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NATIONAL HEALTH INTERVIEW SURVEY

CAPI MANUAL FOR NHIS FIELD REPRESENTATIVES

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PART A

The National Health Interview Survey

DESCRIPTION OF THE SURVEY

PART
A
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DESCRIPTION OF THE SURVEY

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PURPOSE OF THE NATIONAL HEALTH INTERVIEW SURVEY

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

The National Health Interview Survey is part of the National Health Survey, which began in May 1957. Prior to that time, the last nationwide survey of health had been conducted in 1935-36. Despite extensive research on individual diseases in the years 1937-1957, one important element had been missing. We only had piece-meal information from the people themselves on their illness and disability, or the medical care they obtained. Many persons, although sick or injured, never became a "health statistic" because requirements for reporting illnesses were limited to hospitalized illnesses and certain contagious diseases.

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

Examples of Uses of the Data

How is the information obtained from the National Health Interview Survey used? Here are just a couple of the many uses of this important data (See Appendix A.1 for more uses).

- **Understanding Health Care Coverage**
  Total health care coverage, both public and private, runs into many billions of dollars a year. Better statistical information helps to give more effective direction to the expenditure of these large sums.

- **Describing Injuries**
  Programs for the effective prevention of injuries are still in their infancy. Statistics on the cause and frequency of non-fatal, as well as fatal injuries, of various types help to shape injury prevention programs and measure their success.

Who Uses the Data

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

SPONSORSHIP OF THE SURVEY

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

The Centers for Disease Control and Prevention are comprised of the Office of the Director and its sub-offices, The National Institute for Occupational Safety and Health, and six Coordinating Offices and Centers: Coordinating Office for Global Health, Coordinating Office for Terrorism Preparedness & Emergency Response, Coordinating Center for Environmental Health and Injury Prevention, Coordinating Center for Health Information and Service, Coordinating Center for Health Promotion, and the Coordinating Center for Infectious Diseases.

The National Center for Health Statistics, along with the National Center for Health Marketing and the National Center for Public Health Informatics, is part of the Coordinating Center for Health Information and Service.

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

The National Health Interview Survey (NHIS)

The National Health Interview Survey, which is covered in this manual, is the survey you will be working on most of the time. It is referred to simply as "NHIS" to distinguish it from the other surveys that are described below.

The National Health Care Survey (NHCS)

The National Health Care Survey is also made up of several different surveys, each concerned with a separate part of the Nation's health care delivery system. The Hospital Discharge

Survey, the Home and Hospice Care Survey, and the Nursing Home Survey collect information from (as their names imply) short-stay hospitals, home and hospice care agencies, and nursing homes. The Ambulatory Medical Care Survey produces data from office-based physicians; the Hospital Ambulatory Medical Care Survey concerns hospital emergency rooms and outpatient clinics; and the Survey of Ambulatory Surgery Centers collects information from free-standing surgery centers. Altogether, these make up the National Health Care Survey.

DESIGN OF THE NHIS SAMPLE

The National Health Interview Survey is based on a sample of the civilian non-institutionalized population of the United States. Over the course of a year, a sample of approximately 63,000 is selected and a total of almost 33,000 households are interviewed. These households are located in the 50 states and the District of Columbia.

Selection of Sample PSUs

The NHIS sample is designed as follows:

a. All the counties in the United States, as reported in the 2000 Decennial Census, are examined.

b. Counties which have similar characteristics are grouped together. These include geographic region, size and rate of growth of the population, principal industry, type of agriculture, etc.

c. From each group, one or more counties is selected to represent all of the counties in the group. The selected counties are called primary sampling units, which we abbreviate to PSU.

Sample Segments

Within each PSU:

a. A sample of small land areas or groups of addresses is selected. These land areas and groups of addresses are called segments.

b. Each segment contains housing units, which are assigned for interview in one or more quarterly samples (note that any individual housing unit is interviewed only once). Two types of segments are included in the

NHIS. The first type, Area Segments, are well defined land areas where the housing units may or may not have a complete address. Permit Segments, which are the second type, are samples of new construction permits.

Sample Units

For area segments, you will interview at units already designated in case management. For permit segments, you will list the units at a specific address and interview those on designated lines of the Unit/Permit Listing sheet. In either case it is a sample of households, not persons or families.

Sample of Newly Constructed Units

In areas where building permits are issued for new construction (Permit Issuing Areas), we select a sample of building permits. These permits are listed, sampled, and interviewed in Permit Segments.

In areas where no building permits are required (Non-Permit Issuing Areas), newly constructed units are listed, sampled, and interviewed in Area Segments.

Sample of Group Quarters

Some sample units are located in places with special living arrangements, such as dormitories, boarding houses, or convents. These types of living quarters are classified as "Group Quarters" or "GQs." For NHIS, units in GQs are listed and interviewed in Area Segments.

The Quarterly Sample

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

Screening

To increase the reliability of certain minority statistics, the sponsor asked that Blacks, Asians, and Hispanics be "over sampled." To accomplish this, certain sample units are designed for "screening." This means that the entire NHIS interview will be conducted at

such units ONLY if one or more household member is Black, Asian, or Hispanic and not in the armed forces. If no one in a "screening" household is Black, Asian, or Hispanic, or ONLY armed forces persons are Black, Asian, or Hispanic, the entire NHIS interview will not be conducted. Asian includes the answer categories of Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and Other Asian from the RACE question in the Household Composition and Demographics Section.

Mode of Interviewing

The NHIS is a **personal visit survey**, not a telephone survey. Therefore, you must personally visit the households to conduct the interviews. Telephone contacts may be attempted when efforts to make personal contact have not been successful, when the respondent requests a telephone interview, when part of the interview needs to be completed and it is not possible to schedule another personal visit, or when road conditions or travel distances would make it difficult to schedule a personal visit before close-out.

ABOUT THE INSTRUMENT

The NHIS instrument has the four major core parts:

Household Composition and Demographics Section

Family Questionnaire

Sample Child Questionnaire

Sample Adult Questionnaire

Each section of the NHIS instrument is briefly described below. For a description of the questions in each section see Part C, Overview of the NHIS Instrument.

Household Composition and Demographics Section

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

Name, age, sex, race, ethnic background, armed forces, relationships of the household members to a reference person, and marital status are the major topics covered.

Also covered is information about one’s usual residence and direct

access. This may determine if some individuals are included as part of the household or not.

Each individual family in a household is interviewed as a separate case. Individual families are determined based on information that is obtained about the relationships of household members to the reference person. If more than one family exists, then those families are spawned off into individual cases, which will be displayed in Case Management.

Family Questionnaire

For the Family Questionnaire, a family respondent will be needed. As you will see, a screen will pop up asking who could best answer questions about members of the family. The respondent will be able to designate this person, but the person must be listed on the family roster. Only ONE family respondent can be identified.

Once in the Family Questionnaire, questions will be asked about the conditions and limitations, injuries and poisonings, access and use of health care services, insurance coverage, demographics, and income for *every member of the family*.

Throughout this section, it is important to know that many questions are based on age. For example, if a person is age 65 and over, they will receive a Medicare probe, but if they are under age 65 they will receive a Medicaid probe. The Medicaid probe will be given to persons under age 65 who have not indicated having any type of health insurance at either FHICOV or HIKIND. It is also extremely important to pay attention to the reference periods that are mentioned throughout the sections. They can change dramatically and are different from one section to the next. The dates will be calculated for you when necessary, but it is important to receive an accurate date from the respondent. Make sure you pay attention to your error messages and record all information carefully.

The six sections that make up the Family Questionnaire are part of the interview every year.

Sample Child Questionnaire

A sample child is randomly selected by the computer from each family with at least one child 17 years of age or younger, who is not married, widowed, divorced, separated, or living with a partner. An adult respondent will be asked questions about that

child. The child topics include conditions, limitations of activities, health status, mental health, access to care, dental care, and health care provider contacts. You will also ask for the last four digits of the Sample Child's Social Security Number.

Sample Adult Questionnaire

A sample adult is randomly selected by the computer from each family with a household member equal to or greater than the age of majority for a given state and asked more detailed health related questions. In most states this age is 18 years old, but in Alabama and Nebraska this age is 19 and in Mississippi it is 21. There are questions about cigarette smoking, physical activity, alcohol consumption, height and weight, and gender specific questions. There are also questions about specific conditions such as heart disease, cancer, respiratory ailments, chronic conditions, joint pains, sensory impairment, mental health, activities of daily living, health care access and utilization, and the test for HIV. Questions about sexually transmitted diseases (STDs) will be asked for sample adults between the ages of 18 and 49. You will also ask for the last four digits of the Sample Adult's Social Security and Medicare Numbers.

In order to identify and address disparities in health status and access to health care for certain minority populations, the sponsor asked that elderly persons who consider themselves to be one of the same minorities for which we are over sampling in screener cases, i.e., Blacks, Asians, and Hispanics, have a greater chance of being selected as the Sample Adult than other adults within the family in all cases. By obtaining more reliable health data for elderly minority persons, the sponsor can better track progress on these objectives. This does not mean that other adults who do not meet these criteria cannot be selected. It means that those who do meet the criteria will have a greater chance of being selected.

PART A
SECTION 2
CONDUCTING THE NHIS INTERVIEW

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EXPLAINING THE SURVEY

How to Introduce the Survey

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

a. Show your official Census Bureau I.D. and introduce yourself. Give the following introduction (or a similar introduction):

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

b. Hand the respondent a copy of the Advance Letter, HIS-600, saying (something like):

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

Allow time for him or her to read the letter. If necessary, or if the respondent requests, read the letter to him or her.

If you are conducting a telephone follow-up with a new respondent, you must read the letter.

c. Then ask:

"Do you have any questions about the National Health Interview Survey?"

d. After answering any questions, ask:

"Are you willing to participate in the survey?"

e. Respondents may change during the interview. For each new respondent, use the following introduction:

"I am _____ from the U.S. Census Bureau. Here is my identification card. We are conducting the National Health Interview Survey for the Centers for Disease Control and

Prevention (CDC). I have some information from (*previous respondent)*. Now, I would like to ask you some questions."

Repeat the steps b-d above.

f. If the respondent is **not willing** to participate in the survey, use your judgment as to whether you should attempt to convert this reluctant respondent. If you feel this is a "soft" refusal, try to convince the respondent of the merits of the survey. If he/she still refuses, or you feel it was a "hard" refusal from the beginning, thank him or her and end the interview.

Authorization

The National Health Interview Survey is authorized by Title 42, United States Code, Section 242k.

Confidentiality

All information that would permit identification of the individual is held strictly confidential, seen only by persons engaged in the National Health Interview Survey (including related studies carried out by the Public Health Service) and not disclosed or released to others for any other purpose without the written consent of the individual.

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

Unauthorized disclosure of individual information collected in the National Health Surveys is punishable by a fine of up to $1,000, or imprisonment up to one year, or both (18 USC 1905). Deliberate falsification, by an employee, of any information in this survey is punishable by a fine up to $10,000, or imprisonment up to five years, or both (USC 10001). (See Appendix A.2 for a thorough discussion of confidentiality.)

Eligible Household Respondents

Any responsible household member equal to or greater than the age of majority for a given state, is eligible to act as a respondent.

In most states this age is 18 years old, but in Alabama and Nebraska this age is 19 and in Mississippi it is 21.

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

Maintaining Rapport with Respondents

You begin to build a harmonious relationship with the respondent when he/she first answers the door. Maintaining this rapport throughout the interview will ensure that you collect full and valid information. Through your sincere understanding and interest in the respondent, you provide a friendly atmosphere in which the respondent can talk honestly and fully. If rapport is broken because the respondent finds a particular question "too personal," take time to reassure him/her about the confidential nature of the survey.

Answering Respondent Questions

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

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

- **General Explanation of the Survey**

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

  "Most families have or will be affected in the future by health problems. It is extremely important to know about the health of the Nation's people. Unless there is adequate information about the current health

situation, government and medical care personnel may fail in their efforts to maintain a health care system that is equipped to handle the present and future medical needs of the people.

However, to measure the health of the Nation, we need to interview healthy persons as well as those with health problems. If we know in advance the direction the Nation's health is moving, it is easier to initiate programs to meet current and future health care needs. The statistical information developed from this survey is urgently needed in order to plan intelligently for the health needs of the population."

• How Long Will the Interview Take?

The entire NHIS will take about an hour. This will vary depending on the number of health problems and/or injuries the family has had, as well as the number of family members.

• I Don't Have the Time

If the respondent states that he/she has no time right now for an interview, find out when you may come back. However, always assume (without asking) that the respondent has the time unless you are told otherwise.

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

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

• Why Are You Interviewing This Household?

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

The selection was not based on who lives at the address, nor whether they have problems with their health. Each person represents approximately 2,500 other persons. Taken as a group, the people living at these sample addresses will represent the total population of the United States in the health statistics produced and published by the U.S. Public Health Service.

• Why Don't You Go Next Door?

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

• I Consider This a Waste of Taxpayers' Money

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

The Voluntary Nature of the Survey

The fact that participation in the NHIS is voluntary does not diminish your responsibility to convert reluctant respondents. When a person says the survey is voluntary and that he/she would prefer not to participate, tell them how important they are to the survey and how important the survey is to the Nation. Tell them about the confidential nature of the survey and ask them to let you begin the interview on a "trial basis." Inform them that they can refuse to answer any question they feel is too personal.

BEGINNING THE INTERVIEW

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

How to Ask Questions

• Ask Exactly as Worded

You must ask questions exactly as worded so they will

yield comparable results. Avoid changing words or phrases and adding or dropping words to the question.

• **Ask Every Question**

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

• **If the Respondent Misunderstands or Misinterprets a Question**

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

How to Probe

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

• **Brief Assenting Comments**

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

• **An Expectant Pause**

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

• **Repeating the Question**

Repeating the question or listing the response categories (when applicable) is useful when the respondent does not understand the question, misinterprets it, seems unable to

make up his/her mind, or strays from the subject.

• **Repeating the Respondent's Reply**

Repeating the respondent's reply is useful in helping to clarify the response and prompting the respondent to enlarge upon his/her statement. Be sure you adhere strictly to the respondent's answer and do not interject your own ideas.

• **Neutral Questions (Probes)**

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

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

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

Interviewers often have to separate the facts wanted from the respondent's attitudes. The basic procedure is:

- Know the question’s objective thoroughly.

- Know how to probe when the answer is inadequate, while maintaining good rapport.

Importance of Using Neutral Probes

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

Respondent Replies "I Don't Know"

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

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

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

YOUR OWN MANNER

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

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

It is especially important in this survey that you maintain an objective attitude. Do not indicate a personal opinion about replies

you receive to questions, even by your facial expression or tone of voice. Since the illness discussed may be of a personal or serious nature, expressions of surprise, disapproval, or even sympathy on your part may cause respondents to give untrue answers or to withhold information. Your own objectivity about the questions will be the best method for putting respondents at ease and making them feel free to tell you the conditions and illnesses in the family.

Sometimes it may feel awkward to ask particular questions. If you ask these questions without hesitation or apology and in the same tone of voice as other questions, you will find that most respondents will not object. If there is any discussion on the respondent's part, explain that the questionnaire is made up of a prescribed set of questions that must be asked in all households, even though they may seem to be inappropriate in some cases.

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

NONINTERVIEWS

A noninterview household is a household for which you cannot obtain information because:

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

If you are unable to get an interview you must classify the household under one of three noninterview classifications, briefly described below.

Noninterviews fall into three groups: Type A, B, and C. The Type A group consists of households occupied by persons eligible for interview, whom you should have interviewed, but could not. Refusals are an example of a Type A noninterview.

Sample units which are ineligible for interview for other reasons are Type B or C noninterviews. A vacant house or an unoccupied site for a mobile home are examples of Type B noninterviews, while a house located outside the segment boundaries is an example of a Type C noninterview. Refer to Part C, Section 23 for a detailed discussion of noninterview types and procedures.

SPANISH TRANSLATION

Availability and Procedures

The instrument, as well as all paper forms and the Flashcard Booklet, are available in Spanish. The Spanish instrument can be accessed at any time through the use of the Shift-F5 keys. Press Shift-F5 to select the Spanish equivalent of the screen you are on; press Shift-F5 again to select the English. You may select either English or Spanish whenever you need to or conduct the interview entirely in one language. The Spanish version is available on all laptops, however **only bilingual field representatives (FRs) should use it.**

The answers you enter are stored in one location, regardless of the language in which you are working. For example, if you entered an answer in the English version of the instrument, and selected the Spanish version, the answer will appear on the screen.

Because the Spanish-speaking population of the United States is of many different nationalities, an effort has been made in the translation to accommodate regional and national variations in Spanish vocabularies while remaining faithful to standard Spanish grammar and usage. Where alternative equivalent wording is provided for a term or phrase, the Spanish screen will display the alternative words separated by a forward slash "/". FRs need **not** read all the alternative wording, but may choose whichever term seems most appropriate for their region and the nationality of the respondent.

The purpose of the alternative wording is to provide optional terms that adhere to the meaning of the English text. Where appropriate, alternative wording is also printed on the Spanish flashcards.

Similarly, an effort has been made to render the Spanish translation as gender neutral as possible. Many nouns, pronouns and adjectives used to describe persons will have an "(a)" at the end. This indicates to the FR that we are interested in information about both males and females, or that we want to ensure that FRs are asking about interactions with either males or females (for example (niños(as), psicólogo(a)). It is left up to the FRs, based on their knowledge of the composition of the household and the response pattern of the sample adult, whether to use both the masculine and feminine forms or whether to adhere to the default masculine form. A useful approach may be to use both the masculine and feminine forms during the first couple of questions in a section and revert to the masculine form for subsequent questions. Alternatively, an FR may occasionally clarify by saying something like: "enfermero(a)

puede ser hombre o mujer."

Please send an email message regarding any problems with the Spanish translation through your normal channels so headquarters can continue to make corrections and improvements to it.

APPENDIX A.1 MORE EXAMPLES OF USES OF THE INFORMATION GAINED FROM THE NATIONAL HEALTH INTERVIEW SURVEY

1. OCCURRENCE AND SEVERITY OF ILLNESS AND DISABILITY

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

Today, chronic illness and disability among both adults and children constitute our greatest public health challenge. Chronic illness and disability lower the earning power, living standards, and the general well being of individuals and families. They reduce the Nation's potential output of goods and services and, in advanced stages, burden individuals, families, and communities with the high cost of care and assistance. The basic public health principle to be applied is the same: Prevention. Better information on the occurrence and severity of diseases and disability are needed in order to prevent their occurrence.

2. HEALTH OF THE AGED

There is a nationwide interest in prolonging the effective working life of the aged and aging. Knowledge of the health status of people in their middle and later years is essential to effective community planning for the health, general welfare, and continued activity of older persons.

3. HEALTH EDUCATION AND RESEARCH

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

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

4. HEALTH FACILITIES--HOSPITAL CARE, REHABILITATION, INSURANCE, ETC.

The growth of prepayment coverage under voluntary health insurance has increased the demand for the kind of illness statistics which can provide reliable estimates of the number of people who will be ill for a given number of months. Illness statistics provide an improved measurement of the need for hospitals and other health facilities and assist in planning for their more effective distribution. Public school authorities are aided in their planning for the special educational problems of mentally retarded or physically handicapped children. Vocational rehabilitation programs, public officials and industries concerned with manpower problems and industrial safety health measures, the insurance industry, the pharmaceutical and appliance manufacturers are also greatly assisted by reliable statistics on illness and disability.

5. FACTORS RELATED TO VARIOUS DISEASES

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

APPENDIX A.2 CONFIDENTIALITY

1. WHAT IS CONFIDENTIALITY?

The term "confidentiality" refers to the guarantee that is made to individuals who provide survey information regarding disclosure of that information to others, as well as the uses of that information. The specific guarantee of confidentiality can vary by survey. This appendix explains the guarantee of confidentiality given to respondents in the National Health Interview Survey (NHIS) and what you should do to maintain this guarantee. Your 11-55 Administrative Handbook also contains information on nondisclosure policies, violations of confidentiality, and ways to prevent careless disclosure. You took an oath not to reveal information collected, and you are required to sign an annual certification of compliance with the Census Bureau's nondisclosure policy.

2. THE GUARANTEE OF CONFIDENTIALITY

The U.S. Public Health Service provides the guarantee of confidentiality for the National Health Interview Survey. This guarantee is contained in the "Notice" statement, which is seen on the COVER1 screen at the beginning of the CAPI instrument:

"Information collected in this survey which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242M)(d)."

A similar statement is also made in the HIS-600 advance letter to fulfill the requirements of the Privacy Act of 1974.

3. SPECIAL SWORN EMPLOYEES (SSEs)

The Census Bureau has the authority to use temporary staff in performing its work as long as such staff is sworn to preserve the confidentiality of the data. These temporary staff members are called Special Sworn Employees (SSEs). SSEs are subject to the same restrictions and penalties as you regarding the treatment of confidential data. Staffs from the sponsoring agency for this survey are made SSEs to allow them to observe interviewing. Anyone who is not a Census Bureau employee or an SSE of the Census Bureau is referred to as an "unauthorized person."

4. AUTHORIZED PERSONS

The agreement between the Census Bureau and the sponsor regarding the confidentiality of the data collected in the NHIS briefly states that the sponsor's employees (including contractors and grantees) may not disclose the data in a form permitting identification of any individual or establishment and may not use the data for law enforcement, regulatory, or any other purposes that are inconsistent with the stated purpose(s) of the survey. The sponsor is responsible for enforcing the conditions of the agreement and may authorize non-Census employees to observe interviewing or review completed questionnaires. These persons will have the same restrictions and penalties as you regarding the treatment of confidential data. Anyone who is not a Census Bureau employee or properly authorized by this Title 15 survey sponsor to view confidential data is referred to as an "UNAUTHORIZED PERSON."

5. HOW TO MAINTAIN CONFIDENTIALITY

a. **When No One is Home at a Sample Address:** You may ask a neighbor, apartment manager, or someone else living nearby when they expect someone to be home at the sample address. When requesting this information, do not mention the National Health Interview Survey by name and do not attempt to describe the survey. To gain cooperation, you may say:

"I am _____ from the U. S. Census Bureau. Here is my identification (show ID). I am conducting a survey for the Centers for Disease Control and Prevention, and I would like to know when someone at (address) will be home." (Or something similar)

b. **When Conducting Interviews:** Do <u>not</u> permit unauthorized persons (including members of your family) to listen to an interview. For example:

(1) When conducting an interview with a student in a dormitory, if others are present, ask the respondent if he/she wants to be interviewed privately. If so, make the necessary arrangements to conduct the interview where or when it cannot be overheard by others.

(2) When conducting an interview in a home, if persons not participating in the survey are present (e.g., neighbors, friends, other non-"family" members), use your discretion in asking the respondent if he/she wants to be interviewed privately. Since this may be awkward to ask in some situations, you might ask if another time would be more convenient. If so, make the necessary arrangements to accommodate the respondent.

(3) When conducting an interview in which an interpreter is required, ask the respondent if he/she is willing to have another person act as an interpreter. If the respondent objects to the interpreter and a more suitable one cannot be located at the time of the interview, call the office to see if another interviewer who speaks the respondent's language can conduct the interview.

(4) When conducting interviews by telephone, do not allow unauthorized persons to listen to your conversation.

c. **When Discussing Your Job with Family, Friends, Others:** You must not reveal any information which you obtained during an interview or identify any persons who participated in the survey to unauthorized persons.

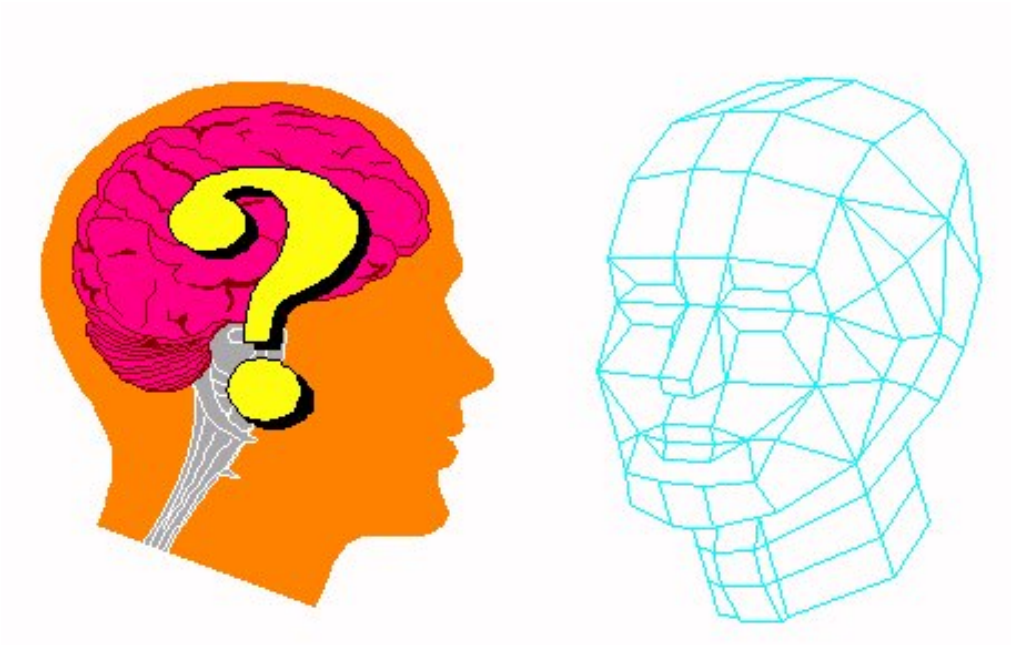
d. **Keeping Forms Secure:** Any forms that contain information about the household must be kept out of view and secure until they are mailed to the appropriate person or office. Keep them in a specially designated place in your home.

6. SUBPOENA OF RECORDS

In the event of a record collected in the National Health Interview Survey being subpoenaed, any Census Bureau employee upon whom such subpoena is served will communicate with the Director of the Census Bureau through the regional office. Action to satisfy such subpoena will be taken only as authorized by Public Health Service Regulations, section 1.108 of Title 42, U.S.C.

PART B

National Health Interview Survey



CONCEPTS

PART
B
SECTION 1
RESPONDENT RULES

Topic	See Page
Purpose	B2
Instructions	B2
Important Terms	B3

PURPOSE

This chapter covers the various rules describing who may respond to the questions in the various parts of the National Health Interview Survey.

INSTRUCTIONS

Who May Respond to Questions in the Front Section (Listing and Coverage) and the Household Composition Section

Ask these questions of any responsible adult household member. This person does not have to be related to the reference person.

It may be necessary before asking these questions to determine whether or not the person to whom you are speaking is actually a household member. Use the "Household Membership" rules on page 2 of your HIS-501C Field Representative's Flashcard and Information Booklet.

Who May Respond to the Family Questionnaire

Any responsible family member equal to or greater than the age of majority for a given state may respond to questions in the Family Questionnaire. In most states this age is 18 years old, but in Alabama and Nebraska this age is 19 and in Mississippi it is 21.

Who May Respond to the Sample Adult Questionnaire

Only the person selected as the Sample Adult can be the respondent for the Sample Adult Questionnaire. No proxy respondents are allowed, except in extreme circumstances where the Sample Adult is physically or mentally unable to answer for himself/herself. If the person selected as the Sample Adult is not available you will need to make a callback to interview him/her.

Who May Respond to the Sample Child Questionnaire

For the Sample Child Questionnaire, the respondent will be one of the people indicated (up to three, at the KNOWSC2 screen) as being knowledgeable about and responsible for the health of the child. Potentially, any adult household member can be the respondent for the Sample Child Questionnaire, so long as they are listed as being knowledgeable about and responsible for the child's health.

Exceptions to Eligible Respondent Rules

If an unmarried couple (same-sex or opposite-sex) are living together as husband and wife, interview them together as a single family, as long as one of them is equal to or greater than the age of majority for their state of residence. Only the person(s) who is(are) equal to or greater than the age of majority may respond for the couple, for any of their children, and for any other related household members.

For persons who are not able to answer the questions for themselves and have no relative living in the household that can answer for them, you may interview someone who is responsible for their care. The person providing the care may or may not be a member of the household. In such situations, enter "1" at screen NONRES in the Back section, indicating that a proxy did act as a respondent for one or more of the family members. Then, make the appropriate entry indicating the relationship of the proxy respondent to the subject.

Persons Not Related to the Reference Person

Persons living in the household who are not related to the reference person are interviewed as separate families. For example, the Jones family has a lodger that rents a room in their home. This person is treated as a separate "family" and is interviewed separately. The computer will automatically exclude this person from the Jones family, create a new case and allow him to be interviewed separately.

Return Visit May Be Necessary

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

IMPORTANT TERMS

An **Adult** is any person equal to or greater than the age of majority for their state of residence. In most states this age is 18 years old, but in Alabama and Nebraska this age is 19 and in Mississippi it is 21.

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

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

An **Emancipated Minor** is any person 14 years old to one year less than the age of majority for their state of residence and married, widowed, divorced, separated, or living with a partner. In most states this age is 18 years old, but in Alabama and Nebraska this age is 19 and in Mississippi it is 21. Emancipated minors are not eligible for Sample Adult or Sample Child selection and are not eligible to be the respondent.

A **Family** can be an individual or a group of two or more related persons who are living together in the same household; for example, the reference person, his/her spouse, foster son, daughter, son-in-law, and their children, and the wife's uncle. Also, unmarried couples (same-sex and opposite-sex couples) are considered as belonging to the same family. Additional groups of persons living in the household who are related to each other, but not to the reference person, are considered to be separate families; for example, a lodger and his/her family, or a household employee and his/her spouse, or a single boarder with no one related to him/her living in the household. Hence, there may be more than one family living in a household, or a family can consist of only one person. Note that each family will be considered a separate case and interviewed separately.

A **Household** is the entire group of persons who live in one housing unit or one GQ unit, composing one or more families. It may be several persons living together or one person living alone. It includes the reference person, any relatives living in the unit, and may also include roomers, live-in domestic workers, or other persons not related to the reference person.

The **Reference Person** is the person, or one of the persons age 18 or older, who owns or rents the sample unit. The reference person should not be an Armed Forces member, but can be if no other person is eligible to be the reference person. For persons occupying the sample unit without payment of cash rent, the

reference person is the first adult non-deleted household member named by the respondent. This person must be a household member of the sample unit. If more than one household member owns or rents the sample unit, designate the oldest member as the reference person. If none of the household members owns or rents the sample unit, designate the oldest household member as the reference person.

The term **Related** includes being related by blood, marriage, or adoption. Consider foster children and wards as related when determining family membership.

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

- A **Self-Respondent** is a person who responds to questions about himself/herself.

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

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

PART B
SECTION 2
SCREENING

Topic	See Page
Purpose	B7
Instructions	B7

PURPOSE

In order to increase the reliability of health statistics for Blacks, Asians, and Hispanic persons, these groups are being "over sampled" for the NHIS. This means that in most sample segments, additional units will be selected, but you will complete the entire NHIS interview only if the household in such a unit contains at least one Black, Asian, or Hispanic member who is not in the armed forces. If such a sample unit contains no Black, Asian, or Hispanic household members or only Black, Asian, or Hispanic household members who are in the armed forces, the computer will classify the unit as a Type B noninterview. The procedure for determining whether to interview or not based on the race and ethnicity of the occupants of the household is called "screening."

INSTRUCTIONS

Screening is performed ONLY at those sample units that have been designated for screening. Once you have made contact with the household and have gotten into the instrument, the screening is performed automatically by the computer after the race and ethnicity of each household member has been determined. For "screening" households that contain no Blacks, Asians, or Hispanics or only Blacks, Adians, or Hispanis who are in the armed forces, the interview is terminated, and the unit is coded as a Type B noninterview. **You must make contact with the household and ask the race and ethnicity questions in order to code a case as "screened out."** For those units designated for screening that do contain at least one Black, Asian, or Hispanic who is not in the armed forces, the interview is continued as any other interview.

PART B
SECTION 3
HOUSEHOLD MEMBERSHIP

Topic	See Page
Purpose	B9
Instructions	B9

PURPOSE

The purpose of the Household Composition Section is to provide a record of individual household members, including their names, ages, sex, race and ethnicity, marital status, and relationships to the reference person.

INSTRUCTIONS

Names

The purpose of these questions is to obtain a complete list of all persons living or staying in the sample unit and to identify non-household members. Attempt to get each person's full name. If the respondent is hesitant or refuses to give you names, explain that throughout the interview it is necessary to refer to the specific household members. Without the correct names, the interview will be confusing, lengthier, and possibly result in recording inaccurate information.

Also, if the household is selected for one of the followback surveys it will be necessary to have the complete names of the household members. Make every effort to get complete names. If necessary, reassure the respondent that the information they give is completely confidential by law.

Filling in the Household Roster

Name

Ask NAME to obtain a list of all persons living or staying in the sample unit, whether or not you think they are household members. Always verify the correct spelling of names with the respondent.

In all cases, ask for the full legal name, including middle initial. Some women use their maiden name as a middle name. If a full middle name is given, record the name, rather than just the initial.

It is acceptable to record an initial as the first name if this is how the person is legally known. Always verify that this is the person's legal name.

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

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

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

Armed Forces Reference Persons
Avoid entering an Armed Forces member as the reference person if at all possible. In households that also contain civilian household members, choose the next person who owns or rents the unit or who is oldest. If the entire household is Armed Forces, enter the household members as in a normal interview, and the instrument will classify the case as a Type B noninterview.

