houseboat, trailer, or other dwelling. Do not include visits by a doctor while the Sample Child was in a hospital or institution.

Always probe for an exact number. If the respondent reports a range or interval, assist the respondent in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

Use flashcard C6.

-CHCNOYR-

FR: SHOW FLASHCARD C5.

DURING THE PAST 12 MONTHS, how many times has JOSEPH DOE seen a doctor or other health care professional about his health at a doctor's office, a clinic, or some other place?

DO NOT INCLUDE TIMES JOSEPH DOE WAS HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, OR TELEPHONE CALLS.

(H)

- | | |
|----------|----------------|
| (0) None | (5) 8-9 |
| (1) 1 | (6) 10-12 |
| (2) 2-3 | (7) 13-15 |
| (3) 4-5 | (8) 16 or more |
| (4) 6-7 | |

The answer categories for this screen has been revised. The old answer category of "4-9" has been replaced by "4-5", "6-7", and "8-9", as well as the answer category "13 or more" with "13-15" and "16 or more".

Use flashcard C5.

Ë "During the PAST 12 MONTHS, has JOSEPH DOE had SURGERY or other surgical procedures either as an inpatient or outpatient?"

Ë "Including any times you may have already told me about, HOW MANY DIFFERENT TIMES has JOSEPH DOE had surgery DURING THE PAST 12 MONTHS?"

"Doctor" includes medical doctors as well as other health care professionals, such as general practitioners, psychologists, nurses, chiropractors, etc.

Surgery is any cutting of the skin including stitching of cuts or wounds. Include both major surgery and minor procedures such as cutting or piercing of other tissue, scraping of internal parts of the body and setting of fractures and dislocations.

Always probe for an exact number. If the respondent reports a range or interval, assist the respondent in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

È "About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about JOSEPH DOE's health? Include doctors seen while he was a patient in a hospital."

- 0 "Never"
- 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 2 years ago"
- 4 "More than 2 years, but not more than 5 years ago"
- 5 "More than 5 years ago"

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

"**Medical doctor**" refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s), including general practitioners and all types of specialists; and their assistants. Do not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, psychologists, etc., unless they assist an M.D. or D.O.

Use Flashcard C4.

5.F IMMUNIZATION

The immunization questions will be asked of all sample children, regardless of age, as well as all nonsample children ages 12-35 months.

You will ask a detailed set of questions collecting the number of shots administered as well as the date of each shot for children for whom a shot record is available.

You will ask a different set of questions, collecting only the number of shots administered if a shot record is not available and cannot be obtained for a child by closeout. In this case, you will be asking the respondent to report from memory the number of shots the child has had.

The immunization questions asked for the additional 12-35 month old children are exactly the same as those for a sample child less than 7 years of age.

If the respondent is not the same person who completed the Household Composition section, you will identify the respondent's relationship to all "other" children in the family 0-4 years of age

and will be asked to verify the child's gender, age and birth date. The instrument will determine their age in months. All "other" children who are 12-35 months old become "additional immunization children" and are included in the immunization section.

-ICVERF-

FR: PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE CHILD BEFORE PROCEEDING: (1) Yes (2) No (H)

JOSEPH DOE

Gender = male Is it correct?

Age = 2 Is it correct?

Birthday = February 25, 1994 Is it correct?

If it is determined that the child is NOT between 12-35 months old, you will be taken to the next nonsample child 0-4 years of age or you will go on to the Sample Adult interview.

The Shot Record

-SHOTRC-

These questions are about immunizations that JOSEPH DOE may have received. It would be helpful if we could refer to his shot record.

We will also need to see shot records for any children 12-35 months of age in the family.

Are shot records available for JOSEPH DOE?

(1) Yes

(2) No

Emphasize to the respondent the importance of using the child's shot record to complete this set of questions. If the child has a shot record, encourage the respondent to make it available during your initial contact; otherwise, arrange a callback to complete the immunization section when the shot record will be available.

If a child does not have an up-to-date shot record, encourage the respondent to obtain it from the child's physician, if possible, and arrange for a callback to complete this section after the information has been obtained.

Do not complete this section from the respondent's memory if there is any chance of having the up-to-date shot record before your closeout.

The Immunizations

The immunization questions ask about 8 specific shots:

- ! ***DTP shot - The Diphtheria-Tetanus-Pertussis vaccine.*** A total of 5 doses is recommended to be given at ages 2 months, 4 months, 6 months, 15-18 months, and 4-6 years. It sometimes may be referred to as a DT(without Pertussis) shot or DPT shot.
- ! ***Polio vaccine*** - This includes both orally administered vaccines and shot/injections. A total of 4 doses is recommended to be given at ages 2 months, 4 months, 15-18 months and 4-6 years.
- ! ***HIB-Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) vaccine.*** This relatively new vaccine protects against a certain type of bacterial meningitis that affects young children. It may be known as the 'H-I-B' or 'Hib' or 'H.flu' vaccine. It currently is

given at ages 2 months, 4 months, 6 months and in the past was given between 15 and 24 months of age.

- ! ***Rotavirus vaccine*** - This new vaccine protects against diarrhea caused by rotavirus. The vaccine is given orally and is also called Rotashield. A total of 3 doses is recommended to be given at ages 2 months, 4 months, and 6 months.

The Advisory Committee on Immunization Practices (ACIP) set up by the Centers for Disease Control (CDC)/National Immunization Program (NIP), voted on 10/22/99 to no longer recommend rotavirus vaccine for infants due to possible association with intestinal problems. (Any problems from the vaccine should have occurred within a couple of weeks after the shot was given.)

We are asking about the vaccine in order to find out how many children received it during the period it was available and recommended (December 1998 through July 1999).

The above questions will be asked only of children 0-6 years of age.

- ! ***Measles/MMR shot*** - This is usually given as a combination shot called MMR (Measles, Mumps, and Rubella) and is usually given once at 15 months of age. However, there has been a recent effort to have all school-age children revaccinated. Consider a single shot for German measles only as a 'Measles shot'.
- ! ***HEP Hepatitis B shot*** - this relatively new vaccine protects against a certain type of viral liver infection (hepatitis) which affects many adolescents to young adults. It is usually given as a series of 3 injections in the first two years of life, beginning between birth and 2 months of age.
- ! ***VAR Varicella (Chickenpox) shot*** - This new vaccine protects against chickenpox. It is given at 12-18 months of age. Children who have not been vaccinated previously and who lack a reliable history of chickenpox should be vaccinated by 13 years of age.
- ! ***TDB Tetanus-Diphtheria booster (Td) shot*** - this refers to the Tetanus-Diphtheria toxoid, adult type. This is usually given at age 12 and recommended every 5 to 10 years thereafter. **Questions about TDB will be asked only of children 7 years of age and older.**

The Shot Screen

-DTP-

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times JOSEPH DOE has received a DTP, DTaP, DT shot (Sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)?

(H)

_Number of shots

- ! If a respondent reports more than 8 shots for DTP, Polio, HIB, Rotavirus, or Hepatitis B, enter '8' and begin with the oldest shot.
- ! If a respondent reports more than 4 shots for MMR, Varicella (Chickenpox), or TDB, enter '4' and begin with the oldest shot.

The number of additional shots will be recorded later during a question about additional immunizations for each specific shot.

The Shot Dates

-DTPDT-

**FR: ENTER THE DATE FOR EACH SHOT,
PRESS N FOR NO MORE:**

First shot date MM__DD__YYYY__

Second shot date MM__DD__YYYY__

Third shot date MM__DD__YYYY__

Fourth shot date MM__DD__YYYY__

Fifth shot date MM__DD__YYYY__

Sixth shot dateMM__DD__YYYY__

Seventh shot date MM__DD__YYYY__

Eighth shot date MM__DD__YYYY__

Transcribe the date from the shot record for each shot.

For each shot date, a 1 or 2 digit number may be entered for the month and day, but a 4 digit number must be entered for the year. Enter a 'D' or 'R' in the month, day and/or year fields for an answer of 'Don't Know' or 'Refused'. Each date must have all three fields filled even if some or all of the information is unknown.

If all or part of a shot date is unknown, probe to obtain the month and year if possible.

No Shot Record Available

If no shot record is, or will be available, you will ask the respondent to answer the immunization questions based on memory.

-SHOTAY-

Has JOSEPH DOE ever received an immunization (that is a shot or drops)?

- (1) Yes (H)
(2) No

You will ask if the child has had each kind of shot. If the child has had the shot, you will then ask how many shots the child has received. You will not be recording dates of any kind for shots not listed on a shot record.

DTPEV-

Has JOSEPH DOE ever received a DTP,DTaP,DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)?

- (1) Yes (H)
(2) No

-DTPENO-

How many DTP shots did JOSEPH DOE ever receive?

FR: ENTER 96 IF "ALL" IS REPORTED. (H)

_ Number of shots

5.G IMMUNIZATION PROVIDER PERMISSION FORM, HIS-2A(PT)

The "old" HIS-2A(PT), Immunization Provider Questions and Permission Form" has been "CAPI-tized"; that is, all of the questions from the old paper form are now included in the CAPI instrument. These questions include those that ask for the provider's name, address, telephone number, and type of place.

However, you will still need to use the revised HIS-2A(PT) form which is now only a permission form to capture the signature of the child's parent or guardian. This form is now a single sided form instead of being double sided. The computer will prompt you to obtain the respondent's signature during the interview or prompt you to sign the form if this portion of the interview is conducted by the telephone. You will print the respondent's name, date of the interview, and the child's name, date of birth, and sex on the form, as well as the control information across the top of the form. If the respondent refuses to sign the form (or to give you permission to sign the form for telephone interviews), you will write "REFUSED" across the top margin of the form.

Complete a separate HIS-2A(PT), Immunization Provider Permission Form for each 12-35 month old child with any immunizations reported. The CAPI instrument should prompt you appropriately to do this. Always have a supply of blank HIS-2A(PT) forms with you.

Do not complete an HIS-2A(PT) if the child is not 12-35 months old.

Clearly print all entries on the HIS-2A(PT). While all other entries may be in pencil, the parent/guardian must sign the signature item on the form in blue or black ink.

The HIS-2A(PT) form has been updated for use beginning in January 2000. Be sure to use the HIS-2A(PT) with 2000 in the title. Throw away all earlier versions you may still possess. The top portion of the form should have the same items as the revised form that was issued for use beginning in July 1998.

Complete items a. (RO code), b. (FR code), c. (Quarter), d. (Week), and e. (Date of interview).

If your supervisor requires it, carefully and completely transcribe the Control no. from the case list screen in case management to the boxes in the Control no. section at the top of the HIS-2A(PT) (item f.)

You **MUST** carefully and completely transcribe the Case ID from the upper left corner of any screen in the case to the boxes in the Case ID section at the top of the HIS-2A(PT) (item g.). Enter the line number of the child in item h.

Following is approximately how the top part of the HIS-2A(PT) should appear:

FORM HIS-2A(PT) (10-7-99) 2000 IMMUNIZATION PROVIDER PERMISSION FORM	a. RO	b. FR	c. Quarter				d. Week				e. Date of interview Month Day Year			
	f. Control no.													
	g. Caseid									h. Line No. of child				

Provider

Complete the Provider identification and address information questions in the instrument as fully as possible.

If the respondent is reluctant to give the provider information, hand a copy of the immunization fact sheet handout. This handout may help convince the respondent to give you the provider information in the instrument.

Following are a representative sample of the screens you will see as you fill our the provider information in the instrument:

<p>-PROVID-</p> <p>To get a complete picture of the vaccinations received by JOSEPH DOE, we would like to contact doctors or health clinics to obtain a copy of her vaccination records. This study is voluntary and is authorized by the U.S. Public Health Service Act. It's all right to skip any questions you don't want to answer. The information you give will be kept in strict confidence and will be summarized for research purposes only.</p> <p>NAME: JOSEPH DOE</p> <p>DATE OF BIRTH: 12/17/1997</p> <p>ENTER (P) TO PROCEED</p>
--

This screen is no longer an input item. We removed the FR instruction to ask the questions on the HIS-2A(PT) form to get provider names and addresses. Also, we removed the instruction

to enter a status code of the form on this screen so, therefore, there is no followup screen for why a callback would not be possible.

-PQNA1-

What is the name, address, and telephone number, including area code, of the place where JOSEPH DOE received her most recent immunization?

NAME: DIANE HARPER, MD
ADDRESS1: 264 MAIN STREET
ADDRESS2: SUITE 205
CITY: NEWARK
STATE: NJ
ZIP CODE: 01234
PHONE NUMBER: (216)876-3491
EXTENSION:

This screen reflects questions 1a., 3a., and 4a. on the paper HIS-2A(PT) form.

-PQPL1-

What type of place is this?

FR: READ THE FOLLOWING ANSWER CATEGORIES.

- (1) Doctor's Office
- (2) Public Health Clinic
- (3) Hospital Outpatient Clinic
- (4) Other Place

This screen reflects questions 1b., 3b., and 4b. on the paper HIS-2A(PT) form.

-PQTOP-

Are there any other places where JOSEPH DOE received immunization since birth?

- (1) Yes
- (2) No

This screen reflects question 2a. on the paper HIS-2A(PT) form.

-PQTOPN-

How many OTHER places are there?

FR: IF THE RESPONDENT ANSWERS MORE THAN 6, ENTER "6".

This screen reflects question 2b. on the previous HIS-2A(PT) form. If the respondent indicates that the child had more than six (6) other places where he/she had immunizations, the FR should just enter "6". We will only capture two (2) additional provider names, addresses, and telephone numbers anyway, just like on the paper form.

-PQNA2-

What is the name, address, and telephone number, including area code, of the other place where JOSEPH DOE received immunization?

NAME: KAREN MATTHEWS MD

ADDRESS1: D

ADDRESS2:

CITY: D

STATE: D

ZIP CODE: D

PHONE NUMBER: () - D

EXTENSION:

-PQNR2-

FR: ONE OR MORE OF THE FOLLOWING ITEMS FROM THE PREVIOUS QUESTION IS MISSING:

ADDRESS

CITY

STATE

CAN YOU OBTAIN THE MISSING INFORMATION?

(1) Yes

(2) No

This illustrates that the instrument will check to see if the FR can obtain the critical information needed to identify the immunization provider. Those items are the "NAME", "ADDRESS"(at least the first line of address), "CITY", and "STATE". If the FR thinks she/he can obtain this, the instrument will take her/him back to the previous screen to enter the critical missing data.

-PQNA2-

What is the name, address, and telephone number, including area code, of the other place where JOSEPH DOE received immunization?

NAME: KAREN MATTHEWS MD

ADDRESS1: 1563 WILSON STREET

ADDRESS2:

CITY: NEWARK

STATE: NJ

ZIP CODE: D

PHONE NUMBER: () - D

EXTENSION:

Once the critical missing data is entered, the instrument goes on to the question about what type of place this is.

-PQN_NOTE-

ENTER ANY OTHER NOTES ABOUT THE IMMUNIZATION PROVIDER INFORMATION.

ENTER (N) FOR NO MORE NOTES NEEDED OR WHEN FINISHED ENTERING NOTES.

This screen provides a place for the FR to enter any notes about the immunization provider information that has been collected. This reflects the "Notes" section at the bottom left side of the previous form.

If the parent/guardian refuses to give any provider information in the instrument, write "refused" across the top margin of the form and enter 'R' for 'refused' in the appropriate screens in the instrument. Enter an explanation of the refusal in the PQN_NOTE item.

If the parent/guardian doesn't know any of the provider information, write "don't know" across the top margin of the form and enter 'D' for 'don't know' in the appropriate screens in the instrument. Enter an explanation of this, if necessary, in the PQN_NOTE item.

Permission

Present the HIS-2A(PT) Permission Form for the respondent's signature only if some provider's names and/or addresses are reported in the instrument.

The Permission Form can only be signed by the parent or legal guardian of the child.

Before presenting the Permission Form to the parent/guardian complete items 1 through 3 at the bottom of the HIS-2A(PT), i.e., 1. Child's name, 2. Date of birth, and 3. Sex. In order to more easily complete this part of the form, the child's name and date of birth will appear on the PROVID and PERMIS screens of the instrument. Verify this information with the respondent. If any information is unknown or refused, enter DK or REF on the HIS-2A(PT) for that item.

When presenting the Permission Form to the parent/guardian, say something like:

"The Centers for Disease Control and Prevention want to contact some immunization providers to obtain additional information on immunizations. To do this, however, they need your permission. Please read and sign this permission form."

If the respondent is reluctant to sign the form, hand a copy of the immunization fact sheet handout if you have not done so already.

If the parent/guardian does not print his/her name and enter the date after signing the form, complete these items yourself.

If the parent or guardian is unable to read, read the permission item to him/her before showing the parent/guardian where to sign.

If the parent/guardian is unable to sign, ask him/her to make his/her official mark and print the name and date yourself. If the person cannot make any kind of mark, leave the HIS-2A blank and enter 3 'Not signed - no callback possible' on the PERMIS screen of your CAPI instrument. Enter an explanation of the situation on the PERMNT screen which will appear next.

If the parent/guardian refuses to sign the HIS-2A(PT), write "refused" across the top margin of the form and enter 'R' for 'refused' on the PERMIS screen. Enter an explanation of the refusal in the F7 notes for this screen or the INOTES screen.

If a parent or legal guardian is not available and a personal visit or a telephone callback cannot be scheduled, leave the item blank and enter 0 for 'Respondent not parent/legal guardian not

-BARCODE-

**FR: ENTER BARCODE IDENTIFICATION NUMBER PRINTED
ON PERMISSION FORM HIS-2A(PT).**

Check digit algorithm failed. Please reenter bar code number.

BARCODE

**FR: ENTER BARCODE IDENTIFICATION NUMBER PRINTED
ON PERMISSION FORM HIS-2A(PT).**

00123459

There is now a unique "preprinted" barcode number on each HIS_2A(PT) form. This number will help us keep the permission "signature" form together with the household in which the child's immunization information is stored. The last digit of this number is a "check digit" which is calculated by the instrument based on the previous seven (7) digits entered and compared with the last digit entered by the FR. If the digit entered by the FR and the digit calculated by the instrument are not the same digit, the FR will get the error message shown above and will have to reenter the number.

If permission is given over the telephone (in a callback situation), you must sign your name in the right side portion of the HIS-2A(PT) indicating that you received permission verbally from the respondent. Make sure the Respondent's name, Today's Date, Child's name, Date of birth, and Sex is entered in the appropriate boxes.

If you have forgotten to bring the HIS-2A(PT) forms, you must make arrangements to return to the household or call back on the telephone to complete the form and obtain a signature or verbal permission if completed over the telephone.

Sending in Forms

You will be provided BC-76 envelopes with preprinted addresses of the Regional Office overprinted with HIS-2A(PT) in the upper left corner to send in all HIS-2A(PT) forms completed during each interview week. This should be done at least at close out of each interview week or more frequently if requested by the RO supervisor. All forms completed or partially completed (e.g., provider information given, but permission not given) should be sent to

the RO at this time. This includes forms for which you have written "refused" or "don't know" across the top margin of the form.

The ROs will receive a printout shortly after all CAPI cases for an interview week have been transmitted and closed out. This printout will contain a listing of all cases with children 12-35 months old. This listing will be used to track the HIS-2A(PT) forms.

After checking in all of the HIS-2A(PT) forms received, the RO or your supervisor will contact you to obtain any outstanding forms that, according to the instrument, should have been completed, but for which they do not have a completed form.

If you did not mail a completed form when one should have been completed, you will have to go back to the household or call back on the telephone to obtain a signature or verbal permission if completed over the telephone.

5.H STATUS

Each of the three main sections in the interview (*Family, Sample Child, and Sample Adult*) as well as the Immunization section for each Sample Child and nonsample child and the Provider Information section for each child 12-35 months of age requires a "status"; that is, the current situation regarding that section. The status categories defined for the Sample Child, Immunization, and Provider Information sections are the same as for the Family section and Sample Adult section. All of these status codes will be assigned by the instrument based on the completeness of the respective sections.

The different status codes which the instrument can assign are as follows:

- (0) **No sample child or sample adult in the family** - None of the family members is under the age of 18 or all family members are 14-17 years of age.
- (1) **Complete** - All appropriate questions in the section were completed, even if some were "DK" or "Refused".
- (2) **Partial/Noninterview - Callback required** - None or some, but not all, of the appropriate questions were completed before the section was interrupted. A callback to complete the section is necessary.
- (3) **Partial/Noninterview - No callback** - None or some, but not all, of the appropriate questions were completed before the section was interrupted. No callback to complete the section is possible.

- () **Blank** - The instrument was exited using the F10 key. If any section did not have a status code assigned before the F10 key was used, that section will have a blank status code. For the Immunization Provider section, if no children in the household were 12-35 months of age, or if the respondent said these children had not received any immunizations, then this section will have a blank status code.

For the "callback" category, (2), you will be asked to specify the callback arrangements (date and time). For the "no callback" category, (3), you must specify the reason the section cannot be completed.

PART C - THE NHIS INSTRUMENT

CHAPTER 6. THE SAMPLE ADULT SECTION

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PART C, CHAPTER 6 THE SAMPLE ADULT SECTION

6.A OVERVIEW

Topics in the Sample Adult Section include:

- ! Medical Conditions
- ! Hearing, Vision, and Teeth
- ! Feelings/Mental Health
- ! Health Status
- ! Smoking
- ! Physical Activity
- ! Alcohol
- ! Height and Weight
- ! Health Care/Access and Utilization
- ! Demographics
- ! AIDS

All questions in this section apply to the one selected Sample Adult per family only, and require self response by the Sample Adult.

6.B RESPONDENT

-SADULT-

FR: THE SAMPLE ADULT PERSON IS JANE DOE. THE NEXT QUESTIONS MUST BE ANSWERED BY THIS PERSON - NO PROXIES ARE PERMITTED. PROBE AS NECESSARY TO DETERMINE THE AVAILABILITY OF JANE DOE.

- (1) Available
- (2) Not available

If the Sample Adult is not available at this time, make an appointment to return (or telephone) and conduct the interview when he/she is available. Do not make any appointments for later than closeout for the weekly assignment.

If the Sample Adult will not be available before your closeout, refuses to participate, is incapable of responding, or cannot be interviewed for some other reason, consider the Sample Adult Section as a noninterview. **DO NOT SUBSTITUTE NOR ATTEMPT TO COMPLETE THE SAMPLE ADULT SECTION WITH A PROXY RESPONDENT.**

Once you have determined the Sample Adult is available, you will need to verify the Sample Adult's sex, age and birth date if the Sample Adult was not the respondent for the household composition questions.

-AIDVERF-

FR: PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE SAMPLE ADULT BEFORE PROCEEDING: (1) Yes (2) No (H)

JANE DOE

Gender = female Is it correct?

Age = 28 Is it correct?

Birthday = November 25, 1969 Is it correct?

While verifying the age and date of birth information, you may occasionally come across a situation where the "Sample Adult" is actually 17 years of age or less. When this happens, the instrument will display the following screen telling that this person is no longer the Sample Adult. Therefore, in this family or household you will not conduct a Sample Adult interview with anyone.

-NO_MORE-

FR: JANE DOE IS NO LONGER THE SAMPLE ADULT FOR THIS FAMILY

Enter (P) to proceed

6.C ENDING THE SAMPLE ADULT SECTION

The instrument will automatically lead you through the appropriate questions based on the Sample Adult's sex and responses to the questions.

If for some reason you have to break off the interview before completing the entire section, press **SHIFT-F8**. This will take you to the end of the section where you indicate whether or not a callback can be arranged to complete this partial interview.

6D. DEMOGRAPHICS

The questions verifying the Sample Adult's working status and, if working, where he/she works, kind of business or industry, kind of work performed, most important activities, and the other questions about his/her job have been moved to the beginning of this section before any of the "direct" health related questions are asked. This has been done so that this verification can be done early in the interview and to make a more appropriate flow for the rest of the health related questions being asked later.

È "Earlier I recorded that in the last week you were *[Fill with text corresponding to this question from the Family Demographics section.]*. Is that correct?"

È "What is your correct working status?"

A job exists when there is:

1. A definite arrangement for regular work,
2. The arrangement is on a continuing basis (like every week or month), and
3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:

- ! Persons who worked for wages, salary, commission, tips, piece-rates, or pay-in-kind.
- ! Unpaid workers in a family business or farm, persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

A business exists when one or more of the following conditions are met:

1. Machinery or equipment of substantial value is used in conducting the business, or
2. An office, store, or other place of business is maintained, or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:

- ! Sewing performed in the sewer's house using her/his own equipment.
- ! Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:

- ! Yard sales; the sale of personal property is not a business or work.
- ! Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family which chops and sells Christmas trees from October through December does not have a business in July.
- ! Distributing products such as Tupperware, or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

To be looking for work, a person has to have conducted an active job search.

Active Job Search: A person took the steps necessary to put him/herself in a position to be hired for a job. As a result, an employer could have made a job offer without having to do anything else. Examples:

- Filled out applications or sent out resumes
- Places or answers classified ads
- Checked union/professional registers
- Bid on a contract or auditioned for a part in a play
- Contacted friends or relatives
- Contacted school/college university employment office
- Contacted employment directly

È "For whom did you work at you main job or business? (*Name of company, business, organization or employer*)"

Enter the Sample Adult's verbatim response for the name of his/her employer, business, company, or organization.

È "What kind of business or industry is this? (*For example: TV and radio mgt., retail shoe store, State Department of Labor*)"

Indicate both a general and specific function for employers and businesses. For example, in "copper mine" the word "mine" is general and the word "copper" is specific.

For Government Agencies: If the title clearly designates the main function of the agency, enter the name of the agency (e.g., the U.S. Census Bureau). If the main function is not clear from the title, ask for and report the division or branch for which the person works.

For Firms with more than one business: If activities are carried on in separate places, describe the business in which the person actually worked. If activities are carried on in the same place, describe the main activity.

For household or domestic workers: Determine if the person works for a business or private home. If it is a business, enter the name of the business. If it is a private home, enter "private home".

Manufacturing: Makes and sells its products in large lots to other manufacturers, wholesalers, or retailers.

Wholesale trade: Buys products in large quantities for resale to retailers, industrial users, or to other wholesalers.

Retail trade: Sells primarily to individual consumers and seldom makes products.

Some other kinds of business: Any other type of establishment which renders a service to individuals and/or organizations. Examples are hotels, dry cleaners, advertising agencies, restaurants, and automobile repair shops.

È "What kind of work were you doing? (*For example: farming, mail clerk, computer specialist*)"

The entry should clearly state the kind of work or nature of duties performed by the person. The occupation entry should describe what the person does (e.g., shipping department supervisor, inventory clerk).

One word occupational descriptions are usually not adequate. For example, we need to know what type of nurse, engineer, clerk, or teacher a person is.

For Example:

Inadequate

Adequate

Adjuster

Claims adjuster, brake adjuster, machine adjuster, merchandise adjuster, complaint adjuster, insurance adjuster

Engineer

Civil engineer, locomotive engineer, mechanical engineer, aeronautical engineer

Scientist

Specify the field; for example, political scientist, physicist, sociologist, oceanographer, home economist

È "What were your most important activities on this job or business? (*For example: sells cars, keeps account books, operates printing press*)"

Detail the kind of work or duties the person performs.

The entry to this item must include enough additional information for a precise occupational classification. Usually a few words telling what the person actually does or the tools he/she uses will suffice.

For example, two people with the same job title; Telephone Co. serviceman, may have different activities such as installing phones in homes or repairing telephone transmission lines.

È "Looking at the card, which of these best describes your current job or work situation?"

- 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 in OWN business, professional practice or farm?"
- 6 Working WITHOUT PAY in family business or farm?"

PRIVATE company or business: This employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes work for private organizations doing contract work for government agencies.

FEDERAL government: Include persons 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. Include employees of international organizations like the United Nations and employees of foreign governments such as persons employed by the French embassy.

STATE government: Report this category for employees of State governments which include paid state officials, state police, employees of state universities and colleges, and statewide JTPP administrators.

LOCAL government: Report for employees of counties, cities, towns, and other local areas. Included here would be city-owned bus lines, electrical power companies, water and sewage services, etc. Employees of public elementary and secondary schools who worked the local government should also be here.

SELF employed: Person 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.

Working WITHOUT PAY: Working on a farm or in a business operated by a related member of a household, without receiving wages or salary for work performed.

Use flashcard A1.

- Ë "Thinking about this main job or business, how many people are employed there full and part time, including employees at all locations?"
- Ë "Thinking about the particular location or facility where you worked in last week, how many people are employed there full and part time?"

Probe for the Sample Adult's best estimate of the number of persons who work for his/her employer at all locations and at the same location only.

Use flashcard A2.

- Ë "About how long have you worked at this MAIN job or business?"
- Ë "Have you worked at this MAIN job or business for one year or less, or more than one year?"
- Ë "Are you paid by the hour on this MAIN job or business?"
- Ë "Do you have paid sick leave on this MAIN job or business?"

"MAIN job or business" refers to the job or business which is the primary source of a person's income.

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

If the Sample Adult says they don't know how long they have worked at this main job or business, the followup question will ask if it is one year or less or more than one year.

- Ë "Do you have more than one job or business?"
- Ë "In your other jobs/businesses, do you work for an employer, are you self-employed, or both?"
- Ë "Is this business incorporated?"

For those Sample Adults who are self-employed only in their other job, you will ask the followup question about whether this business is incorporated or not.

6.E MEDICAL CONDITIONS

For the most part, the "Medical Conditions" questions in the Family Section determined only who in the family had certain conditions. The "Medical Conditions" questions in the Sample Adult section, however, obtain additional information on the effect and/or treatment of the conditions.

Do NOT accept any volunteered conditions. For example, if the Sample Adult reports having "colitis" when you ask about "arthritis", repeat the question.

Hypertension

- È "Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?"
- È "Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?"

Include only reports of hypertension/high blood pressure by a doctor or other health care professional (*such as a nurse, dentist, chiropractor, and so forth.*) Do NOT include home blood pressure testing and testing by machine in a mall, store, or other commercial area.

Do NOT include reports of "potential hypertension" or "borderline hypertension".

If you indicated that you had hypertension, you will receive some or all of the following questions.

Heart Conditions

- È "Have you EVER been told by a doctor or other health professional that you had coronary heart disease?"
- È "Have you EVER been told by a doctor or other health professional that you had angina, also called angina pectoris?"
- È "Have you EVER been told by a doctor or other health professional that you had a heart attack (also called myocardial infarction)?"

Ë "Have you EVER been told by a doctor or other health professional that you had any kind of heart condition or heart disease (OTHER than the ones I just asked about)?"

Do NOT include self-diagnosed conditions or conditions reported by a person who is not a doctor and not working with or for a doctor.

Include as heart disease or heart condition any of the following: *heart failure, chronic heart condition, rheumatic heart disease, atrial or mitral valve disease/damage, etc.*

Ë "Have you EVER been told by a doctor or other health professional that you had a stroke?"

Include strokes, cerebrovascular accidents and brain hemorrhages.

Ë "Have you EVER been told by a doctor or other health professional that you had emphysema?"

Asthma and Ulcer

Ë "Have you EVER been told by a doctor or other health professional that you had asthma?"

Ë "During the past 12 months, have you had an episode of asthma or asthma attack?"

Ë "During the past 12 months, have you had to visit an emergency room or urgent care center because of asthma?"

Accept asthma of any kind such as smoker's asthma, bronchial asthma, allergic asthma, and the like. Do not accept self-diagnosed lung problems or conditions reported by a person who is not a doctor and not working with or for a doctor.

Ë "Have you EVER been told by a doctor or other health professional that you had an ulcer? This could be a stomach, duodenal, or peptic ulcer."

Ë "During the past 12 months have you had an ulcer?"

Cancer

This set of questions concerns cancers and other malignancies diagnosed by a doctor at any time in the Sample Adult's life ("*Ever*"). Do NOT include self-diagnosed conditions or conditions reported by a person who is not a doctor and not working with or for a doctor.

Ë "Have you EVER been told by a doctor or other health professional that you had cancer or a malignancy of any kind?"

È "What kind of cancer was it?"

Count the same type of cancer or malignancy on different body parts as only one kind. *For example, malignant moles on the face, neck and trunk should be counted as only one kind of cancer.*

MARK up to 3 kinds. Indicate codes of body parts. If the sample adult says "more than 3" but cannot remember more than 1 or 2, enter DK in the 2nd and 3rd boxes as appropriate and enter 96 in the 4th box. If Respondent offers more than 3, code "96" in the fourth box. Do not use the 4th box for anything else.

Enter "N" for no more after the last body part.

-CANKIND-	Sample Adult: JANE DOE	
What kind of cancer was it?		
FR: MARK up to 3 kinds. If Respondent offers more than 3, code "96" in the fourth box. Do not use the 4th box for anything else.		
(1) Bladder	(11) Larynx-Windpipe	(21) Rectum
(2) Blood	(12) Leukemia	(22) Skin (non-melanoma)
(3) Bone	(13) Liver	(23) Skin (don't know what kind)
(4) Brain	(14) Lung	(24) Soft Tissue (muscle or fat)
(5) Breast	(15) Lymphoma	(25) Stomach
(6) Cervix	(16) Melanoma	(26) Testis
(7) Colon	(17) Mouth/tongue/lip	(27) Throat - pharynx
(8) Esophagus	(18) Ovary	(28) Thyroid
(9) Gallbladder	(19) Pancreas	(29) Uterus
(10) Kidney	(20) Prostate	(30) Other
		(96) More than 3 kinds
[] [] [] []		

Do NOT read the alphabetized answer categories to the Sample Adult. If a technical name (*other than "Leukemia", "Lymphoma", or "Melanoma"*) is reported, ask what part of the body this affected and enter that.

Enter "30-Other" and specify the response if the answer does not fit one of the categories.

È "How old were you when {specific name} cancer was first diagnosed?"

Probe for a specific age. Record a best estimate if that is what the sample adult gives you.

Enter the age in whole numbers only, dropping any fractions reported. *For example: if the Sample Adult says he was "46½" years old, enter "46".* If the cancer was first diagnosed before the Sample Adult's first birthday, enter "0".

Diabetes

È "(Other than during pregnancy,) have you EVER been told by a doctor or health professional that you had diabetes or sugar diabetes?"

Do not include self-diagnosed diabetes, pre-diabetes, high sugar, or any condition other than "diabetes" or "sugar diabetes." Do NOT include a doctor's diagnosis of "gestational diabetes" or diabetes present only when a woman is pregnant.

È "How old were you when a doctor FIRST told you that you had diabetes or sugar diabetes?"

Probe for a specific age. Record a best estimate if that is what the sample adult gives you.

È "Are you NOW taking insulin?"

È "Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents."

Other 12-Month Conditions

The next set of "condition" questions concern specific ones present in the past 12 months. Do NOT accept any volunteered conditions.

È "During the past 12 months, have you been told by a doctor or other health professional that you had...

...hay fever?"

...sinusitis?"

...chronic bronchitis?"

...weak or failing kidneys? Do NOT include kidney stones, bladder infections or incontinence."

...any kind of liver condition?"

Joint Problems

Unlike the previous conditions, joint problems do not have to have been diagnosed by a doctor. Simply having the symptoms is enough.

Pain

The following questions are about pain you may have experienced in the past three months. Please refer to pain that lasted a whole day or more. Do not report aches and pains that are fleeting or minor.

If asked, the "past 3 months" is from last Sunday's date three months ago through last Sunday. For example, if you are interviewing on Tuesday, February 13, 1996, the past 3 months will be from November 11, 1995 through February 11, 1996. Although "pain" is respondent-defined, we are interested only in four specific pains; neck pain, low back pain (which spread down either leg to areas below the knees), facial ache or pain in jaw muscles or joint in front of ear, and severe headache or migraine.

È "During the past three months, did you have neck pain?"

È "During the past three months, did you have low back pain?"

È "Did this pain spread down either leg to areas below the knees?"

È "During the past three months, did you have facial ache or pain in the jaw muscles or the joint in front of the ear?"

È "During the past three months, did you have severe headache or migraine?"

"Pain" is respondent-defined, but must have lasted a whole day or more or have occurred several (more than 3) times during the past 3 months.

Do NOT accept pain in any other part(s) of the body. *For example, if when you ask about "low back pain" the Sample Adult reports "upper back pain", repeat the question, emphasizing low back pain.*

Other 2-Week Conditions

These next questions are about your recent health. They concern specific conditions present in the past 2 weeks. Do NOT accept any volunteered conditions.

È "Did you have a head cold or chest cold that started during those two weeks?"

È "Did you have a stomach or intestinal illness with vomiting or diarrhea that started during those two weeks?"

These conditions are respondent-defined and may include such things as *stomach flu*, *gastroenteritis*, and *so forth*, but should NOT include ulcers, which are not infectious.

Pregnancy

Questions on current pregnancy apply only to female Sample Adults under the age of 50.

È "Are you currently pregnant?"

If from previous questions, you know that the Sample Adult is or is not currently pregnant, verify this information and enter the appropriate answer without asking the question. If in doubt, or if you don't remember previous answers, ask the questions as worded.

6.F HEARING, VISION, AND TEETH

These next questions are about the Sample Adult's hearing, vision, and teeth.

È "Have you ever worn a hearing aid?"

È "Which statement best describes your hearing (without a hearing aid): good, a little trouble, a lot of trouble, deaf?"

If the Sample Adult gives an answer which does not match the categories read in the question, reread the question emphasizing the wording of the answer categories.

È "Do you have any trouble seeing, even when wearing glasses or contact lenses?"

È "Are you blind or unable to see at all?"

È "Have you lost all of your upper and lower natural (permanent) teeth?"

The Sample Adult needs to have lost both the upper and lower teeth to answer this question "Yes".

6.G FEELINGS

These questions ask about feelings the Sample Adult may have experienced over the past 30 days. Use flashcard A5 to display the answers to the questions for this section. The answers for these questions are *all of the time*, *most of the time*, *some of the time*, *a little of the time*, or *none of the time*.

È "Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS."

"During the past 30 days, how often did you feel...

...so sad nothing could cheer you up?"

...nervous?"

...restless or fidgety?"

...hopeless?"

...that everything was an effort?"

...worthless?"

È "We just talked about a number of feelings you had during the past 30 days. Altogether, how much did these feelings interfere with your life or activities: a lot, some, a little, or not at all?"

If the Sample Adult gives an answer which does not match the categories read in the question, reread the question emphasizing the wording of the answer categories.

"Everything" and "worthless" are respondent defined.

6.H HEALTH STATUS

Health status consists of two parts--health indicators and limitation of activities.

Health Indicators

The following question is asked of Sample Adults who indicated that they did not work last week. The earlier question at the beginning of the section confirms "working status in the last week" only. It does not obtain the information asked in this question about "working status in the past 12 months".

È "Although you did not work last week, did you have a job or business at any time in the past 12 months?"

Work includes the following:

- ! Work for wages, salary, commission, tips or pay-in-kind.
- ! Work for pay, profit or fees in one's own business, professional practice or farm.
- ! Work as a civilian employee for the Department of Defense.