How to Enter Names

If there are two persons in the household with the same first, middle and last names, they must be further identified as Sr., Jr., etc. Do not assume members of the household have the same last name.

Household Roster Limit
The Computer-Assisted Personal Interview (CAPI) Household Roster can hold up to 25 people. It is highly unlikely that you will ever exceed this limit.

Determine Who Constitutes a Household
All the persons that live together at the sample unit constitute a household, regardless of their relationship to the reference person. This includes persons that live at the sample unit as long as they do not have a private entrance into their living quarters.

Determine Who Constitutes a Family
All the household members related to the reference person are assigned family number 1. After the household roster is complete, you will select one person to be the household reference person and obtain the relationship of all the household members to that person. Then, the instrument will help you determine which of the people not related to the reference person are related to each other. Starting with the first person not related to the reference person, at the FAMNUM screen, you will ask if that person is related to anyone else in this household. If so, you will enter the line number(s) of the person(s) to whom they are related at the FAMNUM2 screen. This will create family number 2. If there is anyone else left in the roster not related to the reference person and not related to the person you just asked about in FAMNUM, then you will ask if this person is related to anyone else in this household. This person and anyone related to him/her will be family number 3. This continues until all non-deleted household members have been assigned a family number. Each family will spawn a new case and is interviewed separately. You will be asked whether you can continue with family number 1. If not, you will be taken to a callback screen to set up a callback and then out of the case. You can then select the case for one of the other families to interview.

Special Situations Regarding Household Membership
You may encounter certain situations where household membership is unclear. Below are guidelines for handling these situations. You may have to ask several probe-type questions to determine the actual situation and therefore, make the proper decision as to household membership. *NOTE: Refer also to page 2 of the HIS-501C Field Representative's Flashcard and Information Booklet.*

- **Families with two or more homes**
  Some families have two or more homes and may spend part

of the time in each. For such cases, the usual residence is the place in which the person spends the largest part of the calendar year. Only one unit can be the usual residence. For example, the Citizens own a home in the city and live there most of the year. They spend their summer vacation at their beach cottage. Neither house is rented in their absence. The home in the city is their usual place of residence.

• Students and student nurses
Post-secondary students and student nurses away at college, trade or commercial schools are eligible to be interviewed in the locality where they are attending school. That is, even if a student considers his/her parents' home to be the usual residence, consider him/her to be a household member where presently residing. Consider a student to be a household member of his/her parents' home only if he/she is at home for the summer vacation and has no usual residence at the school.

NOTE: The above 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' homes.

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

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

• Citizens of foreign countries temporarily in the United States
Determine whether to interview citizens of foreign countries staying at the sample unit according to the following rules:

- Do not interview citizens of foreign countries and other persons who are living on the premises of an Embassy, Ministry, Legation, Chancellery, or Consulate.

- Interview citizens of foreign countries and other persons who are living in the United States, but not on the premises of an Embassy, etc. This applies only if they have no usual place of residence elsewhere in the United States.

However, do not consider as household members foreign citizens merely visiting or traveling in the United States.

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

• **Persons in vacation homes, tourist cabins, and trailers**
Interview persons living in vacation homes, tourist cabins and trailers if they usually live there or if they have no usual residence anywhere else. Do not interview them if they usually live elsewhere.

• **Inmates of specified institutions**
Persons who are inmates of certain types of institutions at the time of interview are not household members of the sample unit. They are usual residents at the institution. (See Group Quarter Tables in Appendix B.1 and Appendix B.2 for more information.)

Establishing Relationships

NOTE: Refer to the Household Composition portion of Part C of this manual for details regarding these categories.

By identifying each household member's relationship to the reference person, analysts will be able to define family units, the basic unit for analysis.

All persons listed must be identified by their relationship to the reference person. If the respondent has already given you the relationship of the household members, you may record the relationships without asking RPREL. However, this information should be verified.

Remember that we are interested in the relationship to the reference person and not necessarily to the respondent.
The reference person will be selected at screen HHREF_A. The computer will select the first non-military person, age 17 or older, to be the reference person, and you will be given the option of accepting this person, or selecting another person. Select an Armed Forces member to be the reference person only when there is no other eligible person, or if the respondent insists on his or her selection.

When selecting a new reference person, the second person entered in the roster is usually the best choice. That is, if the household members were entered in the order prescribed above. If you are not sure, ask an appropriate probe question to find the best person to be the new reference person (for example, "Who else besides ___ owns or rents this house?").

For unmarried couples (same-sex and opposite-sex) living together, enter "3" (Unmarried Partner). If they do not report themselves as married, or the response is less explicit, such as "we share an apartment" or "we room together", enter "13" (Housemate/Roommate) for their relationship.

If two persons of the same sex (two males or two females) consider themselves as married, enter "2" (Spouse) for their relationship.

PART B
SECTION 4
FAMILIES

Topic	See Page
Purpose	B16
Household Roster	B16

PURPOSE

Most households that you interview will contain only one family. However, some households will contain more than one family. For the NHIS, a "family" is defined as all household members related to each other by blood, marriage, or adoption, including foster relationships and unmarried (opposite or same sex) partners.

When there is more than one family in the household you will need to make certain that a distinct family number identifies each family. Each family is interviewed separately in a new case that is spawned from the parent case. A new control number and caseid are created by adding alphabetic characters to both the control number and the caseid.

HOUSEHOLD ROSTER

Below is an example of a Household Roster with three families.

HOUSEHOLD ROSTER

LN	FX	HHSTAT	NAME	AGE	SEX	Relationship
01	1	P R	John Doe	35	Male	Reference person
02	1	S	Jane Doe	34	Female	Wife
03	1	C	Donna Doe	4	Female	Daughter
04	2	S	Joe Nombre	26	Male	Boarder
05	2		Mary Nombre	24	Female	Boarder
06	3	S	Sean Public	22	Male	Boarder

NOTE: Refer to the Household composition portion of Part C of this manual for more information regarding the Household Roster.

LN refers to each individual's line or person number. You will use numbers to specify appropriate persons for conditions, income, program participation, etc.

FX displays family numbers, which are assigned in the following way: the person identified as the reference person is assigned family number 1. All persons related to the reference person will also be assigned family number 1. All persons not related to the reference person are not assigned a family number until the questions at FAMNUM /FAMNUM2 are answered. The instrument will assign family number 2 to the first person not related to the reference person in the household roster and any other persons identified in FAMNUM2 as being related to him/her. Then the next person not related to the reference person that does not have a family number will be assigned number 3, and so on. In the above example, Joe Nombre was assigned family number 2

because he was the first person not related to the reference person in the household roster. Since the respondent indicated that Mary Nombre is related to Joe, they were both assigned family number 2. Since there is no one else to whom Sean Public can be related in the household roster, he is assigned family number 3. For the purpose of the NHIS, if a person in a household has no other related person(s) living in the household, he/she is considered a separate family, so Sean Public's family consists of only Sean Public.

HHSTAT stands for Household Status and the single letter codes are called Flags (see pages B-21 and B-22 for definitions of Flags).

Relationship indicates the relationship of each person to the reference person. Notice that among family #2, the Roster gives no indication of the relationship between Joe Nombre and Mary Nombre. You will determine the relationships within each family after a family has been selected for interview.

PART B
SECTION 5
DEFINITIONS AND PROCEDURES

Topic	See Page
Important Terms	B19
Instructions	B32

IMPORTANT TERMS

An **Adult** is any person equal to or greater than the age of majority for their state of residence. In most states this age is 18 years old, but in Alabama and Nebraska this age is 19 and in Mississippi it is 21.

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

A **Bed** is anything used for lying down or sleeping, including a sofa, cot, or mattress. For example, a person who stayed on the sofa watching TV because he/she was not feeling well enough to get around would be considered "in bed."

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

- Machinery or equipment of substantial value, in which the person has invested capital is used by him/her in conducting the business. Hand rakes, manual mowers, hand shears, and the like would not meet the "substantial value" criteria.

- An office, store, or other place of business is maintained.

- There is some advertisement of the business or profession by listing it in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or otherwise publicizing that a particular kind of work or service is being offered to the general public.

-Consider the selling of newspapers, cosmetics, and the like as a business if the person buys the newspapers, cosmetics, etc., directly from the publisher, manufacturer, or distributor, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer. Otherwise, consider it as working for pay (job) rather than a business.

-Do not consider domestic work in other persons' homes, casual work such as that performed by a craft worker or odd-job carpenter or plumber as a business. This is considered as wage work. Whether or not the person is considered as having a job is described under Job.

- Do not consider the sale of personal property as a business.

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

CAPI stands for **C**omputer-**A**ssisted **P**ersonal **I**nterviewing.

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

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

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

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

A living quarters has **Direct Access** when the occupant(s) can either enter and leave directly from the outside or enter and leave from a common hall or lobby that is used by occupants of more than one unit. The hall or lobby must not be part of any unit and must be clearly separate from all units in the structure.

If the only entrance to a living quarters is through a room or hall of another living quarters, it does not have direct access.

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

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

An **Eligible Respondent** for the Family Section is any responsible adult equal to or greater than the age of majority for their state of residence. In most states this age is 18 years old, but in Alabama and Nebraska this age is 19 and in Mississippi it is 21.

An **Emancipated Minor** is any person who is 14 years old to one year less than the age of majority for their state of residence and married, widowed, divorced, or separated. In most states this age is 18 years old, but in Alabama and Nebraska this age is 19 and in Mississippi it is 21.

An **EXTRA Unit** is an unlisted living quarters that is discovered by chance during an interview or when asking the household coverage questions.

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

Flags are letter codes that appear next to a person’s name when you access the household roster. There are ten different possible flags that you may see to the left of a person's name in the household/family roster. Flags indicate the status of that person. They are defined below:

A Active Duty Armed Forces Member
B Family Health Respondent (Family Questionnaire)
C Sample Child
D Deleted (Non-household Member)
E Emancipated Minor
F Family Reference Person
G Family Demographics Respondent (HHC & FID)
P Household Reference Person
R Household Respondent
S Sample Adult

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

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

SHIFT-F1 **Show HH --** Show list of all persons in the household roster, household & family phone numbers
SHIFT-F2 **FAQ**--Frequently Asked Questions & answers
SHIFT-F3 Not used "within instrument" in the NHIS
SHIFT-F4 Not used "within instrument" in the NHIS
SHIFT-F5 **Language**
SHIFT-F6 Not used "within instrument" in the NHIS
SHIFT-F7 **Show Notes/Remarks** that were entered for specific question
SHIFT-F8 Not used "within instrument" in the NHIS
SHIFT-F9 Not used "within instrument" in the NHIS

SHIFT-F10	**Show Function Keys**
SHIFT-F11	**Show Standard Abbreviations**
SHIFT-F12	Not used "within instrument" in the NHIS
CTRL-D	**Don't Know**--to enter a "don't know" answer
CTRL-F	**Search Tag**
CTRL-H	**Blaise Version**
CTRL-K	**Show Function Keys**
CTRL-M	**Show Don't Knows and Refusals**—listing of all "don't know" and "refused" answers
CTRL-R	**Refused**--to enter a "refused" answer
CTRL-F3	**Show Question Text**--displays popup window with question text of current item
CTRL-F7	**Case Level Notes**--to enter notes about a case from anywhere in the instrument
CTRL-F11	**Calendar**--brings up a calendar for reference
END	**Next Unanswered Question**--takes you directly to next unanswered question after backing up in a case or reentering a case
ESCAPE	**Exit Help Screen**

A **Group Quarters (GQ)** is a type of living quarters where the residents share common facilities or receive authorized care or custody. A GQ does not meet the regular housing unit definition. (See also Appendix B.1, Group Quarters Type Codes and Descriptions)

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

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

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

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

The **Household** is the entire group of persons who live in the sample unit. It may consist of several persons living together or one person living alone. It includes the household reference person and any relatives living in the unit as well as roomers, employees, or other persons not related to the reference person.

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

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

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

A **Housing Unit** is a group of rooms or a single room occupied or intended for occupancy as separate living quarters. A housing unit may be occupied by a family or one person, as well as by two or more unrelated persons who share the living quarters. A housing unit does not have to be a structure. For example, trailers, tents, boats, trucks, buses, caves, and so forth may be housing units if they are used as separate living quarters.

The **Interview Week** is the week, Monday through Sunday, for which you have been given an assignment.

The **Interview Period** is the 16-day span which the Field representatives have to complete their NHIS assignment. For example, the interview period for Quarter 1, Week 3 starts

Monday, January 18, 2010 and closes out Tuesday, February 2, 2010.

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

- Do not consider a person who is "on call" and works only when his/her services are needed as having a job during the weeks in which he/she does not work. An example of a person "on call" is a substitute teacher who was not called to work during the past week.

- Consider seasonal employment as a job only during the season and not during the off-season. For example, a ski instructor would not be considered as having a "job" during the off-season.

- Consider school personnel (teachers, administrators, custodians, etc.) who have a definite arrangement, either written or oral, to return to work in the fall as having a "job" even though they may be on summer vacation.

- Consider persons who have definite arrangements to receive pay while on leave of absence from their regular jobs to attend school, travel, etc., as having a "job." This may be referred to as "sabbatical leave." Probe to determine if the person is receiving pay if this is not volunteered.

- Do not consider persons who work only at an unpaid job on a family farm or in a family business as having a "job" during a period when they are not working.

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

Listing is writing down on a listing sheet or entering into a laptop computer either the addresses or descriptions of living quarters

where people live, or could live, within an address or census block.

A **Merged Unit** is a unit that results from combining two or more units to form one basic address. A merger could involve two single-family homes or two or more apartments in a multi-unit structure. Instructions for handling mergers can be found in Appendix B.3 at the end of this chapter.

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

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 noninterview households as either Type A, B or C (see Part C, Section 23 for a detailed discussion of each noninterview type).

Primary Sampling Units (PSUs) are individual counties that are scientifically selected for the NHIS. PSUs are divided into segments, and you will be assigned to interview in one or more segments.

Probing is a technique used to get more information from a respondent when he/she has given an incomplete or inappropriate answer. See Part A for a more thorough discussion of probing.

Reference Periods
There are many different reference periods used in the NHIS:

Last Week - This is the week (7 days) just prior to interview week. The "last week" reference period starts on the Monday and ends with and includes the Sunday just prior to interview week. It does not include any days of the interview week. For example, if the interview is conducted on Saturday, January 31st, "last week" would refer to the period beginning on Monday, January 19th and ending Sunday, January 25th.

Two-Week Reference Period - The two-week reference period is the two weeks (14 days) just prior to the start date of the interview period. The two-week reference period starts on a Monday and ends with and includes the Sunday just prior to the beginning of the interview period**. It does not include any days of the interview period.** For example, the interview period for a case in 2010 Quarter 1, Week 4 begins on Monday, January 25th and ends

on Wednesday, February 10th. The two-week reference period for this **entire interview period** would be Monday, January 11th through Sunday, January 24th.

The two-week reference period **does not** move ahead when the FR interviews in the second and third week of the interview period. For example, if the interview was conducted during the first week of the interview period (such as on Wednesday, January 27th), the two-week reference period would be January 11th-24th. If the interview was conducted during the second week of the interview period (such as on Wednesday, February 3rd), the two-week reference period would **still be** January 11th-27th. And if the interview was not conducted until the final week of the interview period (such as on Monday, February 8th), the two-week reference period would again be January 11th-24th. It is important that the two-week reference period stay static throughout the entire interview period, so that data collected from respondents would be referencing the same point in time.

30 Day Reference Period - This is the period one month prior to the Sunday before interview week. It does not include any days of the interview week. For example, if the interview is conducted on Friday, July 2nd, the 30 day reference period would refer to the 30 day period beginning on Saturday, May 29th, and ending on Sunday, June 27th.

Three Month Reference Period - This is defined as 91 days prior to the day the injury screener question was asked. In most questions that use this reference period the computer will calculate the day that the period begins on and include that in the question. For example, if the day that you are interviewing is May 10, 2010, question FINJ3M in the Family Section will read as follows: "During the past three months, that is, since February 9, 2010, was anyone in the family..." However, not all questions that use this reference period will have the date included in the question.

This reference period is different from the other reference periods in that it ends on the day prior to the day of interview; it includes days in the interview week. Therefore, this reference period changes daily. (The 12-month reference period in the Family and Sample Child sections also ends on the day before the interview.)

Twelve Month Reference Period - This is defined as the 12 months prior to the Sunday before interview week; therefore the 12-month reference period begins on that date and ends on the Sunday night before interview week. For example, for an

interview taking place on Wednesday, May 12, 2010, the 12-month period would begin on May 11, 2009 and end on Sunday, May 9, 2010. Again, note that the reference period **does not** include any days of the interview week. Some questions that use this reference period will include the date that the period begins on in the question, and others will not.

The **Reference Person (Family)** is the person or one of the persons in a family, equal to or greater than the age of majority for their state of residence, who is generally the first person mentioned by the household respondent in the family roster. In most states this age is 18 years old, but in Alabama and Nebraska this age is 19 and in Mississippi it is 21. In single-family households the family reference person is the same person as the household reference person. If it is not obvious who is a responsible adult in a family in multiple unit households, designate the oldest family member as the reference person. If no family member is equal to or greater than the age of majority for their state of residence, designate the oldest person remaining as the reference person.

The **Reference Person (Household)** is the person or one of the persons, equal to or greater than the age of majority for their state of residence, who owns or rents the sample unit, and who is generally the first person mentioned by the respondent in the household roster. If more than one household member owns or rents the sample unit, or if none of the household members owns or rents the sample unit, designate the oldest household member as the reference person. If no household member is equal to or greater than the age of majority for their state of residence, designate the oldest person that owns or rents the sample unit as the reference person. If none of the household members owns or rents the sample unit, designate the oldest remaining person as the reference person.

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

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

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

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

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

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

The **Roster (Household/Family Roster)** for questions within the family sections is under the question text on most screens. They may also be displayed as “answers” in the answer pane of the info pane. It displays a household/family roster showing a list of all the people in the household or family who are to be considered in answering the associated question. If the roster is too long to fit all in one pane (info or answer), you will need to arrow down or page down to view the rest of the roster. You should not have to do this very often, if at all, since the screens were designed to accommodate the rosters. Some rosters will contain only those family members to which a question applies, such as only adults displayed at the wages and salary screen.

The **Sample Adult** is the one randomly selected adult chosen from each family.

The **Sample Child** is the one randomly selected child chosen from each family with one or more children.

A **Sample Unit** is the individual address at which you must conduct an interview.

Screening is a procedure used to "over sample" Blacks, Asians, and Hispanics in order to increase the reliability of health statistics for these groups. In most sample segments, some units will be designated for screening and you will complete the entire NHIS interview only if such a unit contains at least one eligible (i.e., civilian) Black, Asian, or Hispanic member. If such a sample unit contains no eligible Black, Asian, or Hispanic residents, the instrument will classify the unit as a Type B noninterview, outcome 236 (screened out household).

A **Segment** is a group of sample units or a well-defined land area formed primarily for field interviewing purposes. Segments are determined based on geographic information received from the 2000 Census or from a Census Bureau survey of housing units built since the 2000 Census. There are two types of segments for the NHIS:

A <u>Permit Segment</u> contains one or more addresses for

residential structures (single or multi-unit) built or completed after April 2000. Addresses are obtained from permit offices throughout the country from the monthly Permit Address Listing (PAL) operation. These addresses are sampled for the NHIS.

An Area Segment is a land area with well-defined boundaries, such as streets, rivers, or railroad tracks, which may or may not be visible. Both housing units and group quarters are included in area segments. For NHIS, both rural and urban areas can comprise area segments. Blocks are canvassed and housing units and group quarters are listed independently. The housing units and group quarters are then sampled for the NHIS.

A **Separate Living Quarters** is one in which the occupants live separately from all other persons on the property, and have direct access from the outside, or through a common hall or lobby (*such as in some apartment buildings*).

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

Work includes the following:

- Working for pay (wages, salary, commission, piecework rates, tips, or "pay-in-kind" such as meals, living quarters, or supplies provided in place of cash wages).

- Working for profit or fees in one's own business, professional practice, partnership, or farm even though the efforts may produce a financial loss.

- Working as a military or civilian employee of the National Guard or Department of Defense.

- Participating in a government sponsored work program such as Public Employment Program (PEP), Volunteers in Service to America (VISTA), Foster Grandparent Program, Work Incentive Program (WIN), etc.

Do not include the following as work:

- Unpaid work that does not contribute to the operation of a family business or farm (e.g., home housework).

- Unpaid work for a related household member who is a

salaried employee and does not operate a farm or business (e.g., typing for a wife who is a lawyer for a corporation).

- Unpaid work for an unrelated household member or for a relative who is not a household member.

- Volunteer or other unpaid work for a church, charity, political candidate, club, or other organization, such as the Red Cross, Community Fund, etc.

- Temporary duty with the National Guard or Reserves.

- Owning a business solely as an investment to which no contribution is made to the management or actual operation (e.g., owning a grocery store which someone else manages and operates).

- Jury duty.

- Participating in a government sponsored program such as Job Training Partnership Act (JTPA) if it involves only training in a school or other institutional setting and does not include on-the-job training (if it includes a combination of on-the-job training and classroom training, consider the person as working; count only the time spent on the job as working).

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

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

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

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

Year Built does not apply to:

- Any later remodeling,

- Any additions to previously existing structures

- Conversions (commercial or residential) within structure, or

- The date a house was moved to another site or lot.

INSTRUCTIONS

Locating the Address

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

- The first resource for locating a sample unit is the "Time of Interview Mode" of the Automated Listing and Mapping Instrument (ALMI).

- Ask for help from a knowledgeable person. For example, post office employees are familiar with the locations of addresses and are the best sources of information on the locations of "rural route" mail delivery addresses.

- Police, fire, and other local government officials, such as assessors, building inspectors, and zoning officials may be helpful.

- Local business persons who deal with people in the area may be able to explain the location of an address.

- Utilities such as electric companies and telephone companies service most households in an area and may be helpful in locating many addresses.

- Check for any spelling differences between the street name listed and the street name posted on the street sign or map.

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

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

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

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

When all attempts to locate a basic street address fail, discuss the situation with your supervisor.

Contacting the Household

After you locate an address, list or update at that address if necessary. Since the **NHIS is a personal visit survey and NOT a telephone survey**, visit the household at the sample unit and introduce yourself using an introduction similar to the one discussed in Part A.

No One Home on First Visit

If no one is home on your first visit, find out from neighbors, janitors, etc., what the best time would be to contact the occupants of the sample unit.

Try to find out from neighbors, janitors, or other knowledgeable persons when the occupants will be home; however, do not identify the specific name of the survey. Note the time in the Case Level Notes in Case Management, and call back at that time.

Fill a Request for Appointment (Form 11-38 or 11-38a) indicating when you plan to call back. Enter your name and telephone number in the space provided. Also, enter the date and time you plan to call back in the Case Level Notes in Case Management. **DO NOT** leave this form where it is easily visible, as this may anger the respondent.

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

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

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

Visit the address at different times of the day and night.

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

Remember when inquiring of neighbors or other persons about the occupants, say that you are a representative of the U.S. Census Bureau and you are interested in contacting the occupants for a survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service, but you must not mention the particular name of the survey.

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

Two-Week Doctor Visits

Include as doctor visits:

A visit by or for the person to the doctor or doctor's assistant for the purpose of obtaining medical advice, treatment, testing, or examination. For example, if a

mother visits the doctor about her child, count this as a doctor visit for the child.

A visit to a doctor's office, clinic, hospital emergency room, or outpatient department of a hospital where a person goes for treatment or examinations even though a doctor may not actually be seen or talked to.

A visit by the doctor or doctor's assistant to the person. If the doctor or doctor’s assistant visits the home to see one patient and while there examines or professionally advises another member of the household, count this as a "doctor visit" for each individual receiving the doctor's or assistant's attention.

Telephone calls to or from a doctor or assistant for the purpose of discussing the health of the person. Include calls to or from a doctor or assistant for obtaining or renewing a prescription or calls to obtain the results of tests or X-rays. Count the telephone call as a doctor visit for the person about whom the call was made. For example, if the wife calls the doctor about her husband's illness because he is too ill to call himself, count the call for the husband, not the wife.

Medical advice obtained from any non-household member (related or not) who is a doctor, even if this is done on an informal basis.

Laboratory visits.

Physicals for athletes or the U.S. Armed Services.

Visits to a nurse at work or school unless such visits were mass visits. For example, include an individual visit, but exclude visits by all or many persons for the same purpose, such as for TB tests, hearing exams, etc.

Exclude as doctor visits:

A visit made by a doctor or assistant while the person was an overnight patient in the hospital.

Visits for shots or examinations (such as X-rays) administered on a mass basis. If it is reported that the person went to a clinic, a mobile unit, or some similar place

to receive an immunization, a chest X-ray, or a certain diagnostic procedure that was being administered identically to all persons who were at the place for this purpose, do not count this as a doctor visit.

Do not include immunizations or examinations administered to children in schools on a mass basis as doctor visits. (*Physicals for athletes or the U.S. Armed Services are NOT considered mass visits; count these as doctor visits*.)

Telephone calls made between a pharmacist and a doctor to obtain, renew, or verify prescriptions or calls made between the person and a pharmacist. Also EXCLUDE calls for appointments, inquiries about a bill, and other topics not directly related to the person's health, and calls that are connected to a recording.

Visits to dentists or oral surgeons.

Self-treatment or medical advice prescribed for one's self.

Medical advice or treatment given at home by a related household member who is a doctor.

Special Situations

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

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

2. **Doctors and assistants seen on the same visit**--A visit in which the person sees both a doctor and one or more

of the doctor's assistants who work under this doctor's supervision should be counted as only one doctor visit.

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

3. **More than one assistant seen on the same visit**--When the person sees more than one assistant on the same visit, count as a separate visit each assistant seen who works under the supervision of a different doctor. If each of the assistants seen on the same visit work under the supervision of the same doctor, count this as only one visit. For example, count it as two visits if the person first saw one doctor's nurse and then was referred to another doctor's therapist. Count it as one visit if the person first had his/her blood pressure checked by one nurse and temperature checked by another, both working for the same doctor.

4. **Laboratory visits**--Do not probe to determine if a visit took place at a laboratory. However, if a laboratory visit is reported, count this as a doctor visit.

Industry and Occupation

For currently and ever-employed Sample Adults, describe the person's main job or business. The detail asked for in these questions is necessary to properly and accurately code each occupation and industry. This information can be combined with various health data collected in the NHIS to compare the relationships between jobs and health, exposure to hazards, time lost from work, and other variables.

Definitions

Kind of business or industry--The major activity of the establishment or business in which the person worked.

Employee of a PRIVATE company, business, or individual for wages, salary, or commission--Working for a private employer for wages, salary, commission, or other compensation such as tips,

piece-rates, or pay-in-kind. The employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes paid work for settlement houses, churches, union, and other nonprofit organizations and work for private organizations doing contract work for government agencies.

FEDERAL Government employee--Working for any branch of the Federal Government, including persons who were elected to paid federal offices and employees of the Armed Forces and some members of the National Guard. Also include employees of international organizations (e.g., United Nations) and employees of foreign governments such as persons employed by the French Embassy of the British Joint Services Mission. *Exclude employees of the American Red Cross, the U.S. Chamber of Commerce, and similar civil and national organizations which are considered as PRIVATE businesses.*

STATE Government Employee--An employee of a state government, including paid state officials (including statewide JTPA administrators); state police; employees of state universities, colleges, hospitals, and other state institutions; and most full-time employees of the National Guard.

LOCAL Government Employee--An employee of cities, towns, counties, and other local areas, including city-owned bus lines; municipally-owned electric power companies, water and sewer services; local JTPA offices; and employees of public elementary and secondary schools.

Self-Employed--Persons working for profit or fees in their own business, shop, office, farm, etc. Include persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators, or independent truckers. *This does not apply to superintendents, foremen, managers, or other executives hired to manage a business or farm, salesman working for commission, or officers of corporations. Such persons are considered as employees of PRIVATE companies.*

Working WITHOUT PAY in a Family Business or Farm--Working on a farm or in a business operated by a related member of the household, without receiving wages or salary for work performed. *Room and board and a cash allowance are not considered as pay for these family workers.*

General Instructions

The work related questions are asked at the beginning of the Sample Adult Questionnaire. These questions provide a full description of a person's job or business.

There are different paths through this set of questions, depending on the Sample Adult's work status as reported in the Family Questionnaire. If the Sample Adult was working at a job or business LAST WEEK you will go through several screens to collect a full description of his/her job or business and some of the benefits of the job.

All entries in these items must refer to the same job or business and must present a consistent picture since you are describing only one job, business, or profession. When you find an inconsistency, probe to obtain complete and consistent entries. For example, if a respondent told you that he works at XYZ Surf Shop and his most important activities are selling ice cream, this may be inconsistent. Probe to determine the correct information.

If a person worked at (or held) more than one job during the past week, or operated a farm or business and also worked for someone else, describe the one job or business at which he/she worked the most hours.

If the person worked the same number of hours at all jobs, enter the one job or business at which he/she has been employed the longest. If the person was employed at all jobs the same length of time, enter the one job or business, which the respondent considers to be the main one.

Consider persons who are working through an employment contractor to be working for the contractor, not the individual employer to whom they are assigned. For example, for a person assigned a job by "ABC Services" as a typist for an insurance firm, you would enter "ABC Services" at the screen which asks "for whom did you work?" and "Temporary employment contractor" at the screen which asks "what kind of business or industry is this?"

For persons enrolled in government-sponsored programs, record the specific employer rather than the government program. For example, in the case of JTPA programs, it is possible for an individual to actually work for either the local government or a private employer. Whenever you have difficulty determining who the actual employer is, apply the "who pays" rule of thumb-ask

who pays the wages or salary and consider the payer as the employer.

Example: A person may say that he/she works for the plumber's union. However, during the past week he/she was working on a new construction project and was paid by EFG Contractors. Therefore, "EFG Contractors" would be the employer, not the union.

Distinguish between different types of farm workers. The table below gives examples of the proper entries for various types of farm workers.

Kind of Farm Worker	For whom did you work at your main job or business?	What kind of business or industry is this?	What kind of work were you doing?	What were your most important activities on this job or business?	Were you ...*
a. Person responsible for operation of farm, as owner, tenant, or sharecropper.	own farm or self	farm	farmer or sharecropper	all farm work	5
b. Person doing general farm work for wages.	XYZ Farm, Inc. or father's farm	farm	farm hand	runs a tractor	1
c. Household relative of farmer doing work on the family farm without pay.	XYZ Acres or family farm	farm	farm helper	repairing fences	6
d. Person hired to manage a farm for someone else.	XYZ Plantation	farm	farm manager	keeping records	1
e. Person who goes from farm to farm performing farm operations on a contract basis, using own equipment.	own business	harvesting farm crops	farm service worker	running own combine	5
f. Person hired to supervise a group of farm hands.	XYZ Farm	farm	farm foreman	supervise farm laborers	1
g. Person hired to do a specific farm job.	XYZ Farm	farm	fruit picker, cotton chopper, etc.	picking fruit, chopping cotton, etc.	1
h. Farm worker on Government-operated farm.	state farm agency	state agric. exper. farm, county farm, etc.	farm manager, farm hand, fruit picker, etc.	keeping records, feeding livestock, picking fruit, etc.	2, 3, or 4

Were you-

- An employee of a PRIVATE company, business, or individual for wages, salary, or commission?
- A FEDERAL government employee?

- A STATE government employee?
- A LOCAL government employee?
- Self-employed in your OWN business, professional practice, or farm?
- Working WITHOUT PAY in a family owned business or farm?

When the place of work is a ranch, follow the same procedures used for a farm. Use the terms "rancher" instead of "farmer," "ranch hand" instead of "farm hand," etc. If you have difficulty deciding whether a place is a farm or ranch, consider it to be a farm.

Determining Employer

Enter the full and exact name of the company, business, government agency, or other employer. Do not use abbreviations unless that is all the respondent can give you for the name of the employer. For persons who work or last worked for employers without company names (such as a farm, dentist's or lawyer's office, etc.), enter the name of the owner. For persons who worked for several different employers, like odd-job or domestic workers, day workers, baby-sitters, etc., enter "various persons."

Government--For employees of a government agency, record the specific organization and indicate whether the organization is Federal (U.S.), state, county, etc. For example, U.S. Treasury Department, STATE Highway police, CITY tax office, COUNTY highway commission. It is not sufficient to report merely "U.S. Government," "City Government," "police department," etc. *NOTE: There are some persons who work full-time for the National Guard. These are considered civilian employees of the State, and should have this item completed as any other State employee, regardless of whether they normally wear a uniform.*

Self-Employed--If the person is self-employed, ask if the place of business or establishment has a name (such as XYZ Barber Shop, ABC Construction, etc.) and enter this as their employer. If there is no business name, enter "self-employed," "own business," "family farm," etc.

Kind of Business or Industry

In order to give a clear and exact description of the industry, the entry must indicate both a general and a specific function for the employer; for example, copper mine, fountain pen manufacturer,

wholesale grocery, retail bookstore, road construction, shoe repair service, etc. The words "mine," "manufacturer," "wholesale," "retail," "construction," and "repair service" show the general function. The words "fountain pen," "grocery," "bookstore," "road," and "shoe" indicate the specific function.

Do not use the word "company" in this entry. It does not give useful information. If the respondent reports that he/she works for a metal furniture company, ask, "What does the company do?" If they sell furniture, ask, "Do they sell to other stores (which would be wholesale) or to individuals (which would be retail)?" In this example, the possible replies would be "metal furniture manufacturer," "furniture wholesaler," or "furniture retailer," *Note that, where possible, you should specify for furniture manufacturers the major material used--wood, metal, plastic, etc., but for the selling operation, it is not necessary, since furniture wholesalers and retailers very often sell various types.*

Some firms carry on more than one kind of business or industrial activity. If several activities are carried on at the same location, describe only the major activity of the establishment. *For example, employees in a retail salesroom located at the factory of a company primarily engaged in the manufacturing of men's clothing should be reported as working in "Men's clothing manufacturing."*

- If the different activities are carried on at separate locations, describe the activity at the place where the person works. *For example, report a coal mine owned by a large steel manufacturer as "coal mine," report the separate paint factory of a large chemical manufacturer as "paint manufacturing."*

- A few specified activities, when carried on at separate locations, are exceptions to the above. Record the activity of the parent organization for research laboratories, warehouses, repair shops, and storage garages, when these kinds of establishments exist primarily to serve their own parent organizations rather than the public or other organizations.

For example, if a retail department store has a separate warehouse for its own use, the entry for the warehouse employees should be "retail department store" rather than "warehouse."
It is essential to distinguish among manufacturing, wholesale, retail, and service companies. Even though a manufacturing plant

sells its products in large lots to other manufacturers, wholesalers, or retailers, report it as a manufacturing company. Use the following as a guide:

- A wholesale establishment buys, rather than makes, products in large quantities for resale to retailers, industrial users, or to other wholesalers.

- A retailer sells primarily to individual consumers or users but seldom makes products.

- Establishments which render services to individuals and to organizations *such as hotels, laundries, cleaning, dyeing shops, advertising agencies, and automobile repair shops* are engaged in providing services. Report them as retailers, but show the type of services provided, *for example, "Retail TV and VCR repair."*

- Manufacturer's Sales Office: Record a separate sales office set up by a manufacturing firm to sell to other business organizations and located away from the factory or headquarters of the firm as "(product) manufacturers' sales office." *For example, a St. Louis shoe factory has a sales office in Chicago; "shoe manufacturer's sales office" is the correct entry for workers in the Chicago office.*

- Business in own home: Some people carry on business in <u>their own</u> homes. Report these businesses as if they were carried on in regular stores or shops. *For example, dressmaking shop, lending library, retail antique furniture store, insurance agency, piano teaching, boarding house, rest home, boarding children (for a foster home), etc.*

- Domestic and other private workers: When the name of a single individual is given as the employer, find out whether the person works at a place of business or in a private home.

The proper industry entry for a domestic worker employed in the home of another person is "private home." For a person cleaning a doctor's office which is in the doctor's own home, the proper entry is "doctor's office." This also applies to other types of offices, such as dentists or lawyers.

- Persons placed on jobs through union hiring halls or other

similar registers often report working for the union. In this situation, probe to determine who pays the person--the union or the site employer--and complete this item for the one who pays.

Kind of Work and Work Activities

The answer to "what kind of work were you doing?" should describe clearly and specifically the kind of work or nature of duties performed by the person. The answer to "what were your most important activities on this job or business?" should tell you the person's most important activities or duties. The responses to these two questions will give the sponsor the information needed to accurately classify the person's occupation.

When the combination of entries to these two questions does not give you an adequate description of the person's occupation, ask additional probing questions until the total combined information adequately describes the person's job.

The following example is provided to help clarify the use of the combined information in these two work questions.

INADEQUATE	ADEQUATE	ADEQUATE
Mechanic Repairs cars	Mechanic Fixes dents	Mechanic, auto body repair Repairs cars, replaces fenders, and other repairs to auto bodies

In this example, it is important to distinguish between the person who works on auto bodies and the person who does automobile engine repair work. Either of the above adequate combined responses does that.

When a person is self-employed, ask the occupation question as worded: "What kind of work were you doing?" Do not enter "manager" as the occupation unless the person actually spends most of the time in the management of the business. If the person spends most of the time in his/her trade or craft, record that as the occupation, that is, shoe repair, beautician, or carpenter, as the case may be.

You may encounter occupations which sound strange to you. Accept such entries if the respondent is sure the title is correct. *For example, "sand hog" is the title for a certain worker engaged*

in the construction of underwater tunnels and "printer's devil" is sometimes used for an apprentice printer. Where these or any other unusual occupation titles are entered, add a few words of description if the combined entries are not sufficiently clear.

Some special situations

a. Apprentice versus trainee--An apprentice is under written contract during the training period but a trainee may not be. Include both the occupation and the word "apprentice" or "trainee," as the case may be, in the description, *for example, "apprentice plumber" or "buyer trainee."*

b. Baby-sitter versus boarding children--A baby-sitter usually cares for children in the home of the employer. However, when the children are cared for in the worker's own home, the occupation is "boarding children."

c. Contractor versus skilled worker--A contractor is engaged principally in obtaining building or other contracts and supervising the work. Classify a skilled worker who works with his/her own tools as a carpenter, plasterer, plumber, electrician, and the like, even though he/she hires others to work for him/her.

d. Paid housekeeper versus housemaid--A paid housekeeper employed in a private home for wages has the full responsibility for the management of the household. A housemaid (general house-work), hired helper, or kitchen help does not.

e. Interior decorator versus painter or paperhanger--An interior decorator designs the decoration plans for an interior of homes, hotels, offices, etc., and supervises the placement of the furniture and other decorations. A house painter or paperhanger only does painting or hangs paper.

f. Machinist versus mechanic versus machine operator--A machinist is a skilled craftsman who constructs metal parts, tools, and machines through the use of blueprints, machine and hand tools, and precise measuring instruments. A mechanic inspects, services, repairs, or overhauls machinery. A machine operator operates a factory machine *(drill press operator, winder, etc.)*

g. Secretary versus official secretary--Use the title "secretary"

for secretarial work in an office; report a secretary who is an elected or appointed officer of a business, lodge, or other organization as an "official secretary."

h. Names of departments or places of work--Occupation entries which give only the name of the department or a place of work are unsatisfactory. *Examples of such unsatisfactory entries are "works in warehouse," "works in shipping department," "works in cost control."* The occupation entry must tell what the worker does, not what the department does.

Importance of the Work Activity question--The responses to the activity question are very important for coding purposes. Although the question may seem redundant in some cases, the responses often permit more accurate coding of the occupation. We cannot provide you with a complete list showing when an activity response together with the job title is adequate or when additional probing is necessary.

Class of Worker

Record the class of the worker by choosing one of the six categories. The information on the screen which asks "What kind of business or industry is this?" will usually be sufficient for identifying "class of worker." If the information previously supplied is not adequate for this purpose, ask additional questions as necessary, for example, "Were you a local government employee?"

When in doubt, use the "Who pays" criterion, that is, record the class of worker category according to who pays the person's wages or salary.

If a person has more than one job or business, be sure to select the category that applies to the one job or business entered in the previous questions in this section.

Cautions regarding class-of-worker entries:

Corporation employees--Report employees of a corporation as employees of a private employer. Do not report corporation employees as owning their business even though they may own part or all of the stock of the incorporated business.

Domestic work in other persons' homes--Report house cleaner, launderer, cook, or cleaning person working in another person's home as working for a private employer.

Partnerships--Report two or more persons who operate a business in partnership as self-employed in own business. The word "own" is not limited to one person.

Public utility employees--Although public utilities (such as transportation, communication, electric light and power, gas, water, garbage collection, and sewage disposal facilities) are subject to government regulations, they may be owned by either government or private organizations.

Distinguish between government-operated and privately-owned organizations in recording class of worker for public utility employees.

Work for pay "in kind"--Pay "in kind" includes room, board, supplies, and food, such as eggs or poultry on a farm. This is considered pay except for a member of the family. Report persons who work for pay "in kind" as employees of a private company or individual.

Work on an odd-job or casual basis--Report work on an odd-job or casual basis as work by an employee for a private company, business, or individual. *For example, do not report the baby-sitter employed in other people's households as self-employed.*

Clergymen and nuns--Enter "1" for preachers, ministers, priests, rabbis, and other clergymen except in the following two cases:

Record clergy working in a civilian government job, such as a prison chaplain, as a government employee--"2," "3," or "4."

Record clergy not attached to a particular congregation or church organization, who conduct religious services in various places on a fee basis, as self-employed in their own professional practice--"5."

Enter "1" for nuns who receive pay in kind.

Registered and practical nurses--private duty--For nurses

who report "private duty" for kind of business, enter "5."

PX (Post exchange), officer's club, N.C.O. club employees, etc.-- Record persons working in a PX, officer's club, N.C.O. club, or similar organization which is usually located on a government reservation as "1" - Such nonprofit organizations are controlled by private individuals elected by some form of membership.

APPENDIX B.1 GROUP QUARTERS TYPE CODES AND DESCRIPTIONS

Group Quarters (GQ) Type Codes and Descriptions, Listed In Numerical GQ Type Code Order		
2000 GQ Codes		Institutional GQs
Resident Non-Staff	Resident Staff	
		Correctional Institutions (101-107)
101	905	*Federal Detention Centers* [including Park Police, Bureau of Indian Affairs, Immigration and Naturalization Service (INS) centers operated within local jails, and State and Federal prisons. INS detention centers also include INS Federal Alien Detention Facilities, INS Service Processing Centers, and INS Contract Detention Centers used to detain aliens under exclusion or deportation proceedings and aliens who require custodial departures.]
102	905	*Federal Prisons* [including criminally insane wards operated by a Federal prison within a mental or general hospital. If ward is not operated by a prison, code criminally insane ward "404" and "905" for staff residing in the group quarters.] Note: Do not include INS detention centers operating within Federal Prisons. Code INS detention centers "101" for aliens and "905" for staff residing in the group quarters. Do not include correctional centers for juveniles. Include juveniles facilities in "201-209".
103	905	*State Prisons* [including criminally insane wards operated by a State prison within a mental or general hospital; if not operated by a prison, code criminally insane ward "404" and "905" for staff residing in the group quarters.] Note: Do not include INS detention centers operating within State Prisons. Code INS detention centers "101" for aliens and "905" for staff residing in the group quarters.

Group Quarters (GQ) Type Codes and Descriptions, Listed In Numerical GQ Type Code Order		
2000 GQ Codes		**Institutional GQs**
Resident Non-Staff	**Resident Staff**	
104	905	*Local Jails (county, city, regional, and other municipalities) and Other Confinement Facilities* (usually hold persons more than 48 hours) includes work farms and police lockups. Note: Do not include INS detention centers operating within local jails. Code INS detention centers "101" for aliens and "905" for staff residing in the group quarters.
105	905	*Halfway Houses* [operated for correctional purposes, including probation and restitution centers, prerelease centers, and community-residential treatment centers.]
106	904	*Military Disciplinary Barracks* [including jails on military installations.]
107	905	*Other Types of Correctional Institutions* [including private correctional facilities and correctional facilities specifically for alcohol/drug abuse.]
		Juvenile Institutions (201-209, 702) [including homes, schools, and detention centers]
		1. *Long-term* Care [length of stay usually more than 30 days]
		a. Neglected, abused, and dependent children [orphanages, homes, or residential care]
201	905	(1) Public ownership
202	905	(2) Private ownership
203	905	(3) Ownership unknown (Used as a last resort if no other type code applies.)
204	905	b. Emotionally disturbed children [residential treatment center (psychiatric care provided)]

Group Quarters (GQ) Type Codes and Descriptions, Listed In Numerical GQ Type Code Order		
2000 GQ Codes		**Institutional GQs**
Resident Non-Staff	**Resident Staff**	
		c. Delinquent children [placed by court, parents, or social service agencies in residential training schools or homes, including industrial schools, camps, or farms]
205	905	(1) Public ownership
206	905	(2) Private ownership
207	905	(3) Ownership unknown (used as a last resort if no other type code applies.)
		2. *Short-term* Care [length of stay usually 30 days or less]
208	905	a. Delinquent children [temporary care in detention centers, reception or diagnostic centers pending court disposition of case]
702		b. Runaway, neglected, and homeless children [emergency shelters/group homes which provide temporary sleeping facilities for juveniles]
209	905	3. *Type of juvenile institution unknown* (Used as a last resort if no other type code applies.)
		Nursing Homes (301-307) [skilled nursing facilities (SNF), intermediate care facilities (ICF), long-term care rooms in wards or buildings on the grounds of hospitals, nursing, convalescent, and rest homes including soldiers', sailors', veterans', fraternal or religious homes for the aged with nursing care]
		1. *Public ownership*
301	905	a. Federal ownership [including Veterans' Affairs (VA), domiciliary homes, and U.S. Naval homes]
302	905	b. State and county or city ownership

Group Quarters (GQ) Type Codes and Descriptions, Listed In Numerical GQ Type Code Order		
2000 GQ Codes		Institutional GQs
Resident Non-Staff	Resident Staff	
303	905	c. Don't know if Federal, State, county-city ownership (Used as a last resort if no other type code applies.)
		2. *Private ownership*
304	905	a. Private not for profit
305	905	b. Private for profit
306	905	c. Don't know if for profit or not for profit (Used as a last resort if no other type code applies.)
307	905	3. Don't know if Federal, State, local, or private ownership (Used as a last resort if no other type code applies.)

Group Quarters (GQ) Type Codes and Descriptions, Listed In Numerical GQ Type Code Order		
2000 GQ Codes		**Institutional GQs**
Resident Non-Staff	**Resident Staff**	
		Hospitals and Wards, Hospices, and Schools for the Challenged (400-410) [See also codes 904 and 905, Dormitories for Nurses and Interns in Military and General Hospitals]
400	905	1. *Drug/alcohol Abuse* [hospitals and hospital wards in psychiatric and general hospitals]
		2. *Chronically Ill*
401	904	a. Military hospitals or wards for chronically ill
402	905	b. Other hospitals or wards for chronically ill (402) Hospitals and Wards, Hospices, and Schools for the Challenged/Chronically Ill/Other hospitals or wards for chronically ill [including tuberculosis hospitals or wards; wards in general and Veterans' Affairs hospitals for the chronically ill; wards for progressive or degenerative brain diseases, such as neuro-degenerative process, spinal chord tumor, or other neurologic diseases; wards for patients with Hansen's Disease (leprosy) and other incurable diseases; and other unspecified wards for the chronically ill] Note: Do not include mental or alcohol/drug abuse hospitals or wards.
403	905	c. Hospices/homes for chronically ill [including hospices and homes for AIDS and cancer patients, and other unspecified terminal diseases]

Group Quarters (GQ) Type Codes and Descriptions, Listed In Numerical GQ Type Code Order		
2000 GQ Codes		Institutional GQs
Resident Non-Staff	Resident Staff	
404	905	3. *Mentally Ill (Psychiatric)* [hospitals or wards, including wards for the criminally insane not operated by a prison and psychiatric wards of general hospitals and veterans' hospitals. This is a medical setting designed for the treatment of mental illness. Patients receive supervised and medical/nursing care from formally trained staff.]
405	905	4. *Mentally Challenged* [schools, hospitals, wards (including wards in hospitals for the mentally ill), and intermediate care facilities for the mentally challenged (ICF/MR)]
		5. *Physically Challenged* [including schools, hospitals, or wards in a suitably-equipped medical setting and designed primarily for the physically challenged who receive supervised care and medical/nursing care from a formally trained staff]
406	905	a. Institutions for the deaf
407	905	b. Institutions for the blind
408	905	c. Orthopedic wards and institutions for physically challenged [includes institutions providing long-term care to accident victims, and persons with polio, cerebral palsy (leads to motor dysfunction), muscular dystrophy, etc.] Note: Do not include wards for terminally ill patients. Code such places as "401" military hospitals or wards for chronically ill or "402" other hospitals or wards for chronically ill.
409	905	6. *General Hospitals with Patients who Have No Usual Home Elsewhere* [including maternity, neonatal, pediatric (including wards for boarder babies), Veterans' Affairs, surgical, and other purpose wards of hospitals and wards for infectious diseases]

Group Quarters (GQ) Type Codes and Descriptions, Listed In Numerical GQ Type Code Order		
2000 GQ Codes		Institutional GQs
Resident Non-Staff	Resident Staff	
410	904	7. *Military Hospitals with Patients who Have No Usual Home Elsewhere* [including maternity, neonatal, pediatric (including wards for boarder babies), military, surgical, and other purpose wards of hospitals and wards for infectious diseases.]

Group Quarters (GQ) Type Codes and Descriptions, Listed In Numerical GQ Type Code Order		
2000 GQ Codes		**Non-institutional GQs**
Resident Non-Staff	**Resident Staff**	
		College Quarters (501)
501		*Dormitories and Fraternity and Sorority Houses (on and off campus)*
		Military Quarters (601-603)
		1. *On Base:*
601		a. Barracks, unaccompanied personnel housing (UPH) (Enlisted/Officer), and similar group living quarters for military personnel
602		b. Transient quarters for temporary residents (military or civilian)
	904	c. Dormitories for nurses and interns in military hospitals
106	904	d. Stockades and jails (on military installations)
603		2. *Military ships* [ineligible for all demographic surveys]
701		**Hotels/Motels (701)** [those used entirely for persons without a usual home, and hotels and motels used partially for persons without a usual home]
		Emergency Shelters/Service Locations (701-706)
701		1. *Shelters For The Homeless With Sleeping Facilities* [including emergency housing, missions, and flophouses, Salvation Army shelters, hotels and motels used entirely for homeless persons, hotels and motels used partially for the homeless, and similar places known to have persons with no usual home elsewhere who stay overnight]

Group Quarters (GQ) Type Codes and Descriptions, Listed In Numerical GQ Type Code Order		
2000 GQ Codes		**Non-institutional GQs**
Resident Non-Staff	**Resident Staff**	
702		2. *Shelters for Runaway, Neglected, and Homeless Children* [emergency shelters/group homes which provide temporary sleeping facilities for juveniles] (*Also Juvenile Institutions, Short-Term Care, for Runaway, neglected, and homeless children*)
703		3. *Shelters for Abused Women* (or Shelters Against Domestic Violence) [ineligible for all demographic surveys]
		4. *Service Locations*
704		a. Soup Kitchens [ineligible for all demographic surveys]
705		b. Regularly scheduled mobile food vans [ineligible for all demographic surveys]
706		5. *Targeted Non-sheltered Outdoor Locations* [ineligible for all demographic surveys]
		Group Homes/Halfway Houses (801-810) [with 10 or more unrelated persons (801-805) and with 9 or less unrelated persons (806-810): Including those providing community-based care and supportive services] Note: Do not include halfway houses for correctional purposes. If operated for correctional purposes, code according to Halfway Houses 105.
801,806		1. *Drug/Alcohol Abuse* [group homes, detoxification centers, quarterway houses (residential treatment facilities that works closely with an accredited hospital); halfway houses; recovery homes for ambulatory, mentally competent recovering alcoholics who may be re-entering the work force]
802,807		2. *Mentally Ill*
803,808		3. *Mentally Retarded*

Group Quarters (GQ) Type Codes and Descriptions, Listed In Numerical GQ Type Code Order		
2000 GQ Codes		**Non-institutional GQs**
Resident Non-Staff	**Resident Staff**	
804,809		4. *Physically Handicapped*
805,810		5. *Other Group Homes* [*Including communes, foster care homes, and maternity homes for unwed mothers*]
900		**Crews of Maritime Vessels (900)**
		Dormitories (501, 601, 901-905)
501		1. *Dormitories and Fraternity and Sorority Houses (on and off campus)*
601		2. *Military Quarters on Base*, including Barracks [unaccompanied personnel housing (UPH) (Enlisted/Officer), and similar group living quarters for military personnel]
901		3. *Agriculture Workers' Dormitories on Farms* [includes migratory farm workers camps, bunkhouses for ranch hands, and other dormitories on farms including those on "tree farms"]
902		4. *Other Workers' Dormitories* [including logging camps, construction workers' camps, firehouse dormitories, job-training camps, energy enclaves (Alaska only), Alaskan pipeline camps, non-farm migratory workers' camps (such as workers who lay oil and gas pipelines)]
903		5. *Job Corps and Vocational Training Facilities for Persons above the High School Level*
904		6. *Dormitories for Nurses and Interns in Military Hospitals*
905		7. *Dormitories for Nurses and Interns in General Hospitals*

Group Quarters (GQ) Type Codes and Descriptions, Listed In Numerical GQ Type Code Order		
2000 GQ Codes		Non-institutional GQs
Resident Non-Staff	Resident Staff	
906		**Religious Group Quarters (906)** [including convents, monasteries, and rectories (classify members of religious orders who live in a dormitory at a hospital or college according to the type of place where they live, such as college or hospital dormitories)]
908		**Other Non-household Living Situations (908)** [including those not covered by other GQ types, such as hostels, YMCAs and YWCAs]
909		**Natural Disaster (909)** [ineligible for all demographic surveys]
911		**Residential Care Facilities Providing "Protective Oversight" (911)**

APPENDIX B.2 DISTINGUISHING GROUP QUARTERS FROM HOUSING UNITS AT THE TIME OF INTERVIEW

Living Situation	GQs	HUs	Comments
abbeys *See also convents, monasteries*	✓		
apartments	✓	✓	Treat as a GQ provided they house unmarried students only and are owned, not leased, by the college. Otherwise, apartments should usually be treated as HUs.
assisted living communities *See also continuing care communities, life care communities, nursing homes*	✓	✓	Treat an assignment in an assisted living community as a GQ if residents receive skilled nursing care; otherwise, treat as one or more HUs.
bed and breakfasts		✓	
boarding houses		✓	Unless residents receive some kind of specialized care
boats *See also marinas*		✓	
campgrounds		✓	
camps		✓	
carnivals		✓	
children's shelters *See also juvenile facilities*	✓		
circuses		✓	
college housing *See also apartments, dormitories, fraternity and sorority houses*	✓	✓	Treat dormitories, fraternity houses, and sorority houses, and apartments on and off campus as GQs provided they only house unmarried students and are owned, not leased, by the college. Treat anything else, on and off campus, such as buildings housing married students, buildings leased by the college, and rooming houses, as HUs.
communes	✓		
congregate care facilities *See also independent living communities*		✓	Unless residents receive skilled nursing care
continuing care communities *See also assisted living communities, life care communities, nursing homes*	✓	✓	Treat an assignment in a continuing care community as a GQ if residents receive skilled nursing care; otherwise, treat as one or more HUs.
convents *See also abbeys, monasteries*	✓		
correctional facilities	✓		

Living Situation	GQs	HUs	Comments
dormitories *See also college housing*	✓		Examples: college dormitories, agricultural worker dormitories, non-agricultural worker dormitories.
fairs		✓	
fraternity houses	✓		
group homes	✓		
halfway houses	✓		
homeless shelters	✓		
hospices	✓	✓	Treat as a GQ unless you think the living quarters instead meets the HU definition.
hospitals	✓		
hostels	✓		
hotels *See also homeless shelters, inns, motels, resorts*	✓	✓	Treat as a GQ of Type 701 (homeless shelter) if contracted by a local government or other organization to house the homeless; otherwise, treat as a GQ of Type 908 or as one or more HUs.
independent living communities *See also congregate care facilities*		✓	Unless residents receive skilled nursing care.
inns *See also homeless shelters, hotels, motels, resorts*	✓	✓	Treat as a GQ of Type 701 (homeless shelter) if contracted by a local government or other organization to house the homeless; otherwise, treat as a GQ of Type 908 or one or more HUs.
job corps facilities *See also vocational training facilities*	✓		
juvenile facilities *See also children's shelters*	✓		
life care communities *See also assisted living communities, continuing care communities, nursing homes*	✓	✓	Treat an assignment in a life care community as a GQ if residents receive skilled nursing care; otherwise, treat as one or more HUs.
manses *See also parsonages, rectories*		✓	Treat a manse or parsonage as one or more HUs. *(Treat a rectory as a GQ.)*
marinas *See also boats*		✓	
military barracks	✓		
military campgrounds		✓	
military hotels/motels		✓	
military transient quarters for temporary residents of military installations	✓		

Living Situation	GQs	HUs	Comments
mobile homes *See also RV parks, trailer parks, trailers*		✓	
monasteries *See also abbeys, convents*	✓		
motels *See also homeless shelters, hotels, inns, resorts*	✓	✓	Treat as a GQ of Type 701 (homeless shelter) if contracted by a local government or other organization to house the homeless; otherwise, treat as a GQ of Type 908 or as one or more HUs.
nursing homes *See also assisted living communities, continuing care communities, life care communities*	✓		
parsonages *See also manses, rectories*		✓	Treat a parsonage or manse as one or more HUs. *(Treat a rectory as a GQ.)*
race tracks		✓	
rectories *See also manses, parsonage*	✓		Treat a rectory as a GQ. *(Treat a parsonage or manse as one or more HUs.)*
resorts *See also homeless shelters, hotels, inns, motels*	✓	✓	Treat as a GQ of Type 701 (homeless shelters) if contracted by local government or other organization to house the homeless; otherwise, treat as a GQ of Type 908 or as one or more HUs.
rooming houses		✓	Unless residents receive some kind of specialized care.
RV parks *See also mobile homes, trailer parks, trailers*		✓	
shelters *See also children's shelters, homeless shelters*	✓		
sorority houses	✓		
staff housing	✓	✓	Treat as a GQ of Type 904 or 905 if it does not meet the HU definition; otherwise, treat as one or more HUs.
trailer parks *See also mobile homes, RV parks, trailers*		✓	
trailers *See also mobile homes, RV parks, trailer parks*		✓	
truck stops		✓	
vocational training facilities *See also job corps facilities*	✓		
YMCAs	✓		
YMHAs	✓		

Living Situation	GQs	HUs	Comments
YWCAs	✓		

APPENDIX B.3 MERGERS

1. AREA SEGMENT MERGERS

When two or more units merge, whether two or more single units or two or more units in a multi-unit, you discover the merger because at least one of the units involved in the merger is a current sample unit.

If you discover a merger, do the following:

If…	Then…
The resulting merged unit uses the address of the sample unit or another unit in your current assignment	Interview the resulting merged unit. Type C Non-interview any other units in your current assignment that were involved in the merger.
The resulting merged unit uses an address that is not the same as the sample unit or any other unit listed in your current assignment, and the address *is* listing in the ALMI	Type C Non-interview all the units in your current assignment that were involved in the merger (including the current sample unit) and explain "Merged into an address with a separate chance of sample selection."
The resulting merged unit uses an address that is not the same as the sample unit or any other unit in your current assignment, and the address *is not* listed in the ALMI	Interview the resulting merged unit using the interview instrument with the lowest serial number of the current sample units involved in the merger, and correct the address on the control card, survey questionnaire, or case management display by using <F5> edit function. Type C Non-interview any other units in your current assignment involved in the merger.

2. PERMIT SEGMENT MERGERS

A merger is a unit that is the result of combining two or more unit addresses to form one unit address. A merger could involve two single-family homes or two or more apartments in a multi-unit structure.

If you find a single unit merged with another single unit, do the following:

If…	Then…
Both single unit addresses are in the current sample and the resulting merged unit is one of those addresses	Call your RO supervisor for interviewing instructions.
One single unit address is in the current sample and the other is not, and the resulting merged unit uses the *same* address as the current sample unit	Interview the resulting merged unit.
One single unit address is in the current sample, and the other is not, and the resulting merged unit uses a different address than the one shown for the current sample unit	Call your RO supervisor for interviewing instructions.

If you find a unit in the current sample merged with a unit NOT in the current sample, do the following:

If…	Then…
The resulting unit uses the *same* address as the current sample unit	Correct the Unit/Permit Listing sheet and interview the resulting merged unit.
The resulting unit uses a *different* unit address than the one shown for the current sample unit and that address *is* on the listing sheet	Assign a Type C Non-interview to the current sample unit involved.

If…	Then…
The resulting unit uses a *different* unit address than the one shown for the current sample unit and that address is *not* on the listing sheet	1. Correct the listing sheet by correcting the "first" unit (the unit with the lowest sheet and line number), lining out the "second" unit, and annotating the "merged status in column (5). 2. Correct the address on the control card and survey questionnaire (or case management display) for the old address of the first unit and interview the unit.

If you find a unit in the current sample merged with another unit in the current sample, do the following:

1.

If…	Then…
The resulting unit uses the *same* unit address as one of the current sample units	Interview the resulting merged unit. Assign a Type C Non-interview to the current sample unit that merged, but whose unit designation was not retained.
The resulting unit uses a *different* unit address than the current sample unit	a. Assign a Type C Non-interview to the current sample units involved, if the unit address of the resulting merged unit is on the listing sheet. b. Interview the resulting merged unit if the unit address is not already on the listing sheet.

2. Correct the address for the first of the current sample units on the listing sheet, control card or survey questionnaire, or case management display. The first of the

current sample units refers to the unit that appeared first on the listing sheet, for example, had the lowest sheet and line number.

3. Assign a Type C Non-interview to the other current sample unit.

If you find units at a multi-unit address that merged together to form a single-unit address, do the following:

1. Check the listing sheet.

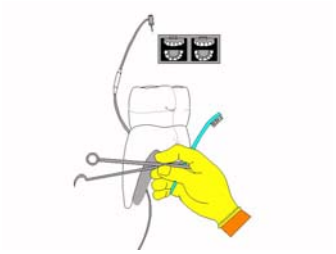
If…	Then…
The first line on the listing sheet is in the current sample	Interview the resulting merged unit.
The first line on the listing sheet is not in the current sample	Do not interview the merged unit.

2. Report a Type C Non-interview for any other current sample units involved in the merger.

3. Make changes on the Unit/Permit Listing Sheet. Line through the unit designations in column (2). On each line (except for the first line), document the merged status and the current month and year in column (5).

PART C

National Health Interview Survey



INSTRUMENT

PART
C
SECTION 1
NHIS INSTRUMENT GENERAL FEATURES

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Components of a Screen	C2
Info Pane	C2
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SCREEN LAYOUT

The initial FR training for NHIS provides an in-depth look at a wide variety of features that you need to be familiar with in the CAPI instrument. This chapter of the manual highlights the key features that are specific to the NHIS instrument.

COMPONENTS OF A SCREEN

Most screens in the NHIS instrument can be divided into two basic parts:

- the Information (Info) Pane, which includes the question text with the possible answer categories (if any); and
- the Form Pane (sometimes called the Field Pane).

With each question you ask during the interview, you will interact with these two basic parts as indicated below. You will:

Look at the **Info Pane**:

- to see the text of the question you must ask (or the instruction you must follow).
- to find the appropriate answer in the list of possible answer categories (if any).

Look at the **Form Pane**:

- to make the appropriate answer entry.

These two basic parts of a NHIS screen are described in more detail below.

INFO PANE

The **Info Pane** is located on the top half of the screen.

It includes the following elements:

- Question text in black letters.
- Flashcard booklet reference in blue letters (if applicable). This is indicated by a “book” icon; the numbers following the icon indicate the pages in the Flashcard Booklet that the respondents should use to answer the question.
- Help screen reference in blue letters (if applicable). This is indicated by a “?” followed by [F1]; this tells you to press the F1 function key to see the help screen.

- FR instruction in blue letters (if applicable). A blue diamond identifies the FR instruction.

The **Info Pane** also includes the list of possible answer categories (if any) around the middle portion of the screen.

Each option on the list of answer categories has a pre-determined numeric code or "pre-code" to distinguish it from the others. The pre-code is what you must enter in the Form Pane (described below) to record the respondent's answer(s).

FORM PANE

The **Form Pane** is the bottom half of the screen where you will always make your entries.

The Form Pane provides a summary list of the questions recently asked, as well as those soon to be asked. This will give you a sense of where you are in the instrument, as well as how much ground you must cover to complete a group of related questions.

More often than not, you will find that more than one Form Pane is needed to cover a section.

The Form Pane can display information in one of two basic formats:

- in table format, or
- in column format.

The table format is used when there is sufficient space on the screen to allow FRs to collect – on a row-by-row basis – the same set of details for any person listed on the left-most column. In the table format, the instrument will have you move – or "navigate" – from left to right across data entry fields. This means that each time you enter an item in the left-most column, the instrument will ask the series of associated questions across that same row – from left to right – to collect more details about that person.

In the NHIS instrument, the column format tends to be used in the Household Composition Section and the Family Questionnaire. In the column format, the instrument will have you navigate through data entry fields from top to bottom for each column that appears in the Form Pane.

TWO LEVEL SCREEN INTERACTION

In the NHIS instrument, each question displayed in the Info Pane is represented by a form pane descriptor in the Form Pane. This allows space on the bottom half of the screen to display all of the entries you have made for a group of related questions. The Info Pane constantly changes as you move item by item. By contrast, the Form Pane remains stationary until you reach the end of the Form Pane.

CURSOR

The cursor is one of several features in the instrument that helps you determine your location. The cursor is what tells you where you are on the screen. It is that blinking blue line in the Form Pane that marks the precise spot where your entry will be recorded. Always make sure that the cursor is where you want it before you start keying. Otherwise, you could key the answer in the wrong place, and you could even over-write some of your previous entries.