A job exists when there is:

1. A definite arrangement for regular work,
2. The arrangement is on a continuing basis (like every week or month), and
3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:

- ! Persons who worked for wages, salary, commission, tips, piece-rates, or pay-in-kind.
- ! Unpaid workers in a family business or farm, persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

A business exists when one or more of the following conditions are met:

1. Machinery or equipment of substantial value is used in conducting the business, or
2. An office, store, or other place of business is maintained, or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:

- ! Sewing performed in the sewer's house using her/his own equipment.
- ! Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:

- ! Yard sales; the sale of personal property is not a business or work.
- ! Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family which chops and sells Christmas trees from October through December does not have a business in July.
- ! Distributing products such as Tupperware, or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

È "During the past 12 months, {that is, since (12-month date) a year ago}, ABOUT how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)?"

- È "During the past 12 months, {that is, since (12-month date) a year ago}, ABOUT how many days did illness or injury keep you in bed more than half of the day? (Include days while an overnight patient in a hospital.)"
- È "Compared with 12 months ago, would you say your health is better, worse, or about the same?"

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

Days in bed are any days during which the Sample Adult 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 Sample Adult is usually awake. Count as days in bed all days a Sample Adult spent as an overnight patient in a hospital, sanitarium, nursing home, etc., whether or not the patient was actually lying in bed, even if there was no illness or injury.

A **bed** is anything used for lying down or sleeping, including a sofa, cot or mattress.

If the Sample Adult gives an answer which does not match the categories read in the question, reread the question emphasizing the working of the answer categories.

Limitation of Activities

These questions ask about difficulties the Sample Adult may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

È "Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?"

È "By yourself, and without using any special equipment, how difficult is it for you to...

- ... walk a quarter of a mile - about 3 city blocks?"
- ... walk up 10 steps without resting?"
- ... stand or be on your feet for about 2 hours?"
- ... sit for about 2 hours?"
- ... stoop, bend, or kneel?"
- ... reach up over your head?"
- ... use your fingers to grasp or handle small objects?"
- ... lift or carry something as heavy as 10 pounds, such as a full bag of groceries?"
- ... push or pull large objects like a living room chair?"
- ... go out to things like shopping, movies, or sporting events?"
- ... participate in social activities, such as visiting friends or relatives, attending clubs and meetings, or going to parties?"
- ... do things to relax at home or for leisure, such as reading, watching TV, sewing, or listening to music?"

"**Problem**" is the Sample Adult's perception of a departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc.

In general, "**special equipment**" is any device, tool, utensil, instrument, implement, etc., used as an aid in performing an activity because of a physical, mental or emotional problem. This includes the use of adult "diapers" for incontinence. However, ordinary eyeglasses and hearing aids should not be considered "special equipment". For example: a spoon is not normally considered as "special equipment"; however, a uniquely designed or functioning one used for eating by a person because of physical, mental or emotional problems is considered "special equipment".

"**Difficult**" is respondent-defined.

If the Sample Adult gives an answer which does not match the categories on the flashcard, reread the question emphasizing the wording of the answer categories.

Use flashcard A5 to identify answers for these activities.

È "What condition or health problem causes you to have difficulty with *{fill in names of activities if less than 4 are mentioned/these} activities?*"

Conditions/health problems are:

- 01 Vision/problem seeing
- 02 Hearing problem
- 03 Arthritis/rheumatism
- 04 Back or neck problem
- 05 Fractures, bone/joint injury
- 06 Other injury
- 07 Heart problem
- 08 Stroke problem
- 09 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 (Specify)
- 20 Other impairment/problem (Specify)

Make absolutely sure that the condition/health problem is not on the above list before recording it as an "Other impairment/problem" in this question. You can record up to two "Other Impairment/problem" answers not specified on the list of conditions. Enter 19 to specify the first other impairment or problem and 20 to specify the second, if appropriate.

Enter the Sample Adult's response verbatim. Do not alter his/her response, even if you know a more technical name for the condition.

Use flashcard A6 to identify answers for this question.

È "How long have you had *{Fill name of condition or health problem}?*"

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

6.I SMOKING

The questions in this section concern cigarette smoking only. Accept whatever the Sample Adult reports, except if it is volunteered that he/she smoked a pipe, cigars of any kind, marijuana, hashish, "crack", or the like.

All Sample Adults are asked if they have smoked 100 cigarettes in their entire life. Adults who have smoked at least 100 cigarettes are then asked how old they were when they started smoking and if they currently smoke every day, some days, or not at all.

Smoking Status

È "Have you smoked at least 100 cigarettes in your entire life?"

È "How old were you when you first started to smoke fairly regularly?"

First started to smoke fairly regularly is respondent-defined. If asked about what this means, say that, "It's whatever you consider as first starting to smoke fairly regularly."

Always probe for an exact age. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact age?".

È "Do you NOW smoke cigarettes every day, some days, or not at all?"

If the Sample Adult gives an answer which does not match the categories read in the question, reread the question emphasizing the wording of the answer categories.

Former Smoker

È "How long has it been since you quit smoking cigarettes?"

È "Have you quit smoking since (*month/year 12 months prior to current month*)?"

If less than one day, enter "1"; otherwise, enter the length of time since the Sample Adult quit smoking cigarettes in whole days, weeks, months, or years. Convert fractions to a different unit, if possible, (*for example, record "1½ years" as "18 months"*); otherwise round the fraction to the nearest whole period.

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

Current Smoker: Everyday

È "On the average, how many cigarettes do you now smoke a day?"

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

If the response is given in packs rather than the number of cigarettes, multiply the number of packs by 20, verify the result with the Sample Adult, (*some brands have 25 cigarettes per pack*), and enter the number of cigarettes per day.

Current Smoker: Some Days

È "On how many of the past 30 days did you smoke a cigarette?"

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

If asked, explain that "past 30 days" includes up to the day before the interview and not the day of the interview.

Your entry must be 30 or less--it cannot be greater than 30. However, it may be zero (0).

È "On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?"

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

Do NOT include days when the Sample Adult did NOT smoke in computing the average.

If the response is given in packs rather than the number of cigarettes, multiply the number or packs by 20, verify the result with the Sample Adult (*Some brands have 25 cigarettes per pack*), and enter the number of cigarettes.

All Current Smokers

È "During the past 12 months, have you stopped smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?"

"Trying" means making an effort, not simply thinking about it or desiring it or stopping temporarily due to acute illnesses with no intention of stopping permanently.

This means stopped smoking altogether. If the Sample Adult says he/she smoked a pipe or cigars on the days he/she did not smoke cigarettes, enter "2-No."

6.J PHYSICAL ACTIVITY

These next questions are about physical activities, including exercise, sports and physically active hobbies, that the sample adult may do in his/her LEISURE time. Exercise, sports or physically active hobbies are respondent defined.

Vigorous Activities

È "How often do you do VIGOROUS activities for at least 10 minutes that cause HEAVY sweating or LARGE increases in breathing or heart rate?"

Vigorous activities might include fast walking, fast bicycling, jogging, strenuous swimming or sports play, vigorous aerobic dance, and strenuous gardening.

Prompt with "How many times per day, per week, per month, or per year do you do these activities?".

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

È "About how long do you do these vigorous activities each time?"

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

If the Sample Adult says they don't know how long they do these activities, the follow-up question will ask if it is 20 minutes or more or less than 20 minutes.

È "Each time you do these vigorous activities, do you do them 20 minutes or more, or less than 20 minutes?"

Light or Moderate Activities

È "How often do you do LIGHT OR MODERATE activities for at least 10 minutes that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?"

Light or moderate activities include such activities as leisurely walking or bicycling, slow swimming or dancing, and simple gardening.

Prompt with "How many times per day, per week, per month, or per year do you do these activities?".

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

È "About how long do you do these light or moderate activities each time?"

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

If the Sample Adult says they don't know how long they do these activities, the followup question will ask if it is 20 minutes or more or less than 20 minutes.

È "Each time you do these light or moderate activities, do you do them 20 minutes or more, or less than 20 minutes?"

Strengthening Activities

È "How often do you do physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)"

Exercises to strengthen muscles are activities that require strenuous muscular contractions such as weight lifting, resistance training, push-ups, sit-ups, etc.

Prompt with "How many times per day, per week, per month, or per year do you do these activities?".

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

6.K ALCOHOL

These next questions are about drinking alcoholic beverages. Included are liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of alcoholic beverage.

- È "In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?"
- È "In your ENTIRE LIFE, have you had at least 12 drinks of any type or alcoholic beverage?"
- È "In the PAST YEAR, how often did you drink any type of alcoholic beverage?"
- È "In the past year, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?"
- È "In the past year, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?"

Include as alcohol all types of beer (including stout, ale, malt liquor, or light beer, but does not include alcohol-free beer), wine (including port, sherry, sangria wine coolers, and champagne), and liquor (including brandy, liqueurs, scotch, whiskeys, tequila and gin).

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

6.L HEIGHT AND WEIGHT

- È "How tall are you without shoes?"

Enter the Sample Adult's height in whole feet and inches only, recording any fraction of inches to the nearest inch. Convert any fractions of feet to inches. *For example: If the response is "6½ feet", convert the ½ foot to inches and record "6 feet, 6 inches."*

Via the regular height screen you can report answers given in metric measures (*meters, centimeters*) by entering an 'M' in the first answer category on this screen and go to a similar screen which shows the appropriate metric answer categories.

È "How much do you weigh without shoes?"

Enter the Sample Adult's weight in whole pounds only, rounding any fractions to the nearest pound.

Via the regular weight screen you can report answers given in metric measures (*grams, kilograms*) by entering an 'M' in the first answer category on this screen and go to a similar screen which shows the appropriate metric answer categories.

6.M HEALTH CARE/ACCESS AND UTILIZATION

Questions in the Family Section determined 12-month hospital stays and 2-week doctor visits for each person in the family. This section gets detailed information on the Sample Adult's health care practices, including:

- ! When a medical doctor was last seen.
- ! Where the Sample Adult usually goes for health care.
- ! Whether the Sample Adult has different places of health care because of specific needs.
- ! Recent (*past 12 months*) changes in where the Sample Adult gets health care.
- ! 12-month dentist visits.
- ! Types of physicians seen in past 12 months.
- ! Emergency room visits.
- ! Doctor's "house calls."
- ! 12-month doctor visits.

For these questions, "Medical Doctor" refers to both medical doctors (MDs) and osteopathic physicians (DOs), including general practitioners, and all types of specialists (*such as surgeons, internists [internal medicine], pediatricians, psychiatrists, obstetricians, proctologists, ophthalmologists, and so forth.*) It also includes physician assistants who work with or for a **MD** or **DO**, but does NOT include health care providers who do NOT have an **MD** or **DO** degree (*such as dentists, oral surgeons, chiropractors, podiatrists, naturopaths, Christian Science Healers, optometrists, psychologists, and the like.*)

Usual Source of Care

È "Is there a place that you USUALLY go to when you are sick or need advice about your health?"

This is not necessarily the doctor most recently contacted. (*For example, the most recent contact may have been with a specialist never seen before.*) Also, it need not be a doctor or clinic the Sample Adult has ever contacted. In this case, the question refers to the doctor or place the Sample Adult would contact if he/she is sick or needs advise about his/her own health.

A place to USUALLY go when sick or in need of advice about one's health includes:

- ! Walk-in clinic
- ! Doctor's office
- ! Clinic
- ! Health Center
- ! Health Maintenance Organization
- ! Hospital - Emergency room or outpatient clinic
- ! Military or VA health care facility

È "What kind of place is it - a clinic, doctor's office, emergency room, or some other place?"

OR

È "What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?"

"Doctor" includes medical doctors, as well as other health care professionals, such as general practitioners, psychologists, nurses, chiropractors, etc.

The Sample Adult may indicate that he/she does not go to one place most often.

È "Is that {Fill kind of provider/place} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check-up?"

Routine or preventive care is a doctor visit or health procedure to prevent illness or to detect problems early such as immunization or a physical exam.

A **general physical exam or check-up** is an examination not for a specific condition or problem. This may include the following: a periodic health examination, a complete medical examination, an annual health check-up or a comprehensive physical examination. It does NOT include dental exams and vision tests.

È "What kind of place do you go to when you need routine preventive care, such as a physical examination or check-up?"

Accept whatever the Sample Adult reports. This includes reporting that he/she does not go to one place most often.

È "At any time in the past 12 months did you CHANGE the place(s) to which you USUALLY go for health care?"

"Change the place" refers to a change in health care providers, not a change of address for a current provider.

È "Was this change for a reason related to health insurance?"

È "There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?"

- ! "You couldn't get through on the telephone."
- ! "You couldn't get an appointment soon enough."
- ! "Once you got there, you have to wait too long to see the doctor."
- ! "The clinic/doctor's office wasn't open when you could get there."
- ! "You didn't have transportation."

"Delayed" assumes that medical care has been or will eventually be received.

Waiting time to see the doctor includes only time from arrival until the health care provider is seen.

È "DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?"

- ! "Prescription medicines"
- ! "Mental health care or counseling"
- ! "Dental care (including check-ups)"
- ! "Eyeglasses"

Include all types of financial limitations that prevented the person from getting medical services.

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

Mental Health Care is respondent-defined.

È "About how long has it been since you last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists."

- 0 "Never"
- 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 2 years ago"
- 4 "More than 2 years, but not more than 5 years ago"
- 5 "More than 5 years ago"

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

Use flashcard A7 to identify answers for this question.

Health Care Provider Contacts

This series of questions determine the type of health care providers seen or talked to by the Sample Adult in the past 12 months.

When recording the number of visits to a health care provider or the length of time since a health care provider was last seen, always probe for an exact number. If the respondent reports a range or interval, assist the respondent in making an estimate by probing.

For example: "Could you give me a more exact number of times you have had outpatient surgery in the past 12 months?"

È "DURING THE PAST 12 MONTHS, that is since {fill 12-month date}, have you SEEN or TALKED TO any of the following health care providers about your own health?"

- ! "A mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?"
- ! "An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?"
- ! "A foot doctor?"
- ! "A chiropractor?"
- ! "A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?"
- ! "A nurse practitioner, physician assistant, or midwife?"
- ! "A doctor who specializes in women's health (an obstetrician/gynecologist)?"

- ! "A medical doctor who specializes in a particular medical disease or problem (other than an obstetrician/gynecologist, psychiatrist, or ophthalmologist)?"
- ! "A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?"

È "Does that doctor treat children and adults (a doctor in general practice or family medicine)?"

If you know from previous questions that a specific type of doctor was seen in the past 12 months, verify this with the Sample Adult before entering (1) "Yes".

Do NOT include an optician or an ophthalmologist as an optometrist. An ophthalmologist should be counted as a specialist and an optician should not be counted at all in this item.

Seeing different types of providers all on one visit should be reported separately. *For example: If the Sample Adult saw a physician's assistant who checked his temperature and blood pressure before seeing the general practitioner, count this as both "a general doctor..." and "a ... physician's assistant," even though they were both seen on the same visit.*

A foot doctor is someone who treats diseases of the foot and is commonly known as a podiatrist.

A chiropractor is a licensed professional, but not a medical doctor who uses manipulation of the body joints, especially the spine to restore normal nerve function.

A physical therapist is a health care professional who administers therapy to develop, improve, or restore gross motor skill movements, such as walking.

A respiratory therapist is a person who provides services prescribed by a physician for the assessment, diagnostic evaluation, treatment, management and monitoring of patients with deficiencies and abnormalities of cardiopulmonary function.

An **occupational therapist** is a health care professional who works to develop, improve, or restore fine motor skills which usually involves the use of the fingers, hands, or arms. It may involve working on activities like dressing, feeding, and writing.

An **audiologist** is a person skilled in working with hearing problems. These services include: identifying a hearing problem; determining the range and nature of the hearing problem; training the individual to deal with the problem, such as teaching lip-reading; and counseling the family members on how to deal with the problem.

A **speech therapist** is a person who works to improve speech or oral communication for problems such as stuttering, impaired articulation, or a language or voice impairment.

Recreational therapy includes art, music or dance therapy, as well as evaluating leisure and recreational activities, participation in school and community activities and/or providing leisure education.

A **nurse practitioner** is a registered nurse who has completed a program of study leading to an expanded role in health care. Nurse practitioners function under the supervision of a doctor, but not necessarily in the presence of the doctor. Nurse practitioners often perform duties similar to those of a physician's assistant.

An **obstetrician/Gynecologist** is a medical doctor who treats women, pregnancy, and diseases of the female reproductive system, including the breasts.

Medical doctor refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s) including general practitioners and all types of specialists; and their assistants. Do not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, psychologists, etc. unless they assist an M.D. or D.O.

È "DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health? (This includes emergency room visits that resulted in a hospital admission.)"

Hospital Emergency Room is an emergency care facility at a hospital. Do NOT include emergency care received at a clinic or HMO. Include emergency room visits which resulted in admission for inpatient care.

Do not include visits to outpatient clinics, urgent care facilities and the like.

Use flashcard A8.

È "During the PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?"

È "During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?"

È "What was the total number of home visits received during that/those months?"

AT HOME refers to the Sample Adult's own home and anyone else's home, like the home of family friends or relatives, a hotel, or any other place in which the Sample Adult was staying at the time of the health care professional's visit. This could be a house, apartment, motor home, houseboat, trailer, or other dwelling. Do not include visits by a doctor while the Sample Adult was in a hospital or institutionalized.

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

Use flashcard A9.

È "During the PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? DO NOT INCLUDE TIMES YOU WERE HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, OR TELEPHONE CALLS."

È "During the PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?"

È "Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?"

"Doctor" includes medical doctors as well as other health care professionals, such as general practitioners, psychologists, nurses, chiropractors, etc.

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

Use flashcard A8.

Surgery is any cutting of the skin including stitching of cuts or wounds. Include both major surgery and minor procedures such as cutting or piercing of other tissue, scraping of internal parts of the body and setting of fractures and dislocations.

È "About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital."

- 0 "Never"
- 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 2 years ago"
- 4 "More than 2 years, but not more than 5 years ago"
- 5 "More than 5 years ago"

Always probe for an exact number. If the Sample Adult reports a range or interval, assist the Sample Adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?".

"Medical doctor" refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s), including general practitioners and all types of specialists; and their assistants. Do not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, psychologists, etc., unless they assist an M.D. or D.O.

Use Flashcard A7.

È "During the PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season."

È "Have you EVER had a pneumonia vaccination, sometimes called a pneumonia shot? This shot is usually given only once in a person's lifetime and is different from the flu shot."

The following questions about chickenpox have been added to find out if the Sample Adult has ever had it and, if so, if she/he has had it within the past 12 months.

È "Have you EVER had chickenpox?"

È "Have you had chickenpox in the past 12 months?"

These next four questions ask whether the Sample Adult has ever had hepatitis, has ever lived with anyone who had hepatitis, has received the hepatitis B vaccine, and, if so, if they received at least three doses of the vaccine.

È "Have you EVER had hepatitis?"

È "Have you ever lived with someone who had hepatitis?"

È "Have you EVER received the hepatitis B vaccine?"

If necessary, explain by saying this vaccine is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

È "Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?"

6. N HIV/AIDS

For the 2000 NHIS instrument, the Cancer Supplement questions will be asked before the HIV/AIDS questions

The purpose of the HIV/AIDS questions is to obtain information about testing for HIV, the virus that causes AIDS. The data will be used to determine the general population's acceptance and practice of testing for HIV.

Many of the questions in this section have the previous wording referring to the "AIDS test" changed to read as having a "test for HIV, the virus that causes AIDS".

If the respondent refuses any items, enter "R" for Refused. If the respondent says they don't know any items, enter "D" for Don't know. The following are the questions from the HIV/AIDS part of the Sample Adult Section.

HIV/AIDS

-BLDGV-

Sample Adult: JANE DOE

Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross.

Have you donated blood since March 1985?

(1) Yes

(2) No

-BLDG12M-

Sample Adult: JANE DOE

During the past 12 months, that is, since {fill 12-month date}, have you donated blood?