VARIABLE NAME

The variable name is what is used to identify each question. The variable name is the second label on the status bar that runs across the bottom of the screen.

Each data entry point in the Form Pane has a corresponding variable name, which is unique throughout the instrument (unlike the column headings and other item labels in the Form Pane which are not unique). Because each one is unique, the variable name is the one place marker you should always include whenever you have to describe your location in the instrument.

This is especially true when you need to report any instrument problems to your regional office. When reporting problems, make sure you use the variable name.

Do not use the column heading in a Form Pane with grid formatting, nor the descriptive label preceding the cursor in a Form Pane with column formatting.

CASE ID

Like the variable name, the Case ID is displayed within the status bar. The Case ID is the first label on the bottom left, and it tells you which case you are interviewing. Along with the variable name, the Case ID is a useful place marker to give whenever you report any instrument questions or problems to your regional office.

TEXT COLOR AND SHADING

The text of the questions, the FR instructions, and the answer categories in the instrument may appear in different colors and

shading. The instrument uses the text's color and shading as an *instruction* (telling you *how to react* to the text) or as a *place marker* (telling you *where you are* on the screen). **For example, whenever you see the bright blue text of an FR instruction, you know that you are not supposed to read it to the respondent.** Likewise, whenever you see a description label highlighted in blue in the Form Pane, you know that this is where your cursor is. Below are other examples of how the instrument uses text color and shading:

- **Answer categories in bold black**
  This indicates that you must read each answer category to the respondent.

- **Answer categories in regular black**
  This indicates that you do not have to read the answer categories to the respondent.

- **Grayed out text in Info Pane**
  The first time you see the question text for a question with a repeating stem, all of it is in bold black. The instrument does this so you know that you are supposed to read the entire question text to the respondent.

  The next question that includes the repeating stem phrase or sentence will have the repeating part in grey and the rest in bold black. The grey text indicates that reading this portion of the question is optional.

- **Grayed out cells in Form Pane**
  Grayed out cells cannot have data entered or edited. The instrument grays out these cells to distinguish them from all other cells that can have data entered or edited.

NAVIGATION AND SPECIAL KEYS

There are many different ways to navigate in the NHIS instrument. You can navigate:

- With the mouse or with the keyboard,
- From left to right,
- From top to bottom,
- Back and forth (across Form Panes) within a section.

MOUSE OR KEYBOARD

You can use only the keyboard or only the mouse that is embedded in your laptop (immediately below the keyboard). You can even use both – going back and forth between the two – to navigate through the instrument or to make data entries. If you wish, you can also use an external mouse, but you may not have many opportunities to do so.

NOTE: Because the use of the mouse is very intuitive (that is, you can easily guess where you should point and click in order to get somewhere or to enter something), this manual and any NHIS instrument training you receive will focus mainly on explaining how to navigate and enter data through the use of the keyboard.

ARROW KEYS

You will use the arrow keys primarily to navigate from one item to the next. Use your Left and Right Arrows to navigate horizontally, and use your Up and Down Arrows to navigate vertically.

PAGE UP/PAGE DOWN KEYS

You will use the Page Up and Page Down keys when navigating from one Form Pane to the next. Note that you cannot page down to the next Form Pane until you have completed the Form Pane where your cursor is located. Note also that you may have to readjust your cursor when you page down or page up to a Form Pane because the instrument always places you on the first item of the Form Pane.

FUNCTION KEYS

The function keys do just what their name says: they let you perform a variety of functions, most of which have to do with navigation. For example, the F1 function key allows you to go to a "Help" screen when a Help screen is available for the particular question. Selected questions in the instrument have a Help screen available. More information about Help screens will be provided later.

F12 (COPY DOWN) KEY

The F12 function key is particularly useful when the respondent reports the same type of information for more than one person in the family. For example, a family of five may have the same Race. This only works in a table format in the Form Pane.

DON'T KNOW AND REFUSED

Besides the function keys, there are a number of other special keys that allow you to do specific things (some having to do with navigation and others having to do with data entry). For example, if you want to enter a "Don't Know" for a given question, you can do it in two different ways. One way would be to press the special keys "Ctrl" and "D." This would result in directly entering the question mark, which is the symbol for "Don't Know."
Similarly, the special keys "Ctrl" and "R" would result in directly

entering the exclamation point, which is the symbol for "Refused."

A second way to enter a "Don't Know" would be to go to the "Answer" option in the Menu Bar located immediately above the Section Tabs; then use the arrow keys to highlight "Don't Know;" and then press "Enter." But to navigate to the "Answer" option in the first place, you must press the special keys "Alt" and "A."

During the review process of NHIS data, cases with high numbers of "Don't Know" and "Refused" responses throughout the interview are being identified. Our sponsor is not able to use data from interviews that do not contain a sufficient amount of information. Sometimes completed or partially completed cases must be thrown out, or completed cases reduced to partially completed cases. Consult the guidelines below for the proper use of Ctrl-D for Don't Know responses and Ctrl-R for Refused responses.

When to Enter Don't Know (Ctrl-D) and Refused (Ctrl-R)

Only enter an answer of "Don't Know"(Ctrl-D) or "Refused" (Ctrl-R) if a question is asked and the respondent does not know the answer to or refuses that particular question.

When to use the F9 and F10 Function Keys

If you reach a point in the interview where the respondent refuses to answer any more questions, **do not** refuse the rest of the questions in that section or the remainder of the interview by entering Ctrl-R for each question. Also, do not use Ctrl-D as a means to complete a section or to exit the interview. You must follow the appropriate procedure for exiting a case as follows:

- **F9 Function Key -** Use the F9 key when you must break off the interview for whatever reason and arrange a callback with the respondent. When exiting a case with F9, you will be sent to the CCALLBK1 screen where you can set up a callback or answer that no callback is possible. The answer selections on this screen are shown below.

    1. Callback
    2. No Callback
    3. Cancel Callback

The F9 key is not operational until you get into the Family, Sample Child and/or Sample Adult Questionnaires. It does not work in the Front, Coverage, Household Composition, or Family Identification instrument sections.

- **F10 Function Key -** Use the F10 key as an exit key for emergencies when you must break off the interview in a hurry. It automatically saves the data you have entered up to that point. The F10 key will also allow you to set up a callback but it is to be used sparingly and only when absolutely necessary. The answer selections on this screen are shown below.

    1. Exit case
    2. Arrange Callback
    3. Callback before closeout not possible OR Breakoff

Special Instructions for Using the F10 Key in the Recontact Section

If all sections in the instrument have been completed and you are in the Recontact section, <u>do not</u> use F10 before completing the Recontact section. To do so would result in missing data in the Recontact section.

<u>Option to Refuse the Entire Questionnaire using Ctrl-R</u>
As a reminder, there is an option to refuse an entire section by pressing Ctrl-R at the beginning of the Family, Sample Child and Sample Adult Questionnaires as explained below.

- **Family Questionnaire –** In the Family Questionnaire, you can press Ctrl-R at HLTH_BEG, the introductory screen, and this will take you directly to the Back section of the instrument, skipping both the Sample Child and Sample Adult Questionnaires. This will result in a Type A, Insufficient Partial (Outcome code 215).

- **Sample Child –** In the Sample Child Questionnaire, you can press Ctrl-R at the CSPAVAIL OR KNOAVAIL screens, which ask if a family member who knows about the Sample Child's health is available to answer questions about him or her. Depending on

the situation, this will take you to the Sample Adult Questionnaire, the Recontact section, or the Back section of the instrument. If no callback is set up for the Sample Child, this will result in a Sufficient Partial interview, no follow-up (Outcome code 203).

- **Sample Adult** - In the Sample Adult Questionnaire, you can press Ctrl-R at SADULT, the introductory screen. This will take you to the Recontact or Back section of the instrument. If no callback is set up for the Sample Adult, this will result in a Sufficient Partial interview, no follow-up (Outcome code 203).

Keeping a Case Active on Your Laptop

If you want to make sure a case does not transmit off of your laptop, set up a callback. If you have a case that would normally wrap up as a 201, but want to keep it on your laptop in order to go back to get more information a respondent didn't know at the time, make sure you don't answer the last question in the Sample Adult or Sample Child Questionnaires and set up a callback. This way you can go back into the case and press CTRL-M to see a list of screens with Don't Know and Refused answers. Then you can pick the screen or screens you want to go back to in order to enter in good information.

ERROR MESSAGES

Whenever you do something that is not allowed, the instrument will alert you by displaying an error message. There are two basic types of error messages:

- Hard error messages, and
- Soft error messages.

HARD ERRORS

"Hard" errors are those which you must correct before the instrument will allow you to move on. A hard error message, therefore, will never give you the option to suppress (or ignore) the entry that is supposedly in error. However, it will allow you to enter "G" to "Go to" the problem entry, so that you can correct the entry.

SOFT ERRORS

"Soft" errors are those that don't require corrections to the entry in question. However, you must stop and carefully read the error message, as well as re-read the question, to see if the respondent provided and/or you entered incorrect information. If so, you can choose the "Go to" box to change the problem entry, or you may

"Close" the message and take the proper action. If you correctly entered the reported information and the respondent would like to continue reporting on the topic, you may "Suppress" the message and continue with the interview.

HELP SCREENS

There are several screens in the NHIS instrument for which you can access a separate "Help" screen that contains additional information. These screens are identified with a "Help" icon (?). The Help icon appears in the upper left corner of the Info Pane next to the book icon. To get to the Help screen, you press F1 at the screen where the Help icon appears. To exit the Help screen, you press the ESC (escape) key, and the instrument takes you back to where you were.

MAKING CORRECTIONS

It may be necessary to change an answer the respondent has given you. This can happen because the respondent gives you incorrect information, such as the wrong month for another household member's date of birth, or reporting injuries/poisonings, hospital stays or doctor visits that are not within the correct reference period.

When you need to correct an answer, you will have to make the necessary corrections. If you have not yet left the screen where the correction needs to be made, you can use the backspace key to erase the incorrect answer, enter the correct information, and hit the ENTER key.

PART C
SECTION 2
THE "FRONT" AND "COVERAGE" SECTIONS

Topic	See Page
Purpose	C12
Instructions	C12
Important Terms	C16

PURPOSE

The beginning of the NHIS 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 later in this manual.

The purpose of the cell phone questions is to track over time the prevalence and demographic characteristics of families that have substituted wireless telephone service for their home telephones. This data is especially useful to improve the quality of telephone surveys. Due to new wireless pricing plans and new prepaid and pay-as-you-go wireless plans, more persons are substituting wireless phones for their home telephones. Frequent users of wireless phones tend to be male and have high incomes. Frequent users of prepaid and pay-as-you-go wireless plans tend to have lower household incomes. These cell phone questions will help researchers understand wireless telephone use and the impact it is having on telephone surveys.

INSTRUCTIONS

Front Section

Because the NHIS 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 before entering a case. Therefore, verify and make any needed corrections to the computer's date and time.

The START screen introduces you to the sample case by displaying the Control Number and status of the case. For permit segments, 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 "**2"** to quit this case.

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

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

New Case
This is the first time you have called up this case.

Household Reached
You contacted the household, but only asked some or all of

the questions prior to obtaining the household roster information (names, etc.).

Partial
You at least started the Household Composition Section, but did not complete all of the remaining appropriate sections yet.

Fully Complete
You previously completed all applicable sections of the interview.

Enter "**1**" to continue with the interview and the instrument will take you to the VERADD screen. If this question has a pre-filled answer, you can press the END key to get to the next appropriate screen in order to continue the interview.

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 "**2**". The instrument will take you to the closing screen where you can exit and enter notes about the case.

Enter "**3**" for any Type A, Type B, or Type C Noninterview.

Coverage Section

Address Fields and Information

After your introduction, begin the initial interview by verifying the "exact" physical address and asking about the "mailing" address. For family spawn cases you will only ask about the “mailing” address.

In addition to assuring that 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 the NHIS.

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

Specifying "General Delivery," a post Office box number, rural route and box number, etc. along with the city, state, and ZIP code are also acceptable mailing addresses.

Year Built Determination

In area segments located in permit-issuing areas, each newly constructed unit *(built after April 1, 2000)* 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.

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

- all exterior windows and doors have been installed,
- the usable floors are finished, and
- the unit is ready for occupancy.

If the respondent is uncertain about whether the structure was built before or after April 1, 2000, choose "before" and then press **F7** and note the situation.

EXTRA Units

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 same structure.

If you have discovered a potential EXTRA unit, you will record its address information and ask a series of questions to determine if it really qualifies as an EXTRA unit. To qualify as an EXTRA unit:

- The unit's address should not appear already listed in the Automated Listing and Mapping Instrument (ALMI) listing for the block (for area segments) or on the Unit/Permit Listing Sheet (for permit segments).
- The unit must be in the same structure and or space as the sample unit.
- The unit cannot be in a group quarters.
- The occupants (or intended occupants) must live separately from all others on the property.
- The occupants (or intended occupants) should have direct

access to the unit from the outside or through a common hall.

If the EXTRA unit qualifies and you are interviewing in a permit segment, enter it on a separate line of the Unit/Permit Listing Sheet. Note there are no listing sheets for area segments.

Do not include the persons living in the EXTRA unit(s) as members of the unit you are interviewing (or attempting to interview).

The instrument will pass out the necessary information to the Case Management system so it can automatically add the EXTRA unit(s) to your case workload.

If you have identified more than 16 EXTRA units for this one sample unit, you will be instructed in case management to call your office for instructions after continuing this interview at the sample unit and before beginning the interview at any of the EXTRA units.

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

Telephone Number Issues

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

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

If you are given a number for a telephone not in the household *(such as a neighbor's number, a work number, a common phone in the hall or lobby, 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 a respondent offers both a cell phone number and a

landline number, they should give whichever they feel most comfortable giving, and the additional number can be listed in an **F7** note.

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).

- 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.

- 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.

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."

IMPORTANT TERMS

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:

- live separately from all other persons on the property

AND

- have direct access from the outside or through a common hall or lobby.

Direct Access exists when the occupants of a living quarters 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.

An EXTRA Unit is a separate living quarters that is discovered when asking the household coverage questions in the instrument, associated with the sample unit, and not likely to have a chance of being selected as a sample unit. It qualifies as an EXTRA unit by being not already listed in the ALMI (for area segments) or the Unit/Permit Listing Sheet (for permit segments), existing in the same structure and/or space as the sample unit, not being in a group quarters, having occupants living separately from all other persons on the property, and having direct access to the living quarters by the occupants.

An Additional Unit is any living quarters in a permit segment address that you find that is not accounted for in the Unit/Permit Listing Sheet. These occur on lines that contain a current sample designation, but no serial number. You will add them to Case Management using the **F4** function key. By definition, additional units cannot occur in area segments or at group quarters. These are treated essentially the same as EXTRA units.

A Vacant Living Quarters must meet the direct access requirements before it can be considered a separate housing unit. Without direct access, the vacant living quarters must be considered part of the housing unit through which access is gained.

A Merged Unit is one that has been combined with one or more unit addresses to create a larger unit. For example, a merged unit can involve two single-family homes or two or more apartments in a multi-unit structure. You can find merged units when you verify a previously listed identical address. *(For more information on mergers, see Appendix B.3)*

A House, apartment, flat, condo includes 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.

A **nontransient hotel or motel** rents rooms or suites to permanent guests. The rent paid usually covers linens, maid, and desk service.

A Housing unit in nontransient hotel, motel, etc., includes all separate living quarters in a motel, nontransient hotel, motor court, YMCA, YWCA, or YMHA.

A **transient hotel or motel** rents rooms or suites to transient (or temporary) guests. The rent paid by guests usually covers linens, maid, and desk service.

A Housing unit - permanent in transient hotel, motel, etc., includes 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.

Units not permanent in transient hotel, motel, etc. are any units in a transient hotel, motel, motor court, etc. occupied or intended for occupancy by transient guests or not meeting the housing unit definition.

A **rooming house** is a house that provides a room to guests who usually pay on a weekly or monthly basis. Rent does not cover meals, but could cover linens and maid service.

A **combination boarding and rooming house** is a house where some residents are considered boarders because they pay for their room and meals, while other residents are considers roomers because they pay for their rooms only, but no meals.

A Housing unit in rooming house includes housing units in rooming houses or combination rooming and boarding houses.

Mobile homes or trailers with no permanent rooms added may include those with open or unheated porches or sheds built onto them.

Mobile homes or trailers with one or more permanent rooms added may include those with open or unheated porches or sheds built onto them provided a separate, permanent room exists.

Student quarters in college dormitories include any room in a college dormitory occupied or intended for occupancy by a student. These are considered units within a group quarters.

Group Quarters (Non-institutional) house people who stay voluntarily and are allowed to come and go without receiving permission or assistance. For example, college dormitories, convents, or monasteries.

Group Quarters (Institutional) house people who, in most cases, stay involuntarily and are not allowed (or able) to come and go without receiving permission. For example, federal detention centers or federal prisons.

Group Quarters (Military) house active duty armed forces personnel.

PART C
SECTION 3
HOUSEHOLD COMPOSITION AND DEMOGRAPHICS (HHC/FID)

Topic	See Page
Purpose	C21
Instructions	C22
Important Terms	C23

PURPOSE

The purpose of the Household Composition and Demographics Section of the NHIS is to provide a record of all the members of the household for the sample address. Basic information collected for each of the household members includes:

- name
- sex
- age
- date of birth
- national origin
- race
- military status
- relationship to reference person
- marital status

You may wonder why this kind of information is asked in a health survey. NHIS estimates relating to health characteristics may differ considerably depending on age and sex. For example, chronic diseases are more prevalent among older people, while acute illnesses and injuries occur more frequently among younger individuals, and some conditions affect one sex more so than the other. All of this information is useful to health care providers in developing more specialized care, early detection, prevention, and intervention procedures for some conditions.

We collect information on race and ethnic background for several reasons. The first is to determine whether this household should be included in the sample based on the screening status of this case. More is discussed about screening later in this section. The second reason for collecting racial and ethnic background information is so that data on doctor visits, hospitalizations, and other health variables can be linked to various racial and cultural groups throughout the Nation.

In addition to collecting basic information about the individuals within the household, a series of questions in this section collects the relationship of each household member to a reference person, determines whether there is more than one family in the household, and assigns one person as the designated household respondent.

If more than one family lives at the same housing unit, the instrument will identify the additional family that needs to be spawned into a separate case. A unique Control Number and Case ID will be created for each additional family in the “original” household. The instrument will also spawn new cases for multiple families identified in a “spawned” household. However, spawning

will not occur beyond a “spawn of a spawn.”

A two-digit “Spin ID” number has been added to the end of the previous NHIS Control Number. It will be “00" most of the time, but a spawn of an original case will display an alpha character beginning with “A” in the first position of the Spin ID. If a spawn is subsequently identified in a spawn case, the second position of the Spin ID will display an alpha character beginning with “A.”

Similarly, the second position of the Case ID will display an alpha character beginning with “A” for the spawn of an original case and the third position of the Case ID will display an alpha character beginning with “A” for the spawn of a spawn case.

INSTRUCTIONS

When adding names to the Household roster remember to start with the name of the person who owns or rents the house or apartment. Note that after you have entered one person into the household and indicate that there are other people who also live in the household, the NAME screen comes up again, although this time with the last name of the previous person pre-filled.

If the last name of the next person is the same, pressing ENTER will confirm the pre-filled entry. If the last name of the next person is something different, simply begin typing, and the new entry will overwrite the pre-filled entry.

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

Students away at college or at a boarding school are NOT considered to be usual residents of the household being interviewed. Their “usual residency” is at the college or boarding school where they live during the school year.

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

If a person refuses to give his or her age and date of birth, the instrument takes you to a screen that asks you to estimate whether you think the person is greater than or less than 18. It is important

that you try to give your best estimate of this person's age, as some skip patterns later in the instrument will be determined by your guess.

When entering information about a person's race or ethnic background, be sure that the respondent is aware that he/she may pick more than one category. It is important to the analysts to know the complete racial background and ethnic background of each individual in the household in order to accurately monitor differences in health related data between racial and ethnic groups.

There are two places within the Household Composition Section that you can delete a person once you have entered him/her into the household roster. The first place is at ASKURE, which asks if the person has a usual residence elsewhere. This is the follow-up screen if you answer "no" at USUALRES, which asks if the person usually lives here.

The second place is at the TABX screen, which gives you the line number and name of every person in the household and lets you delete as many or as few people as you like from this one screen as long as at least one person remains in the household. This is the follow-up screen if you answer "no" at LIVEAT, which asks if everyone listed lives together, and then answer "yes" at the XACCESS screen. The XACCESS screen asks if the people who do not live here have direct access from the outside or through a common hallway to a separate living quarters.

Please note that after you reach the ROSTERCK screen, which reminds you that you cannot change any demographic information (i.e., sex, relationships, age) after proceeding to the AID screen by pressing '1' to continue, you are locked out of the Coverage (COV), Household Composition (HHC), and Family Identification (FID) sections.

IMPORTANT TERMS

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

An **Adult** is any person equal to or greater than the age of majority

for their state of residence. In most states this age is 18 years old, but in Alabama and Nebraska this is 19 and in Mississippi it is 21.

An **Emancipated Minor** is any person who is 14 years old to one year less than the age of majority for their state of residence and is married, widowed, divorced, or separated.

Ethnic Background means 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 ethnic background: a person may report his/her background based on that of a parent, grandparent, or some far removed ancestor.

A **Household** is the entire group of persons or one or more families who live in one housing unit or GQ unit. It may consist of several persons living together or one person living alone. It includes the household reference person, any relatives living in the unit, and also may include roomers, boarders, live-in workers, or other persons not related to the reference person.

National Origin means 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 national origin: a person may report his/her origin based on that of a parent, grandparent, or some far removed ancestor.

The **Reference Person** is the person or persons, age 18 or older, who owns or rents the sample unit, generally the first person mentioned by the respondent in the household roster. The designation of a reference person is to give a point person by which the relationships of all household members to each other are determined.

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

Screening is a procedure used to "over sample" Blacks, Asians, and Hispanics in order to increase the reliability of health statistics for these groups. In most sample segments, some units will be designated for screening and you will complete the entire NHIS interview only if such a unit contains at least one Black, Asian, or Hispanic member who is not in the armed forces. If such a sample unit contains no Black, Asian, or Hispanic residents or only ones who are in the armed forces, the instrument will classify the unit as

a Type B noninterview with an outcome of 236.

Usual Place of Residence is ordinarily the place where a person usually lives and sleeps. A usual place of residence must be specific living quarters held by the person to which he/she is free to return at any time.

PART C
SECTION 4
FAMILY HEALTH STATUS
AND LIMITATIONS OF ACTIVITY
(FHS)

Topic	See Page
Purpose	C27
Instructions	C27
Important Terms	C27
Specific Questions	C29

PURPOSE

The purpose of the Health Status and Limitations of Activity section in the Family Questionnaire is to identify any family members that are limited because of physical, mental or emotional problems. These questions determine:

- Whether or not a person is limited in his/her activities.
- The way in which the person is limited.
- The condition that causes the limitation.
- How long the person has had the condition that causes the limitation.

Although you will find similar items ranked in the Sample Adult section of the instrument, there are important differences in the two sets of questions. For example, the items in the Family Questionnaire focus primarily on difficulties with "activities of daily living" (ADLs), including eating, walking, dressing, bathing, using the toilet, and getting in and out of bed. These are considered fundamental to survival. The questions asked of the Sample Adult focus primarily on difficulties with "instrumental activities of daily living" (IADLs), including cooking, shopping, doing light or heavy housework, and getting around outside the home. There are additional distinctions between the two sets of questions that are described in the Sample Adult section of this manual.

INSTRUCTIONS

If a respondent reports having a limitation, he/she will look at a list of possible conditions that may cause his/her limitation. When you receive a response, be sure to carefully look at the conditions provided on the screen to see if the response fits into any of the pre-coded categories. If it does not fit into any of the pre-coded categories, you may type in the appropriate code for "Other."

IMPORTANT TERMS

A **Health Problem** is respondent defined. Generally speaking, it is any physical, mental, or emotional condition, which causes limitation in activity (see "condition" definition). Do not include pregnancy or delivery as a health problem. It is not important for the respondent to differentiate between a "condition" and a "health problem." Both of these terms are used to let the respondent know the wide range of health-related causes that should be considered.

Limited refers to a person's ability to only partially perform a specific activity, only perform the activity part of the time, or to not perform the activity at all. Do NOT define this term to respondents. If asked for a definition, emphasize that we are interested in whether the respondent thinks the person is limited in the specific activity or not.

Several terms are used relating to **Limitation** of activity under normal circumstances, such as “keep from,” “completely keep from,” and “take part at all.” This does not necessarily mean that the activity is impossible under a particular circumstance.

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

Special Education and Early Intervention Services are designed to meet the needs of children with special needs and/or disabilities. Special Education involves special teaching programs paid for by the public school system that may take place at a regular school, a special school, a private school, at home, or at a hospital. Early intervention services are designed for very young children and may include, but are not limited to medical and social services, parental counseling, and therapy that may be provided at the child's home, a medical center, a day care center, or other place. Generally, these services are provided by the State or school system at no cost to the parent.

Help from another person is considered hands-on assistance while 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 the activity mentioned. He or she can be a household or a non-household member.

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.

A **Condition** is the respondent’s perception of a departure from physical, mental or emotional well-being. Included are specific health problems such as missing an extremity or organ, the name of a disease, a symptom, the result of an accident, or some other type of impairment. Also included are vague disorders and health problems not always thought of as “illnesses,” such as alcoholism, drug-related problems, senility, depression, anxiety, etc. A condition should be considered as any response describing a health problem of any kind.

SPECIFIC QUESTIONS

What conditions or health problems cause *[subject name's]* limitations?

This question is asked both for children and adults. Each contains a single screen of item responses. For children, Flashcard (F1) lists 13 conditions and health problems. For adults, Flashcard (F2) lists the conditions and health problems for the first 18 categories listed on the screen. The respondent's answer may include as many conditions or health problems that apply. You should **not** read any of the answer categories to the respondent.

For both children and adults, if the respondent lists a condition or health problem that is not on the flashcard, you should first try to determine whether the condition he/she lists belongs in one of the listed categories provided on the screen. Otherwise, for children, you may enter either code "90" or "91" to record the respondent's exact answer in one of these two **Other impairment/problem** fields. For adults, if you cannot find the condition listed, on either the flashcard or the remaining 17 conditions listed for adults on the screen, you may enter either code "90" or "91" to record the respondent's exact answer in one of these two **Other impairment/problem** fields. Be sure to include only information about health conditions and medical problems in these fields - this would *not* be an appropriate place for an FR note. While you may not probe for additional answers, you may probe in order to clarify the response (for example, if the respondent has a rare disease that you do not know how to spell, you may politely ask the respondent for their input). When the respondent has provided all conditions or health problems, press enter to exit the field.

CONDITIONS LISTED IN BOLD ARE PRINTED ON THE FLASHCARD AND ON THE CHILDREN'S CONDITION SCREEN.

Children's Conditions Screen:

1. **Vision/problem seeing**
   "blindness"
   "corneal abrasion"
   "glaucoma"
2. **Hearing problem**
   "deafness"
   "tinnitus"
3. **Speech problem**
   "lisp"
   "stutter"
   "selective mutism"
4. **Asthma/breathing problem**
   "pneumonia"
   "bronchiolitis"

5. **Birth defect**
   "cleft lip/palate"
   "spina bifida"
6. **Injury**
   "broken arm," "broken leg," "broken wrist," etc.
   "burns"
   "snake bite"
7. **Mental retardation** includes "Down syndrome."
8. **Other developmental problem**
   "cerebral palsy"
   "autism"
   "Asperger's disorder"
9. **Other mental, emotional, or behavioral problem**
   "anxiety disorder"
   "depression"
   "Tourette's disorder"
   "obsessive-compulsive disorder"
10. **Bone, joint, or muscle problem** includes: "juvenile arthritis."
11. **Epilepsy or seizures**
12. **Learning disability**
    "dyslexia"
    "dyscalculia"
    "dysgraphia"
    "dyspraxia"
13. **Attention Deficit/Hyperactivity Disorder (ADD/ADHD)**

THESE CONDITIONS LISTED IN BOLD ARE PRINTED ON THE FLASHCARD AND ON THE SCREEN.

Adult Conditions Screen:

1. **Vision/ problem seeing** includes:
   "blindness"
   "cataracts"
   "glaucoma"
2. **Hearing problem** includes:
   "deafness"
   "tinnitus"
3. **Arthritis/rheumatism** includes:
   "osteoarthritis"
   "degenerative joint disease"
4. **Back or neck problem** includes:
   "degenerative disc disease"
   "herniated disc(s)"
   "sciatica"
   "scoliosis"
   "spinal stenosis"

5. **Fracture, bone/joint injury** includes:
   "torn cartilage"
   "broken arm," "broken leg," "broken wrist," etc.
6. **Other injury** includes:
   "head injury"
   "car accident injury"
   "burns"
   "chemical injury"
   "gun shot wounds"
   "frost bite"
   "snake bite"
7. **Heart problem** includes:
   "angina"
   "heart attack"
   "heart murmur"
   "heart failure"
8. **Stroke problem** includes "brain aneurysm."
9. **Hypertension/high blood pressure**
10. **Diabetes** includes "high blood sugar."
11. **Lung/breathing problem** includes:
    "asthma"
    "chronic bronchitis"
    "chronic obstructive pulmonary disease (COPD)"
    "emphysema"
    "pneumonia"
    "respiratory allergies"
    "shortness of breath"
12. **Cancer** includes:
    "Hodgkin's Disease"
    "leukemia"
    "lymphoma"
13. **Birth defect** includes "spina bifida."
14. **Mental retardation** includes "Down syndrome."
15. **Other developmental problem** includes:
    "cerebral palsy"
    "dyslexia"
    "learning disability"
16. **Senility** includes:
    "Alzheimer's Disease"
    "dementia"
    "memory loss"
17. **Depression/anxiety/emotional problem** includes
    "post traumatic stress disorder (PTSD)"
    "nervousness"
    "stress"
18. **Weight problem** includes "overweight" and "obesity."

*THESE CONDITIONS ARE **NOT** PRINTED ON THE FLASHCARD.*

*DO **NOT** READ THEM.*

19. **Missing limbs (fingers, toes or digits), amputee**
20. **Kidney, bladder or renal problems**
21. **Circulation problems** (including blood clots)
22. **Benign tumors, cysts**
23. **Fibromyalgia, lupus**
24. **Osteoporosis, tendinitis**
25. **Epilepsy, seizures**
26. **Multiple Sclerosis (MS), Muscular Dystrophy (MD)**
27. **Polio(myelitis), paralysis, para/quadriplegia**
28. **Parkinson's disease, other tremors**
29. **Other nerve damage,** including carpal tunnel syndrome
30. **Hernia**
31. **Ulcer**
32. **Varicose veins, hemorrhoids**
33. **Thyroid problems, Grave's disease, gout**
34. **Knee problems** (*not* “arthritis” (use code 03 on previous screen); *not* “joint injury” (use code 05 on previous screen))
35. **Migraine headaches** (*not* just “headaches”)

PART C
SECTION 5
FAMILY INJURIES AND POISONINGS
(FIJ)

Topic	See Page
Purpose	C34
Instructions	C34
Important Terms	C35

PURPOSE

The purpose of the Injuries and Poisonings section in the Family Questionnaire is to determine if anyone in the family was injured or poisoned within the three months prior to interview. If anyone in the family did incur an injury or poisoning within that time, the instrument collects more detailed information about that injury or poisoning, such as:

- The date the injury or poisoning occurred.
- Where treatment for the injury or poisoning was received.
- What part of the body was hurt, and how it was injured.
- The circumstances surrounding the injury or poisoning.
- The cause of the injury or poisoning.
- If the person was hospitalized as a result of the injury or poisoning.
- How much school or work the person missed, if any.

INSTRUCTIONS

The reference period for all questions in the section is 3 months, which is defined as 91 days prior to the day that the first question in the section (FINJ3M) is reached.

Note the first screen in the section asks if anyone in the family was injured and lists several types of injuries as examples of what to include. This list of injuries is a randomized list that is regenerated for a new case. Each time you enter a new case, the list may be slightly different.

For this section, we are interested in collecting detailed follow-up data only for injuries or poisonings for which medical advice or treatment was sought. Detailed information can be collected on up to 5 injuries and 5 poisonings per person.

It is important that you record the specific date the injury/poisoning occurred. You have a laminated calendar card to show the respondent in order to help him/her recall the exact date the injury/poisoning occurred. It may be helpful to use reminders such as holidays or other events to zero in on the specific date. If necessary, fields are available for recording approximate dates. **Please note** the error messages that pop up to tell you that the date given was outside the 91-day reference period. Take the time to read these messages thoroughly. If the respondent wants to continue to give you the information, you may “Suppress” the message and continue to collect the information. Otherwise, you should read the message carefully to see if you or the respondent gave inaccurate information, and choose the “Goto” box to change the month, date, or year. You may also “Close” the message and choose the proper action.

This section also includes a question that has an "open text" entry field. This is a question that asks you to write, verbatim, the events that occurred. It is important for you to know that when the answers to these questions are released to the data users, they are **NOT** edited for grammar and spelling. The answer you entered in these fields is released "as is" for public use. This is why it is important for you not to use the name of family members.

A verbatim response may cause you to probe for more detail, including specifically what the injured/poisoned person was doing at the time and all circumstances surrounding the event. Entries such as "sports injury" and "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.

For 2009, a supplemental question about carbon (CO) monoxide detectors is included in the Family Injuries and Poisoning section.

IMPORTANT TERMS

Injuries include such things as cuts, bruises, burns, sprains, fractures, insect stings, animal bites, and anything else 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/or an overdose or wrong use of any drug or medication.

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

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

Hospitalized means a stay of one or more nights in a hospital. For it to be considered hospitalization, the person must be admitted and stay overnight at a hospital. This does not include stays in the hospital during which the person did not spend at least one night, even though surgery may have been performed.

PART C
SECTION 6
FAMILY HEALTH CARE ACCESS AND UTILIZATION (FAU)

Topic	See Page
Purpose	C37
Instructions	C37
Important Terms	C37

PURPOSE

The purpose of the Family Health Care Access and Utilization section is to identify all contacts with medical doctors or their assistants during a specific period of time. The information from this section provides measures of how the country's health care system is being utilized.

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

- The next set of questions is intended to determine if the family's access to **specific** types of health care was restricted at any time or for any reason.

- The remainder of the questions in this section are designed to measure the overall utilization of health care services by the family.

INSTRUCTIONS

Be sure to pay attention to the specific reference periods stated within the questions throughout this section. The first questions ask about the delay of or lack of health care within the last **12 Months**. The next series of questions ask about health care access and utilization within the past **2 Weeks**. The last question in this section reverts back to the **12 Month** reference period. With the use of the calendar card provided, you can make sure the respondents follow this transition and respond appropriately.

If a respondent reports that he/she saw two or more doctors on the same visit, each doctor seen counts as a separate doctor visit. Situations like this might occur when a person visits a clinic where he/she sees doctors with different specialties; for example, a dermatologist in one office and an internist in another office. It might also occur when a person visits his/her family doctor who, in the course of the same visit, calls in a specialist to examine or treat the person.

A visit in which the person sees both a doctor and one or more of the doctor's assistants, who work under this doctor's supervision, should be counted as only one doctor visit.

IMPORTANT TERMS

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

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. Also, exclude stays for non-medical reasons such as staying with a sick family member.

PART C
SECTION 7
FAMILY HEALTH INSURANCE
(FHI)

Topic	See Page
Purpose	C40
Instructions	C40
Important Terms	C41

PURPOSE

The purpose of the Family Health Insurance section is to determine the number of persons with health care coverage because it is a major factor affecting the health of the population and the access they have to health care services. Identification of how a person's demographic characteristics, health status, and economic circumstances are associated with his/her health insurance coverage is important in developing public policy. Information about health care coverage can be linked to the usual source of medical care for an individual, the out of pocket expenditures for that person's health services, treatment patterns, and the quality and frequency of a person's health care.

INSTRUCTIONS

In this section, the respondent will be asked to identify the kind of health care coverage for each person in the family. It is very important that you record the correct kind of health care coverage for each person, as each kind of coverage has different follow up questions. If the wrong type of health care coverage is recorded at the beginning of this section, then the follow up questions will not be appropriate and important data will not be collected.

In trying to determine the appropriate type of health care coverage that an individual has, it is important to remember that for the purpose of this survey, Single Service Plans are not considered private health insurance and should not be recorded as such. For individuals who indicate that a Single Service Plan covers them, record them as such, and the appropriate follow up questions will be asked.

Certain types of health care coverage are referred to by different names depending upon the state in which the respondent lives. The kinds of coverage with varying state specific names include Medicaid, the State Children's Health Insurance Program (CHIP/SCHIP), state sponsored health insurance coverage, and some other government sponsored health care coverage. For questions about these types of health care coverage, a separate flashcard for each state with that state's unique health care coverage name has been designed.

If a respondent indicates that he/she is covered by COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) or by TCC (Temporary Continuation of Coverage), this should be coded as a Private Health Insurance Plan from employer or workplace. COBRA provides a bridge between health care plans for qualified workers, their spouses, and their dependent children when their health insurance might otherwise be cut off. Under this act, if a person voluntarily resigns from a job or is terminated for any

reason other than "gross misconduct," they are guaranteed the right to continue in their former employer's group health insurance plan as an individual or family for up to 18 months at their own expense. In some cases, a spouse and dependent children are also eligible for COBRA coverage for as long as three years.

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

Note that the follow up questions for private health insurance coverage are asked based upon the plan, which can cover multiple family members. The follow up questions for all other types of health care coverage are asked based upon the person with that specific coverage. For example, a family of 6 who all have private health insurance and are covered under the same plan will get the private insurance follow-up questions once. However, if the 6 family members are all covered by Medicaid, the follow up questions for Medicaid will be asked a total of six times, once for each person with Medicaid.

When recording the health insurance plan name, probe and record only the 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. (The exception here is Blue Cross and Blue Shield, for which you may use the abbreviation BC/BS.)

If the respondent does not know the complete name, ask to see a membership card or other document with the complete name. If the complete name is unavailable, record as much of the name as the respondent knows.

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.

IMPORTANT TERMS

Private Health Insurance Plan is any type of health insurance, including Health Maintenance Organizations (HMOs), other than the programs in categories (2) and (4)-(10). These plans may be

provided in part or full by the person's employer or union or may be purchased directly by an individual.

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 on Flashcard F14 with the corresponding state name.

SCHIP (State Children's Health Insurance Program or SCHIP) refers to a joint federal-state program, administered by each state that offers health care coverage to low-income, uninsured children under age 19 who are not currently eligible for Medicaid or covered by private health insurance. In some states, SCHIP programs have distinct names. The state names for SCHIP can also be found on Flashcard F14 with the corresponding state name.

Military Health Care/VA

Military health care includes:

TRICARE - regionally managed health care programs for active duty and retired members of the uniformed services, their families, and survivors. TRICARE offers eligible beneficiaries four choices for their health care: TRICARE Prime, TRICARE Extra, TRICARE Standard and TRICARE for life. TRICARE Standard is the new name for traditional CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services).

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

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 previously mentioned.

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.

HMOs or Health Maintenance Organizations are health delivery systems that offer comprehensive health coverage for hospital and physician services for a prepaid, fixed fee.

An **IPA** is a type of HMO that contracts directly with physicians in independent practices and/or contracts with one or more associations of physicians in independent practices or multi-specialties. The plan is predominately organized around solo/single practices.

PPOs or Preferred Provider Organizations are a form of managed care, although not a "traditional" HMO. Enrollees in PPOs are encouraged to use designated or preferred health providers. Financial incentives for individuals include lower payments or co-insurance and maximum limits on out-of-pocket costs for in-network use. PPOs are less restrictive than HMOs in that visits to specialists are not dependant upon authorization by a member's primary care physician. Unlike HMOs, out of network usage is allowed by PPOs, although at a higher cost to the enrollee. Please consider EPPOs as PPOs for the purpose of this survey.

POS, or Point of Service Plans, are a form of managed care, although not a "traditional" HMO. POS plans allow for "opt-out", or out-of-network coverage, but are accompanied by strong economic incentives to the enrollees to use network providers. POS plans usually use gatekeepers for referrals to specialists within the network. It is this attitude that most readily distinguishes a POS plan from a PPO.
A **Fee-for-Service** plan is a traditional kind of health care policy.

Insurance companies pay fees for the services provided to the insured people covered by the policy. This type of health insurance offers the most choices of doctors and hospitals. You can choose any doctor you wish and change doctors at any time. You can go to any hospital in any part of the country. With fee-for-service, the insurer only pays part of your doctor and hospital bills. A fee-for-service plan pays for covered services after the services have been received. This is also known as an indemnity plan.

A **Health Savings Account** or HSA is an account that is used to pay for medical expenses not covered by one's insurance plan. HSAs require a companion high deductible insurance policy. They may be funded by the employer or the employee and balances may rollover from year to year. Features of a HSA include: tax-deductible deposits, tax deferred interest earned on the account, tax-free withdrawals for qualified medical expenses, carryover of unused funds and interest from year to year, and portability. A HSA qualified insurance policy must have a deductible of at least $1100 for individuals and $2200 for families.

A **Health Reimbursable Agreement** or HRA is an account that is used to pay for medical expenses. HRAs are an employer-funded account with the following features: tax free withdrawals for qualified medical expenses, carryover of unused credits from year to year, credits in a HRA do not earn interest, credits in a HRA are forfeited if health insurance plan is switched.

Flexible Spending Accounts (FSAs) are employer-established benefit plans that reimburse employees for specified medical expenses as they are incurred. These accounts are allowed under section 125 of the Internal Revenue Code. The employee contributes funds to the account through a salary reduction agreement and is able to withdraw the funds set aside to pay for medical bills. The salary reduction agreement means that any funds set aside in a FSA escape both income tax and Social Security tax. Employers may contribute to these accounts as well. Once the amount of contribution has been designated during an open enrollment period that occurs once each year, the employee is not allowed to change the amount or drop out of the FSA during the year unless he or she experiences a change in family status. By law, the employee forfeits any unspent funds in the account at the end of the year other than the 2.5 month grace period. There is no requirement to have a private health insurance plan with a FSA.

PART C
SECTION 8
FAMILY SOCIO-DEMOGRAPHIC BACKGROUND
(FSD)

Topic	See Page
Purpose	C46
Instructions	C46
Important Terms	C47

PURPOSE

In this section you will collect demographic information about each family member, including:

- birthplace
- citizenship (for some respondents)
- education level
- employment status
- earnings

This information, when combined with the health data obtained in other parts of this survey, will provide statistics on the characteristics of people with and without health problems. These data will also enable analysts to compare the health status and use of health services among the different demographic groups in the country.

INSTRUCTIONS

The PLBORN question asks where each person in the family was born. If you indicate at PLBORN that the person was born in one of the 50 States or in the District of Columbia, the instrument will take you to a look-up table (PLBORN1) listing all 50 States and the District of Columbia, where you select the state in which the person was born.

If you indicate at PLBORN that the person was born outside of the U.S., the instrument will take you to a different look-up table (PLBORN2), where you can select from a list of countries, territories, kingdoms, provinces, etc.

As you browse through the list of foreign countries, territories, kingdoms, provinces, etc. you may notice that there seems to be some redundancy. This is to take into consideration the many ways in which a respondent may interpret the question "Where were you born?" For example, a person could report that he/she was born in Russia, the Russian Federation, the Union of Soviet Socialist Republics, the USSR, or several other possibilities. Even if a person's response sounds strange or wrong, enter the first letter of the name of the area he/she indicated to see if it is listed. If the country is not listed, enter “ZZ”.

If the person indicated that he/she was born “at sea”, or simply “abroad”, these selections can also be found in the look-up table.

Also, this section contains the EDUC question, which asks for each person’s education level. It is important to remember to record the highest level of school COMPLETED or the highest degree RECEIVED.

IMPORTANT TERMS

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

A **job** exists when there is:

- a definite arrangement for regular work;
- the arrangement is on a continuing basis; and
- the person holding the job 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.

A **business** exists when at least one or more of the following conditions are met:

- machinery or equipment of substantial value is used in conducting the business; or
- an office, store, or other place of business is maintained; or
- the business is advertised to the public.

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 that publicizes the type of work or services offered.

An individual is **working for pay** if he or she:

- worked for wages, salary, commission, tips, piece-rates;
- pay-in-kind (e.g., room-and-board);
- worked for profit in his/her own business, practice or farm;
- worked as a civilian for the National Guard or Department of Defense; or
- performed exchange or share work on a farm.

An individual may **have a job or business but not be at work** due to:

- annual leave or vacation (paid or unpaid);
- maternity or family leave (paid or unpaid);
- jury duty;

- seasonal employment (with a contract to work, e.g., teachers);
- involvement in a labor dispute that is taking place at his/her place of employment;
- sick leave (paid or unpaid);
- a temporary lay-off (lasting less than 30 days), *and* the person expects to be called back within that time period.

An individual is **looking for work** if he or she is conducting an active job search. An active job search means that the person is taking steps necessary to put him/herself in a position to be hired for a job and would include any of the following:

- filling out applications or sending out resumes;
- placing or answering classified ads;
- checking union/professional registers;
- bidding on a contract or auditioning for a part in a play;
- contacting friends or relatives about possible jobs;
- contacting school/college university employment offices;
- contacting prospective employers directly; and/or
- contacting public or private employment offices.

Job search methods that are **not** active include looking at ads without responding to them or picking up a job application without filling it out.

Include as **working, but not for pay** at least 15 hours of work per week without pay in a business or farm operated by a related household member.

Volunteer efforts should **not** be considered as working. Likewise, unpaid internships are not considered as working.

Taking care of house or family includes 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.

Temporarily unable to work for health reasons, Disabled, and **Retired** are respondent defined.

Layoffs (other than temporary, 30-day layoffs) can be due to slack work, plant retooling or remodeling, inventory taking, etc. In some instances, companies may combine a vacation shutdown with the remodeling/retooling process. If this is the case, do **not** consider the person to be a temporary layoff. Also, do not consider a person who was not working because of a labor dispute at his/her own place of employment as being a layoff.

School personnel (teachers, administrators, custodians, etc.) on summer vacation who have a definite arrangement, either written or oral, to return to work in the fall are **not** considered to be on layoff during the summer. They may, however, be laid off from a summer job or looking for work for the summer months (but this would not be considered their main job or employment activity).

Earnings include:

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" meaning after deducting business expenses, but before deducting personal taxes);

3) Unemployment or worker's compensation.

PART C
SECTION 9
FAMILY INCOME
(FIN)

Topic	See Page
Purpose	C51
Instructions	C52
Important Terms	C52

PURPOSE

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

- Wages and Salaries
- Self employment
- Social Security or Railroad Retirement
- Disability Pension
- Other Retirement or Survivor Pension
- Supplemental Security Income
- Welfare or Temporary Assistance for Needy Families (TANF - cash assistance)
- Interest from savings or other bank accounts
- Dividends received from stocks or mutual funds, or net rental income from property, royalties, estates, or trusts
- Child Support
- Other income sources such as alimony, contributions from family/others, VA payments, Worker's Compensation, or unemployment compensation

The income section also has questions on program participation. These programs do not figure into the total family income, but policy makers need to know which families are participating in them. For example, in order to better track health trends, participation in programs that provide nutrition (i.e., food) is important because access to proper nutrition can directly affect health outcomes. Program participation questions include:

- Non-cash welfare assistance (e.g., help getting a job, job training, transportation, or child care)
- Government housing assistance
- Food stamps
- WIC (Women, Infants and Children Nutritional Program)

INSTRUCTIONS

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

Remember when answering the question aimed at cash assistance from a state or county welfare program, that food stamps, SSI, energy assistance, or medical assistance payments should not be included as welfare (TANF).

Also, remember that when answering the question "Who receives Child Support?" to *enter the line number of the child for whom the support is intended*. If the child no longer lives in the household, the line number for the custodial parent should be entered.

IMPORTANT TERMS

Types of Income

Wages and Salaries include tips, bonuses and overtime, sick pay, on the job training pay, jury duty pay, commissions, Armed Forces pay and cash bonuses, as well as subsistence allowances.

Self-employment includes income from businesses and farm income.

The U.S. Government pays **Social Security** to:

- workers who have reached 62 or 65 years of age,
- the severely disabled,
- dependents or survivors of workers.

The worker must have contributed to the Social Security fund for the required number of years. Social Security checks arrive in a gold colored envelope, unless a recipient has chosen to have the check "direct deposited" into his/her checking or savings account. One person can receive Social Security payments or joint payments can be received by a husband and wife or by groups of dependent children. Some married couples receiving Social Security or Railroad Retirement (retirement or disability benefits) are given a joint amount in a single check. Also, in the case of dependent children, an adult in the household can be designated as the "payee" for the benefits and the monthly Social Security check is made out to the parent (or guardian) of the child.

Former employees of the railroad receive **Railroad Retirement**. These payments are from the U.S. government and are similar to Social Security. A retired railroad employee may also be receiving a company or union pension from a retirement plan established by the railroad where he/she was employed.

Disability Pension includes some of the following:

- Company or union disability--received by former employees of private companies, businesses, etc., or members of unions who were forced to leave their jobs permanently or for an extended period of time due to a disability or other health condition.

- Federal Government (Civil Service) disability--received by former employees of the Federal Government prior to reaching retirement age, who were forced to leave their job permanently or for an extended period of time due to a disability or other health conditions.

- U.S. Military retirement disability--received by former members of the Armed Forces who have a disability of at least 30% (under a standard schedule of rating disability by the VA) and have either 8 years of service; the disability resulted from active duty; or the disability occurred in the line of duty during a time of war or national emergency or certain other time periods.

- State or local government employee disability--same as "Federal Government (civil service) disability," except received by former employees of state or local governments.

- U.S. Railroad Retirement Disability--similar to Social Security and received by disabled former employees of the railroad.

- Accident or disability insurance--received by persons who purchase, on their own, an accident or disability insurance policy. The payments would be received from the person's insurance company.

- Black Lung miner's disability--received by miners who were found to be suffering from black lung disease. These payments come from the U.S. Government.

- State temporary sickness--programs in five states (New Jersey, New York, California, Hawaii, and Rhode Island) pay benefits to workers who are temporarily ill or disabled due to a non-work related accident or illness.

Other Retirement or Survivor Pension includes:

- Company or union pension (including profit-sharing)--received by a retired worker from a retirement or pension plan established by his/her previous employer or union.

- Federal Government (Civil Service) retirement--received by retired employees of the Federal government.

- U.S. Military retirement--received by retired military personnel who served for 20 years or more in the Armed Forces. Veteran's payments are not the same as military retirement.

- State or local government pension--received by retired employees of State government or local governments such as a county, city, or town.

- Regular payments from annuities or paid-up insurance policies in order to provide additional income during retirement. Many people purchase an annuity, which guarantees regular income payments, or convert their paid-up life insurance policies into monthly payments.

- Regular payment from IRA, KEOGH or 401(k) accounts--IRA and KEOGH accounts are savings plans that workers establish to provide them with benefits upon retiring. The two plans differ in that KEOGH plans are for self-employed workers only.

- A 401(k) plan is a thrift savings plan set up by employers to provide retirement benefits for their workers.

Supplemental Security Income is for low-income persons who are aged (65 years old or over), blind or disabled. The Social Security Administration administers SSI, however SSI is **NOT** the same as Social Security. A person can get SSI in addition to Social Security. Depending on the requirements set up by each State, a person may receive an SSI check from the Federal government with "Supplemental Security Income" printed on the check, a supplementary SSI check from the State or local welfare office, or both.

Most SSI recipients receive one monthly SSI check from the Federal Government. Federal SSI checks arrive on the first of the month in a blue envelope or are electronically deposited into the

recipient's account on the first of the month.

Some states elected to have the U.S. Government include their supplementary amount in the Federal check. If this is the case, the words:

"STATE PAYMENT INCLUDED"

will appear on the tan colored SSI check from the Federal government. Supplemental Security Income from both the State and U.S. government refers only to cases when a separate check is received. The following states (and cities) supplement the federal SSI payment: CA, HI, MA, NV, NJ, NY, PA, RI, VT, and DC.

States that administer their own supplementary payments will be issuing checks that vary from state to state and even county to county by color and wording. These checks, which will be paid by the state or local welfare office, will NOT have the words "Supplemental Security Income" printed on them.

Welfare or Temporary Assistance for Needy Families (TANF - aka Cash Assistance) is administered by state and local governments, and each TANF program has a unique name, depending upon the state or local area. Respondents may refer to these programs as Aid to Families with Dependent Children (AFDC), Aid to Dependent Children (ADC), Temporary Assistance for Needy Families (TANF), some other assistance program using the local program name for TANF, or other assistance programs such as General Assistance, Emergency Assistance, Refugee Cash Assistance Program, General Assistance from Bureau of Indian Affairs or Tribal Administered General Assistance.

Temporary Assistance for Needy Families (TANF) is a public assistance program which replaced AFDC/ADC. Generally, TANF is administered at the state level and the type of benefits available differs by state. Each state has the authority to determine the eligibility criteria and the benefits and services families will receive. TANF contains strong work requirements and provides support to families moving from welfare to work. This support can be in the form of cash. Generally, cash assistance from a state or county welfare program comes in the form of a check, but some states give welfare recipients a debit card that is linked to an account containing their welfare monies. In other states, welfare recipients work at a job, and the monies for their paycheck come from the state or county welfare program. Debit card and welfare-

subsidized wages are also considered cash assistance.

States do not require all adult TANF recipients without jobs to participate in work activities. They exempt adults with disabilities and those who provide care for someone with a disability. Temporary exemptions also are granted to parents of young children, most commonly for children under 1.

In recording which person(s) in the family is/are receiving TANF/cash assistance, enter the line number as given by the respondent. In this case, the respondent defines which person(s) is/are receiving this assistance.

Interest is the money that banks, savings institutions, businesses, governments, and individuals pay to other individuals for the use of their money. Some of the most important sources of interest income are savings accounts with banks, credit unions, and savings and loans. Other important sources of interest income are money market funds and certificates of deposit (time certificates), savings or other government bonds and interest on checking accounts. Interest earned in accounts in foreign countries should also be included.

Dividends are received from stocks, mutual funds, or net rental income from property, royalties, estates or trusts.

Child Support is money received by a parent in the household from an absent parent for the support of their children. In some cases, child support payments may be paid through a welfare agency or a court. These payments should be considered as child support. Do not include as child support money received from relatives or friends other than the parent. Also, do not include the actual TANF payment as child support.

Program Participation

Non-cash Welfare Assistance can be part of some TANF programs. Some TANF programs can make services available for the recipient, such as job placement, job training, and job retention efforts, and other post-employment support services. Other services provided may include childcare or transportation assistance so they can work or attend training or educational classes.

Government Assistance for Housing can come from federal, state or local governments and may take many forms. Government

housing assistance may come in the form of monetary assistance to help pay rent, a program called "Section 8", direct payment to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.

Food Stamps are benefits intended to provide low-income and low-resource households with benefits which can be used to purchase food. The Food and Consumer Service (FCS) of the Department of Agriculture administers the Food Stamp program through state and local welfare offices. Food stamps are mainly issued in the form of coupon books. In some areas of the country, however, food stamp benefits are also being issued in the form of checks or deposited into an account accessed through the use of a plastic card (similar to a debit card). The plastic cards are used by the food stamp recipients to make purchases in grocery stores that are equipped to handle these types of transactions.

In recording which person(s) in the family is/are receiving food stamps, enter the line number as given by the respondent. In this case, the respondent is allowed to define which person(s) is/are authorized to receive food stamps.

WIC or Women, Infants and Children Nutritional Program, is a federally funded nutrition program that provides nutritious foods, in the form of food or as vouchers for specific food items in stores, nutrition education, and access to health care to low-income pregnant women, new mothers, and infants and children at nutritional risk.

Eligibility for WIC is based on the following four criteria:

- Participants must be either a pregnant, postpartum, or breast-feeding woman, an infant, or a child under the age of five;

- The participant’s household income must be below 185 percent of the poverty line;

- WIC participants must be certified by a health professional to be at nutritional risk, which can include problems such as: inadequate diet, abnormal weight gain during pregnancy, a history of high-risk pregnancy, child growth problems such as stunting, underweight, or anemia, and homelessness or migration;

- Any individual at nutritional risk who receives benefits from the Food Stamp Program, TANF/AFDC or Medicaid, or is a member of a family in which a pregnant woman or infant receives Medicaid benefits, is deemed automatically eligible to meet the WIC income test.

PART C
SECTION 10
SAMPLE CHILD RESPONDENT IDENTIFICATION AND VERIFICATION (CID)

Topic	See Page
Purpose	C60
Instructions	C60

PURPOSE

The purpose of the Sample Child Respondent Identification and Verification section is to identify the person you are speaking to and verify that he/she is knowledgeable about the child's health. If the person you are speaking to is not knowledgeable about the child's health, then this section is designed to help identify a respondent who is knowledgeable, based upon the responses given near the end of the Household Composition section.

If the identified respondent is different from the respondent who answered questions in the Household Composition Section, the instrument will ask you to verify the following information collected earlier in the interview:

- The child's sex
- The child's age
- The child's date of birth

Another purpose of this section is to establish the respondent's relationship to the Sample Child.

INSTRUCTIONS

If, while verifying the age of the Sample Child, it is determined that this person really should not have been selected as a Sample Child, the instrument will skip the entire Sample Child section. The instrument will NOT select another child as the Sample Child. At the end of the Sample Child Questionnaire, we will be asking for the last four digits of the child's Social Security Number. This number is useful for matching certain statistical records maintained by other government agencies.

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

If the number given has more than 4 four digits, record only the last 4 four digits. Do not record alphabetic prefixes or suffixes. Enter N if the person does not have a Social Security number.

PART C
SECTION 11
SAMPLE CHILD CONDITIONS, LIMITATIONS OF ACTIVITY AND HEALTH STATUS (CHS)

Topic	See Page
Purpose	C62
Instructions	C62
Important Terms	C63

PURPOSE

The main purpose of the Sample Child Conditions, Limitations of Activity and Health Status section is to record basic health information about the Sample Child. This section collects basic physical data on the Sample Child:

- Birth weight
- Current weight (Sample Children Age 12-17)
- Current height (Sample Children Age 12-17)

Information on particular conditions and limitations of activity that the child may have are also collected here, including:

- Physical conditions such as cystic fibrosis, sickle cell anemia, diabetes, arthritis, or heart conditions
- Conditions such as Down syndrome, mental retardation or autism
- Other developmental delays
- Attention deficit hyperactivity disorder (ADHD)
- Vision and hearing problems

This section also records the general health status of the child by asking about things like:

- Chickenpox
- Asthma
- Hay fever or other allergies
- Diarrhea
- Anemia
- Ear infections, or headaches
- Number of days of school missed
- Prescription medication

Finally, this section collects information about the child's behavior and emotional adjustment.

INSTRUCTIONS

Some of the questions in this section are dependent upon the answers to previous questions within the instrument. For example, if the respondent indicates that the child has asthma, then a series of follow up questions will be asked about asthma attacks, asthma medication and asthma related visits to the emergency room. The list of health conditions will change depending upon the age of the Sample Child.

As with all sections, be sure that you ask the questions exactly as worded and that you correctly record the response. This attention to detail will assure that later follow up questions will make sense

in the context of previously recorded information.

Some of the questions make reference to a specific time period, such as the PAST 12 MONTHS, the PAST 6 MONTHS, the PAST THREE MONTHS, the PAST TWO MONTHS or the PAST TWO WEEKS. Other questions refer to the child's entire life by asking if the child EVER had these conditions or limitations. For example, notice that for the questions related to head and chest colds, and intestinal illnesses, we are interested only in conditions that occurred during the PAST TWO WEEKS.

With regard to the questions about children's behavioral and emotional health, please note that there are two sets of questions, dependent upon the age of the Sample Child: one set for children age 2-3 years that is part of the Sample Child Conditions, Limitations of Activity and Health Status section; and one question for children age 4-17 years that is part of the Child Mental Health Brief Questionnaire. It is important that you make sure you are showing the respondent the correct flashcard for the questions. Flashcard C3 (with the categories 0. NOT TRUE, 1. SOMETIMES TRUE, or 2. OFTEN TRUE) is used for 2-3 year olds. Flashcard C7 (with the categories 1. No, 2. Yes, minor difficulties, 3. Yes, definite difficulties, 4. Yes, severe difficulties) is used for 4-17 year olds.

IMPORTANT TERMS

Anemia is a condition resulting from a reduction in hemoglobin content or in number of red blood cells. Because of the blood's reduced capacity to carry oxygen, all types exhibit similar symptoms - pallor, weakness, dizziness, fatigue, and, in severe cases, breathing difficulties and heart abnormalities.

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

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

Attention Deficit Hyperactivity Disorder (also called Attention Deficit Disorder, ADD or ADHD) is diagnosed by a health professional and is characterized by problems with attention, impulsiveness, hyperactivity, school problems, and sometimes aggression.

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

interaction, including abnormal speech patterns or loss of speech; lack of eye contact; a restricted range of interests; resistance to change of any kind; obsessive, repetitive body movements, such as hand flapping or spinning; a lack of awareness of the existence or feelings of others; or social isolation. Symptoms can range from mild to severe.

Cerebral palsy is pronounced (ser-e-bral pawl-zee) and is a disability resulting from damage to the brain before, during, or shortly after birth and outwardly manifested by muscular incoordination and speech disturbances.

Cystic fibrosis is pronounced (sis-tik fi-bro-sis) and is an inherited disorder of the exocrine glands, affecting infants and children. Symptoms can include a distended abdomen, diarrhea, malnutrition, and repeated incidence of respiratory infections.

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.

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

Down syndrome is a congenital disorder characterized by moderate to severe mental retardation, slow physical development, and flattish skull and facial features.

Eczema is an acute, or chronic, noncontagious, itching inflammatory disease of the skin.

Health problem is respondent defined, but should be limited to chronic conditions. Generally speaking, it is any condition, physical or mental, which causes limitations of activity. (It should not include pregnancy or delivery.)

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

Impairment is respondent defined, but should be limited to chronic conditions. Generally speaking, it is any condition, physical or mental, which causes limitations of activity. (It should

not include pregnancy or delivery.)

Limited refers to a person's ability to only partially perform a specific activity, perform that activity only part of the time, or not perform that activity at all. The term limited should **NOT** be defined 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.

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

Muscular dystrophy is pronounced (mus-kyoo-lar dis-tro-fee) and is any of several inherited diseases characterized by progressive degeneration of the skeletal muscles. The most common form, Duchenne, affects only boys and begins with leg weaknesses. Another form involves primarily facial and shoulder muscles and affects both sexes.

Sickle cell anemia is an inherited disorder in which the red blood cells assume sickle like shapes. The red blood cells are fragile and subject to rupture, causing chronic anemia, fever, abdominal and joint pains, and jaundice.

Sinusitis is an inflammation of the sinuses usually caused by viral, bacterial, or fungal infection. This can interfere with normal sinus drainage and cause increased mucus production.

Special equipment is any device, tool, utensil, instrument, implement, etc., (excluding ordinary eyeglasses or corrective shoes) used as an aid in performing an activity because of a physical, mental or emotional problem.

Tonsillitis is acute inflammation of the tonsils, usually resulting from a bacterial or viral infection, including strep throat.

PART C
SECTION 12
SAMPLE CHILD HEALTH CARE ACCESS AND UTILIZATION (CAU)

Topic	See Page
Purpose	C67
Instructions	C67
Important Terms	C68

PURPOSE

The purpose of the Sample Child Health Care Access and Utilization section is to identify all contacts with medical doctors or their assistants during a specific period of time. The information from this section provides measures of how the country's health care system is being utilized by children under age 18. Whereas the Family Access and Utilization section asks about hospital stays and doctor visits for each person in the family, the Sample Child Access and Utilization section asks more detailed questions about the Sample Child's access to and utilization of care, 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
- 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 or other health care professional's "house calls"
- Number of doctor visits in the last 12 months
- Surgeries in the past 12 months

INSTRUCTIONS

When asking about the place where the Sample Child USUALLY goes when he/she is sick, note that this may or may not be the doctor or clinic most recently contacted. (*For example, the most recent contact may be with a specialist never seen before.)* Also, it need not be a doctor or clinic the respondent has ever contacted before on behalf of 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.

If the Sample Child is less than two years old, some questions will not be asked, such as those about not getting mental health care, dental care and eyeglasses because of cost.

As with all questions that ask the respondent to give a specific length of time, always probe for an exact number. If the respondent reports a range or an interval, assist the respondent in making an estimate by probing. For example, you might ask “Could you give me a more exact number?”

Be sure to notice if a question refers to a designated time period. For example, the questions recording information about health care provider contacts begin with the phrase "DURING THE PAST 12 MONTHS." The health care provider contact set of questions

really contains two different types of questions. The first asks "{Has anyone in the family/Have you} seen or talked to ... about {Sample Child's} health?" The second set of questions in this section asks, "How many times did {Sample Child's name} see...?"

Seeing different types of health care providers all on one visit should be reported separately. For example, if the Sample Child saw a physician's assistant for a physical exam before seeing the general practitioner (physician) for further diagnosis, count this as both "a general practitioner" and as "a physician's assistant."

DO NOT include someone who prescribes eyeglasses as an optician.

When recording emergency room visits, DO NOT include visits to outpatient clinics and urgent care facilities.

IMPORTANT TERMS

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 (e.g. lip-reading), and counseling the family members on how to deal with the problem.

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.

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

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.

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

A **foot doctor** is someone who treats diseases of the foot and is commonly known as a podiatrist.

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
- A comprehensive physical examination

It does not include dental exams and vision tests.

A **hospital emergency room** is an emergency care facility at a hospital. It is also sometimes referred to as an emergency department. DO NOT include emergency care received at a clinic or HMO. Include emergency room visits that resulted in admission for inpatient care. DO NOT include visits to outpatient clinics, urgent care facilities and the like.

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 or psychologists.

Mental Health Care is respondent defined.

A **nurse practitioner** is a registered nurse who has completed a program of study leading to an expanded role in health care. Nurse practitioners generally 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.

An **occupational therapist** is a health 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.

A **physical therapist** is a health professional who administers therapy to develop, improve, or restore gross motor skill movements, such as walking.