(1) Yes

(2) No

-HIVTST-

Sample Adult: JANE DOE

The next questions are about the test for HIV, the virus that causes AIDS.

Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

- (1) Yes
- (2) No

-WHYTST-

Sample Adult: JANE DOE

FR: SHOW FLASHCARD A10

I am going to show you a list of reasons why some people have not been tested for HIV, the virus that causes AIDS. Which one of these would you say is the MAIN reason why you have not been tested?

- (1) It's unlikely you have been exposed to HIV;
- (2) You were afraid to find out if you were HIV positive (that you had HIV);
- (3) You didn't want to think about HIV or about being HIV positive;
- (4) You were worried your name would be reported to the government if you tested positive;
- (5) You didn't know where to get tested; or
- (6) Some other reason.
- (7) No particular reason

This screen has revised answer categories and now asks for only the MAIN REASON instead of ALL THAT APPLY.

Record Sample Adult's response verbatim for "Some other reason" not specified on the list in the followup item.

-TST12M-

Sample Adult: JANE DOE

In what month and year was your last test for HIV, the virus that causes AIDS?

FR: ENTER 'T' FOR TIME PERIOD

MONTH:

YEAR:

-TIMETST-

Sample Adult: JANE DOE

Was it:

- (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 2 years ago
- (4) More than 2 years, but not more than 5 years ago
- (5) More than 5 years ago

Instead of asking if the Sample Adult has been tested for HIV in the past 12 months, we are asking when (month and year) he/she had the last test.

-REATST-

Sample Adult: JANE DOE

FR: SHOW FLASHCARD A11.

I am going to show you a list of reasons why some people have been tested for HIV, the virus that causes AIDS. Which of these would you say was the MAIN reason for your last AIDS test?

- (1) Someone suggested you should be tested;
- (2) You might have been exposed through sex or drug use;
- (3) You just wanted to find out if you were infected or not;
- (4) You were concerned that you could give HIV to someone;
- (5) You wanted medical care or new treatments if you tested positive;
- (6) You were pregnant;
- (7) It was part of a routine medical check-up;
- (8) It was required; or
- (9) Some other reason.
- (10) No particular reason

This screen has revised answer categories and now asks for only the MAIN REASON instead of ALL THAT APPLY.

Record Sample Adult's response verbatim for "Some other reason" not specified on the list in the followup item.

-REASWHO-

Sample Adult: JANE DOE

Who suggested you should be tested - a doctor, a sex partner, someone at the health department, or someone else?

- (1) Doctor
- (2) Sex partner
- (3) Someone at health department
- (4) Someone else

-WHYREQ-

Sample Adult: JANE DOE

Why were you required to get your last HIV test?

- (1) Insurance
- (2) Military
- (3) Jail
- (4) Hospitalization
- (5) Employment
- (6) Immigration
- (7) Other

The above two screens are followups to certain answers on the REATST screen.

-LASTST-

Sample Adult: JANE DOE

FR: SHOW FLASHCARD A12.

Not including your blood donations, where did you have your last HIV test?

- (1) Private doctor/HMO
- (2) AIDS clinic/counseling/testing site
- (3) Hospital, emergency room, outpatient clinic
- (4) Other type of clinic
- (5) Public health department
- (6) At home
- (7) Drug treatment facility
- (8) Military induction, separation or military service site
- (9) Immigration site
- (10) In a correctional facility (jail or prison)
- (11) Other location

You can record only one answer for this question. Enter 11 to specify some other location not specified on the list, if appropriate. Enter Sample Adult's response verbatim.

This screen has some revised answer categories, some of which are general categories, which may take you to one of the following screens:

-CLINTYP-	Sample Adult: JANE DOE
What type of clinic did you go to for your last HIV test?	
<ul style="list-style-type: none">(1) Family planning clinic(2) Parental clinic(3) Tuberculosis clinic(4) STD clinic(5) Community health clinic(6) Clinic run by employer or insurance company(7) Other	

-GIVNAM-	Sample Adult: JANE DOE
The last time you were tested, did you have to give your first and last names?	
<ul style="list-style-type: none">(1) Yes(2) No	

-WHOADM-	Sample Adult: JANE DOE
Was this test administered by a nurse or other health worker, or did you use a self-sampling kit?	
<ul style="list-style-type: none">(1) Nurse or health worker(2) Self-sampling kit	

The screens asking if the Sample Adult got the results of the last test, whether a health professional talked with them about AIDS when given the results, and how the results were given, e.g., in person, over the phone, by mail, or some other way, have been removed.

-EXTST12M-

Sample Adult: JANE DOE

Do you expect to have (a/another) test for HIV in the next 12 months, not including blood donations?

- (1) Yes
- (2) No

The screens asking why and where the Sample Adult would most likely have another HIV test performed in the future have been removed.

-CHNSADS-

Sample Adult: JANE DOE

What are your chances of GETTING HIV, the virus that causes AIDS. Would you say high, medium, low, or none?

- (1) High
- (2) Medium
- (3) Low
- (4) None
- (5) Already have AIDS or AIDS virus

-STMTRU-

Sample Adult: JANE DOE

FR: SHOW FLASHCARD A13.

Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you. Just IF ANY of them are.

(H)

- (a) You have hemophilia and have received clotting factor concentrations.
- (b) You are a man who has had sex with other men, even just one time.
- (c) You have taken street drugs by needle, even just one time.
- (d) You have traded sex for money or drugs, even just one time.
- (e) You have tested positive for HIV, the virus that causes AIDS.
- (f) You have had sex (even just one time) with someone who would answer "yes" to any of these statements.

- (1) Yes, at least one statement is true
- (2) No, none of these statements are true

A new statement has been added to this screen, statement (e), and the previous statement (e) has been moved down to be statement (f). Also, most of the statements have had some slight wording changes.

If the interview is conducted by personal visit, Show Flashcard A13 to the Sample Adult and DO NOT read statements A-E. DO NOT probe for which of the statements apply if the answer is "Yes".

If the interview is conducted by telephone, read the appropriate introduction and all of the statements in this question before accepting a response. DO NOT probe for which of the statements apply if the answer is "YES".

Sexually Transmitted Diseases (STD)

The following questions about sexually transmitted diseases (STDs) are new core questions and are asked of Sample Adults 18-49 years of age inclusive.

-STD-

Sample Adult: JANE DOE

The next couple of questions are about other sexually transmitted diseases or STDs. STDs are also known as venereal diseases or VD. Examples of STDs are gonorrhea, chlamydia (CLUH-MIH-DEE-UH), syphilis, herpes, and genital warts.

In the past five years, have you had an STD other than HIV or AIDS?

FR: IF ASKED, TELL RESPONDENT TO INCLUDE NEWLY CONTRACTED STDs AND RECURRING FLARE-UPS OF PREVIOUSLY CONTRACTED STDs.

- (1) Yes
- (2) No

-STDDOC-

Sample Adult: JANE DOE

The last time you had an STD other than HIV or AIDS, did you see a doctor or other health professional to get it checked?

- (1) Yes
- (2) No

-STDWHER-

Sample Adult: JANE DOE

Where did you go to be checked?

FR: READ ANSWER CHOICES ONLY IF NECESSARY.

- (1) Private doctor
- (2) Family planning clinic
- (3) STD clinic
- (4) Emergency room
- (5) Health department
- (6) Some other place

Tuberculosis (TB)

The following are new core questions about Tuberculosis (TB). These are asked of all Sample Adults.

-TBHRD-

Sample Adult: JANE DOE

The next questions are about tuberculosis, or TB.

Have you ever heard of tuberculosis?

- (1) Yes
- (2) No

-TBKNOW-

Sample Adult: JANE DOE

Have you ever personally known anyone who had TB?

- (1) Yes
- (2) No

-TB-

Sample Adult: JANE DOE

How much do you know about TB - a lot, some, a little, or nothing?

- (1) A lot
- (2) Some
- (3) A little
- (4) Nothing

-TBSPRD-

Sample Adult: JANE DOE

How is TB spread?

PROBE: Can TB be spread in any other way?

FR: SHOW FLASHCARD A14. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

- (1) Breathing the air around a person who is sick with TB
- (2) Sharing eating/drinking utensils
- (3) Through semen or vaginal secretions shared during sexual intercourse
- (4) From smoking
- (5) From mosquito or other insect bites
- (6) Other

-TBCURED-

Sample Adult: JANE DOE

As far as you know, can TB be cured?

- (1) Yes
- (2) No

-TBCHANC-

Sample Adult: JANE DOE

What are your chances of getting TB? Would you say high, medium, low, or none?

- (1) High
- (2) Medium
- (3) Low
- (4) None
- (5) Already have TB

-HOMELESS-

Sample Adult: JANE DOE

Have you ever spent more than 24 hours living on the streets, in a shelter, or in a jail or prison?

- (1) Yes
- (2) No

-TBSHAME-

Sample Adult: JANE DOE

If you or a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?

- (1) Yes
- (2) No

6.0 STATUS

Each of the three main sections in the interview (*Family, Sample Child, and Sample Adult*) as well as the Immunization section for each Sample Child and nonsample child and the Provider Information section for each child 12-3 months of age requires a "status"; that is, the current situation regarding that section. The status categories defined for the Sample Adult section are the same as for the Family section, Sample Child section, and Immunization section. All of these status codes will be assigned by the instrument based on the completeness of the respective sections.

The different status codes which the instrument can assign are as follows:

- (0) **No sample child or sample adult in the family** - None of the family members is under the age of 18 or all family members are 14-17 years of age.
- (1) **Complete** - All appropriate questions in the section were completed, even if some were "DK" or "Refused".
- (2) **Partial/Noninterview - Callback required** - None or some, but not all, of the appropriate questions were completed before the section was interrupted. A callback to complete the section is necessary.
- (3) **Partial/Noninterview - No callback** - None or some, but not all, of the appropriate questions were completed before the section was interrupted. No callback to complete the section is possible.

- () **Blank** - The instrument was exited using the F10 key. If any section did not have a status code assigned before the F10 key was used, that section will have a blank status code. For the Immunization Provider section, if no children in the household were 12-35 months of age, or if the respondent said these children had not received any immunizations, then this section will have a blank status code.

For the "callback" category, (2), you will be asked to specify the callback arrangements (date and time). For the "no callback" category, (3), you must specify the reason the section cannot be completed.

PART C - THE NHIS INSTRUMENT

CHAPTER 7. THE "BACK" OF THE INSTRUMENT

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PART C, CHAPTER 7 THE "BACK" OF THE INSTRUMENT

7.A OVERVIEW

After completing all appropriate sections for the sample household, you are ready to end the NHIS interview. The "BACK" section of the instrument wraps up the interview. To finish an incomplete interview, you, also, set appointments for callbacks in this section.

For each **complete** and **sufficient partial** interview, you will enter the answers to a few FR debriefing questions such as language (*English, Spanish, or other*), mode (*telephone or personal visit*), etc. You will enter the answer to each debriefing question **WITHOUT** asking the respondent.

Based on the progress you made in the interview the "BACK" section evaluates the overall status of the case and sets "OUTCOME" and "ACTION" codes which determine what happens to the case. *For example: If you indicated that a callback is required to complete the Sample Adult Section, the instrument will assign the proper OUTCOME/ACTION codes to retain this case for follow up.*

"Thanks!"

There are two different "Thank You" statements for different situations.

THANKS1

If you have only partially completed the interview at a particular household, the THANKS1 screen will appear.

-THANKS1-

Thank you for your help. I'll call back as suggested. I just have to make a few more keystrokes and we'll be done for now.

FR: ENTER (P) TO PROCEED

Read the statement after arranging a callback. Then, enter "**P**" to proceed.

THANKS2

For completed interviews and sufficient partial interviews, the THANKS2 screen will appear:

>THANKS2<

FR: HAND HIS-601.

Thank you for your cooperation. Here is a letter from the U.S. Public Health Service also thanking you. I just have to make a few more keystrokes and we'll be done.

ENTER (P) TO PROCEED

7.B FR DEBRIEFING QUESTIONS

For all complete and sufficient partial cases, answer the following questions **without** asking the respondent.

-CLOSE1-

On the CLOSE1 screen, indicate whether the interview was conducted primarily in English, Spanish, both English and Spanish, or in another language.

If an interpreter was used, indicate the language in which the interpreter and the respondent(s) communicated. Consider **sign language as "other"**.

If the interview was conducted in a language other than English and/or Spanish, you would enter "4" (Other) and enter the language in screen LANG1.

-CLOSE1-

FR: IN WHICH LANGUAGE WAS THIS INTERVIEW CONDUCTED?

- (1) English
- (2) Spanish
- (3) Both English and Spanish
- (4) Other

-NONRES-

On the NONRES screen, indicate whether or not a non-household member acted as the respondent.

-NONRES-

FR: DID A NON-HOUSEHOLD MEMBER ACT AS A RESPONDENT FOR THIS SURVEY?

(1) Yes

(2) No

-INTMODE-

All HIS interviews should be conducted by personal visit. However, there may be times when the only way you can complete the interview is by telephone.

On the INTMODE screen, indicate how all or most of the interview was conducted--by personal visit or telephone. *For example: If you completed the Household Composition by personal visit, but you had to call back by phone to complete the Family, Sample Adult, and Sample Child sections, enter "2" (Telephone) since this was **how most of the interview was conducted.***

For "telephone" interviews, in the space provided on the INTMODE_SPECIFY screen, briefly explain why you conducted the interview by telephone.

-INTMODE-

FR: WAS THIS INTERVIEW CONDUCTED PRIMARILY BY PERSONAL VISIT OR TELEPHONE?

(1) Personal visit

(2) Telephone

-RESPOND-

The RESPOND screen asks for your opinion. Indicate how you would expect the household to respond at a later date.

-RESPOND-

**FR: IF SOMEONE WAS TO ATTEMPT TO INTERVIEW THIS HOUSEHOLD AS PART OF A LATER SURVEY LINKED TO THE NHIS, HOW DO YOU THINK THEY WOULD RESPOND?
IN YOUR VIEW, WOULD THEY...**

- (1) Definitely agree
- (2) Probably agree
- (3) Probably refuse
- (4) Definitely refuse

-FRKNOW-

On FRKNOW screen, indicate if there are any notes that you need to record to help another FR get the interview.

-FRKNOW-

FR: IF SOMEONE WAS TO ATTEMPT TO INTERVIEW THIS HOUSEHOLD AGAIN, IS THERE ANYTHING THE FR SHOULD KNOW THAT WOULD HELP GET THE INTERVIEW?

- (1) Yes
- (2) No

If you enter "1" (Yes), INFOFAM will be the next screen that appears.

If you enter "2" (No), COOPFAM will be the next screen that appears.

-INFOFAM-

In the space provided on the INFOFAM screen, enter the notes that would help another FR get the interview.

-INFOFAM-

FR: PLEASE PROVIDE AS MUCH INFORMATION AS YOU CAN THAT WOULD HELP THE NEXT FR GET THE INTERVIEW. RECORD UP TO FOUR LINES OF INFORMATION. ENTER (N) WHEN ALL ENTRIES HAVE BEEN MADE.

-COOPFAM-

COOPFAM is the last screen in the set of the FR Debriefing questions. Indicate your assessment of the household's cooperation level.

-COOPFAM-

FR: PLEASE PROVIDE YOUR ASSESSMENT OF THE COOPERATION OF THIS HOUSEHOLD DURING THIS INTERVIEW. WAS IT ...

- (1) Very good
- (2) Good
- (3) Fair
- (4) Poor
- (5) Very poor

7.C NOTES

Before exiting a case, the INOTES screen will appear. Enter any notes about the case that you think may be helpful to you if you still need to make callbacks to complete the interview OR to others who may get this household in sample for another health-related survey.

-INOTES-

FR: ENTER BRIEF NOTES ABOUT THIS CASE, OR ENTER (N) FOR NOTHING MORE TO REPORT.

(N) No notes needed, or finished entering note

(S) KEEP THE OLD NOTE

If you previously entered any notes about the household, these "INOTES" will be displayed for you. You will be given the opportunity to retain these "old" notes or replace them with new notes.

If you do not wish to enter notes, enter "2" at the INOTES screen.

If you do wish to enter notes, enter "1" at INOTES and continue. You now have 15 lines on which to enter notes. Press <ENTER> at the end of one line to go to the next line. When you are finished entering notes, enter "N" on the next available line.

If you don't wish to enter any notes, enter "N" on the first available line.

7.D INFORMED CONSENT QUESTIONS

Completed cases, as well as partial cases (both sufficient and insufficient partials) and certain Type A and Type B cases, will be asked about the informed consent procedure.

Item: CONSENT

RECORD STATUS OF CONSENT FORM

- (1) Respondent(s) only signed
- (2) FR only signed
- (3) Both respondent(s) and FR signed
- (4) Not signed

Each of the options in screen CONSENT has it's own follow-up question.

An entry of "1" in CONSENT will be followed by CONSENT2:

Item: CONSENT2

DID ANY RESPONDENT(S) PREFER TO SIGN AFTER HEARING SOME QUESTIONS?

NOTE: THIS IS AN EXCEPTION TO STANDARD PROCEDURES.

- (1) Yes, at least one respondent signed after hearing some questions
- (2) No, all respondent(s) signed in beginning

An entry of "2" in CONSENT will be followed by CONSENT3:

Item: CONSENT3

DID ANY OF THESE SPECIAL EXCEPTIONS TAKE PLACE?

FR: MARK ALL THAT APPLY. ENTER THE NUMBER FOR EACH ITEM MENTIONED;
ENTER (N) FOR NO MORE.

- (1) At least one respondent gave consent over the telephone
- (2) You DID NOT sign form in front of at least one in-person respondent (e.g. signed in car or home)
- (3) None of these exceptions took place

An entry of "3" in CONSENT will be followed by CONSENT4:

Item: CONSENT4

DID ANY OF THESE SPECIAL EXCEPTIONS TAKE PLACE?

FR: MARK ALL THAT APPLY. ENTER THE NUMBER FOR EACH ITEM MENTIONED;
ENTER (N) FOR NO MORE.

- (1) At least one respondent gave consent over the telephone
- (2) At least one respondent preferred to sign after hearing some questions
- (3) You DID NOT sign form in front of at least one in-person respondent (e.g. signed in car or home)
- (4) None of these exceptions took place

An entry of "4" in CONSENT will be followed by CONSPEC:

Item: CONSPEC

EXPLAIN WHY CONSENT FORM IS NOT SIGNED:

7.E CLOSINGS

"Closings" are statements you read to the respondent or statements describing the situation. There are several "closings" in the HIS CAPI "BACK" Module. You will get only the one(s) most appropriate for the situation.

Four or more EXTRA units

-CALLRO-

**FR: YOU HAVE IDENTIFIED MORE THAN 3 EXTRA UNITS
FOR THIS SAMPLE UNIT:**

1. DO NOT CONTINUE THIS INTERVIEW OR ATTEMPT TO INTERVIEW ANY OF THE EXTRA UNITS UNTIL YOU RECEIVE INSTRUCTIONS.
2. CALL YOUR OFFICE.
3. TELL YOUR SUPERVISOR YOU HAVE MORE THAN 3 EXTRA UNITS AND REQUEST INSTRUCTIONS.

ENTER (P) TO PROCEED

As noted in Chapter 2 of Part C of this manual, you must call your regional office supervisor for instructions whenever you discover four or more EXTRA units.

Before closing this type of case, you will collect the respondent's information in case further contact is necessary. On the RESPNME screen, you will collect the respondent's full name and title. You will, also, collect the respondent's address (on the RESPADD screen), and telephone number (on the RESPTELE screen).

-RESPNME-

What is your full name? (H)

FR: FOR "TITLE", MAKE ENTRIES LIKE "MAILMAN",
"NEIGHBOR", ETC.

FIRST NAME:

MIDDLE NAME:

LAST NAME:

TITLE:

-RESPADD-

**FR: ENTER RESPONDENT'S ADDRESS OR ENTER (S) FOR SAME/NO CHANGE
ENTER (X) TO BLANK-OUT THE CURRENT INFORMATION**

129 NORTH ARLINGTON
ADDRESS:

1-G
ADDRESS:

EAST ORANGE CITY
CITY:

NJ 54321 1234
STATE: ZIP CODE: (H)

TARRANT
COUNTY:

-RESPTELE-

**FR: ASK FOR AND ENTER RESPONDENT'S TELEPHONE NUMBER,
OR ENTER (N) FOR NO PHONE.**

Phone Number: () -

Extension :

Respondent's Name and Address for Type B and C Noninterview Verification

The CLOSE4 closing screen will appear for cases you have determined to be Type B or Type C Noninterviews.

-CLOSE4-

FR: IF APPROPRIATE, READ TO RESPONDENT AND ENTER (P) TO PROCEED. OTHERWISE, ENTER (N) FOR NOT APPROPRIATE.

In case I or someone from my office needs to get in touch with you, we need your name, address, and telephone number.

- (P) Proceed after reading
- (N) Reading not appropriate

If you **determined the status of the case on your own without verifying it with anyone**, it would not be appropriate to read the statement. In this situation, enter "N".

If you have **verified the status of this case with a household member or other knowledgeable respondent**, such as the mailman who verifies that the unit has been demolished, proceed as follows:

1. Read the closing statement.
2. Enter "P" to proceed.
3. Then, collect the respondent's name, address, and telephone number in screens RESPMNE, RESPADD and RESPTLE, shown above.

Exiting the Case With the F10 Key

If you exit the case using the F10 key you will go to screen FIN, which has been changed for the 2000 NHIS. There are now three options on the screen, as shown below:

Item: FIN

FR: THIS CASE IS NOT COMPLETE.

- (1) Exit Case
- (2) Arrange Callback
- (3) Callback before closeout not possible OR Noninterview

Entering "1" in FIN is the "quick exit" option. This will get you out of the instrument encountering the fewest number of screens. The only screens you will see are I_NOTES, VISITCNT and SHOFINAL.

An entry of "2" will take you to screen ARRANGE4 where you can enter callback information:

<p>-ARRANGE4-</p> <p>I need to schedule a return visit to conduct this interview. What date and time would be best to return?</p> <p>FR: TODAY IS: Wednesday, February 3, 1999 ENTER CALLBACK DATE AND TIME, OR ENTER (A) FOR ANYDAY/ANYTIME, OR ENTER (N) IF A CALLBACK BEFORE CLOSEOUT IS NOT POSSIBLE.</p>
--

If the respondent gives a specific date and time, you are obligated to make the callback as near that time as possible. Therefore, it is OK to enter a specific date, but try to avoid arranging for specific times. If you can get the respondent to agree to a wider range of times, enter "A" for any time **and** specify the acceptable range of time(s) in the "INOTES."

If you and the respondent cannot arrange for a callback before closeout enter "N". This is equivalent to entering "3" in FIN.

Enter "3" in FIN if it is not possible to callback before closeout, or if the case is a refusal or break-off. An entry of "3" in FIN will take you either to screens TYPEABC or PARTIAL, depending on how far you have progressed through the instrument. If you have not yet reached screen NAME in the Household Composition section you will go to screen TYPEABC. Otherwise you will get screen PARTIAL. Screen TYPEABC is discussed in Part C Chapter 8. Screen PARTIAL is a new screen for the 2000 NHIS. You will get screen PARTIAL for all sufficient and insufficient partial cases. Defining a case as an insufficient partial is new for the 2000 NHIS and is discussed in Part C Chapter 8.

<p>Item: PARTIAL</p> <p>-----</p> <p>INDICATE WHY THE CASE CANNOT BE COMPLETED</p> <p>(1) Break off/Refusal (2) No one home, repeated calls (3) Temporarily absent (4) Language problem (5) Other</p>

An entry of "1" in PARTIAL will skip to screen BREAKOFF where you will enter the main reason that the respondent terminated the interview before it was completed:

Item: BREAKOFF

INDICATE MAIN REASON WHY CASE WAS A BREAK OFF/REFUSAL

- (1) Questions too personal
- (2) Interview too long
- (3) Questions too repetitive
- (4) Other

7.F HOUSEHOLD VISITS

Before exiting a case which is a complete interview, a partial interview with no chance for follow up, or a Type A noninterview, you will be asked to enter the number of personal visits you made to achieve a final outcome for this case.

-VISITCNT-

QUESTION TO THE FR:

How many times have you attempted personal contact (actually visited the address) at this address?

Include visits to the sample unit for which no one was home and all visits to the sample unit for which you made contact with a household member. **DO NOT INCLUDE** any contact made over the telephone. For cases you complete over the telephone, enter only the number of personal contacts made prior to the telephone contact.

7.G ENDING THE INTERVIEW

Formatting Data for Output

For completed cases and partial interviews with no callback possible, the ONPTH_END screen will appear next.

-ONPTH_END-

STOP!!

NOW THE CASE IS COMPLETE.

PRESS (F3) TO PROCEED.

**PLEASE BE PATIENT WHILE THE COMPUTER FORMATS
THE DATA FOR OUTPUT.**

On the ONPTH_END screen, **only hit F3. Do NOT hit any other key.** By hitting F3, there may be a slight delay while the instrument formats the data for output.

Displaying Final Value

The SHOFINAL screen displays the outcome code, action code, mark code, number of times in the case, and the cumulative time.

A list of the possible outcome codes and a description of each can be found on page 68 of the HIS-501(C), Field Representative's Flashcard and Information Booklet.

-SHOFINAL-

OUTCOME =
ACTION =
MARK =
MARKTWO =
TIMES in QUEST =
CUMULATIVE TIME =

PRESS (P) TO CONTINUE

PART C - THE NHIS INSTRUMENT

CHAPTER 8. NONINTERVIEWS, POSSIBLE NONINTERVIEWS, & QUITTING OUT OF CASE

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PART C, CHAPTER 8 NONINTERVIEWS, POSSIBLE NONINTERVIEWS, & QUITTING OUT OF CASE

8.A INTRODUCTION

A noninterview household is a household from which information is not obtained for one of the following reasons:

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

You must classify noninterviews as either Type A, Type B, or Type C. Some Type A and Type B noninterviews are automatically set by the computer.

For each case that you have determined a noninterview:

- + Enter "N" (noninterview) on the START screen in the Front module of the CAPI instrument.

-START-	CENSUS CATI/CAPI SYSTEM NHIS NATIONAL HEALTH INTERVIEW SURVEY	DATE: 12-2-00 VER: 1
SAMPLE: Y00	QUARTER: 3 WEEK: 7	CASE STATUS: New Case
PSU: 13199	DATE IS: February 22, 2000	
SEGMENT: 1002	TIME IS: 01:35 pm	
SERIAL: 02		
SUFFIX:		
	(P) Proceed	
	(Q) Quit - Do Not Attempt Now	
	(N) Noninterview	

- + Enter the precode corresponding to the appropriate Noninterview type on the TYPEABC screen.

-TYPEABC-

**FR: IS THIS A TYPE A, TYPE B, OR TYPE C NONINTERVIEW?
(IF NECESSARY, PRESS (H) FOR EXAMPLES OF EACH TYPE) (H)**

(1) Type A
(2) Type B
(3) Type C

8.B NONINTERVIEW DESCRIPTIONS

Type A Noninterviews & Possible Type A Noninterviews

Type A Noninterview occurs in the case of households occupied by persons eligible for interview, whom you should have interviewed, but could not.

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.

There are six categories of Type A noninterviews, five of which you can set yourself at screen TYPEA1.

-TYPEA1-

FR: INDICATE SPECIFIC TYPE OF REASON

(1) Refused
(2) No one home, repeated calls
(3) Temporarily absent
(4) Language problem
(5) Other

If you have not progressed very far into the interview you will be determining whether or not a particular situation is actually a Type A Noninterview.

If you have progressed into the interview to screen NAME in the Household Composition section , but have not completed the Family section, and are not able to complete the interview before closeout, the case will automatically be assigned code 215 (insufficient partial). This is a new Type A Outcome Code starting with the 2000 instrument.

Type A's and possible Type A's are described below:

Refused

Occasionally, a household may refuse to give any information.

- + Enter "1" on the TYPEA1 screen.
- + In an F7 footnote, explain the pertinent details regarding the respondent's reason for refusing to grant the interview.
- + Explain the circumstances on an Inter-Comm and send it to the regional office.

NOTE: Your office will send a letter to the respondent (copy to you) requesting the household's cooperation and stating that someone will call on them again. If your supervisor will be in the area on other business, he/she may also visit the refusal household to try to obtain their cooperation or the case may be assigned to another FR/SFR for follow up.

No One Home--First Attempt or Only a Few Attempts

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.
- + In an F7 note in the instrument and/or in a notebook, enter the date and time you said you would call back.
- + Regardless of whether or not you leave an appointment form, call back at the most appropriate time to contact the household.

This situation is NOT yet considered a Noninterview.

- + Follow the instructions for "Quitting Out of Case" in 8.C of this chapter:
 - t Enter "Q" (Quit) on the START screen in the Front Section of the CAPI instrument.

-START-	CENSUS CATI/CAPI SYSTEM	DATE: 12-2-00
	NHIS	VER: 1
	NATIONAL HEALTH INTERVIEW SURVEY	
SAMPLE: Y00	QUARTER: 3	WEEK: 7
		CASE STATUS: New Case
PSU: 13199		
SEGMENT: 1002	DATE IS: February 22, 2000	
SERIAL: 02	TIME IS: 01:35 pm	
SUFFIX:		
(P) Proceed		
(Q) Quit - Do Not Attempt Now		
(N) Noninterview		

t Enter notes in the INOTES screen if necessary.

' **No One Home--Repeated Calls**

If you have made a **number of callbacks at various times of the day and still** have been **unable to contact** the respondent, **this situation is considered a Noninterview.**

+ Enter "2" on TYPEA1 screen.

NOTE: Do **not** confuse this situation with the Noninterview reason "Temporarily absent".

' **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:

t 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 interview period.**

AND

t The personal effects of the occupants, such as furniture, are there.

NOTE: Even if the furniture is there, be sure it is the occupant's furniture because it could be a furnished unit for rent.

AND

t The unit is not for rent or 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, enter "3" (Temporarily absent) on TYPEA1 screen as the Noninterview reason.

AND

t The unit is not a summer cottage or other seasonal-type unit.

If **ALL** the conditions are met, enter "3" on the TYPEA1 screen.

- + If the occupants will return on a certain date, record this date in an F7 note in the instrument and/or in a notebook, and note the source of the information, such as a neighbor.
- + If the **occupants** are definitely **NOT expected to return before the end of the interview period, this situation is considered a Noninterview.**

t On the TEMPABS1 screen, enter the appropriate precode.

-TEMPABS1-

FR: CAN YOU DETERMINE A TEMPORARY ADDRESS AND TELEPHONE NUMBER AT WHICH THIS HOUSEHOLD CAN BE INTERVIEWED?

- (1) Yes
- (2) No

If you can obtain the occupant's temporary address and telephone number:

t Enter "1" on the TEMPABS1 screen.

t Enter the address and telephone number on the TEMPABS2 screen.

t Call and report the information to your regional office immediately.

NOTE: Depending upon where the occupants are, your regional office may be able to arrange for someone else to obtain the interview.

-TEMPABS2-

FR: ENTER THE COMPLETE TEMPORARY ADDRESS AND TELEPHONE NUMBER

Temporary Address:

Temporary City:

Temporary State: Temporary ZIP Code:

Temporary Telephone: () -

If the **expected date of their return is BEFORE the end of the interview period, this situation is NOT considered a Temporarily Absent Noninterview.**

This situation is considered a No One Home--First Attempt or Only a Few Attempts. You should do the following:

- + **Follow those instructions in this chapter.**
- + Make a return visit on the expected date of their return.

' **Language Problem**

If you cannot conduct the interview with the sample household because no one there speaks English, check with your regional office.

NOTE: Your regional office may be able to arrange for an interpreter or another FR who speaks the language to assist you. If so, the interview will be conducted at a later date.

If you **cannot conduct the interview** with the sample household **because no one there speaks English and you cannot use an interpreter, this situation is considered a Noninterview.**

- + Enter "4" on TYPEA1 screen.

' **Other Type A**

These occupied units are Type A Noninterviews other than "Refusal", "No one at home", "Temporarily absent", and "Language Problem".

- + Among others, these reasons could include the following:
 - t** No eligible respondent available

- t Death in family
- t Household quarantined
- t Roads impassable

NOTE: During the winter months or in the 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, this situation is considered a Type A Other Noninterview.**

- + Enter "5" on TYPEA1 screen.
- + On the TYPEA1_SPC screen, describe the circumstances in the space provided.

-TYPEA1_SPC-
FR: SPECIFY THE "OTHER" TYPE A REASON

If you determine the **unit is vacant, this situation is NOT considered a Type A Noninterview.**

This situation is considered a Type B Noninterview.

- + Follow instructions for Type B's.

For each Type A Noninterview, you will get screen TYPEA2.

- + Enter the race of the household members on the TYPEA2 screen.

-TYPEA2-

FR: BASED ON YOUR OBSERVATIONS, INDICATE YOUR BEST ESTIMATE OF THE RACE AND ETHNICITY OF THE OCCUPANTS

- (1) Black and/or Hispanic
- (2) Not Black or Hispanic
- (3) Unknown

Type B Noninterviews

Unlike Type A Noninterviews, Type B Noninterviews are entirely beyond your control. You will enter the appropriate precode on the TYPEB1 screen.

-TYPEB1-

FR: INDICATE SPECIFIC TYPE B REASON (H)

- (1) Vacant, nonseasonal
- (2) Vacant, seasonal
- (3) Occupied entirely by URE
- (4) Occupied entirely by AF members
- (5) Unfit or to be demolished
- (6) Under construction - not ready
- (7) Converted to temporary business or storage
- (8) Unoccupied site for mobile home, trailer, or tent
- (9) Permit granted - construction not started
- (10) Other

There are 10 categories of Type B Noninterviews.

' Vacant Units

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 definition includes places which are seasonally closed. It, also, includes units which are dilapidated if they are still considered living quarters.

NOTE: Units that are unfit for human habitation, being demolished, to be demolished, or condemned are defined below.

Report unusual types of vacant living quarters, such as mobile homes, tents and the like as vacant.

Do **not** consider as vacant, a unit whose occupants are only temporarily absent.

GQ units are also included in this category (e.g., vacant transient quarters, or vacant units in boarding houses or rooming houses).

For sample units that are **presently unoccupied because the structure is undergoing extensive remodeling**, enter the precode corresponding to the appropriate **vacant** category on the TYPEB1 screen.

Report vacant units as follows:

+ **Nonseasonal**

A vacant unit intended for year-round occupancy, regardless of where it is located.

t Enter "1" on TYPEB1 screen.

+ **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).

t Enter "2" on TYPEB1 screen.

' **Occupied entirely by persons with Usual Residence Elsewhere (URE)**

The **entire household consists of persons who are staying only temporarily in the unit and who have a usual place of residence elsewhere.**

+ Enter "3" on TYPEB1 screen.

Do **not** interview persons if the sample unit is only a temporary place of residence.

' **Occupied entirely by Armed Forces (AF) members**

ALL the occupants are active duty members of the Armed Forces.

+ Enter "4" on TYPEB1 screen.

' **Occupied--Screened Out by Household**

The instrument will automatically select this category for occupied households that have been designated for screening and contain no Black or Hispanic household member. This category will not appear as an option on the Type B specification screen. You must complete the Household Composition section through the Race and Ethnicity questions in order to achieve this outcome.

' **Unfit or to be demolished**

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 situation 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, part of the building is collapsed or missing.

+ Enter "5" on TYPEB1 screen.

CAUTION:

- t** *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.*

- t** *Regardless of the condition of the unit, if it is occupied, do **not** classify unit as unfit or to be demolished.*

For unoccupied units which are to be demolished, if there is positive evidence, such as a sign or notice that the unit is to be demolished, but has not yet had demolition work started; this situation is considered unfit or to be demolished.

+ Enter "5" on the TYPEB1 screen.

' **Under construction, not ready**

Sample unit which is being newly constructed but is not completed to the point where all the exterior windows and doors have been installed and usable floors are in place.

NOTE: Usable floors can be cement or plywood; carpeted, tiled, or hardwood flooring is not necessary.

If construction has proceeded to this point, classify the unit as one of the vacant categories.

+ Enter "6" on the TYPEB1 screen.

' **Converted to temporary business or storage**

Sample unit intended for living quarters but which is being temporarily used for commercial or business purposes, or for the storage of hay, machinery, business supplies, etc.

+ Enter "7" on the TYPEB1 screen.

EXCEPTIONS:

- t** *Report unoccupied units in which excess household furniture is stored as one of the vacant categories.*
- t** *Report unoccupied units permanently converted to business or storage as Type C Noninterviews--"Converted to permanent business or storage."*
- t** *Report unoccupied units which are to be used for business or storage purposes in the future, but in which no change or alteration has taken place at the time of interview as one of the vacant categories.*

' **Unoccupied site for mobile home, trailer, or tent**

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.

+ Enter "8" on the TYPEB1 screen.

EXCEPTION: 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. This situation is considered a Type C Noninterview "House or trailer moved."

! Follow those instructions in this chapter.

' **Permit granted, construction not started**

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

+ Enter "9" on the TYPEB1 screen.

' **Other Type B**

For Type B units which cannot be classified under any of the above reasons, select this category.

+ Enter "10" on the TYPEB1 screen.

+ Enter the specific reason in the space provided on the TYPEB1_SPC screen.

-TYPEC1_SPC-

FR: SPECIFY THE "OTHER" TYPE C REASON

Type C Noninterviews

Type C Noninterviews are beyond your control.

- + Explain the situation on an inter-Comm and send it to your regional office.
- + Enter the appropriate precode on the TYPEC1 screen.

-TYPEC1-

FR: INDICATE THE SPECIFIC TYPE C REASON

- (1) Unused line of listing sheet
- (2) Demolished
- (3) House or trailer moved
- (4) Outside segment boundaries
- (5) Converted to permanent business or storage
- (6) Merged
- (7) Condemned
- (8) Built after April 1, 1990
- (9) Other

There are 9 categories of Type C Noninterviews:

' **Unused line of listing sheet**

This category applies to permit segments only. If you list fewer units than expected in permit segments, select this category for any unused serial numbers which the regional office had preassigned.

- + Enter "1" on the TYPEC1 screen.

' **Demolished**

Sample units which existed at the time of listing, but have since been torn down, or destroyed, or are in the process of being torn down.

- + Enter "2" on othe TYPEC1 screen.

' **House or trailer moved**

A structure or trailer moved from its site since listing.

This rule applies for trailers or mobile homes only when:

- + A basic address (e.g., 801 Main St.) on the listing sheet identifies a trailer

OR

- + Trailers rather than sites were listed by description only.

(See section "Unoccupied site for mobile home, trailer, or tent" on page C8-11 above for instructions when sites are listed.)

- + Enter "3" on othe TYPEC1 screen.

EXCEPTION: If a site or an address/description plus a site in a mobile home park was listed, and it is now unoccupied (no mobile home on it), this situation is considered a Type B Noninterview "Unoccupied site for mobile home, trailer, or tent."

Outside segment boundaries

Area segments when you find that the sample address is located outside the segment boundaries.

- + Enter "4" on othe TYPEC1 screen.