A **Physician Assistant (PA)** is a health care professional licensed to practice medicine with physician supervision. What a Physician Assistant does varies with training, experience and state law. The

scope of a PA's practice corresponds to the supervising physician's practice. In general, the PA sees many of the same types of patients as does the physician, but the more complicated or non-routine cases are referred to a physician as appropriate. Physician Assistants always work in the context of a supervising physician.

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

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.

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 **Speech Therapist** is a person who works to improve speech or oral communication for problems such as stuttering, impaired articulation, or language or voice impairment.

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.

Waiting time to see the doctor includes only time from arrival until the health care provider is seen.

PART C
SECTION 14
SAMPLE ADULT IDENTIFICATION (AID)

Topic	See Page
Purpose	C72
Instructions	C72

PURPOSE

The purpose of the Sample Adult Identification section is to identify the Sample Adult and to verify some information. It also allows a proxy respondent if the Sample Adult has a physical or mental problem that prohibits him/her from responding.

We collect this proxy respondent's relationship to the Sample Adult and his/her availability to conduct the interview. If the Sample Adult is not the person who acted as the respondent to the Household Composition section, or this is a proxy respondent, the instrument will ask you to verify

- The Sample Adult's sex
- The Sample Adult's age
- The Sample Adult's date of birth

INSTRUCTIONS

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

If a cultural situation arises, for instance, a female Sample Adult is selected but the respondent's culture does not allow them to speak to the FR, the following guidelines should be followed: If the gender or cultural background of the FR is the issue, another FR of a different gender or cultural background could be sent to conduct the interview. Also, the FR could ask whether the interview would be allowed if the spouse were present during the interview. Similarly, an offer could be made to conduct the interview over the telephone. For major cultural or religious issues where no options are acceptable, the FR can call the Regional Office (RO) for permission to conduct a proxy interview.

All instances of such proxy interviews should be well documented in the interviewer notes for the case. FRs should take special care in entering the appropriate information into PROX1, "Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves. Is a family member or caregiver that is knowledgeable about [ALIAS of Sample Adult]'s health available?" in the Sample Adult Questionnaire, and NONRES, "Did a non-household member act as a respondent for this survey?" in the Back section.

At the end of the Sample Adult Questionnaire, we will ask for the last four digits of the Sample Adult's Social Security Number and the last four digits and any letters of the Medicare Number. This

information is useful for matching certain statistical records maintained by other government agencies.

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

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

PART C
SECTION 15
SAMPLE ADULT DEMOGRAPHICS
(ASD)

Topic	See Page
Purpose	C75
Instructions	C75
Important Terms	C76

PURPOSE

The purpose of the Sample Adult Demographics section is to verify the Sample Adult's working status and, if he/she is currently employed, or has ever been employed, to collect additional information, including:

- Where he/she works(ed)
- Kind of business or industry
- Kind of work performed
- Most important activities
- Other questions about his/her job (or most recent job)

INSTRUCTIONS

To be considered looking for work, a person has to have conducted an active job search.

When describing the kind of business or industry the Sample Adult is/was employed by, indicate both a general and specific function for employers and businesses. For example, in "copper mine," the word "mine" is general, while the word "copper" indicates the specific kind of mine.

- **For Government Agencies**: If the title clearly designates the main function of the agency, enter the name of the agency. 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/worked 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.

- **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.

When entering the kind of work the person was doing at his/her main job or business, remember that 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 the person is/was.

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

When describing the kind of work or duties the person performs/performed at his/her main job or business, be sure to detail the kind of work the person does/did. The entry to this item must include enough additional information for a precise occupational classification. Usually a few words telling what the respondent's job activities are, 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.

IMPORTANT TERMS

Main job or business refers to the job or business that is the *primary* source of a person's income.

A **Job** exists when there is:

- A definite arrangement for regular work,
- The arrangement is on a continuing basis, and
- 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.

A **business** exists when one or more of the following conditions is met:

- Machinery or equipment of substantial value is used in conducting the business, or
- An office, store, or other place of business is maintained, or
- The business is advertised to the public.

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.

Examples of what are NOT businesses:

- 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 that chops and sells Christmas trees from October through December does not have a business in July.
- Distributing products such as 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.

An individual is **working** if he or she:

- Worked for wages, salary, commission, tips, piece-rates, or pay-in-kind (e.g., room-and-board);
- Worked for profit in his/her own business, practice or farm;
- Worked as a civilian for the National Guard or

Department of Defense; or
- Performed exchange or share work on a farm.

An individual may **have a job or business but not be at work** due to:
- Annual leave or vacation (paid or unpaid);
- Maternity or family leave (paid or unpaid);
- Jury duty;
- Seasonal employment (with a contract to work, e.g., teachers)
- Involvement in a labor dispute that is taking place at his/her place of employment;
- Sick leave (paid or unpaid); or
- A temporary lay-off (lasting less than 30 days), *and* the person expects to be called back within that time period.

Active job search means that a person took the steps necessary to put him/herself in a position to be hired for a job and would include any of the following:

- Filling out applications or sending out resumes;
- Placing or answering classified ads;
- Checking union/professional registers;
- Bidding on a contract or auditioning for a part in a play;
- Contacting friends or relatives about possible jobs;
- Contacting school/college university employment office;
- Contacting prospective employers directly; or
- Contacting public or private employment offices.

Job search methods that are NOT active include looking at ads without responding to them, or picking up job applications without filling them out.

Include as **working, but not for pay:** at least 15 hours of work per week without pay in a business or farm operated by a related household member.

Volunteer efforts should NOT be considered as working. Likewise, unpaid internships are not considered as working.

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

Unable to work because of health reasons, **Disabled**, and **Retired** are respondent defined**.**

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

Layoffs (other than temporary, 30-day layoffs) can be due to slack work, plant retooling or remodeling, inventory taking, etc. In some instances, companies may combine a vacation shutdown with the remodeling/retooling process. If this is the case, do **not** consider the person to be on temporary layoff. Also, 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.

School personnel (teachers, administrators, custodians, etc.) on summer vacation who have a definite arrangement, either written or oral, to return to work in the fall, are **not** considered to be on layoff during the summer. They may, however, be laid off from a summer job or looking for work for the summer months (but this would not be considered their main job or employment activity).

A person has **ever worked** if they have held any sort of job or worked at a business, with or without pay. Again, unpaid work consists of at least 15 hours of work per week without pay in a business or farm operated by a related household member. Volunteer efforts and unpaid internships should not be considered as working.

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 includes 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 consulate.

State government includes employees of State governments, such as paid state officials, state police, and employees of state universities and colleges.

Local government employees are 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 for the local government should also be here.

Self-employed persons includes any 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 includes working on a farm or in a business operated by a related member of a household, without receiving wages or salary for work performed.

PART C
SECTION 16
SAMPLE ADULT CONDITIONS
(ACN)

Topic	See Page
Purpose	C82
Instructions	C82
Important Terms	C83

PURPOSE

The main purpose of the Sample Adult Conditions section is to record any conditions the person may have, including:

- Chronic physical conditions such as hypertension, heart problems, asthma, ulcers, cancer, diabetes, or arthritis
- Temporary conditions such as recent neck pain, back pain, headaches, facial pain, colds, intestinal illnesses, etc.

This section also records the general conditions of the person by asking about things like:

- Pregnancy (women only)
- Vision
- Tooth loss
- General feelings/emotional health

All of this information about the Sample Adult creates a framework of data against which other things can be measured; for example, how an individual's basic health condition is related to the utilization of health care, or to the propensity for injury, as well as to other information collected earlier in the survey.

INSTRUCTIONS

Some of the questions in this section are dependent upon the answers to previous questions within the instrument. You may notice specifically, that if the respondent indicates that he/she has asthma, then a series of follow up questions will be asked about asthma attacks, and asthma related visits to the emergency room. Similarly, if the Sample Adult indicates he/she has cancer, this triggers a series of questions about kinds of cancer and age when cancer was first diagnosed.

Some of the questions make reference to a specific time period, such as the PAST 12 MONTHS, the PAST THREE MONTHS, the PAST 30 DAYS, or the PAST TWO WEEKS. Other questions refer to the person's entire life by asking if he/she EVER had these conditions or limitations. Notice that for the questions relating to head and chest colds, and intestinal illnesses, for example, we are interested only in conditions that occurred during the past two weeks.

When asking about hypertension, remember to only include reports of hypertension/high blood pressure that were diagnosed by a doctor or other health care professional. Do not include home blood pressure testing or testing by a machine in the mall or other commercial establishment.

IMPORTANT TERMS

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

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

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

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

Sinusitis is an inflammation of a sinus.

Bronchitis is an inflammation of the bronchial tubes caused by viral or bacterial infection or by the inhalation of irritating fumes (e.g., tobacco smoke, air pollutants). Symptoms include cough, fever, and chest pains.

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

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

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

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

High Blood Sugar is an excessive amount of glucose found in the blood, also called hyperglycemia.

PART C
SECTION 17
SAMPLE ADULT HEALTH STATUS AND LIMITATIONS OF ACTIVITY (AHS)

Topic	See Page
Purpose	C85
Instructions	C85
Important Terms	C86
Specific Questions	C86

PURPOSE

The Sample Adult Health Status and Limitations of Activity section consists of two parts--health indicators and limitations in function. The purpose of this section is to determine:

- How many days of work the Sample Adult missed in the last year and how many days he/she spent in bed
- Overall health as compared to a year ago
- How much difficulty the Sample Adult may have doing certain activities
- The condition(s) that causes the difficulty in function
- How long he/she has had the condition that causes the limitation in function

The limitation questions asked in the Sample Adult Questionnaire are different from the limitations asked in the Family Questionnaire. For example, the screen FLWALK in the Family Health Status section asks whether anyone in the family has any difficulty walking without using special equipment, while the questions in the Sample Adult Health Status section are more precise: for example, FLWALK asks how difficult it is for the Sample Adult to walk *a specific distance* (a quarter of a mile or three city blocks) without special equipment. The response categories to the limitation questions are also very different in these two sections. In the Family Health Status section, the responses are simply "Yes" and "No"; in the Sample Adult Health Status section, the response categories make up a "degree of difficulty" scale. The adult questions are important because we obtain information directly from the Sample Adult regarding the *extent* of his/her disability. But the family questions are just as important because they allow us to obtain information about limitations from *every member* of the family.

INSTRUCTIONS

If the Sample Adult indicates that he/she has difficulty with one of the activities mentioned, the instrument will go to a list of health problems that may cause his/her difficulties. This question asks the respondent to identify which health problem(s) cause the difficulty. Remember that the respondent may chose more than one.

When you show the respondent the list of possible conditions that cause his/her difficulty with activities, and he/she gives you a response, be sure to carefully look at the list of conditions provided on the screen to see if the response fits into any of the pre-coded categories. If the condition described by the respondent does not appear on the list, enter the code for “Other impairment/problem” and then specify what the exact condition is.

IMPORTANT TERMS

A **Bed** is anything used for lying down or sleeping, including a sofa, cot or mattress. For example, a person who stayed on the sofa watching TV because he/she was not feeling well enough to get around would be considered "in bed."

A **Health Problem** is respondent defined. Generally speaking though, it is any condition, physical, mental, or emotional, which causes difficulty in an activity (see "condition" definition). Do not include pregnancy or delivery as a health problem. It is not important for the respondent to differentiate between a "condition" and a "health problem." Both of these terms are used to let the respondent know the wide range of health-related causes that should be considered.

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.

By yourself is considered to be without the help from another person or without hands-on assistance with performing an activity. Another 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.

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

SPECIFIC QUESTIONS

What condition or health problem causes you to have difficulty with *these activities?*

The flashcard for this question only lists the first 18 conditions and health problems from this screen. The respondent's answer to this question may include as many conditions or health problems that apply. You should **not** read any of the answer categories to the respondent.

If the respondent describes a condition or health problem that is not on the flashcard, you should first try to determine whether the

condition he/she describes belongs in one of those categories, otherwise you may choose to enter the respondent's exact answer in the "Other impairment/problem" field. Be sure to include only information about health conditions and medical problems in these fields - this would not be an appropriate place for an FR note. While you may not probe for additional answers, you may probe in order to clarify the response (for example, if the respondent has a rare disease that you do not know how to spell, you may politely ask the respondent for their input). Enter condition number(s) for all that apply, and separate them with commas. When the respondent has no more conditions or health problems, press enter to continue.

THESE CONDITIONS IN BOLD ARE PRINTED ON THE FLASHCARD AND ON THE SCREEN.

1. **Vision/problem seeing** includes:
   "blindness"
   "cataracts"
   "glaucoma"
2. **Hearing problem** includes:
   "deafness"
   "Tinnitus"
3. **Arthritis/rheumatism** includes:
   "osteoarthritis"
   "degenerative joint disease"
4. **Back or neck problem** includes:
   "degenerative disc disease"
   "herniated disc(s)"
   "sciatica"
   "scoliosis"
   "spinal stenosis"
5. **Fracture, bone/joint injury** includes:
   "torn cartilage"
   "broken arm," "broken leg," "broken wrist," etc.
6. **Other injury** includes:
   "head injury"
   "car accident injury"
   "burns"
   "chemical injury"
   "gun shot wounds"
   "frost bite"
   "snake bite"
7. **Heart problem** includes:
   "angina"
   "heart attack"
   "heart murmur"
   "heart failure"
8. **Stroke problem** includes "brain aneurysm."

9. **Hypertension/high blood pressure**
10. **Diabetes** includes “high blood sugar.”
11. **Lung/breathing problem** includes:
    “asthma”
    “chronic bronchitis”
    “chronic obstructive pulmonary disease (COPD)”
    “emphysema”
    “pneumonia”
    “respiratory allergies”
    “shortness of breath”
12. **Cancer** includes:
    “Hodgkin’s Disease”
    “leukemia”
    “lymphoma”
13. **Birth defect** includes “spina bifida.”
14. **Mental retardation** includes “Down syndrome.”
15. **Other developmental problem** includes:
    “cerebral palsy”
    “dyslexia”
    “learning disability”
16. **Senility** includes:
    “Alzheimer’s Disease”
    “dementia”
    “memory loss”
17. **Depression/anxiety/emotional problem** includes
    “post traumatic stress disorder (PTSD)”
    “nervousness”
    “stress”
18. **Weight problem** includes “overweight” and “obesity.”

*THESE CONDITIONS IN BOLD ARE **NOT** PRINTED ON THE FLASHCARD.*

*DO **NOT** READ THEM.*

19. **Missing limbs (fingers, toes or digits/amputee)**
20. **Kidney, bladder or renal problems**
21. **Circulation problems** (including blood clots)
22. **Benign tumors, cysts**
23. **Fibromyalgia, lupus**
24. **Osteoporosis, brittle bones, tendinitis**
25. **Epilepsy, seizures**
26. **Multiple Sclerosis (MS), Muscular Dystrophy (MD)**
27. **Polio(myelitis), paralysis, para/quadriplegia**
28. **Parkinson's disease, other tremors**
29. **Other nerve damage,** including carpal tunnel syndrome
30. **Hernia**
31. **Ulcer**
32. **Varicose veins, hemorrhoids**
33. **Thyroid problems, Grave's disease, gout**
34. **Knee problems** (*not* “arthritis” (use code 03); *not* “joint

injury” (use code 05))

35. **Migraine headaches** (*not* just “headaches”)
36. Other impairment/problem (Specify one)
37. Other impairment/problem (Specify one)

PART C
SECTION 18
SAMPLE ADULT HEALTH BEHAVIORS
(AHB)

Topic	See Page
Purpose	C91
Instructions	C91
Important Terms	C92

PURPOSE

The Sample Adult Health Behaviors section asks questions that record information about general health behavior or habits, including:

- Smoking
- Physical activity
- Alcohol
- Hours of sleep per 24 hour period

This information helps researchers measure how a person's daily habits affect his/her overall heath.

This section also asks for the Sample Adult's current height and weight.

INSTRUCTIONS

This section contains many subsets of questions that are dependent upon the responses to previously asked questions. For example, if the Sample Adult indicates that he/she has smoked at least 100 cigarettes in his/her ENTIRE life, some follow up questions about smoking will be asked. If he/she has not smoked at least 100 cigarettes in his/her ENTIRE life, the instrument will go on to the questions about physical activity.

Similarly, if the respondent indicates that he/she has had at least 12 drinks of any type of alcoholic beverage in his/her lifetime, certain follow up questions will be asked, that would not otherwise be asked.

Because of the selective way that questions are asked, it is extremely important that the respondent understands each question, and clearly understands the specific reference period for each question. This will ensure that the proper follow up questions will be asked.

Some questions ask about behavior over the course of the Sample Adult's ENTIRE life, others ask about behavior during ANY ONE YEAR, <u>but not necessarily the past year</u>, some ask about the PAST 30 DAYS, and some ask about the PAST 12 MONTHS. **Be sure that the respondent understands the reference periods that are being asked about.**

The questions about physical activity ask about 3 categories of physical activities.

- Vigorous activities

- Light or moderate activities
- Strengthening activities

With the exception of the questions about strengthening activities, there are 2 follow up questions for each of these kinds of activities. The first is "how often do you do it," and the second is "for how long."

Note that the frequency of activities may be recorded in any time reference that the respondent reports: times per day, per week, per month or per year. Maximum frequency is 4 times per day (or its equivalent).

Questions about height and weight give you the option of entering the information in metric measurements by entering 'M'.

IMPORTANT TERMS

A **cigarette** is anything the respondent reports except cigars or any kind of marijuana.

Smoking regularly is respondent defined. If asked about what this means, say that "It is whatever you consider as first starting to smoke fairly regularly."

Exercise, sports, or physically active hobbies are respondent defined.

Vigorous activities might include fast walking, fast bicycling, jogging, strenuous swimming or sports play, vigorous aerobic dance, and strenuous gardening.

Light or moderate activities include such activities as moderate paced or leisurely walking or bicycling, slow swimming or dancing, and simple gardening.

Strengthening activities are activities that require strenuous muscular contractions such as weight lifting, resistance training, push-ups, sit-ups, etc.

Alcohol includes 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).

PART C
SECTION 19
SAMPLE ADULT HEALTH CARE ACCESS AND UTILIZATION (AAU)

Topic	See Page
Purpose	C94
Instructions	C94
Important Terms	C95
Specific Questions	C97

PURPOSE

The purpose of the Sample Adult Health Care Access and Utilization section is to identify all contacts with medical doctors or their assistants during a specific period of time. The information from this section provides measures of how the country's health care system is being utilized by adults. Whereas this section in the Family Questionnaire asked about hospital stays and doctor visits for each person in the family, the Sample Adult Access and Utilization Section asks more detailed questions about the Sample Adult's access to care, 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
- Delay of care, and affordability of care
- Recent *(past 12 months)* changes in where the Sample Adult gets health care
- Types of physicians seen in the past 12 months
- Emergency room visits
- Doctor's or other health care professional's "house calls"
- 12-month doctor visits
- Surgeries in the past 12 months
- Several kinds of immunizations
- Chickenpox and hepatitis

INSTRUCTIONS

When asking about the place where the Sample Adult USUALLY goes when he/she is sick, note that this may or may not be the doctor or clinic most recently contacted. (*For example, the most recent contact may be with a specialist never seen before.)* Also, it need not be a doctor or clinic the respondent has ever contacted before. In this case, the question refers to the doctor or place the respondent <u>would</u> contact if he/she is sick or needs advice about his/her health.

Be sure to notice if a question refers to a designated time period. For example, generally the questions recording information about health care provider contacts begin with the phrase "DURING THE PAST 12 MONTHS."

DO NOT include as an optician someone who prescribes eyeglasses.

When recording emergency room visits, DO NOT include visits to outpatient clinics, urgent care facilities, etc.

If necessary, explain that the hepatitis B vaccine is given in 3 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.

IMPORTANT TERMS

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 institution.

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.

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

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.

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

A **foot doctor** is someone who treats diseases of the foot and is commonly known as a **Podiatrist**.

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
- A comprehensive physical examination.

It does not include dental exams and vision tests.

A **hospital emergency room** is an emergency care facility at a hospital. It is also sometimes referred to as an emergency department. 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 out patient clinics, urgent care facilities and the like.

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 or psychologists.

Mental Health Care is respondent defined.

A **nurse practitioner** is a registered nurse who has completed a program of study leading to an expanded role in health care. Nurse practitioners generally 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 diseases of the female reproductive system including the breasts.

An **occupational therapist** is a health care professional who works to develop, improve or restore fine motor skills that usually involve use of the fingers, hands or arms. It may involve working on activities like dressing, feeding and writing.

A **Physician Assistant** (PA) is a health care professional licensed to practice medicine with physician supervision. What a Physician Assistant does varies with training, experience, and state law. The scope of a PA's practice corresponds to the supervising physician's practice. In general, the PA sees many of the same types of patients as does the physician, but the more complicated or non-routine cases are referred to a physician as appropriate. Physician Assistants ALWAYS work in the context of a supervising physician.

A **physical therapist** is a health care professional who administers therapy to develop, improve, or restore gross motor skill movements, such as walking.

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

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.

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 **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

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.

Waiting time to see the doctor includes only time from arrival until the health care provider is seen.

SPECIFIC QUESTIONS

Questions about **flu shots** and the FluMist^{tm} spray are asked. In 2005, we added two edits. One is a clarification if the respondent indicated having received both the flu shot and the FluMist^{TM} spray. If a respondent age 50 or older indicates that they received the FluMist^{TM} nasal spray, the second edit is invoked because usage is normally recommended for children and adults age 5 to 49 for safe and effective protection against the flu.

Specific questions covered (unless indicated, all Sample Adults will be asked these questions):

SHTFLUYR - 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.

A "yes" answer will take you to these next <u>two new questions:</u>

ASHFLU_M– 1 of 2
During what month and year did you receive your most recent flu shot?

ASHFLU_Y- 2 of 2
*Enter year of most recent flu shot.
(this helps to determine for this flu season or last year)

SPRFLUYR- DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season.

*Read if necessary: This influenza vaccine is called FluMist™.

ASPFLU_M- 1 of 2
During what month and year did you receive your most recent flu nasal spray?

ASPFLU_Y- 2 of 2
*Enter year of most recent flu nasal spray.

PART C
SECTION 20
SAMPLE ADULT HIV/AIDS
(ADS)

Topic	See Page
Purpose	C100
Instructions	C100
Important Terms	C100

PURPOSE

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.

In addition, questions about sexually transmitted diseases (STDs) and tuberculosis (TB) are asked in this section.

INSTRUCTIONS

As with other sections, some of the questions in this section are dependent upon the answers to previous questions. You may notice specifically that if the respondent indicates that he/she has been tested for HIV, the virus that cases AIDS, a different set of follow up questions will appear than if the person indicated that he/she has never been tested for HIV. Additionally, some of the questions in this section are "age dependent." For example, the questions about STDs will only be asked of Sample Adults age 18-49 years.

As with all sections, be sure you ask the questions exactly as worded, and correctly record the response so that later follow up questions will make sense in the context of previously recorded information.

There is a screen in this section (STMTRU) that lists 6 statements. This screen has an accompanying flashcard and instructs the respondent to indicate whether ANY of the statements are true, but not to indicate WHICH ONE is true. **It is important that the respondent understands that we are just interested in finding out if ANY of the statements are true, but not WHICH ONE specifically.** ***DO NOT probe for which of the statements is true if the answer is "YES."***

IMPORTANT TERMS

HIV (human immunodeficiency virus) is a virus that attacks certain white blood cells. The virus is spread through the exchange of body fluids (primarily semen, blood, and blood products) and can persist in the body for a decade or more without any apparent symptoms. HIV is the virus that causes AIDS.

AIDS (Acquired Immune Deficiency Syndrome) is caused by the HIV virus and allows other diseases that the body's healthy immune system might normally be able to fight off to overwhelm the individual.

An **HIV test** is a test for HIV, the virus that causes AIDS, which looks for the presence of the HIV antibody, which indicates that an infection has taken place. This test usually requires some blood to be taken, which is then sent to a laboratory by a doctor, nurse, or

other health professional. It usually takes 1-2 weeks to receive the results. Recently, some doctors, nurses, and other professionals have begun using new tests called rapid-screening blood tests. These blood tests can provide results within one hour of having blood drawn.

Consumer-controlled test kits (popularly known as "home test kits") were first licensed in 1997. The brand name of the only federally-approved home test kit is the "Home Access" test kit. The testing procedure involves pricking the finger with a special device, placing drops of blood on a specially treated card, then mailing the card in to be tested at a licensed laboratory. Customers are given an identification number to use when phoning for the test results.

For anyone reluctant to have blood drawn, there are now oral-fluid and urine HIV tests. The brand name of the only federally-approved oral-fluid test is "Orasure." This test uses a swab to collect fluids from inside the mouth. The swab is then sent to a testing laboratory. Oral fluid tests are becoming more common at many HIV testing locations. Finally, physicians can also use urine tests for patients who are reluctant to have their blood drawn. But urine testing is not as reliable as blood testing.

Blood, oral-fluid, and urine tests (whether administered in a doctor's office, testing center, or at home) should all be considered "HIV Tests" for the purpose of this section.

STDs (sexually transmitted diseases) are any of several infectious diseases almost always transmitted through sexual contact. STDs are also known as venereal diseases or VD. Examples of STDs are gonorrhea, chlamydia (cluh-mih-dee-uh), syphilis, herpes, AIDS, SIDA, and genital warts.

PART C
SECTION 21
RECONTACT
(REC)

Topic	See Page
Purpose	C103
Instructions	C103

PURPOSE

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.

INSTRUCTIONS

The Recontact section appears after the Sample Adult Questionnaire is completed or has a callback set up. In a few unusual situations this section may appear after the Family Questionnaire or the Sample Child Questionnaire if there are only armed forces member adults and emancipated minors or only armed forces member adults with children in the family. In these situations you will not have a Sample Adult for the family. In the first situation you will not have a Sample Child either.

If, when explaining the purpose of the Recontact Person questions, 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 the NHIS. 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 taxpayers money if, at a later date, the family moves or proves difficult to contact.

Enter as complete a name as possible using the same rules you applied when entering the household members. The Recontact 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 Recontact Person as possible, including trailer site numbers and house or apartment numbers, if applicable. You will also collect the Recontact Person's relationship to the family reference person.

PART C
SECTION 22
THE BACK SECTION

Topic	See Page
Purpose	C105
Instructions	C105

PURPOSE

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 may set appointments for callbacks in this section as well as in the appropriate incomplete section's callback screens.

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.

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.

INSTRUCTIONS

You will enter the answer to each of the debriefing questions without asking the respondent. These questions record information such as language, mode, level of cooperation, and other important information about the household.

All NHIS interviews should be conducted by personal visit. However, there may be times when the only way you can complete the interview is by telephone.

On the INTMODE screen, indicate whether any of the sections of the interview were conducted primarily by 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 Questionnaires, enter "1" (Yes) since three sections of the interview were conducted by telephone.*

The INTMODE3 question in the BACK section asks for a reason one or more main sections were conducted primarily by telephone. Indicate as many reasons as apply from the answer categories on the screen. In 2009, a new answer category was added: "9. Respondent called and wanted to do interview right then." If the reason is not one of the categories listed, you may select "10. Other" and specify the reason on the following screen.

Also in 2009, a new answer category was added to the question **BRKRES,** which asks for the reason a break-off occurred. The new answer category is "10. Phone technology issues (battery died, lost signal, etc.)".

In the past before exiting a case, the INOTES screen would appear. Now, you will get the equivalent of this screen when a windows box pops up called “Case Level Note Editor” after the instrument is exited. Enter any notes about the case that you think may be helpful to you if you still need to make callbacks to complete the interview OR to others who may get this household in sample for another health-related survey.

"Closings" are statements you read to the respondent or statements describing the situation. There are several "closings" in the NHIS CAPI "BACK" Section. You will get only the one(s) most appropriate for the situation.

Exiting the Case With the F10 Key

If you exit the case using the F10 key you will go to screen FIN. There are up to five 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 Breakoff
         (4)  Type B Noninterview
         (5)  Type C 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 screen you will see is VISITCNT.

An entry of "2" will take you to a screen that allows you to enter callback information:

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 "Case Level Note Editor" after exiting the instrument.

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 to one of the following screens, CALLCK, TYPEABC, PARWHY, or THANKS2, depending upon how far you have progressed through the instrument. If you have not yet reached the screen NAME in the Household Composition section you will go to the screen TYPEABC.

An entry of "4" will take you to screen TYPEB1, where you will enter the code for the reason this is a Type B Noninterview.

An entry of "5" will take you to screen TYPEC1, where you will enter the code for the reason this is a Type C Noninterview.

Otherwise, you will get screen THANKS2. You will get screen PARWHY for all sufficient and insufficient partial cases (Outcome =203 or 215). An entry of "10" in BRKRES will skip to a screen where you will enter the main reason that the respondent terminated the interview before it was completed. An entry of "12" in NCOMRES will skip to a screen where you will enter the main reason that the interview is not complete.

For all completed, sufficient partial, Type A noninterview, occupied entirely by Armed Forces members or persons with URE (usual residence elsewhere) or minors, and screened out cases, a question about whether or not the NHIS informational brochure was used with the household will be asked. If this is answered ‘yes’ and it is a completed or sufficient partial case, a question will come up asking how helpful the brochure was in securing the interview.

Before exiting a case you will be asked to enter the number of personal visits you made. 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 or other than the telephone contact.

The outcome code, action code, and number of times in the case, can be found in the case management screens. A list of the possible outcome codes and a description of each can be found in the HIS-501(C), Field Representative's Flashcard and Information Booklet.

PART C
SECTION 23
NONINTERVIEWS AND
QUITTING OUT OF A CASE

Topic	See Page
Type A Noninterviews	C109
Type B Noninterviews	C113
Type C Noninterviews	C117
Quitting Out of a Case	C120

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 transmittable Type A Noninterviews, five of which you can set yourself at screen TYPEA1.

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 EDUC question in the Family section, and are not able to complete the interview before closeout, the case will automatically be assigned code 215 (insufficient partial).

Type As and possible Type As 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 in an email and send it to your regional office. Also, include this explanation in the I-notes section of the affected case.

NOTE: Your office will send a letter to the respondent (copy to you) requesting the household's cooperation and stating that someone will call on them again. If your supervisor will be in the area on other business, he/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 the Case Level Notes in Case Management, 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 this chapter:

  * Enter "Q" (Quit) on the START screen in the Front Section of the CAPI instrument.

  * Enter notes in the “Case Level Note Editor” after exiting the instrument if necessary.

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:

  * 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

* 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

* 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

* 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 the Case Level Notes in Case Management 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.**

  * On the TEMPABS1 screen, enter the appropriate precode.

- If you can obtain the occupant's temporary address and telephone number:

  * Enter "1" on the TEMPABS1 screen.

  * Enter the address and telephone number on the TEMPABS2 screen.

  * 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.

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:

  * No eligible respondent available

  * Death in family

  * Household quarantined

  * 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.

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 Bs.

For each Type A Noninterview, you will get screen TYPEA2.

- Enter the race of the household members on the TYPEA2 screen.

TYPE B NONINTERVIEWS

Unlike Type A Noninterviews, Type B Noninterviews are entirely beyond your control. There are 12 categories of transmittable Type B noninterviews, 10 of which you can set yourself at screen TYPEB1.

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.

- **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).

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.

Do **not** interview persons if the sample unit is only a temporary

place of residence.

This category can be selected at the TYPEB1 screen or the instrument will automatically select this category if everyone listed in the household roster has a usual residence elsewhere.

Occupied entirely by Armed Forces (AF) members

ALL the occupants are now on full-time active duty with the Armed Forces. This includes those now serving in the U.S. Army/Navy/Air Force/Marine Corps/Coast Guard and in the military service of a foreign country. It also includes those in a Reserve branch of any of the above currently activated as part of the regular forces and U.S. Public Health Service commissioned officers currently assigned to any branch of the armed services. It also includes members of the National Guard currently blanketed into the regular forces by Presidential Order. Cadets in the U.S. military academies (West Point, Naval Academy, Air Force Academy, and Coast Guard Academy) are also considered on full-time active duty.

This category can be selected at the TYPEB1 screen or the instrument will automatically select this category if everyone listed in the household roster has a usual residence elsewhere.

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, Asian or Hispanic household member or only ones who are in the armed forces. 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.

Occupied entirely by minors

The instrument will automatically select this category for occupied households with all persons less than the age of majority for their state of residence. In most states this age is 18 years old, but in Alabama and Nebraska this age is 19 and in Mississippi it is 21. This category will not appear as an option on the Type B specification screen. You must complete the Household Composition section through the Marital 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, or part of the building is collapsed or missing.

CAUTION:

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

Under construction, not ready

A sample unit that is being newly constructed but is not completed to the point where all the exterior windows and doors have been installed and usable floors are in place.

NOTE: Usable floors can be cement or plywood; carpeted, tiled, or hardwood flooring is not necessary.

If construction has proceeded to this point, classify the unit as one of the vacant categories.

Converted to temporary business or storage

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.

EXCEPTIONS:

** Report unoccupied units in which excess household furniture is stored as one of the vacant categories.*

** Report unoccupied units permanently converted to business or storage as Type C Noninterviews–"Converted to permanent business or storage."*

** Report unoccupied units which are to be used for business or storage purposes in the future, but in which no change or alteration has taken place at the time of interview as one of the vacant categories.*

Unoccupied site for mobile home, trailer, or tent

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.

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 description only. This situation is considered a Type C Noninterview "House or trailer moved."