Converted to permanent business or storage

Units which were living quarters at the time of listing, but are now being used permanently for commercial or business purposes, or for the storage, machinery, business supplies, etc.

- + Enter "5" on othe TYPEC1 screen.

Merged

Any current sample unit(s) eliminated after applying the rules for mergers. (See page B5-6 for a definition of a Merged Unit).

- + Enter "6" on the TYPEC1 screen.

EXCEPTION: An unoccupied sample unit resulting from the merger should be reported as one of the vacant categories.

' **Condemned**

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.

+ Enter "7" on othe TYPEC1 screen.

EXCEPTION: If occupied units are posted "Condemned", ignore the sign and interview the occupants of the unit.

NOTE: *If there is no such evidence, report the unit as one of the vacant categories unless the unit is unfit for human habitation, in which case select "Unfit or to be demolished."*

' **Built after April 1, 1990**

You are able to determine that the unit was constructed after April 1, 1990 prior to actually entering the case.

+ Enter "8" on othe TYPEC1 screen.

NOTE: This outcome will be automatically selected for for units which were built after April 1, 1990, as determined at screen YRBLT ("When was this structure originally built?"). This situation will occur only in certain area segments for which your regional office has instructed the CAPI instrument to display YRBLT.

' **OtherType C**

Type C units which cannot be classified in any of the above categories.

Some examples in Permit Segments might be "abandoned permit", "replacement structure", or "permit address identifies a GQ". Some examples in Area Segments might be "duplicate listing" or "never living quarters".

+ Enter "9" on the TYPEC1 screen.

+ Enter the specific reason in the space provided on the TYPEC1_SPC screen.

-TYPEC1_SPC- FR: SPECIFY THE "OTHER" TYPE C REASON

8.C QUITTING OUT OF CASE

You may need to quit out of a case for one of the following reasons:

- + Selected case in error
- + No One Home--First Attempt or Only a Few Attempts
- + Other

If need to quit out of a case:

- + Enter "Q" (Quit) on the START screen in the Front module of the CAPI instrument.

-START-	CENSUS CATI/CAPI SYSTEM	DATE: 12-2-98
	NHIS	VER: 1
	NATIONAL HEALTH INTERVIEW SURVEY	
SAMPLE: Y96	QUARTER: 3	WEEK: 7
		CASE STATUS: New Case
PSU: 13199		
SEGMENT: 1002	DATE IS: February 22, 1999	
SERIAL: 02	TIME IS: 01:35 pm	
SUFFIX:		
(P) Proceed		
(Q) Quit - Do Not Attempt Now		
(N) Noninterview		

- + Enter notes in the INOTES screen if necessary.
- + If you entered the case because of an attempted personal contact with the sample unit (you actually visited the address) then increment the entry in VISITCNT by one. Otherwise, simply press enter, leaving the entry in VISITCNT unchanged.

PART C - THE NHIS INSTRUMENT

CHAPTER 9. RECONTACT SECTION

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PART C, CHAPTER 9 RECONTACT SECTION

9.A BACKGROUND

The Recontact Section collects intent to move, additional telephone information, and contact person information.

The data are needed to assist in contacting the family if a follow-up survey is conducted at a later time and the family respondent has moved or proves difficult to contact.

It also collects father and maiden names, as well as Social Security numbers, which are useful to match certain statistical records maintained by the Department of Health and Human Services.

In addition it collects proxy information for the entire interview.

9.B PLACEMENT

The Recontact section appears after the Sample Adult section is completed or has a callback set up. A separate Recontact section appears for each family if there is more than one family in the household. In a few unusual situations this section may appear after the Family section or the Sample Child section if there are only emancipated minors or only emancipated minors with children in the family. In these situations you will not have a Sample Adult for the family.

9.C CONTENT

Response Status

The PROXY screen will appear for each family member 17 years of age and older to establish his or her presence during the interview. This question helps determine how much of the interview data was collected by self-response.

-PROXY- FR: Mark first category that applies for John Smith.

- (1) Present for all questions
- (2) Present for some questions
- (3) Not present

Name Identification

The NCNAM or nickname screen allows us to collect other names by which a person may identify him/herself. This data will aid in locating a person for a follow-up survey.

-NCNAM- Does John Smith usually go by another first name?

- (1) Yes
- (2) No

FATHNAM collects the fathers' name for each male family member as well as those female family members who have never been married. MAIDNAM appears for all females who are currently married, or have ever been married. In most cases, a woman's maiden name will be the same as her father's name. The instruction to enter (S) for same last name applies only to the last name filled into the question, not to names entered on any previous screen. If the father's last name differs in any way, you must retype it. This information is especially useful in tracking persons who come from families experiencing divorce, remarriage or single parenthood.

-FATHNAM- What is John Smith's FATHER'S last name?

- (S) Same as **current** last name (displayed above)

-MAIDNAM- What is Mary Smith's maiden name?

- (S) Same as **current** last name (displayed above)

Social Security Number

SSN - It is required by the sponsor of the survey that the introduction to the SSN screen be read. Read it the first time you ask the question for a particular family. If you are asked for the legal authority for collecting Social Security Number, cite the title and section of the United States Code as printed on the screen. If you are questioned as to the need for obtaining the number, reread the introductory statement.

If you are given more than one number, record the first 9 digit number the respondent mentions. If the number has more than 9 digits, record only the first 9 digits. Do not record alphabetic prefixes

or suffixes. If anything other than one standard 9 digit number is reported, enter the extra information in an F7 note to the SSN screen.

Enter N if the person does not have a Social Security number. This may be common among children under 1 who have not yet received their number. If you enter D for Don't Know or R for refused, you will be asked if you have been able to convince the respondent to give you the number. A Yes response will return you to SSN where you may enter the number. If the answer is No, you will simply proceed with the interview.

-SSN- FR: READ TO RESPONDENT(S):

We also need John Smith's Social Security Number. The National Center for Health Statistics will use John Smith's Social Security Number to conduct health-related research by linking your survey data with vital statistics and other records. We may also use it if we need to recontact you or your family. Except for these purposes, the National Center for Health Statistics will not release John Smith's Social Security Number to anyone, including any government agency. Providing this information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on John Smith's benefits if you do not provide it.

FR: READ IF NECESSARY: The Public Health Service Act is title 42, United States Code, section 242k.

What is John Smith's Social Security Number?

FR: Enter (N) if no Social Security Number.

____-____-____

After recording a Social Security number, you will then be asked if this information was obtained from memory or from records, that is from a Social Security Card, bank or employment record, or some other document. You will also collect SSNPROXY which will determine if the Social Security Number was obtained by self-response or by proxy and the mode by which it was obtained - in person or by telephone.

-SSNPRXY- FR: SELECT ONE CATEGORY BELOW TO INDICATE REPORTING OF SOCIAL SECURITY NUMBER

- (1) Self - in person
- (2) Self - telephone
- (3) Proxy - in person
- (4) Proxy - telephone

It is of particular importance that each person's Social Security Number is correct, therefore, you should use a reasonable amount of effort to obtain it. If the respondent does not have this information, refuses, or is unsure of the number for another person, ask to call back and indicate this an F7 note to the SSN screen. It is not required that you contact the person directly on the callback. In fact, unless the person has to be contacted for some other reason, make arrangements with the family respondent to call him/her back for the number. If someone other than the family respondent is contacted for missing numbers, use the "Telephone Callback Introduction" in the HIS-501(C) Flashcard and Information Booklet (CAPI) to introduce yourself.

Telephone and Intent to Move Questions

The next set of questions collect additional telephone and intent to move information. This data will also aid in locating a person and/or family for a follow-up survey.

-RECINTRO-

The United States Public Health Service may wish to contact you again to obtain additional health related information.

ENTER (P) TO PROCEED

TELECHK allows you to verify that the telephone number collected earlier in the interview is the correct one for this family. If this is not the correct number, a screen will appear in which to enter the correct one.

-TELECHK-

Earlier I recorded the telephone number as (111)223-3333.
Is this your telephone number?

- (1) Yes
- (2) No

TELEST collects information on how the telephone number is listed in the telephone directory or even if it is listed. You should also determine the relationship to the family reference person of the person in whose name the telephone number is listed in the telephone directory. Record any other information about the telephone listing which the respondent volunteers to you verbatim.

-TELST-

How is this phone number listed in the telephone directory?
(What is the relationship of the person listed in the telephone directory to John Smith?)

FR: SPECIFY NAME, RELATIONSHIP AND/OR OTHER VERBATIM RESPONSE. RECORD UP TO FOUR LINES OF INFORMATION. ENTER (N) WHEN ALL ENTRIES HAVE BEEN MADE.

The questions about the family's intent to move are the next three questions (if the answer to the first one is "yes"). The question on the MOVE screen asks if they expect to move in the next year and the next screen, MVTIME, asks when that will happen. If the respondent gives an answer that is actually more than a year from the time of the interview, just go ahead and enter the month and year in the MVTIME screen. If the answer is outside of the range that is allowed in the instrument, you will see an appropriate message on your screen.

-MOVE-

Do you expect to move at any time in the next year?

(1) Yes

(2) No

-MVTIME-

Approximately when do you think that will happen?

FR: PROBE FOR MONTH AND YEAR.

Month: Year:

MVINFO collects information on where the family expects to move. Try to get as much detail as possible, such as location or specific address if possible. Record up to four lines of address information which the respondent volunteers to you.

-MVINFO-

Where do you expect to move?

**FR: PROBE FOR AS MUCH DETAIL AS RESPONDENT CAN PROVIDE
-- LOCATION, SPECIFIC ADDRESS IF POSSIBLE (STREET ADDRESS,
APT#, CITY, STATE, ZIP). RECORD UP TO FOUR LINES OF ADDRESS
INFORMATION. ENTER (N) WHEN ALL ENTRIES HAVE BEEN MADE.**

(N) Nothing/No more notes

Contact Person

The next set of questions collect Contact Person information to assist in contacting the family if a follow-up survey is conducted at a later time and the family respondent has moved or proves difficult to contact.

Read the introductory statement to the family respondent to explain the purpose of the question. We are attempting to collect names, phone numbers and addresses for two Contact Persons.

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

If the respondent is reluctant to give this information, explain how it can save the taxpayers money if, at a later date, the family moves or proves difficult to contact.

-CPNAME1-

Please give me the names, addresses, and telephone numbers of TWO relatives or friends who would know where you could be reached in case we have trouble reaching you.

Please give me the names of persons not currently living in the household.

FIRST CONTACT PERSON'S NAME:

First Name:

Middle Initial:

Last Name:

Enter as complete a name as possible using the same rules you applied when entering the household members. The Contact Persons do not need to be related to the sample family, but should have knowledge of the family's whereabouts. Collect as complete an address and telephone number for each Contact Person as possible, including trailer site numbers and house or apartment numbers if applicable. You will also collect the Contact Person's telephone number and his or her relationship to the family reference person.

-CP1ADDR- What is this person's address?

FR: READ IF NECESSARY: If there is more than one address, please give us the address used most often.

(H) (At STATE only)

ADDRESS1:

ADDRESS2:

CITY:

STATE:

ZIP CODE:

-CP1TELNO-

What is this person's telephone number, beginning with the area code?

FR: ENTER THE AREA CODE AND THE NUMBER OR ENTER (N) IF NO PHONE.

Phone Number: () -

Extension:

-CP1REL-

What is the relationship of this contact person to John Smith?

- (1) Spouse (Husband or wife)/ex-spouse not living in HH
- (2) Unmarried partner not living in HH
- (3) Child
- (4) Grandchild
- (5) Parent (mother or father)
- (6) Brother or sister
- (7) Grandparent
- (8) Other relative
- (9) Legal Guardian
- (10) Friend
- (11) Co-worker
- (12) Neighbor
- (13) Other

If the respondent refuses any part of the Contact Person's name, enter R for refused. If the respondent refuses to provide any Contact Person information, enter R in the first, middle and last name fields of the name screen. This will skip you past the remaining Contact person questions and will take you to the last question in the Recontact section.

The question on the CINFO screen helps you determine the best time to recontact this family if it is necessary. It will also be helpful for contacting the family if they are part of any other health survey in the future.

-CINFO-

If we need to contact you again, when are the best times to call or visit?

FR: PROBE FOR DETAIL (FOR EXAMPLE EVENINGS, WEEKENDS, WORK TELEPHONE NUMBER, ETC.). RECORD UP TO FOUR LINES OF INFORMATION. ENTER (N) WHEN ALL ENTRIES HAVE BEEN MADE.

After this screen has been answered, if this is a single family household, you will be taken to Back section of the instrument to exit the interview. If this is a multiple family household, you will be taken to the FAMINT screen in the Household Composition section of the instrument to try to interview another family. If there is no one else available to interview, you will indicate this on the FAMINT screen and be taken to the BACK section to exit the interview.

PART C - THE NHIS INSTRUMENT

CHAPTER 10. CANCER TOPICAL MODULE

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PART C, CHAPTER 10 CANCER TOPICAL MODULE

10.A BACKGROUND & PURPOSE

For the year 2000, we have included the Cancer Topical Module in the Sample Adult Module.

1. Purpose of the Cancer Topical Module

The purpose of the Cancer Topical Module is to assess progress in the prevention and control of cancer in the United States (US) population.

2. Background information

For the year 2000, we will field the Cancer Topical Module, which is primarily sponsored by the National Cancer Institute (NCI). This topical module is not new to the NHIS.

In 1987, the National Cancer Institute contracted with the NCHS to collect data on cancer risk factors, screening, knowledge, attitudes, and beliefs from the Sample Adult in the NHIS. With some changes to include new subject areas and to improve data quality, the Cancer Topical Module was conducted again in 1992.

For the year 2000, we have made every effort to maintain consistency with the questions that were asked in 1987 and 1992 in order to track trends over time. Thus, most of the Cancer Topical Module questions are the same or very similar to the questions previously asked in the 1987 and 1992 Cancer Topical Modules and the 1998 Prevention Topical Module.

10B. GENERAL PROCEDURES

This topical module will be asked of the Sample Adult **only**.

NOTE: You will **not** ask these questions for the Sample Child or of any other adults in the family.

You will ask the Sample Adult questions:

1. CORE Sample Adult questions

2. Cancer Topical Module Sample Adult questions
3. More CORE Sample Adult questions

The transition through the different sections of the Sample Adult Module will be transparent to you. The instrument will automatically take you to the next appropriate question.

The Cancer Topical Module will take approximately 20 minutes for you to administer.

If the Sample Adult considers himself/herself to be Hispanic or Latino (NATOR=1), the instrument will begin the Cancer Topical Module with the Hispanic Acculturation questions; then, continue with the Diet & Nutrition questions. Otherwise, the instrument will begin the Cancer Topical Module with the Diet & Nutrition questions.

10C. CANCER TOPICAL MODULE OUTLINE

There are 7 sections of the Cancer Topical Module:

1. Hispanic Acculturation
2. Diet & Nutrition
3. Physical Activity
4. Tobacco
5. Cancer Screening
6. Genetic Testing
7. Family History

Listed below is the detailed 2000 Production Cancer Topical Module outline.

1. **Hispanic Acculturation**

Sample Person=Hispanic Origin (In CORE, NATOR=1)

A. Sample Person's Language Information

1. Speak in general
2. Language used as child
3. Language read
4. Usually speak at home
5. Usually speak with friends
6. Usually think in
7. T.V. program language
8. Radio program language

B. Sample Person's Parents' Place of Birth

2. **Diet and Nutrition**

Sample Person regardless of Hispanic Origin

A. Foods Sample Person Ate or Drank

Cold cereals, milk, bacon, hot dogs, bread, juice, fruit, salad dressing, salad, fries, potatoes, beans, vegetables, pasta, nuts, & chips

B. Vitamins & Dietary Supplements

MULTI-vitamins, vitamin A, vitamin C, vitamin D, calcium, herbal supplements

C. Doctor or Health Professional talked about diet & eating habits

3. Physical Activity

A. Sample Person's Amount of Physical Activity

Walking, biking, daily activities, lifting, weekday & weekend sitting activities

B. Doctor or Health Professional recommend exercise or physical activity

4. Tobacco

A. Smoker or Used to Smoke

Low tar & nicotine cigarette, quitting

B. Sample Person regardless of smoking status

1. Ever smoked/used pipe, cigar, bidi, snuff, chewing tobacco

2. Anyone smoked in Sample Person's home

3. Workplace related smoking

4. Sample Person's opinion

5. Cancer Screening

A. Cancer Prevention related to sun exposure--Females & Males

B. Skin Cancer screening--Females & Males

1. Ever had exam

2. Most recent exam

3. Reason for exam

C. Prostate Cancer screening--40+ Males only

1. Ever heard of PSA test
2. Ever had exam
3. First PSA test
4. How many in last 5 years
5. Most recent test
6. Reason for test
7. Who suggested test & discussed advantages/disadvantages of test
8. Ever test results NOT normal
9. Abnormal results related followup questions

D. Female related questions--Females only

1. First menstrual cycle
2. Birth control pill use
3. Births

E. Pap Smear screening--Females only

1. Ever had exam
2. Had in last 6 years
3. Most recent exam
4. Reason for exam
5. Ever exam results NOT normal
6. Abnormal results related followup questions
7. If Never had/not had exam in last 3 years & if doctor health professional recommended an exam in past year

F. Hysterectomy--Females only

1. Ever had hysterectomy
2. When

G. Mammogram screening--30+ Females only

1. Ever had exam
2. When had first one
3. How many in last 6 years
4. Most recent exam
5. Where
6. Cost/payment for exam
7. Reason for exam
8. Ever exam results NOT normal
9. Abnormal results related followup questions

10. Noncancerous lump removal operation questions
 11. If Never had/not had exam in last 2 years & if doctor health professional recommended an exam in past year
 12. Use of female related medications
- H. Breast exams--30+ Females only
1. Ever had exam
 2. Most recent exam
- I. Sigmoidoscopy, colonoscopy, proctoscopy--Age=40+ Females & Males
1. Ever had colorectal exam
 2. Had in last 10 years
 3. Most recent exam
 4. Which one--sigmoidoscopy, colonoscopy, proctoscopy
 5. Reason for exam
 6. If Never had/not had exam in last 10 years & if doctor health professional recommended an exam in past year
- J. Home blood stool or occult blood tests--Age=40+ Females & Males
1. Ever had exam
 2. Had in last 3 years
 3. Most recent exam
 4. Reason for exam
 5. Ever exam results NOT normal
 6. Abnormal results related followup questions

7. If Never had/not had exam in past year & if doctor health professional recommended an exam in past year
- K. Doctor's/health professional's office blood stool test--Age=40+ Females & Males
 1. Ever had exam
 2. Most recent exam

6. Genetic Testing

- A. Genetic testing
- B. Perceived cancer risk
- C. Genetic counseling
- D. Perceived affect of genetic test results on health insurance
- E. Perceived amount of cancer in family

7. Family History

- A. Biological Father's History of Cancer
 1. Types of cancer
 2. Was Biological Father under age 50 when diagnosed with each kind of cancer?
- B. Biological Mother's History of Cancer
 1. Types of cancer
 2. Was Biological Mother under age 50 when diagnosed with each kind of cancer?
- C. Full Brothers' History of Cancer
 1. Total number of Full Brothers
 2. Number of Full Brothers with cancer of any kind
 3. Types of cancer

4. For each type of cancer--
 - a. Number of Full Brothers with that type of cancer
 - b. Full Brother(s) with that type of cancer under age 50 when first diagnosed?
- D. Full Sisters' History of Cancer
1. Total number of Full Sisters
 2. Number of Full Sisters with cancer of any kind
 3. Types of cancer
 4. For each type of cancer--
 - a. Number of Full Sisters with that type of cancer
 - b. Full Sister(s) with that type of cancer under age 50 when first diagnosed?
- E. Biological Sons' History of Cancer
1. Total number of Biological Sons
 2. Number of Biological Sons with cancer of any kind
 3. Types of cancer
 4. For each type of cancer--
 - a. Number of Biological Sons with that type of cancer
 - b. Biological Son(s) with that type of cancer under age 50 when first diagnosed?
- F. Biological Daughters' History of Cancer
1. Total number of Biological Daughters
 2. Number of Biological Daughters with cancer of any kind
 3. Types of cancer

4. For each type of cancer--
 - a. Number of Biological Daughters with that type of cancer
 - b. Biological Daughter(s) with that type of cancer under age 50 when first diagnosed?

Instrument continues Interview with CORE Sample Adult Questions

10.D GENERAL INSTRUCTIONS

1. Using "Other" Category

If the Sample Adult gives an answer that is not exactly what was listed, try to pick the response category that is most similar to the answer given if possible. Only use the "other" category if none of the answers are at all similar.

2. Sample Adult Unsure of Answer

If the Sample Adult is not sure, probe.

10.E HISPANIC ACCULTURATION

Respondent:

Adult sample person, who has **also** indicated Hispanic or Latino ethnic origin in the core questionnaire. The information in this section is obtained by self-report and in most circumstances, not by proxy.

Purpose:

This section is administered only to respondents who say they have some Hispanic or Latino ancestry, when asked about the Hispanic ethnic groups in the core questionnaire. It is based on a scale developed by Mexican American researchers and asks about the use of Spanish and English in daily life. Along with questions about country of birth from the core, it helps identify the degree of acculturation of the Hispanic population with the English speaking majority. We can assess the relationship between acculturation status and knowledge and attitudes about cancer risks and prevention. It will also help us to target sources of information about cancer and cancer risk factors to the growing Spanish-speaking population in the United States.

General Instructions:

In responding to questions on how often the respondent uses English or Spanish,

If: The respondent says “only a little”, or gives an answer that does not fit one of the response categories,

Then: Probe: “Please pick the closest answer you can”.

You will notice that there are several different flashcards for this section. That is because the answers, while similar, are different for each card. Please be sure you use the right flash card for each question.

Specific Instructions:

SPSPEAK: “In general which language do you speak?”

and **SPCHILD** “Which language did you use as a child?”

If: The respondent picks “other language” for speaking as both an adult and a child,

Then: CAPI will skip him or her out of the rest of the Hispanic Acculturation section.

The original questions were developed by Mexican-American researchers whose test populations spoke English or Spanish. But other languages are spoken in some Hispanic countries such as: Portuguese in Brazil, German in Argentina, or French in the Caribbean. If the respondent spoke mainly another language as a child and as an adult, it did not make sense to keep asking about the ratio of English to Spanish in his or her usual activities.

10F. DIET & NUTRITION**Respondent:**

Adult sample person only. The information in this section is obtained by self-report and in most circumstances, not by proxy.

Introduction:

To obtain information on diet and nutrition, including selected foods and dietary supplements. Nutrition is believed to play some part in increasing or decreasing a person’s chances of getting cancer. There are two main sections: 1) diet 2) vitamin, mineral and herbal supplements.

General Instructions:

In responding to a question on how often the respondent eats a food, if he/she says something general, such as, “every once in a while”, or “not too often”, probe with “Would you say that was once or twice last month, or more often than that.”

When one question mentions several kinds of foods, the response should be given in terms of ALL the foods in that category. For example, in **CHIPS**, if the SP eats potato chips twice a week, and tortilla chips twice a month, you could calculate a combined intake of about 10 times a month. Verify the frequency with respondent before recording it.

DIET**Purpose:**

This section asks respondents how often they eat fruits, vegetables, and some other indicator foods for a high-fat and low-fiber diet.

Uses:

It is recommended that people eat at least five fruits and vegetables per day, reduce fat intake, and increase fiber intake to reduce the risk of getting cancer and other major diseases. This information will help us assess whether people are generally following that recommendation, by age, race/ethnicity and sex. The data will help track dietary intake and target groups needing more effective campaigns on good diet.

Definitions:

Milk: For **MILK** and **MILKKN**, do not include small amounts of milk in coffee or tea, or foods made with milk, such as custards, sauces, or puddings.

Bacon: **BACON** and sausage are meat products. Do not include vegetarian substitutes.

Hot Dogs: **HTDOG** includes frankfurters made from beef, pork, veal, etc. and half-smokes and sausages other than breakfast sausage. Do not include turkey and chicken hotdogs.

Green Leafy Salad: **SALAD** includes all salads with lettuce or other greens, (and can include other vegetables).

French Fries or Fried Potatoes: **FRIES** includes hash browns, home fries, and other pan-fried potatoes.

Other Vegetables: **OVEG** includes vegetables other than lettuce salads, white potatoes, and cooked dried beans. It includes any form of other vegetables -- cooked, raw, canned or frozen. We do not include rice with "other vegetables".

Pasta: **PASTA** includes spaghetti, noodles, macaroni and cheese, pasta salad, tortellini, manicotti, lasagna, rice noodles, soba, and other kinds of noodles and pasta.

Nuts: **PNUT** includes peanuts, walnuts, seeds, or other nuts. DO NOT include peanut butter, other nut butters, soy nuts, or nuts in cakes, cookies and pastries.

Chips: **CHIPS** Includes regular fat potato chips, tortilla chips, or corn chips. DO NOT include non-fat baked chips. Salt content does not matter.

VITAMIN, MINERAL AND HERBAL SUPPLEMENTS

Purpose:

Vitamin and mineral dietary supplements currently provide a significant source of nutrients in the American diet. The purpose is to determine the use of certain vitamin, mineral, and herbal supplements in the U.S. population.

Uses:

The data will be used to measure trends in the use of supplements because these questions are the same as in 1987 and 1992. We have added a new question on herbal supplements because of their growing use.

General Instructions:

If respondent takes multivitamins, do not include those vitamins or minerals in answering the question about individual vitamins or minerals.

Definitions:

Multivitamins: **VITMUL**. Accept whatever the SP reports; for example, "CVS Multiple Vitamins," or "One-a-Day Stress Tabs." However, taking a combination of separate vitamins, such as a Vitamin A tablet and Vitamin C tablet would **not** be considered as taking multiple vitamins.

The ways in which nutrients can be combined into pill form is almost infinite. Any combination of three or more vitamins and minerals should be included in the multivitamin category. Combinations labeled as "stress" or "antioxidant" supplements are common and should be included as multivitamins. Do not include combinations of just two nutrients (such as calcium with vitamin D) or combinations of herbal or botanical substances.

Specific Instructions:

VITMUL: “During the PAST 12 MONTHS, did you take any MULTI-VITAMINS . . .?”

If: The respondent says: “I take anti-oxident pills” or “I take a memory supplement”,
Then: Ask to see the bottle label if possible. If there are just two vitamins or minerals (such as calcium and Vitamin D), the pill does not count as a multi-vitamin. If there are three or more vitamins and minerals, it counts as a multi-vitamin. Do not include any herbal substances (such as ginkgo biloba or ginseng) when you count nutrients.

10G. PHYSICAL ACTIVITY**Respondent:**

Adult sample person only. The information in this section is obtained by self-report and in most circumstances, not by proxy.

Purpose:

Complete assessment of physical activity includes activity performed as part of transportation; occupation or other daily activities; as well as exercise, sports and physically active hobbies done in leisure time. Additional information can be gained by assessing amount of time spent being inactive or sedentary. The questions in this section supplement the questions on the NHIS Core that assess exercise, sports, and physically active hobbies done in leisure time. Although not as quantitative as the questions in the Core, the information from these questions will help prevent misclassification of someone with a strenuous occupation who is too tired to exercise after work as a sedentary person.

Uses:

To provide individual and group estimates of levels of physical activity and allow evaluation among physical activity and other protective/risk factors.

Definitions:

DAILY activities: **MOVE1** and **LIFT:** Daily activities may include work, housework if you are a homemaker, going to and attending classes if you are a student, and what you normally do throughout a typical day if you are retired or unemployed.

Weekday: **SIT@WDAY:** For respondents with atypical work schedules, “weekdays” refers to work days.

Weekend: **SIT@WEND:** Similarly, “Weekend” refers to days off, not necessarily Saturday and Sunday

Specific instructions

MOVE1: “Which of the following BEST describes your usual daily activities related to moving around?”

Among the answer categories: “Or LIE DOWN” is intended only for a bedridden respondent who is unable to sit up. This parenthetical response should not be read to most respondents.

If: The respondent is bedridden, and unable to sit up,
Then: Include the parenthetical expression “lie down” in the “SIT” category

If: The respondent is NOT bedridden,
Then: Do NOT include the parenthetical expression “lie down” in the “SIT” category

If: The respondent indicates that the amount of movement varies,
Then: Probe “Please pick the category that describes what you do most of the time”.

LIFT: “Which of the following BEST describes your usual daily activities related to lifting or carrying things?”

It is up to the respondent to decide whether the lifting he or she does is light, moderate, or heavy. There are no standardized objective weight criteria to provide them with.

If: The respondent says: “The amount of lifting varies”,
Then: Probe “Please pick the category that describes what you do most of the time”.

SIT@WDAY and SIT@WEND: “. . . how many hours do you spend during the (weekdays/weekend) sitting?”

For people who are clearly bedridden only, the FR instructions include “waking hours lying down”. We are not at all interested in the number of hours spent sleeping.

10H. TOBACCO

Respondent:

Adult sample person only. The information in this section is obtained by self-report and in most circumstances, not by proxy.

Introduction:

Tobacco use is the major risk factor in for development of lung cancer and oral cancer, and contributes to the development of several other cancers and diseases. The Tobacco section covers four aspects of tobacco use: 1)cigarette smokers' quit methods and intentions, 2)other tobacco products including pipes, cigars, snuff, and chewing tobacco, 3)environmental tobacco smoke, 4)workplace smoking policies, 5)attitudes toward smoking. We will cover each section in turn.

General Instructions:

In any of the questions asking for a number, such as “how many times” or “how many days” always probe for an exact number. If respondent reports a range or interval, assist in making an exact estimate. For example, you might ask “Could you give me a more exact number?”

CIGARETTE SMOKING**Purpose:**

In the adult section of the core questionnaires, respondents were separated into four categories according to their experience with cigarette smoking: “non-smokers”, “former smokers”, “current every day smokers”, “current some days smokers”. The purpose of this section is to ask some follow up questions about cigarette smoking, as appropriate to the respondent's category.

- o Non-smokers are defined as those who do not smoke now and who have not smoked at least 100 cigarettes in their entire lives. They skip out of this section and go to the questions on physician advice and on “other tobacco use”.
- o Former smokers are asked if they had used or switched to low tar or low nicotine cigarettes; the methods used to quit; and how many times they had tried to quit. This will help us understand which people are most likely to quit, and which methods the respondents thought were most effective in helping them quit.
- o Current every day smokers are asked if they had used or switched to low tar or low nicotine cigarettes; if they had ever tried to quit smoking; if so, how many times they had tried to quit; the methods used in the last quit attempt; and intent to quit during the next 6 months and next 30 days.
- o Current some days smokers are asked if they had used or switched to low tar or low nicotine cigarettes; if they had ever tried to quit smoking; if so, how many times they had tried to quit; the methods used in the last quit attempt; and intent to quit during the next 6 months and next 30 days.

Uses:

These answers will be compared with data from 1992 to assess trends in starting and stopping cigarette smoking, and to target quit smoking programs by age, race and sex. The information on behavior and attitudes can be used to assess the effectiveness of current quit smoking campaigns and to help to develop new ones. They will also contribute follow up information to use in evaluating the effectiveness of the "ASSIST" program, and will be useful in future planning.

Definitions:

Cigarette: Whatever the respondent reports, except cigars of any kind, or marijuana.

One day or longer: 24 hours or more.

Trying to quit smoking: The respondent intended to quit smoking, and did not just skip a day when sick, or because cigarettes were unavailable.

Cold Turkey: This quit method can mean "without assistance" or "abruptly". It is likely that most people include both meanings.

Stop smoking clinic or program: This quit method implies trying to quit along with a group of people, as contrasted with "one on one counseling."

Lower tar or nicotine cigarette: Respondent defined.

Specific Instructions:

FSQUITN and CSQ12: For former and current smokers, "In your whole life . . . how many times did you stop smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?"

If: The respondent has quit "hundreds" or "thousands" of times,

Then: Type "95"

OTHER TOBACCO USE:**Purpose:**

To assess the extent of pipe and cigar smoking, as well as the prevalence of smokeless tobacco use.

Uses:

The information on behavior and attitudes can be used to assess motivations behind current trends, assess the effectiveness of current anti-smoking campaigns, and target new ones by age and sex.

Definitions:

Past 12 months: During the 12 months before the date of this interview. It is meant to help the respondents think of the year as a 12 month time period, not the calendar designation of 1999.

Cigars: Include small, thin cigars that are wrapped in tobacco leaf rather than paper. In English, that includes the little cigars called “cigarillos”. In Spanish, cigars are called “cigaros”, “puritos”, or “chicos”, but do not include “cigarillos de papel” because that means cigarettes. They can be made by machine or hand-rolled.

Bidis: Flavored cigarettes from India, recently popular in the United States..

Used Snuff: Includes sniffing snuff or placing it in the mouth.

Used Chewing Tobacco: Includes chewing the tobacco or just placing it in the mouth.

Specific Instructions:

MDTOB1: “. . . has a medical doctor .. ASKED you about whether you smoke cigarettes or use other kinds of tobacco?”

and

MDTOB2: “. . . has a medical doctor .. ADVISED you to quit smoking or using other kinds of tobacco?”

These two questions help assess the impact that physicians can have on smoking behavior. Everyone who has seen a medical doctor in the past 12 months is asked the first question. Only current smokers, or those who have quit in the past year are asked the second one.

If: The respondent says “you just asked me that”

Then: Emphasize the differences between the two questions.

EV@CIGAR: “Have you ever smoked a cigar?”

If: The respondent asks in English, “does that include cigarillos”

Then: It **does**. Ask the question again to see if he has ever smoked cigars.

If: The respondent asks in Spanish, “does that include cigarillos”

Then: It does **not**. Ask the question again to see if he has ever smoked cigars.

ENVIRONMENTAL TOBACCO SMOKE:

Purpose:

In conjunction with information from the core, this section can be used to assess the effect of environmental tobacco smoke (passive smoking) on the health of other members of the household.

Uses:

This information can be used to develop better anti-smoking campaigns.

Definitions:

Anyone: Any person, including those who live in the house and those who visit.

Anywhere inside the house: Do not include outside entryways.

Specific Instructions:

SMHOME: “During the past week, how many days did ANYONE smoke cigarettes, cigars, or pipes ANYWHERE INSIDE your home?”

If: The respondent asks, “Does that include my mother? She drops by almost every day, but she does not live here.”

Then: Say “Yes, she is included. How many days did ANYONE . . .”

If: The respondent asks, “Does that include me?”

Then: Say “Yes, you are included. How many days did ANYONE . . .”

WORKPLACE SMOKING:

Purpose:

To assess the respondent’s perception of workplace smoking policies.

Uses:

To measure progress towards goals of eliminating smoking in the workplace.

Definitions:

Area in which you work: For **AREAWRK**, “area” covers a very general location, such as indoors, outdoors, different buildings, etc. Because smoking policies generally cover specific kinds of indoor areas, the respondent is skipped out of the questions on workplace smoking policy if he works outdoors, in several areas, or travels, because one smoking policy will probably not cover such a variable situation.

Your work area: For **SMAREA**, respondent defined, but generally a smaller, or more enclosed area than in the previous question, such as a work station, cubicle, or office, where the respondent might be affected if someone smoked.

Your employer: For **SMPOLP**, this includes the building owner, if the employer rents space in a building where the building owner sets policies for lobbies, lunch rooms, convenience stores, etc.

Specific Instructions:

AREAWRK: “Which of these BEST describes the Areas in which you work most of the time?”

If: The respondent works in two or more different locations

Then: Pick the one where he works more than half of the time.

Attitudes Toward Smoking:

Purpose:

To assess the respondent’s perception of environmental tobacco smoke and programs to prevent smoking in young people.

Uses:

To gain more information about how people feel about smoking and smoke in public places, and smoking by young people, to better target anti-smoking campaigns.

Definitions:

Indoor Public Places: includes lobbies, rest rooms, malls, stores.

Specific Instructions:

INCR150: “To help prevent smoking in young people, the price of cigarettes should be increased by at least \$1.50 per pack.”

This question was added because research has shown that increasing the price of cigarettes decreases the likelihood that young people will buy cigarettes.

If: The respondent says “I don’t think the increase in price will go programs to prevent smoking in young people.”

Then: Say, “If it would, do you think the price of cigarettes should be increased by at least \$1.50 per pack?”

- If: The respondent says, “I smoke cigarettes, and I don’t want the price of cigarettes to increase for me.”
- Then: Say, taking everything into account, and thinking of the young people . . . (repeat the question)

10.I CANCER SCREENING

Respondent:

Adult sample person only. The information in this section is obtained by self-report and in most circumstances, not by proxy.

Sponsors:

National Institutes of Health (NIH), National Cancer Institute (NCI), Division of Cancer Control and Population Sciences (DCCPS); and Centers for Disease Control and Prevention (CDC) , National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Cancer Prevention and Control (DCPC).

Introduction:

For many cancers, adopting protective behaviors and undergoing regular cancer screening examinations and tests are the best tools we have for reducing the burden of cancer through prevention and early detection. We cover some practices that are known to reduce mortality from cancer, and some for which evidence of effectiveness is not available. The Cancer Screening section covers six topics: 1)sun protection behaviors, 2)skin cancer screening 3)cervical cancer screening, 4)breast cancer screening, 5)prostate cancer screening, 6)colorectal cancer screening. We will cover each section in turn.

Sun Protection Behaviors

Purpose:

To determine the sun protection practices in the population. Exposure to the sun’s ultraviolet (UV) rays appears to be the most important factor in the development of skin cancer. Thus, skin cancer is largely preventable when sun protection behaviors are consistently used.

Uses:

This information allows for monitoring changes in sun protection behaviors in comparison with earlier NHIS surveys. It also allows for comparisons among subgroups of the population and to examine factors that may influence sun avoidance practices. Together, this information will be useful in developing public health and health services programs to increase effective avoidance of exposure to the sun.

Definitions:

Hat: **SUN1@HAT**: Include all wide-brimmed hat that shades the face, ears and neck. Do not include visors, baseball caps, or hats that do not shade the ears and neck. Not all hats do not do an equal job of protecting your skin, especially some of the most sensitive parts that are likely to get burned such as the ears and necks. We want to get an idea of how many people wear hats that adequately protect them from the sun.

Protective clothing: **SUN1HR**: Any clothing that protects the skin by blocking the sun.

SPF (Sun Protection Factor): **SPF**: Sunscreens are rated according to their effectiveness in offering protection from ultraviolet (sun's) rays and then are assigned a Sun Protection Factor (SPF) number. Higher numbers indicate more protection, but after a certain point (SPF 15), the extra amount of protection afforded by a higher number is not substantial.

Sunburn: **SUN1HR** and **NBURN**: By "sunburn" we mean your skin turns pink or red or hurts for 12 hours or more. As sunburn can include hurting, peeling, and blistering, it also applies to darker skin. If asked how much skin needs to be burned, include "a burn on even a small part of your body" such as the nose or the ears.

Sunscreen: **SUN1HR** and **SUN@SCR**: Sunscreens protect from too much sunlight which can cause sunburns. Sunscreens help to prevent other problems related to sun exposure, such as aging skin and precancerous growths. Sunscreens currently come in a variety of forms (such as gels, lotions, and sprays, and sticks).