Permit granted, construction not started

A sample unit in a permit segment for which a construction permit has been granted, but which construction has not yet started.

Other Type B

For Type B units which cannot be classified under any of the above reasons, select this category.

- Enter the specific reason in the space provided on the followup screen.

CAUTION:

** Do not use this category unless directed by your Regional Office.*

TYPE C

Type C Noninterviews are beyond your control. Explain the

situation in an email and send it to your regional office. Also, include this explanation in the I-notes section of the affected case. Enter the appropriate precode on the TYPEC1 screen.

There are 12 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.

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.

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., 112 Main St.) on the listing sheet identifies a trailer

OR

- Trailers rather than sites were listed by description only.

EXCEPTION: If a site or an address/description plus a site in a mobile home park was listed, and it is now unoccupied (no mobile home on it), this situation is considered a Type B Noninterview "Unoccupied site for mobile home, trailer, or tent."

Outside segment boundaries

When you find that the sample address is located outside the segment boundaries in area segments.

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 of machinery, business supplies, etc.

Merged

Any current sample unit(s) eliminated after applying the rules for mergers. (See Part B-Section 5 for a definition of a Merged Unit).

EXCEPTION: An unoccupied sample unit resulting from the merger should be reported as one of the vacant categories.

NOTE: This outcome will be automatically selected for units that are not separate housing units as determined by an answer of "through another unit" at screen ACCESS ("Is access to the unit direct or through another unit?") and an answer of "Type C noninterview" at screen MERGE ("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 Appendix B.3, then complete this item to indicate whether this sample unit should be retained for interview or made a Type C noninterview.").

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.

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, 2000

You are able to determine that the unit was constructed after April 1, 2000 prior to actually entering the case.

NOTE: This outcome will be automatically selected for units that were built after April 1, 2000, as determined at screen YRBLT ("Was this structure built before April of 2000?"). This situation will occur only in certain area segments for which your regional office has instructed the CAPI instrument to display YRBLT.

Other Type 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 unit selected for sample" or "never living quarters."

- Enter the specific reason in the space provided on the followup screen.

Removed during subsampling

This applies to EXTRA and Additional units created and the parent unit associated with them. When there are more eligible units than 16 created and the units had to be subsampled, each unit that was subsampled out should be assigned this category.

Unit already had a chance of selection

This applies to EXTRA and Additional units created only. After checking the ALMI (Automated Listing and Mapping Instrument) Listing for the block (for area segments) or on the Unit/Permit Listing Sheet (for permit segments), any units that are already listed should be assigned this category.

Spawned in error

If you determine that an “EXTRA” or “additional” unit that was created earlier should not have been created, report this as “Spawned in error.”

If a separate family was spawned into a separate case, but should not have been created, report this as “Spawned in error” as well.

In the past, these situations were generally coded as an “Other Type C.”

QUITTING OUT OF A 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 you need to quit out of a case:

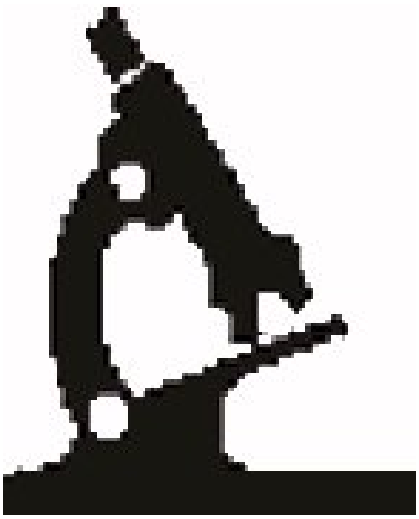
- Enter "Q" (Quit) on the START screen in the Front module of the CAPI instrument.

- Enter notes in the Case Level Notes Editor 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. (If this is the first time you have entered the case, you will have to make an entry in VISITCNT before you can get out of the instrument.)

PART D

National Health Interview Survey



2010 SUPPLEMENTAL QUESTIONS

PART
D
2010 SUPPLEMENTS

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PART D
SECTION 1
FAMILY DISABILITY (FDB)

Topic	See Page
Purpose	D2
Instructions	D2
Specific Questions	D2

FAMILY DISABILITY (FDB)

PURPOSE

The Family Disability section is a supplement found at the end of the Family Questionnaire. In Quarter 4 of 2008 and all of 2009, families randomly received one of two versions of a set of test disability questions. Beginning in 2010, only one version of the questions will be retained, and a family will either receive the questions or not. Thus, roughly half the families will not receive any disability questions at the end of the Family Questionnaire. The version of the questions retained most closely approximates the disability questions that appear on the American Community Survey (ACS). As part of a larger test of these questions, comparisons of responses will be made between the NHIS and the ACS.

INSTRUCTIONS

The instrument will ask the disability questions or not ask them at all. Approximately half of the families will be asked the questions. These questions are modeled after the ACS. They will be asked of each person in the family based on the person's age. The questions ask about the following:

- Difficulty hearing
- Difficulty seeing
- Difficulty concentrating, remembering, or making decisions
- Difficulty walking or climbing stairs
- Difficulty dressing or bathing
- Difficulty doing errands alone

SPECIFIC QUESTIONS

P2DFSEE: Are you blind do you have serious difficulty seeing even when wearing glasses?

This is an example of one of the questions.

PART D
SECTION 2
CANCER SUPPLEMENT–CHILD SUN EXPOSURE (CAU)

Topic	See Page
Purpose	D4
Instructions	D4
Specific Question	D4

CANCER SUPPLEMENT–CHILD SUN EXPOSURE (CAU)

PURPOSE

The Sample Child Sun Exposure supplement is sponsored by the National Cancer Institute (NCI), which is part of the National Institutes of Health (NIH), and CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). It is part of the Cancer Supplement. These questions will help inform researchers and medical professionals about the prevalence of the use of indoor tanning devices in the teen population. Researchers will be able to determine if skin cancer education and screening should start at an earlier age.

Two of the sun exposure questions were included in the 2005 and 2008 NHIS.

INSTRUCTIONS

There are five questions on sun exposure that make up this supplement. These questions are for Sample Children between the ages of 14-17 only.

Pay special attention to the answer categories for the CSUN1HR and CSUNTAN questions, which ask about the Sample Child's skin's reaction to the sun. Answer categories 1-5 are to be read out loud to the respondents, whereas answer categories 6 and 7 are not. Only code an answer of 6 or 7 if the respondent offers that information once hearing answers 1-5.

SPECIFIC QUESTION

CSUN1HR: Now, we are going to ask you about [Sample Child]'s skin's reaction to the sun. After several months of not being in the sun very much, if [Sample Child] went out in the sun for an hour without sunscreen, a hat, or protective clothing, which one of these best describes what would happen to [Sample Child]'s skin? (*Read choices 1-5 only.)

1. Get a severe sunburn with blisters
2. Have a moderate sunburn with peeling
3. Burn mildly with some or no darkening/tanning
4. Turn darker without sunburn
5. Nothing would happen to [fill1: SC name]'s skin
6. Do not go out in the sun
7. Other

PART D
SECTION 3
CHILD MENTAL HEALTH BRIEF QUESTIONNAIRE (CMB)

Topic	See Page
Purpose	D6
Instructions	D6
Specific Question	D6

CHILD MENTAL HEALTH BRIEF QUESTIONNAIRE (CMB)

PURPOSE

The purpose of the Child Mental Health Brief Questionnaire is to monitor emotional and behavioral problems in children and the impact that these problems have on children's lives. The brief questionnaire will be included in the 2010 Sample Child questionnaire for children age 4 to 17. This questionnaire was also included in the 2005, 2006 and 2007 NHIS. These supplemental questions are an abbreviated version of the Strengths and Difficulties Questionnaire (SDQ-EX), which was administered as a supplement in the 2001 NHIS, 2003 NHIS, and the 2004 NHIS.

INSTRUCTIONS

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

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

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

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

SPECIFIC QUESTION

An example of a question in the Child Mental Health Brief Questionnaire is as follows:

CMHDIFF: Overall, do you think that [Sample Child] has difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?

If parents ask for the time period for this question, tell them it is for the PAST 6 MONTHS.

PART D
SECTION 4
CHILD MENTAL HEALTH SERVICES (CMS)

Topic	See Page
Purpose	D8
Instructions	D8
Specific Questions	D8

CHILD MENTAL HEALTH SERVICES (CMS)

PURPOSE

The purpose of the Child Mental Health Services Supplement is to identify the Sample Child's interaction with health professionals or school staff personnel related to emotional or behavioral problems. The questions are about the Sample Child's most recent consultations regarding emotional or behavioral problems and medication prescribed, if any. The questions are included in the 2010 Sample Child Questionnaire as supplemental questions for children aged 4 to 17. The 2010 section is a major revision and expansion of the questions included on the Child Mental Health Services Questionnaire on the 2005, 2006 and 2007 NHIS.

INSTRUCTIONS

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

Be sure the respondent understands that the questions should be answered positively if the child does ANY part of the question.

SPECIFIC QUESTIONS

The following are examples of questions in the Child Mental Health Services Supplement:

DIFFINTF: DURING THE PAST 6 MONTHS, did the difficulties interfere with or limit [Sample Child] being able to get along in your family, in school, or in daily activities?

PRESCP6M: DURING THE PAST 6 MONTHS, was [Sample Child] prescribed medication or taking prescription medication for difficulties with emotions, concentration, behavior, or being able to get along with others?

PART D
SECTION 5
CHILD INFLUENZA IMMUNIZATION/H1N1 (CFI)

Topic	See Page
Purpose	D10
Instructions	D10
Definitions	D10

CHILD INFLUENZA IMMUNIZATION/H1N1 (CFI)

PURPOSE

The purpose of the Child Flu Immunization supplemental questions is to determine the type of flu vaccines most commonly used and when the majority of children get vaccinated. Questions on seasonal flu vaccines have been included in the survey since 2005.

New in 2010 are questions on the H1N1, also known as "swine flu," vaccine. These questions are sponsored by the National Center for Immunization and Respiratory Diseases (NCIRD). The purpose of the H1N1 questions is to monitor the vaccination rates of children who received the H1N1 shot or nasal spray since September 2009.

INSTRUCTIONS

The seasonal flu questions are about the PAST 12 MONTHS. If the respondent gives a date prior to 12 months ago, verify if the date given is correct. If not, change the respondent's answer from "yes" to "no."

The H1N1 flu questions ask about vaccines given since September 2009 because this is when the vaccine was first available to the public.

SPECIFIC QUESTIONS

CSHFLUYR: DURING THE PAST 12 MONTHS, has (Sample Child's Name) had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

CSPFLUYR: DURING THE PAST 12 MONTHS, has (Sample Child's Name) had a flu vaccine sprayed in (his/her) nose by a doctor or other health professional? This vaccine is usually given in the fall and protects against influenza for the flu season.

These seasonal flu questions ask about two different types of vaccines. If the respondent says "yes" to both questions, a soft error message will appear on the screen. Please verify that the Sample Child has received BOTH types of the flu vaccine before you suppress the message and continue with the survey.

On the other hand, **CH1N1_1** is the first question in the H1N1 series and it asks about both the shot and the spray/mist/drop in the nose.

CH1N1_1: Since September 2009, has {SC name} had a H1N1 flu vaccination? There are two types of H1N1 flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

PART D
SECTION 6
CHILD NATIONAL IMMUNIZATION PROVIDER RECORD CHECK STUDY (IPV)

Topic	See Page
Purpose	D12
Instructions	D12
Definition	D13

NATIONAL IMMUNIZATION PROVIDER RECORD CHECK STUDY (IPV)

PURPOSE

The National Immunization Provider Record Check Study (NIPRCS) will continue in the 2010 NHIS. This study was first introduced in the 2008 Quarter 4 instrument. The purpose of this study is to supplement information collected by the National Immunization Survey (NIS). The NIS is a national random-digit-dialing telephone survey designed to monitor childhood immunization coverage. Because the NHIS is a personal interview based upon a household address sample that also tracks phone coverage for both land-line use and cell phone use, including questions about immunization on the NHIS will help assess how complete the coverage is on the original NIS, which is conducted solely by telephone.

Data on vaccination coverage is used to identify groups at risk of vaccine-preventable diseases, to provide feedback on current coverage in an effort to increase vaccination coverage in the U.S. and to evaluate the effectiveness of programs designed to increase coverage.

INSTRUCTIONS

The NIPRCS questions are asked for all children 19-35 months and 13-17 years old, including children who were not selected as the Sample Child. The questions were added as a separate section after the Sample Child Questionnaire and include the following:

- Determining how many children within the family are eligible to receive the immunization questions
- Identifying an appropriate respondent for each eligible child
- Verifying basic demographic information about each child
- Determining how many locations/providers provided vaccinations for each child
- Collecting information about each location/provider that provided vaccinations for a given child
- Verifying that the respondent for a given child is a person who can authorize the release of immunization records for that child; and,
- Asking the respondent for permission to release immunization records for a given child for research purposes.

Within this section, there is a lookup table of immunization providers to use to identify a given child's provider based on the state and last name of the provider or the state and organization

name of the provider. The lookup table is used for the PVCONTCT question, "Please tell me the name for the [most recent/next] provider, beginning with the state." If you are unable to locate an immunization provider in the lookup table, enter 'ZZ' instead. A 'ZZ' entry will open up a series of questions where you can manually enter the provider's name, office name, address, and telephone number.

For 2010, the PERMIS1 screen has been changed and is now named PERMIS2. Instead of having the respondent sign a permission form for a given child like in 2008 and 2009, you will now only ask if permission is authorized. The HIS-2A(PT) Permission to Contact Immunization Provider form will no longer be used. PERMIS2 is a yes or no question. If you need to set up a callback to obtain verbal permission, use the F9 key to do so.

See the 2009 NIPRCS FR Handbook for more guidance on NIPRCS.

DEFINITION

A **vaccination** is considered an inoculation with a vaccine in order to protect against a disease. We are interested in routinely recommended vaccinations. A vaccination may be in the form of a shot, spray, or drops. A vitamin shot for example, would not be considered a routinely recommended vaccination. A list of all routinely recommended vaccinations for children can be found in the childhood vaccination schedule at this website: *http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm*.

Many travel related vaccinations are not routine.

PART D
SECTION 7
CANCER SUPPLEMENT--CHILD HPV (CHP)

Topic	See Page
Purpose	D15
Instructions	D15
Definition	D15

CANCER SUPPLEMENT—CHILD HPV (CHP)

PURPOSE

The Sample Child HPV supplemental questions are sponsored by the National Cancer Institute (NCI), which is part of the National Institutes of Health (NIH), and CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). These questions are part of the Cancer Supplement.

The human papillomavirus (HPV) is a member of a family of viruses that can cause abnormal tissue growth (for example, genital warts) and other changes to cells. Infection with certain types of HPV increases the risk of developing cervical cancer. A vaccine is available to prevent the HPV infection and is called the cervical cancer vaccine, HPV shot, Cervarix™, or Gardasil™.

The Sample Child HPV supplemental questions are designed to capture information on attitudes and knowledge about the HPV shot, the HPV virus, and the usage of the HPV shot or Cervical cancer vaccine. The Sample Child HPV supplement was also included in the 2008 NHIS.

INSTRUCTIONS

The Child HPV Supplement is asked for children age 8-17, and new for 2010, they are asked for both girls and boys. Male sample children may get up to three questions depending on if they have had the HPV shot or not whereas female sample children may get up to eight questions.

DEFINITION

Human papillomavirus (HPV) is a member of a family of viruses that can cause abnormal tissue growth (for example, genital warts) and other changes to cells. Infection with certain types of HPV increases the risk of developing cervical cancer. Also called HPV.

PART D
SECTION 8
ADULT OCCUPATIONAL HEALTH (ASD/ACN)

Topic	See Page
Purpose	D17
Instructions	D17

ADULT OCCUPATIONAL HEALTH (ASD/ACN)

PURPOSE

The overall objective of the Adult Occupational Health supplement is to provide data on the prevalence and correlates of work-related health conditions in the U.S. population. It will provide important data that is not currently available through traditional occupational health surveillance systems. The National Institute for Occupational Safety and Health (NIOSH) sponsors this supplement.

An occupational health supplement to the NHIS was administered in 1988. The 1988 supplement provided an important and unique source of surveillance data to measure the magnitude of occupational illnesses and injuries. With the dramatic changes in the workplace environment and associated hazards, exposures, and health outcomes that have occurred since 1988, an occupational health supplement to the NHIS is desperately needed in 2010.

The sponsor plans to perform at least four types of analyses with data from the occupational health supplement:

1. Prepare profiles of the prevalence of key occupational exposures, work organization characteristics, and work-related health outcomes for industry sectors.
2. Test for differences in the prevalence of work-related health outcomes between 1988 and the present.
3. Examine relationships between workplace exposures (e.g., industry, occupation, physical/chemical and psychosocial risk factors, work organization characteristics) and work-related health outcomes.
4. Describe work-related consequences of work-related health conditions (e.g., missed work, change in work activities).

INSTRUCTIONS

The supplement is divided into two parts, with the first part embedded in the ASD (Adult Socio-Demographic) module and the second part embedded in the ACN (Adult Conditions) module. The ASD questions focus on sample adults who are currently employed or employed at some point in the past 12 months. For some of these adults you will collect additional job and industry information (e.g., collect information on a longest-held job if different from the current job). All of the eligible adults will receive questions on work organization (work arrangements and schedules), work environment and psychosocial exposures, and exposures to hazards on the job. The following are examples:

- Worried about becoming unemployed

- Ability to combine work with family responsibilities
- On-the-job harassment
- Skin contact with chemical products or substances at work
- Exposure to tobacco smoke at work
- Exposure to vapors, gas, dust, or fumes at work

For on-the-job injuries and poisonings reported in the Family section, questions are also included on the filing of workers' compensation claims and receipt of workers' compensation benefits (if a claim was filed).

The ACN questions focus on three health conditions and the possible connections between those conditions and the jobs held by sample adults. The conditions include:

- Asthma (such as smoker's asthma, bronchial asthma, allergic asthma)
- Skin conditions (dermatitis, eczema, or any other red, inflamed skin rash)
- Carpal tunnel syndrome (a condition affecting the wrist and hand)

Among others, questions are included for each condition on the filing of workers' compensation claims, receipt of workers' compensation benefits (if a claim was filed), work days missed during the past 12 months, and any changes in work activities during the past 12 months.

**When collecting job and industry information, it is very important that you carefully enter the correct information about the name and type of business and the kind of work one is/was doing. This information will be filled in the text of several questions throughout the supplement.

PART D
SECTION 9
ADULT EPILEPSY (ACN)

Topic	See Page
Purpose	D20
Instructions	D20
Definition	D20

ADULT EPILEPSY (ACN)

PURPOSE

The Sample Adult Epilepsy supplement is sponsored by the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). These questions are embedded within the Adult Conditions (ACN) module in the Sample Adult Questionnaire.

The purpose of the epilepsy questions is to:

- Monitor the prevalence of epilepsy in adults
- Determine whether medication is taken for epilepsy
- Find out the frequency of epileptic seizures, and whether epilepsy or its treatment interferes with work/school/social activities.

INSTRUCTIONS

There will be five possible questions depending on if one has a seizure disorder or epilepsy. If the Sample Adult does have epilepsy, you will ask the frequency of occurrence, if they have seen a doctor during the past year, if they are taking medication, and if this problem interfered with their normal life's activities.

DEFINITION

Seizures: Some people may call it "convulsion," "fit," "falling out spell," "episode," "attack," "drop attack," "staring spell," or "out-of-touch".

- If the respondent mentions and counts "auras" as seizures accept the response.
- If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.

PART D
SECTION 10
ADULT IMMUNIZATION/H1N1 (AAU)

Topic	See Page
Purpose	D22
Instructions	D22
Definitions	D23

ADULT IMMUNIZATION/H1N1 (AAU)

PURPOSE

The Adult Immunization Supplement is sponsored by CDC's National Center for Immunization and Respiratory Diseases. The majority of the questions are continued from the 2009 NHIS. The questions on hepatitis A, shingles, and tetanus are designed to capture data on receipt of these relatively new vaccines. There are also questions to measure vaccine use among health care workers that ask whether respondents work or volunteer in a health care setting and whether they come into direct contact with patients.

New in 2010 are questions on the H1N1, also known as "swine flu," vaccine. These questions are also sponsored by the National Center for Immunization and Respiratory Diseases (NCIRD). The Sample Adult H1N1 supplemental questions are asked before the seasonal flu immunization questions: up to eight for H1N1 depending on how many doses received and ten for immunization.

The purpose of the H1N1 questions is to monitor the vaccination rates of children in adults who have received the H1N1 shot or nasal spray since September 2009.

INSTRUCTIONS

These supplements occur towards the end of AAU and are intermixed with core questions. They consist of eighteen questions: three for H1N1 and ten for immunization.

H1N1 has a 'lead in' for the first question which will best explain this supplement:

"There are currently two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009 H1N1 flu vaccine. I will first ask you questions about the vaccine for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about the seasonal flu.

Since September 2009, have you had a H1N1 flu vaccination? There are two types of H1N1 flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose."

If the respondent answers 'no', then they will skip out to the core seasonal flu vaccine and supplemental immunization questions.

The remaining immunization questions will address:

- Knowledge and background information about the hepatitis vaccine

- Whether the Sample Adult has received the hepatitis vaccine and if so, how many times
- Knowledge and background information about Shingles and tetanus shots with related questions
- Knowledge and background information about HPV with related questions
- Whether any liver conditions exists
- Travel outside the U.S. excluding Europe, Japan, Australia, New Zealand or Canada, since 1995
- Vaccine use among health care workers

DEFINITIONS

The **hepatitis A vaccine** is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995.

Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006.

There are currently two types of **tetanus shots** available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or Adacel™. They are similar except the Tdap shot also includes a pertussis or whooping cough vaccine.

PART D
SECTION 11
CANCER SUPPLEMENT—ADULT DIET AND NUTRITION (NAC)

Topic	See Page
Purpose	D25
Instructions	D25
Definitions	D26

CANCER SUPPLEMENT—ADULT DIET AND NUTRITION (NAC)

PURPOSE

The Diet and Nutrition supplement is sponsored by the National Cancer Institute (NCI), which is part of the National Institutes of Health (NIH), and CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). These questions are part of the Cancer Supplement.

This section has a two-part focus; the **first looks at one's diet** by asking the respondent how often they eat fruits, vegetables, and some other indicator foods for a high-fat and low-fiber diet. This section obtains 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) vitamins and/or supplements.

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.

The **second focus is about vitamin and supplements,** which currently provide a significant source of nutrients in the American diet. The purpose is to determine the use of certain vitamin and mineral supplements in the U.S. population.

INSTRUCTIONS

The questions will ask the following about:

- Foods Sample Adult ate or drank: hot or cold cereals, milk, soda, fruit juice, coffee, energy drinks, fruit drinks, fruit, salad, fries, potatoes, beans, brown rice, vegetables, salsa, pizza, tomato sauces, cheese, red meat, processed meat, bread, chocolate or candy, doughnuts, cookies, ice cream, popcorn,

- Vitamins & dietary supplements: MULTI-vitamins, calcium, vitamin D supplements.

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 "How many times per day, week, or month?"

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 FRUIT, if the respondent eats fresh fruit **twice a week**, and canned fruit **twice a month**, you could calculate a combined intake of about 10 times a month (math: 2/week=8 times/month plus 2/month = 10 times/month).

Verify the frequency with respondent before recording it.

If respondent takes multivitamins, do not include those vitamins in answering the question about individual vitamins. Do NOT include vitamin-fortified foods.

DEFINITIONS

Food and drink explanations:

Hot or cold cereal: Include cereals eaten at any time of the day.

Milk: Do NOT include cream or soymilk or small amounts of milk in coffee or tea. INCLUDE skim, no-fat, low-fat, whole milk, buttermilk, and lactose-free milk. Also INCLUDE chocolate or other flavored milks.

Soda: Include regular, carbonated SODA OR SOFT DRINKS that contain sugar. Do NOT include diet or sugar-free soda.

Fruit Juice: Include 100% pure FRUIT JUICE or 100% fruit juice blends, such as orange, mango, apple, grape or pineapple juices? Do NOT include fruit drinks with added sugar, like cranberry cocktail, Hi-C, lemonade, Kool-aid, Gatorade, Tampico, and Sunny Delight.

Coffee: Include lattes and tea. Do not include drinks sweetened Splenda or Equal.

Sports drinks: Include energy drinks, Gatorade, Red Bull, and Vitamin water?

Fruit Drinks: Include FRUIT-FLAVORED DRINKS (such as cranberry cocktail, Hi-C, lemonade, or Kool aid)? Do NOT include diet or sugar-free fruit drinks. INCLUDE Gatorade and other sports drinks with added sugar. INCLUDE Tampico, Sunny Delight and Twister. Do NOT include100% fruit juices or soda. Do NOT include yogurt drinks or carbonated water.

Fruit: Count fresh, frozen, or canned fruit. Do NOT count juices.

Salad: Include lettuce or green leafy salads and spinach salads, with or without other vegetables.

Fries: Include French fries, home fries, or hash brown potatoes.

Potatoes: Include white potatoes. Also count baked potatoes, boiled potatoes, mashed potatoes, sweet potatoes and potato salad. Include red-skinned and Yukon Gold potatoes.

Beans: Include COOKED DRIED BEANS, such as refried beans, baked beans, bean soup, and pork and beans. Do NOT include green beans.

Brown rice: Include other cooked whole grains, such as bulgur, cracked wheat, or millet. Do NOT include white rice.

Other Vegetables: Count any form of the vegetable (raw, cooked, canned, or frozen). Examples of other vegetables include tomatoes, string beans, carrots, corn, sweet potatoes, cabbage, bean sprouts, collard greens, and broccoli.

Salsa: Mexican-type SALSA made with tomato.

Pizza: Include frozen, fast food or homemade pizza.

Tomato Sauce: Such as with spaghetti or noodles or mixed into foods such as lasagna. Do not include tomato sauce on pizza.

Cheese: Include any kind of CHEESE? Include cheese as a snack, cheese on burgers, sandwiches, or pizza, and cheese mixed into such foods as lasagna, enchiladas or casseroles. Do NOT count cream cheese.

Light or low-fat cheese: Include cottage cheese.

Red Meat: Such as beef, pork, ham, or sausage. Do NOT include chicken, turkey, or seafood.

Processed meat: Such as bacon, lunch meats, or hot dogs.

Bread: Include whole grain bread including toast, rolls and in sandwiches. Whole grain breads include whole wheat, rye, oatmeal and pumpernickel. Do NOT include white bread. Also include cracked wheat, multi-grain and bran breads.

Candy: Include chocolate candy. Do NOT include sugar free candy.

Doughnuts: Include doughnuts, sweet rolls, Danish, muffins, or pop-tarts? Include low-fat kinds and all other kinds with sugar. Do NOT include kinds that are completely sugar-free.

Cookies: Include cookies, cake, pie, or brownies. Do NOT include sugar-free kinds. Also include low-fat kinds. Do NOT include ice cream and other frozen desserts or candy.

Ice Cream: Include other frozen desserts. Do Not include sugar-free kinds.

Popcorn: Include all types such as microwavable, cooked on the stove or ready-made.

Vitamins and supplements:

Multivitamins: (VITMUL) Accept whatever the sample adult 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.

PART D
SECTION 12
CANCER SUPPLEMENT—ADULT PHYSICAL ACTIVITY (NAD)

Topic	See Page
Purpose	D30
Instructions	D30
Specific Questions	D30

CANCER SUPPLEMENT—ADULT PHYSICAL ACTIVITY (NAD)

PURPOSE

The Physical Activity supplement is sponsored by the National Cancer Institute (NCI), which is part of the National Institutes of Health (NIH), and CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). These questions are part of the Cancer Supplement.

This sections will access a Sample Adult's amount of physical activity consisting of the following:

- Walking for transportation or pleasure (fun, relaxation, exercise), weekday & weekend sitting activities
- Doctor or Health Professional recommend exercise or physical activity

Assessment of physical activity includes walking activity performed as part of transportation, occupation or other daily activities. 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 detailed 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.

INSTRUCTIONS

Walking for transportation, that is walking to get some place. PLEASE INCLUDE ALL WALKS THAT INVOLVED AN ERRAND OR TO GET SOME PLACE. There will be separate questions asking about walking for other reasons like relaxation or exercise.

SPECIFIC QUESTIONS

Weekday: **SITWDAY**: For respondents with atypical work schedules, "weekdays" refers to work days of the week. Finding out sitting hours outside of work.

Weekend: **SITWEND**: Similarly, "Weekend" refers to days off, not necessarily Saturday and Sunday does the respondent spend sitting.

PART D
SECTION 13
CANCER SUPPLEMENT—TOBACCO (NAE)

Topic	See Page
Purpose	D32
Instructions	D32
Definitions	D33

CANCER SUPPLEMENT—ADULT TOBACCO (NAE)

PURPOSE

The Tobacco supplement is sponsored by the National Cancer Institute (NCI), which is part of the National Institutes of Health (NIH), and CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). These questions are part of the Cancer Supplement.

Tobacco use is the major risk factor in 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 cigars, snuff, and chewing tobacco, 3) environmental tobacco smoke, and 4) smoking during pregnancy.

These answers will be compared with data from the 2000 and 2005 supplements 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.

INSTRUCTIONS

NUMCIG: For former smokers, "When you last smoked FAIRLY REGULARLY, how many cigarettes did you usually smoke per day?" If the respondent offers a range for number of cigarettes smoked a day, then type "95"

CIGEV1: "Have you ever smoked a cigar EVEN ONE TIME?"

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.

LIVSMOKE: "In a usual week, how many people WHO LIVE here, including yourself, smoke cigarettes, cigars, or pipes anywhere INSIDE this home?"

If the respondent asks, "Does that include me?" then: Say "Yes, you are included. How many people WHO LIVE here, including yourself?"

STSMOK: "Did you start smoking again during the pregnancy or did you stay off cigarettes for the rest of the pregnancy?"

If the respondent says "I quit smoking when I was pregnant." then: Ask, "Did you quit smoking permanently or only temporarily for the duration of the pregnancy?"

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.

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.

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 2004 calendar year.

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.

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.

Anyone: Any person, including those who live in the house and those who visit.

Anywhere inside the house: Do not include outside entryways.

PART D
SECTION 14
CANCER SUPPLEMENT—ADULT CANCER SCREENING (NAF)

Topic	See Page
Purpose	D35
Instructions	D36
Definitions	D37

CANCER SUPPLEMENT—ADULT CANCER SCREENING (NAF)

PURPOSE

The Cancer Screening supplement is sponsored by the National Cancer Institute (NCI), which is part of the National Institutes of Health (NIH), and CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). These questions are part of the Cancer Supplement.

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 purpose of the sun protection behaviors questions is 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.

The purpose of the questions regarding the cancer screening exams is 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. The 2010 Cancer Screening Supplement will be the first time questions about having a breast MRI, virtual colonoscopy, and lung x-ray are in the NHIS.

This information allows for monitoring changes in sun protection behaviors and screening exam practices in comparison with earlier NHIS surveys. It also allows for comparisons among subgroups of the population and to examine factors that may influence sun avoidance or cancer screening exam practices. Together, this information will be useful in developing public health and health services programs to increase effective avoidance of exposure to the sun and to increase the use of regular and effective screening.

This section also includes questions for men 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.

This supplement also includes questions about the human papillomavirus (HPV). It is a member of a family of viruses that can cause abnormal tissue growth (for example, genital warts) and other changes to cells. Infection with certain types of HPV increases the risk of developing cervical cancer. There are now two vaccines available to prevent the HPV infection and cervical cancer and one also prevents genital warts. The two vaccines are called Cervarix™ or Gardasil™ and are sometimes called the HPV shot or the cervical cancer vaccine. Cervarix™ is the newest vaccine, which also prevents genital warts. These vaccines are now approved for use with men. These questions are designed to capture information on attitudes and knowledge about the vaccines and virus and vaccine usage.

INSTRUCTIONS

For the question that asks "After several months of not being in the sun ... for an hour, which one of these things would happen to your skin", and the question that asks "If you were out in the sun for a long repeatedly...which one of these things would happen to your skin?" 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."

For any of the questions that ask, "What is the MAIN REASON you had this exam?" (including skin cancer screening, Pap smear, mammogram, breast MRI, PSA test, colorectal screening test (such as colonoscopy, sigmoidoscopy, or CT colonography or virtual colonoscopy), home blood stool test, and office 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 the question that asks, “Have you had a hysterectomy?” if the respondent responds that she has had a partial hysterectomy, then mark “Yes.” A partial hysterectomy counts as a hysterectomy.

DEFINITIONS

Hat For variable SUN_HAT1, include all wide-brimmed hats that shade the face, ears and neck. Do not include visors, baseball caps, or hats that do not shade the ears and neck.

Protective clothing is any clothing that protects the skin by blocking the sun.

SPF (Sun Protection Factor) Sunscreens or sunblocks 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 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 or Sunblock protect from too much sunlight that can cause sunburns. Sunscreens or sunblocks help to prevent other problems related to sun exposure, such as aging skin and precancerous growths. Sunscreens or sunblocks currently come in a variety of forms (such as gels, lotions, sprays, and sticks).

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

A **Specific problem** is a problem that the respondent was reporting to a physician for the first time, and was the reason for undergoing the screening exam.