Specific Instructions:

SUN1HR: "After several months of not being in the sun . . . for an hour, which one of these things would happen to your skin"

This is the first of two hypothetical questions about sun sensitivity, how the skin reacts to being out in the sun for one hour if the person has not been the sun for several months. It helps determine the risk of skin cancer. The respondent should have an idea of what typically happens to his/her skin in the sun based on past experiences. You might want to use summer or warmer weather as a reference. Then if respondent still can't answer, you might want to suggest using childhood experience as a reference. Do NOT read the answer "do not go out in the sun".

If: Respondent say he/she does **not** go out in the sun,

Then: Probe “What would happen if you did?” or “What happened when you went out in the sun when you were a child?” Mark “do not go out in the sun” only if after probing, the respondent will not give any other answer.

SUNTAN: “If you were out in the sun for a long repeatedly . . . which one of these things would happen to your skin.”

This is second of two hypothetical questions about sun sensitivity, how the skin reacts to being out in the sun repeatedly. It also helps determine the risk of skin cancer. The respondent should have an idea of what typically happens to his/her skin in the sun based on past experiences. The respondent should have an idea of what typically happens to his or her skin in the sun based on past experience, warm weather, or childhood. Do NOT read the answer “do not go out in the sun”, and mark only if after probing, the respondent will not give any other answer.

If: Respondent say he/she does **not** go out in the sun,
Then: Probe “What would happen if you did?” Mark “do not go out in the sun” only if after probing, the respondent will not give any other answer.”

The next screen of questions look at actual behavior -- what people do to protect their skin from the sun.

SUN: “When you go outside on a very sunny day, for MORE than one hour, how often do you . . .”

If: Respondent say he/she does **not** go out in the sun,
Then: Probe “What would happen if you did? ‘

NBURN: “How many times in the PAST YEAR have you had a sunburn?”

If: The respondent wants to know what you mean by “sunburn”.
Then: Mention that with a sunburn, the skin turns pink, red, or hurts, all for 12 hours or more.

SPF: “What is the SPF number of the sunscreen you use MOST often?”

If: Respondent uses more than 1 kind, or uses them for different amounts time,
Then: Probe "Give me the number of the sunscreen you use most often or use the most."

Cancer Screening:

Purpose:

To determine the practices and knowledge of the public with regard to cancer screening practices. This includes practices that are known to reduce mortality from cancer and some for which evidence of effectiveness is not available.

Uses:

This information allows for monitoring changes in screening practices in comparison with earlier NHIS surveys. It also allows for comparisons of practices among subgroups of the population and to examine factors that may influence screening practices. Together, this information will be useful in developing public health and health services programs to increase the use of regular and effective screening.

Definitions:

Cancer: A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissue and can spread through the bloodstream and lymphatic system to other parts of the body. (Definition from the HP2010 objectives).

Cancer screening exam: These exams include a variety of different types of procedures and tests, such as skin cancer screening, Pap smears, mammograms, and fecal occult blood testing. These are provided routinely and regularly for people without symptoms to identify pre-cancerous changes in tissues or to detect cancers in an early stage of development. These pre-cancerous conditions or early cancers can then be treated to reduce the chance that cancer will develop, or to reduce mortality from the cancer. This section includes questions about screening exams that are known to be effective as well as some others that may not be effective but which are commonly used.

For each type of screening exam, we ask “What was the MAIN reason you had this exam?” The following definitions of some of the answers apply to all of the kinds of screening exams:

Specific problem: A problem that the respondent was reporting to a physician for the first time, and was the reason for undergoing the screening exam.

Previous problem: A problem that had already been reported to a doctor, for which this was a follow-up visit.

Routine physical exam: A regular physical examination (such as an annual exam) that was not scheduled because of a specific problem.

Family history:When family members of the respondent have a history of having had that specific cancer, including parents, siblings, children and other relatives related by blood.

General Instructions:

For any of the questions that ask, “What is the **MAIN reason** you had this exam?” (including skin cancer screening, Pap smear, mammogram, PSA test, colorectal screening test, and home blood stool test),

If: The respondent had a problem, but was not sure which reason to pick,
Then: Record the first one she gives, as her initial thought is probably the best option. If she is not sure if it was “a specific gynecological problem” or “follow-up to a previous gynecological problem”, by “SPECIFIC” we mean this visit was the first time she was seeing a physician for this problem. By “PREVIOUS” problem we mean a problem that she had already reported to a doctor at a previous visit and was following up on. The main purpose of this question is to distinguish between a regularly scheduled exam, such as an annual checkup exam, and an exam she has scheduled specifically because of a problem, whether new or already known.

For any of the questions that ask, “**How many** (skin cancer screening, Pap smears, mammograms, PSA tests, colorectal screening tests, and home blood stool tests) have you had in the last (recommended time period)?”

If: The respondent is not sure how many exams he or she has had,
Then: Probe “Give me your best estimate”. An estimate is preferable to no information.

Skin Cancer Screening:

Purpose:

While there is not total agreement on the effectiveness of a skin cancer screening exams, some organizations recommend them for people at risk of developing skin cancer such as people with: fair to light skin complexion; personal history of skin cancer; family history of cancer; chronic exposure to the sun; history of sunburns early in life.

Definitions:

Dermatologist:A medical doctor specializing in skin care and its diseases.

Skin exam: A thorough examination of the skin done by a doctor to detect precancerous or cancerous lesions of the skin.

Cervical Cancer Screening:

Respondent:

Adult females, all ages 18 and over.

Purpose:

In addition to questions on cervical cancer screening, this section includes questions on reproductive health, that are related to breast and ovarian cancer risk. They have been placed here because they flow more naturally with the questions on cervical cancer screening.

Uses:

This information allows for monitoring changes in cervical cancer screening practices in comparison with earlier NHIS surveys. It also allows for comparisons of practices among subgroups of the population and to examine factors that may influence cervical cancer screening. The reproductive health information will let us know the prevalence of risk factors for breast cancer in a national population. Together, this information will be useful in developing public health and health services programs to increase the use of cervical cancer screening in underserved groups.

Definitions:

Live born infant: **BIRTHEV:** An infant born alive.

Pap smear: **PAPHAD:** A routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, sends it to the lab.

Hysterectomy: **PAPNOT, HYST:** A surgical operation in which the uterus is removed. The ovaries and cervix may be removed or left in. Because a woman who has had a hysterectomy might not know the extent of the procedure used, we do not ask for more details on the kind of hysterectomy. These women are still asked the Pap smear questions because a woman who has had a hysterectomy might still have a cervix, and can still get regular Pap smear tests.

Specific Instructions:

MENSTAGE: “How old were you when your periods or menstrual cycles started?”

If: The respondent is not sure how old she was when her periods started,

Then: Probe “Give me your best estimate”. For this and similar questions, while we would prefer the exact answer, an estimate is better than no information.

BC: “Altogether, about how long did you take birth control pills?” This might be difficult for a woman to estimate if she has had several pregnancies or more than one partner.

If: The respondent is not sure how long she has taken birth control pills,
Then: Probe “Give me your best estimate”. An estimate is preferable to no information.

PAP6YR: “How many Pap smears have you had in the LAST 6 YEARS?”

If: The respondent is not sure how many Pap smears she has had,
Then: Probe “Give me your best estimate”. An estimate is preferable to no information.

PAPREAS: “What is the MAIN reason you had this Pap smear?”

If: The respondent is not sure which reason to pick,
Then: Pick the first one she gives, as her initial thought is probably the best option. If she is not sure if it was “a specific gynecological problem” or “follow-up to a previous gynecological problem”, by “SPECIFIC” we mean this visit was the first time she was seeing a physician for this problem. By “PREVIOUS” problem we mean a problem that she had already reported to a doctor at a previous visit and was following up on. The main purpose of this question is to distinguish between a regularly scheduled exam, such as an annual checkup exam, and an exam she has scheduled specifically because of a problem whether new or already known.

PAPNOT: “What is the most important reason you have NOT . . . had a Pap smear . . .”

If: The respondent gives an answer that is not exactly what was listed,
Then: Try to pick response categories that is most similar to the answer given, and only use the “other” category if none of the answers are at all similar. We tried to include all of the reasons that were commonly mentioned in lab and pilot testing. Please keep this in mind when considering choosing the “other” category for the other screening exams also.

HYST: “Have you had a hysterectomy?”

If: The respondent says “I have had a partial hysterectomy”,
Then: Mark “Yes”. A partial hysterectomy counts as a hysterectomy.

Breast Cancer Screening:

Respondent:

Adult female sample person, age 30 and over.

Purpose:

This section includes questions about mammograms and clinical breast exams, which are two of the most common and effective types of breast cancer screening exams. Regular use of these exams in the recommended age groups has been shown to detect cancer early and help prevent morbidity and mortality due to breast cancer. These questions help us to monitor use of breast cancer screening in different racial and ethnic groups of women.

Uses: This information allows for monitoring changes in breast cancer screening practices in comparison with earlier NHIS surveys. It also allows for comparisons of screening among subgroups of the population and to examine factors that may influence not having breast exams done. Together, this information will be useful in developing public health and health services programs to increase use of breast cancer screening in underserved groups.

Definitions:

Mammogram: **MAMHAD:** An x-ray taken only of the breast by a machine that presses against the breast.

The following locations are listed in answer to the question **MAMWHERE:** “Where was this mammogram done?”

Mammogram van: **MAMWHERE:** An independent, mobile van, that travels from place to place, where a mammogram can be done.

Independent X-ray or radiology center: **MAMWHERE:** An X-ray laboratory or radiology center that is free-standing and is not part of a hospital or medical complex.

Clinic/health center: **MAMWHERE:** Includes health centers, private neighborhood health clinics, public health clinics, health clinics at places of work and HMO operated clinics. Also includes outpatient clinics that provide routine, non-emergency medical care. It does not include a hospital, in which a patient is admitted and stays overnight for one night or longer.

Private doctor’s office.: **MAMWHERE:** “An individual office in a doctor’s home or in an office building, or a suite of offices occupied by several doctors. Do not consider a suite offices as a clinic.” (Excerpted from the 1995 FR Manual, Chapter 8, 2-week Doctor Visits.)

Hospital: **MAMWHERE:** A hospital, a medical center where a patient is admitted and stays overnight for one night or longer. Does not include a hospital emergency room, or outpatient clinics that might be located within a medical center.

The following payment sources are listed in answer to the question **MAMP:** “Which of the following sources paid for . . . the cost of this mammogram?”

Private Health Insurance Plan: **MAMP:** Any type of private health insurance (excluding military, federal or state government or other public programs) including Health Maintenance Organizations (HMOs).

Medicare: **MAMP:** Federal health insurance coverage for persons 65+ years of age and certain disabled persons under 65.

Medicaid: **MAMP:** A medical assistance program that provides health care coverage to low income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the states.

Special low-cost program: **MAMLOCST:** Includes special programs funded and organized by state and local health departments, private foundations, the American Cancer Society, or CDC. The participant may or not know if there was a special program providing the mammogram.

The following tests are listed in answer to the question **MAMT**, that is asked of women who have had abnormal results on a mammogram: “Because of these results, what additional tests or surgery did you have?”

Clinical breast exam: **MAMT@CBE:** A breast exam done by a doctor or other health professional to check for lumps or other signs of breast cancer.

Needle biopsy: **MAMT@BIO:** Insertion of a needle through the skin directly into a lump or tumor to remove small pieces to examine under a microscope for evidence of cancer or other disease.

Lumpectomy: **MAMT@TUM:** Removal of a tumor and a limited amount of healthy tissue from the breast by surgery, in order to preserve the breast.

Mastectomy: **MAMT@BRE:** Surgical removal of the entire breast and, often, associated surrounding tissue.

The following tests are listed in answer to the question **MED**: “Are you currently taking any of the following medications?”

Hormone replacement therapy (HRT): **MED@HRT**: Taking a prescription for female hormones after menopause (change of life) to replace those made by the body.

Tamoxifen: **MED@TAMX**: Tamoxifen is, also, known by the Nolvadex brand name. A prescription medication that blocks the activity of estrogen produced by the body. It is often used to treat breast cancer and in recent studies, it has been found to reduce risk of developing breast cancer in women without breast cancer. It also has serious side effects.

Raloxifene: **MED@RALX**: Raloxifene is, also, known by the Evista brand name. A prescription medication that produces some effects similar to estrogen and some effects similar to tamoxifen, currently used to treat or prevent osteoporosis and which is being studied to see if it reduces risk of breast cancer.

Breast exam (also called clinical breast exam)**CBEHAD**: a breast exam done by a doctor or other health professional to check for lumps or other signs of breast cancer. We asked about mammograms first so that women would exclude them when answering the questions about breast exams done by a clinician.

Prostate Cancer Screening:

Respondent:

Adult male sample person, age 40 and over.

Purpose:

This section includes questions about the test for Prostate Specific Antigen (PSA). It is mainly used to monitor changes in PSA levels over time in a given patient. At present, there is not a consensus that PSA screening can help reduce mortality due to prostate cancer, and there is concern about potential harm from treating people unnecessarily as a result of PSA screening, so we are just monitoring its use, including the reasons for having this test done.

Definitions:

Prostate Specific Antigen (PSA). **PSAHRD, PSAHAD:** A test of the level of PSA in the blood test that may indicate the presence of prostate cancer.

The following tests are listed in answer to the question **PSAT**, which is asked of men who have had abnormal results on a PSA exam: “Because of these results, what additional tests or surgery did you have?”

Biopsy: **PSAT@BIO:** Biopsy involves removing examining tissue, cells, or fluids from the patient.

Ultrasound: **PSAT@ULT:** Ultrasound uses high frequency sound waves to produce two-dimensional images to examine the body for abnormalities.

MRI: **PSAT@MRI:** Magnetic resonance imaging is a non-invasive diagnostic technique that uses radio waves to produce computer images of internal body tissues.

Colorectal Cancer Screening:**Respondent:**

Adult sample person, age 40 and over.

Purpose:

This section includes questions about sigmoidoscopy, colonoscopy, and proctoscopy exams, as well as for fecal blood tests done at home or in a doctor’s office. Regular use of these exams in the recommended age groups has been shown to detect cancer early and help prevent morbidity and mortality due to colorectal cancer. These questions help us to monitor use of colorectal cancer screening in different racial and ethnic groups.

Uses:

This information allows for monitoring changes in colorectal cancer screening practices in comparison with earlier NHIS surveys. It also allows for comparisons of screening among subgroups of the population and to examine factors that may influence not having colorectal cancer screening exams done. Together, this information will be useful in developing public health and health services programs to increase use of colorectal cancer screening in underserved groups.

Definitions:

Sigmoidoscopy: **CREHAD**: PRONUNCIATION: sigmoid-OS-copy. A **sigmoidoscopy** is an exam in which a health care professional inserts a flexible tube into the rectum and the lower part of the colon to look for signs of cancer or other problems.

Colonoscopy: **CREHAD**: PRONUNCIATION: colon-OS-copy. A **colonoscopy** is an exam in which a health care professional inserts a longer, flexible tube into the rectum and lower part of the colon to look for signs of cancer or other problems. Before a colonoscopy is done, the patient is usually given medication through a needle in the arm to make him/her sleepy.

Proctoscopy: **CREHAD**: PRONUNCIATION: proct-OS-copy: A **proctoscopy** was an older exam in which a health care professional inserted a long rigid tube into the rectum to look for signs of cancer or other problems. It is not generally done any more, but some respondents might report having had one in the past.

Blood stool test: **HFOBHAD**: Also known as “fecal occult blood test”, “FOBT” or “hemocult test”. A test to determine whether you have blood in your stool or bowel movement.

Blood stool home test or home test kit: **HFOBHAD**: The blood stool test can be done at home using a kit. You smear a small amount of stool on cards at home and send the cards back to the doctor or lab.

Barium enema: **HFOB**: Listed as a follow-up test if there were abnormal results from a blood stool test. A liquid injected into the lower part of the colon that makes it more visible on an x-ray, so that the doctor can examine the image for abnormal growths.

Office blood stool test: **FOBHAD**: A blood stool test in which the doctor or other health care professional collects a stool sample during an office visit.

10.J GENETIC TESTING**Respondent:**

Adult sample person only. The information in this section is obtained by self-report and in most circumstances, not by proxy.

Purpose:

This is a new section on a new set of tests. These tests do not check to see if the respondent has cancer now, but assess genetic risk and can help predict the risk of developing certain kinds of cancers in the future.

Uses:

To provide baseline information about the level of knowledge and experience of genetic tests for cancer risk among the general population.

General Instructions:

When asked **GTPOSS**, “Have you discussed the possibility of getting a genetic test for cancer risk with a doctor . . .”

If: The respondent says “Yes”,

Then: He or she will be asked the other questions in this section.

If: The respondent says “No”, “Don’t Know” or Refuses

Then: He or she will skip to the questions on perceived personal and family risk of getting cancer.

Definitions:

Genetic test for cancer risk: **GTHEARD**, **GTPOSS**, and **GTRISK**: A blood test that assesses if the person has genes that predict a greater chance of developing cancer at some point in the lifespan. It does not include any of the tests that help determine if the person had cancer in the past, or has it now.

Confidentiality of tests resultsIn **GTCONF**, this refers to confidentiality of the test results in the medical record.

Genetic CounselingIn **GTCOUNC**, this refers to “a thorough discussion of the advantages and disadvantages of testing that includes an explanation of what the test can and cannot tell you”.

Affect your health insurance: In **GTINSURE**, “Effects include losing your health insurance coverage or not being eligible for health insurance if you change jobs or move.”

Blood Relatives: In **GTRISK**, blood relatives include parents, siblings, children, grandparents, aunts, uncles and cousins who are related by blood. Do not include family members related only through marriage, such as husband or wife, stepfather, stepsister, or family members who were adopted.

Specific Instructions:

GTRISK: “Would you say your risk of getting cancer in the future is low, medium or high?”

If: The respondent has had or currently has cancer,

Then: This means getting 1)a new cancer in a different organ or 2)another cancer in a different part of the same organ (such as another primary breast cancer in the opposite breast).

10K. FAMILY HISTORY

Respondent:

Adult sample person only. The information in this section is obtained by self-report and in most circumstances, not by proxy.

Purpose:

There was a family history section in 1987, none in 1992, and this one in 2000. The purpose is to determine the prevalence of cancer in families in the population.

Uses:

To allow a greater understanding of how data obtained from genetics clinics can be applied to the general population.

General Instructions:

For any of the questions that ask, “How many (full brothers, full sisters, biological sons, or biological daughters) do you have?” probe for the best estimate. An estimate is preferable to no information.

If: The respondent is not sure how many brothers he or she had,

Then: Probe “Give me your best estimate.”

For any of the questions that ask, “How many (full brothers, full sisters, biological sons, or biological daughters) ever had cancer of any kind?” or “How many (full brothers, full sisters, biological sons, or biological daughters) ever had this type of cancer?” probe for the best estimate. An estimate is preferable to no information.

If: The respondent is not sure how many brothers had cancer,
Then: Probe “Give me your best estimate”. .

For any of the questions that ask, “What kind of cancer did (you father, mother, brothers sisters, sons, or daughters) have?” probe for the closest type of cancer on the list. An estimate is preferable to no information.

If: The respondent is not sure what kind of cancer his or her relative had,
Then: Probe “Pick the closest type you see on the list”. (If the respondent can’t choose, then mark “other”.)

Definitions:

Biological father, biological mother **FHFCAN, FHMCAN**: The biological parents related by blood. Do not include step or adoptive parents.

Full brother, full sister: In **FHBNUM** and **FHSNUM**, full siblings have the same biological father and mother as the respondent. Do not include half-brothers or half-sisters, step-brothers, step-sisters, or any siblings who were adopted.