A **Previous problem** is a problem that had already been reported to a doctor, for which this was a follow-up visit.

PART D
SECTION 15
CANCER SUPPLEMENT—ADULT GENETIC TESTING (NAG)

Topic	See Page
Purpose	D40
Instructions	D40
Definition	D40

CANCER SUPPLEMENT—ADULT GENETIC TESTING (NAG)

PURPOSE

The Genetic Testing supplement is sponsored by the National Cancer Institute (NCI), which is part of the National Institutes of Health (NIH), and CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). These questions are part of the Cancer Supplement.

The questions in this module will provide information about the level of knowledge and experience of genetic tests for cancer risk among the general population. Genetic testing does not check to see if the respondent has cancer now, but assesses the genetic risk and can help predict the risk of developing certain kinds of cancers in the future.

INSTRUCTIONS

The lead-in sentence states to respondents that these questions refer to "genetic testing for cancer risk." To summarize, the questions will ask respondents:

- About their knowledge of genetic testing;
- If tested, was it for colon or rectal cancer for men and women; and for breast and ovarian cancer (women only);
- The date the genetic test(s) were done;
- If genetic testing affected their health insurance coverage; and,
- To compare themselves to other persons their age, and if the respondents thought they would get cancer in the future and if so, what type of cancer.

DEFINITION

Genetic testing for cancer risk means testing the blood to determine if an individual carries genes which may predict a greater chance of developing cancer at some point in their lifetime

PART D
SECTION 16
CANCER SUPPLEMENT—ADULT FAMILY HISTORY (NAH)

Topic	See Page
Purpose	D42
Instructions	D42
Definitions	D42

CANCER SUPPLEMENT—ADULT FAMILY HISTORY (NAH)

PURPOSE

The Family History supplement is sponsored by the National Cancer Institute (NCI), which is part of the National Institutes of Health (NIH), and CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). These questions are part of the Cancer Supplement.

The purpose of this supplement is to determine the prevalence of cancer in families in the population. This will allow analysts a greater understanding of how family history relates to cancer.

INSTRUCTIONS

For any of the questions that asks, "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.

For any of the questions that asks, "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.

For any of the questions that asks, "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.

DEFINITIONS

<u>Biological father, biological mother</u>: The biological parents related by blood. Do not include step or adoptive parents.

<u>Full brother, full sister</u>: 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.

PART D
SECTION 17
CANCER SUPPLEMENT—ADULT CANCER SURVIVORSHIP (NAI)

Topic	See Page
Purpose	D44
Instructions	D44
Definitions	D44

CANCER SUPPLEMENT—ADULT CANCER SURVIVORSHIP (NAI)

PURPOSE

The Cancer Survivorship supplement is sponsored by the National Cancer Institute (NCI), which is part of the National Institutes of Health (NIH), and CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). These questions are part of the Cancer Supplement.

The purpose of the Cancer Survivorship section is to assess the quality of life of cancer survivors in the following areas:

- Physical health
- Emotional health
- Social activities
- Fatigue
- Pain

These questions also ask about receiving professional support and will allow researchers to determine whether cancer survivors are receiving adequate counseling and professional services.

INSTRUCTIONS

The first nine questions in this section are asked for all Sample Adults. The remaining questions, beginning with the variable CCBG10Y, are asked for Sample Adults who were ever told they had cancer. This section will come directly after the Cancer Family History (NAH) section.

DEFINITIONS

Tamoxifen is a drug used to treat certain types of breast cancer in women and men. It is also used to prevent breast cancer in women who have had ductal carcinoma in situ (abnormal cells in the ducts of the breast) and in women who are at a high risk of developing breast cancer. Tamoxifen is also being studied in the treatment of other types of cancer. It blocks the effects of the hormone estrogen in the breast. Tamoxifen is a type of antiestrogen. Also called tamoxifen citrate.

An **aromatase** (uh-ROH-muh-tayz) **inhibitor** is a drug that prevents the formation of estradiol, a female hormone, by interfering with an aromatase enzyme. Aromatase inhibitors are used as a type of hormone therapy for postmenopausal women who have hormone-dependent breast cancer.

PART D
SECTION 18
ADULT QUALITY OF LIFE (QOL)

Topic	See Page
Purpose	D46
Instructions	D46
Specific Questions	D46

ADULT QUALITY OF LIFE (QOL)

PURPOSE

The Quality of Life section is a new set of questions on disability for use on national surveys, which has been developed, tested and adopted by the Washington Group on Disability Statistics (WG). The WG is a United Nations (UN) sponsored City Group commissioned to improve the quality and international comparability of disability measures.

The WG questions were designed to provide comparable data cross-nationally for populations living in a variety of cultures with varying economic resources. The intended use of these data is to compare levels of participation in, for example, employment, education, or family life for those with disability versus those without disability and thereby to assess equitable access to opportunities as mandated by the UN Convention. In addition, the data can be used to monitor prevalence trends for persons with limitations or difficulties in the following areas:

- Vision
- Hearing
- Mobility
- Communication
- Memory/Concentration
- Learning
- Self Care
- Anxiety
- Depression
- Pain
- Tiredness
- Daily Activities

INSTRUCTIONS

The Quality of Life section will be asked for all Sample Adults that **did not** receive the Family Disability (FDB) questions at the end of the Family Questionnaire and were then randomly selected to receive the Quality of Life section. Please note that the Quality of Life questions are brand new and the sponsor is testing them by including them in the NHIS for this year. Some of the questions may sound very similar to questions already contained in the instrument and answered by the respondent. This section will come directly after the Cancer Survivorship (NAI) section.

SPECIFIC QUESTIONS

An example of the typical format and answer categories for the questions contained in this section are as follows:
MOB_SS: "Do you have any difficulty walking or climbing steps? Would you say no difficulty, some difficulty, a lot of

difficulty, or are you unable to do this?”

Answer Codes:
1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 Cannot do at all / Unable to do
Refused
Don’t know

PART E

National Health Interview Survey

CONTACT HISTORY INSTRUMENT (CHI)

PART
E
CONTACT HISTORY INSTRUMENT (CHI)

Topic	See Page
Introduction	E2
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Contact/Non-contact	E4
Contact	E4
Complete Interview, Partial Interview – Follow-up Required, or Unable to Conduct Interview	E4
Why?	E4
Concern/Behavior/Reluctance	E4
Strategies	E5
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Contact with Non-Sample Unit Member or Non-Contact	E5
Personal Visit/Telephone	E5
Strategies	E5
Exit	E5

INTRODUCTION

This chapter provides information on the Contact History Instrument (CHI), pronounced "KI", used by Field Representatives and Supervisory Field Representatives to manage survey assignments in the field. The CHI was developed to capture details of ALL contact attempts made to a household/family. This means each time an ATTEMPT to make contact OR contact was MADE with a household/family, information is entered into the CHI.

BENEFITS

- CHI is a tool you can use to help track and manage your caseload easily.
- CHI provides a record of the best times to make contact so you can use your time efficiently.
- CHI shows all of the hard work that you put into each case since it records every contact attempt you make.
- CHI records follow a case, so that if a case is reassigned, the new FR has a history of contact attempts and outcomes.
- For longitudinal and panel surveys, you will be able to see your CHI records from the previous round or wave of interviewing. **Note: Since NHIS is not a longitudinal survey, this does not apply to NHIS.**
- CHI is fast! It only takes a few seconds to record an entry.

KEY POINTS TO REMEMBER

- A CHI entry is made for EVERY contact attempt, whether it's a drive-by, you speak with a neighbor, or you call a respondent and no one answers.
- Each CHI entry is for ONE contact attempt. Do not record information for all contact attempts into one CHI record.
- CHI is not just for Type A's. You should record contact attempts for ALL outcomes including Type A's, B's, C's and successful interviews too.

CASE MANAGEMENT CONTACT HISTORY TAB

This tab is located in the case management details pane. Clicking on this tab will show all contact attempt information for whatever case you have highlighted in your case list.

Display Columns

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

SNOWFLAKE

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

RETURNING CONTACT HISTORY TAB

Note: Since NHIS is not a longitudinal survey, no information will be displayed in the Returning Contact History Tab. This tab will also be located in the case management details pane. It contains the same information as the contact history tab with an extra column labeled “Interview Number”. The information listed in this tab appears in ascending order, which means the most recent information appears at the top of each column. This tab is used for longitudinal surveys to view CHI records from the most recent wave or round of interviewing.

Display Columns

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

LAUNCHING THE CHI

There are two ways to initiate the CHI.

CHI automatically launches after you exit a case, OR you can launch the CHI from Case Management using the F12 function key.

CONTACT /NONCONTACT

Use the flow chart on page 5 as a visual aid while you read the following explanation. It shows the flow of the CHI instrument.

Once you have selected your entry at the Status screen, either Contact or Contact with NON-SAMPLE unit member or Non-contact, you will proceed down one of the two paths.

CONTACT

If you select "Contact with SAMPLE unit member", you will follow the "Contact" path.

COMPLETE INTERVIEW, PARTIAL INTERVIEW – FOLLOW-UP REQUIRED, OR UNABLE TO CONDUCT INTERVIEW

If you select "Contact with SAMPLE unit member", the "Contact Type" screen is displayed to enter the type of contact – complete, partial interview - follow-up required, or unable to conduct.

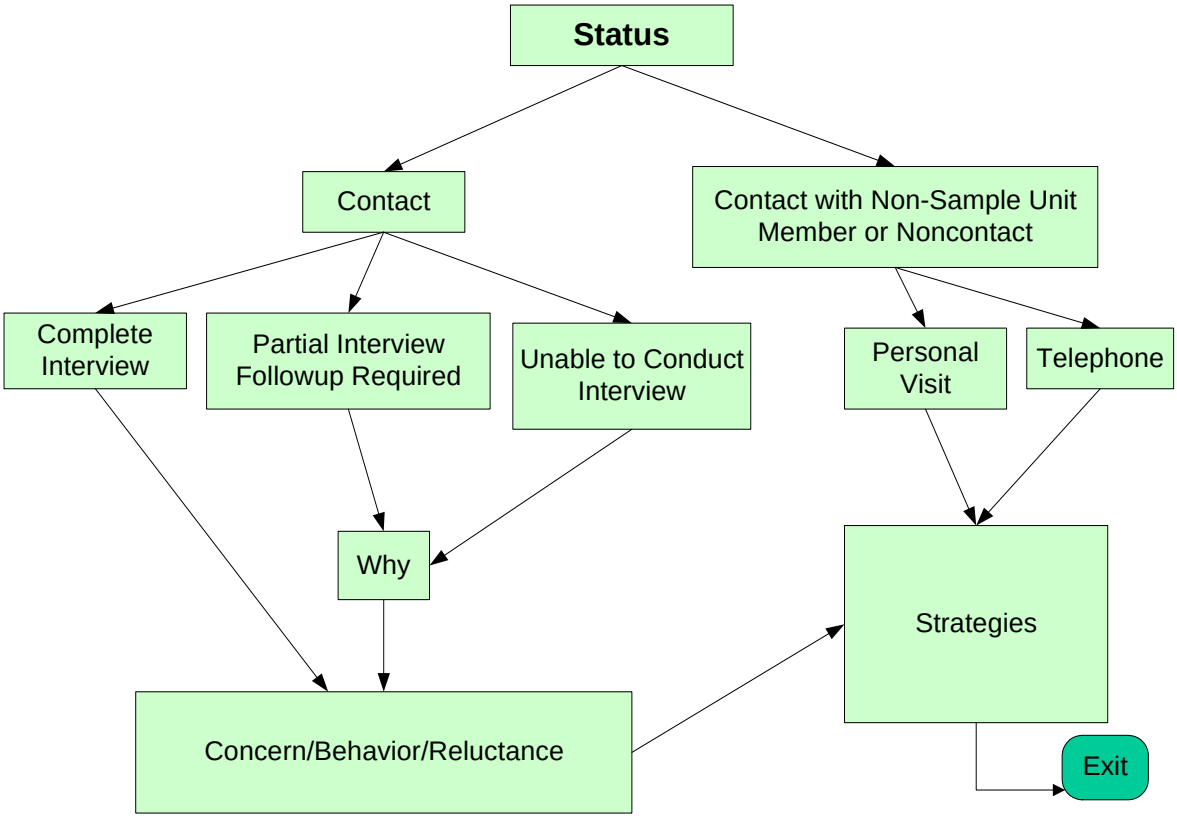
WHY?

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

CONCERN/ BEHAVIOR/ RELUCTANCE

If you select "Completed case - ready to transmit" at the Status screen or once you have completed the "Partial Interview or Unable to Conduct Interview" screen, the "Concern/Behavior/Reluctance" screen is displayed where you can enter any concerns the respondent may have expressed or demonstrated at that contact attempt.

STRATEGIES	The “Contact Strategies Attempted” screen is displayed where you can choose the categories that represent the strategies you used on that contact attempt.
EXIT	After completing the strategies screen, you will exit the CHI.
CONTACT WITH NON-SAMPLE UNIT MEMBER OR NONCONTACT	If you select “Contact with NON-SAMPLE unit member” or “Noncontact”, you will follow the “Noncontact” path.
PERSONAL VISIT/ TELEPHONE	If you select “Contact with NON-SAMPLE unit member” or “Noncontact” the “Personal Visit” or “Telephone” screen is displayed depending on which one was used for this contact attempt.
STRATEGIES	The “Contact Strategies Attempted” screen is displayed where you can select the strategies you used on that contact attempt.
EXIT	You will then exit the CHI.



PART F

National Health Interview Survey

COMPUTER PROCEDURES

PART F
SECTION 1

INTRODUCTION TO COMPUTER-ASSISTED INTERVIEWING

Topic	Page
Advantages for FRS	F2
Questions about Skills and Experience	F2
A Note on FR Evaluation	F3

ADVANTAGES FOR FRS	Field data collection using laptop computers is a common approach for the Census Bureau. Advantages include high data quality without extensive editing and quicker availability of results. Using a laptop computer to collect interview data offers some important advantages to you as well.
Check Items, Skip Patterns, Reference Dates and Pronouns	The computer presents the correct sequence of questions based on the information and the responses already entered. The correct name or pronoun is inserted into each question as it appears on the screen.
Automatic Editing	The laptop computer checks responses to ensure that all applicable items are answered appropriately. For example, where possible answers to a question are 1 (YES) or 2 (NO), the laptop rejects other answers such as 3 or 12 or Q.
Rapid Transmission Of Data	Connecting your laptop to modem telephone lines enables you to transmit daily interview data directly to Headquarters. Your Regional Office knows by the next morning what work you have completed and sent in.
Overall Effect Of Laptop Computers	The use of laptop computers is expected to help you do your job more efficiently by eliminating tedious paperwork and freeing you to concentrate on the actual data collection and building rapport with respondents.
QUESTIONS ABOUT SKILLS AND EXPERIENCE	If you have little or no prior experience with computers, you may wonder whether you will enjoy working with the laptop and can learn to use it skillfully.
Early Results	Several data collection agencies, including the Census Bureau, have switched to Computer-Assisted Personal Interviewing (CAPI) and the feedback has been quite favorable. Interviewers consistently report finding CAPI to be more satisfactory than Paper and Pencil Interviewing (PAPI) because it eliminates editing activities.

Computer Experience Not Required

Prior experience with computers is not necessary to be successful with computer-assisted interviewing. Your computer work consists primarily of:

1) making selections from "menus" displayed on the computer screen, and

2) entering respondents' answers in the appropriate spaces on the screen, just as you would fill appropriate blanks on a paper form.

Training Provided

A full program of hands-on training is provided for you. All necessary procedures are covered in self-studies, classroom training, on-the-job training and instruction manuals**.**

Keyboard Skills

You don't need to be a skilled typist. Although a little experience with typewriters or a computer keyboard may be helpful, it isn't necessary. Typing with a few fingers is sufficient for the types of entries that you will make on the keyboard.

As a CAPI FR you will use a laptop computer, rather than paper questionnaires, to conduct personal visits and telephone interviews. Assignments will be sent to your laptop electronically, via your home telephone line. You will send back your completed work in the same manner.

In other respects, your job is very similar to that of a non-CAPI FR. For example, your work will be observed regularly. Your performance evaluations will be based on factors such as response rate, accuracy, and production.

A NOTE ON FR EVALUATION

The use of laptop computers has greatly changed the way that interviewing is done which makes it necessary to update our methods for evaluating the performance of FRs. Measurements used in evaluating FR's work include response rate, number of don't knows and refusal entries. Availability for assignments and the results of observation are also included in the evaluation.

PART F
SECTION 2

YOUR LAPTOP COMPUTER

Topic	Page
Your Laptop Computer Guide	F5
Receiving, Unpacking, and Checking the Computer sent to you from the RO	F5
Parts and Equipment	F6
Where Everything Is Located	F7
Device Status Lights	F8
Connecting the AC Power Adapter	F13
AC Adapter Safety	F14
Using the DC Power Adapter	F14
Battery Power	F15
Power-Conserving Options for Your Laptop 1. Time-out Mode 2. Hibernation	F15
Making Connections	F18
Connecting the External Module Bay	F19
Disconnecting the External Module Bay	F19

YOUR LAPTOP COMPUTER GUIDE

The following sections contain information on all aspects of your laptop computer. For a more comprehensive and detailed overview, please refer to the *Windows Laptop User Guide 11-7(WIN).*

RECEIVING, UNPACKING, AND CHECKING THE COMPUTER SENT TO YOU FROM THE RO

Each FR receives a laptop computer (shown below), a self-study guide, the Laptop User Guide, and all of the computer's required accessories such as cables, batteries, and a battery charger. This package is sent to the FR prior to initial training. For new FRs, the package may be delivered by an SFR, because the new FR must be sworn in as a Census Bureau employee before receiving the equipment. (You may also receive a "Getting to Know Your Dell Latitude D400 Laptop Computer" video that explains the laptop and it's accessories.)

Open Carefully And Save The Box

Open and unpack your computer kit with care. You may use a letter opener or knife to slit the sealing tape, but try to avoid tearing or shredding the box. You must save the box and all internal packaging materials. Store these where they will not get wet, damaged, thrown out, or used for other purposes.

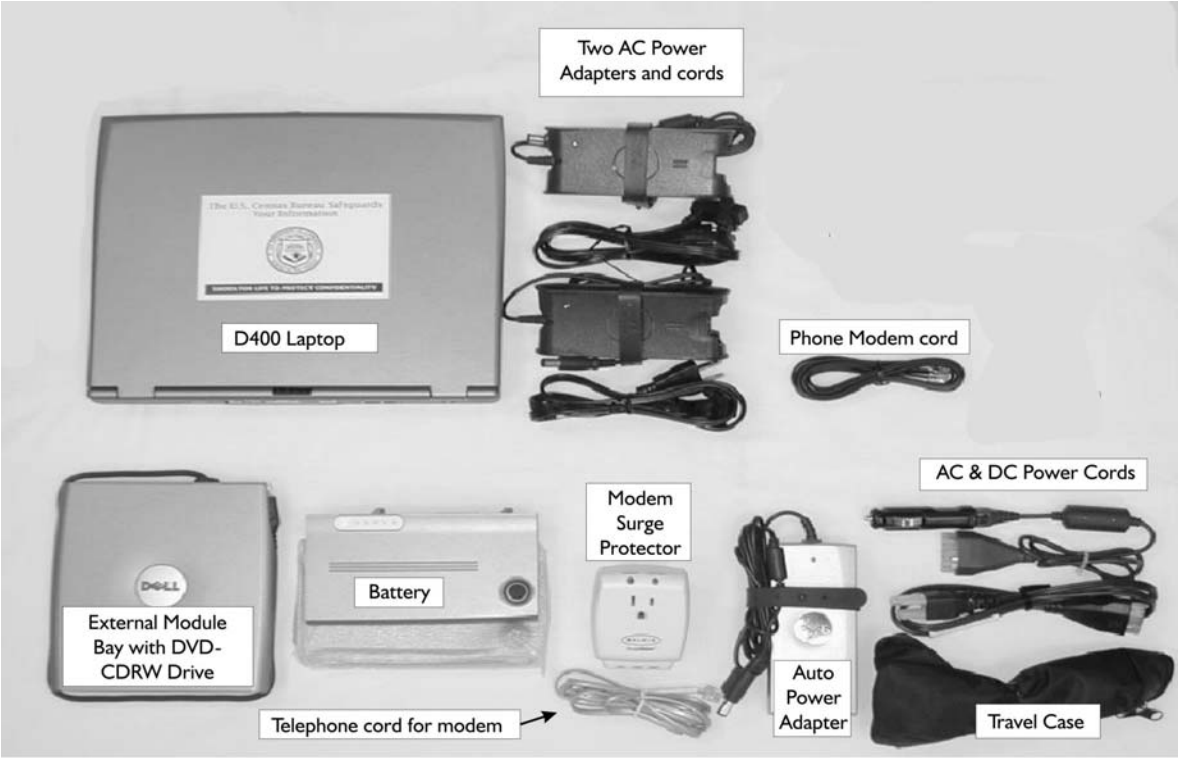
Use the Box for Returns

You will use the same box for mailing, whenever you have to return the computer to the RO, for repair or exchange, or at the completion of the project. Without the original packaging, preparing the computer for shipment is inconvenient and the chances that it will be damaged in transit are increased.

PARTS AND EQUIPMENT

Check all Parts

When you receive your computer, fill out the Form 11-805 *Acknowledgment Receipt of Government Property* form included, and return it to your RO to indicate that all items were received. Before attempting to use the computer, review this chapter and become familiar with all the pieces of the laptop equipment. Note that Memory Keys should not be included in the materials that you receive along with your laptop. If you received memory keys with your laptop, please notify your supervisor.



WHERE EVERYTHING IS LOCATED

Left View of Laptop

Right View of Laptop

Back View of Laptop

DEVICE STATUS LIGHTS

Power Status Lights

This is the first light on the left below the word Dell on your screen. It is a green light which comes on when you turn on the computer and blinks steadily when the computer is in hibernation mode.

Drive Activity Light

The second light from the left is also green and turns on when the computer reads or writes data.

Note: To avoid losing data, never turn the computer off while this light is flashing.

Charging Status Light

The third light from the left is the battery status light. It indicates the battery charge status and is either green or orange, depending on the status. When the computer is connected to an electrical outlet via the AC Adapter, the following applies:

- Light off – battery is adequately charged.
- Solid green light – battery is charging.
- Flashing green light - battery is almost fully charged.

When the computer is running on battery power, the lights operate as follows:

- Light off – battery is adequately charged.
- Flashing orange light – battery charge is low.
- Solid orange light – battery charge is critically low.

Front View

Battery

The primary source of power for the laptop is its rechargeable Lithium battery.

Display Latch

Sliding the display latch to the right opens the laptop.

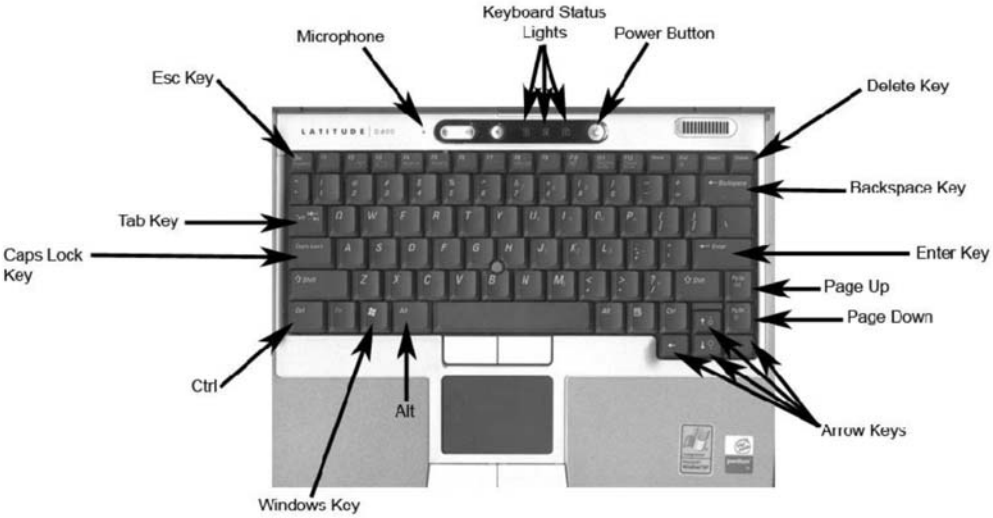
Speaker The speaker lets you hear alarms, warning beeps and other sounds associated with your software.

Screen The screen is a liquid crystal display (LCD) that provides a clear, sharp image. The LCD screen features backlighting for better visibility while the laptop is on.

Power Button The silver power button is located in the upper right hand of the keyboard, above the F11 key.

Keyboard The 87-key keyboard provides all the functionality of a full-sized keyboard.

Keyboard Basics The figure below shows the layout of the keyboard**.**



Arrow Keys Use the arrow keys to control cursor movement.

Enter Key

Use the Enter key as instructed to select a highlighted menu option, select an option from a dialog box, make a screen selection, or enter information that you typed in response to a screen prompt. When typing text, the Enter key is equivalent to the carriage return on a typewriter. In most applications, the Enter key activates the function of whatever option is highlighted.

Alt Key

Use the (Alt) Alternate key to perform laptop functions as directed. In most applications, the Alt key activates the access keys on the menu bar.

Ctrl Key

Use the (Ctrl) Control key to perform laptop functions as directed

Delete Key

.

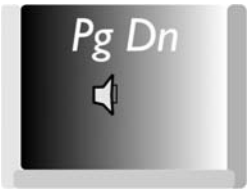
Use the Delete key to delete information you typed on the screen. Pressing Delete erases the character at the cursor, one character at a time.

Backspace Key
.

Use the Backspace key to delete information you typed on the screen. Pressing Backspace moves the cursor backward (to the left on your screen), deleting one character at a time.

Page Up and Page Down Keys
.

Use the Page Up and Page Down keys to scroll vertically through information presented on more than one screen.



Esc Key

In most applications, the (Esc) Escape key activates the Cancel function.

Tab Key

In most applications, the Tab key is used to move between fields or objects.

Windows Key

Lets you access programs and folders, as well as the shutdown sequence

Microphone

The tiny hole to the left of the volume control buttons is an internal microphone. It is not a reset button. Do not poke anything into this opening because it could damage your computer.

CONNECTING THE AC POWER ADAPTER

The AC Adaptor Connector is located to the right of the Module Bay Port. You can use either an universal AC adapter or a rechargeable battery to provide power to the laptop. The adapter is the little black box.

.

Notice that there is a small green light on the top of the adapter. The green light means that the adapter is receiving power from the outlet. If the light is not lit, ensure that you plugged the power cord securely into the electrical outlet. Next, check the other end of the cord to see if you securely attached it to the adapter. If both ends of the power cord are securely connected, check to make sure that the outlet is not controlled by a wall switch that could be in the off position. If this fails, try a different electrical outlet.

AC ADAPTER SAFETY

There are three important warnings concerning the use of the AC adapter.

1. **Never plug your laptop into an outlet controlled by a dimmer switch because it is a serious fire hazard**.

2. **Use the AC adapter ONLY with your laptop or the battery charger.**

3. **When you disconnect the AC adapter cable from the computer, grasp the connector or plug, not the cable itself. Pulling the adapter by the cord can damage the cable.**

USING THE DC POWER ADAPTER

You can use the DC power adapter to power your laptop in your car, thus saving your laptop battery. This unit connects to the cigarette lighter and is easily connected. Use only the auto adapter sent to you by the RO with your Dell Latitude D400. Using any other adapter could damage the laptop. To use the auto adapter:

1. Connect the adapter to the laptop's AC/DC connector on the back of the laptop.

2. Insert the DC power adapter into the cigarette lighter adapter in your car. The green indicator light shines when the adapter is receiving power.

3. Disconnect the adapter from the laptop before unplugging it from the cigarette lighter socket. Unplug the adapter if you won't be using it for an extended period of time.

Note: Some automobiles disconnect power to the cigarette lighter socket while the engine is being started. If you experience problems with your laptop when starting the engine, disconnect the adapter from the laptop before starting the engine, and then connect it again.

BATTERY POWER

Your laptop functions on battery power as well as with the AC adapter. When fully charged, the battery lasts up to three hours, depending on the usage. When the battery power gets low, the status light will flash orange. If this happens during interviewing, you have two choices:

1. Replace the battery with a fully charged battery.

2. Immediately plug in the AC adapter to a wall outlet and the laptop. You do not have to turn off the laptop to switch from battery to AC power.

NOTE: **If you do not replace the battery or plug into an electric outlet quickly, you could lose all the data you collected and in which case you must restart the interview.**

POWER-CONSERVING OPTIONS FOR YOUR LAPTOP

Your laptop has power saving features that extend the life of your battery. You need to look at the power status lights to know which is in effect. There are two different levels of power saving you should know about:

1. Time-out mode

2. Hibernation mode

Time-out Mode

Your laptop goes into Time-out mode if you are on battery power. The screen basically goes dark to conserve power. The hard disk is also turned off. The laptop is still running, it's only the screen and hard disk that have shut off. If the Power Status light is green and glows steadily, it means the laptop is in Time-out mode and still running.

Time-out Mode Note: **Your data is not saved to the hard drive in Time-out mode, so do not attempt to change your battery while in Time-out mode...you could lose data!**

To bring the screen back up, touch any key on the keyboard.

Warning! If you press the power button when the laptop is in this state, you will shut down the laptop and risk losing data.

To prevent your laptop from going into Time-out mode (for example if you are waiting for a respondent to find records), move your fingertip over the Touch Pad or touch any key every couple of minutes to keep the screen active.

Caution: Never remove the battery from the laptop while it's in Time-out mode.

Hibernation

There are two ways your computer can go into a **Hibernation mode**:

1. Automatically, after 30 minutes of inactivity, if you are on battery power.

2. On demand, by pressing the Fn and Esc keys simultaneously.

Use the second method when you need to change your battery "on the fly." Hibernation mode saves your data to the hard drive, so it is safe to remove the battery while the laptop is in Hibernation mode.

The Power Status light is off when the laptop is in Hibernation mode. It looks the same as when the laptop is completely shut down.

When you put the laptop into Hibernation mode, you see a message that says "Hibernating." Do not touch the Power button while the laptop is in the process of going into Hibernation. When it is finished, Hibernation mode causes the laptop to power off. You can then safely change the battery.

To bring the laptop back up, press the silver Power button ***briefly***. The laptop goes through many of the same steps as when you turn it on after it has been completely shut down, but you see the message "Resuming Windows" instead of "Starting Windows."

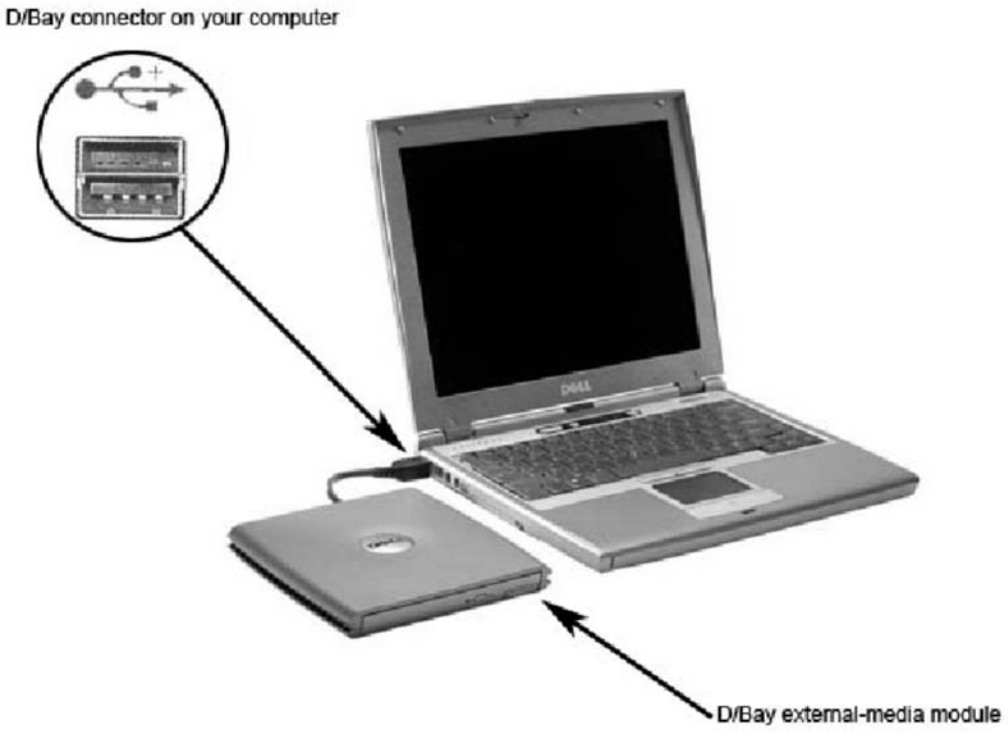
It takes less time to turn the laptop on from Hibernation mode than from a complete shutdown. When you see the Safe Boot login, login first. Then when you see the "Entrust Login" screen, log in as usual. You will be put back to where you were when you went into Hibernation mode, which means you can be in the middle of an interview. To change the battery, go into Hibernation mode, remove and replace the battery, turn the laptop back on, and you will be back where you were in the interview.

Summary of Power-Saving Modes

MODE	POWER STATUS LIGHT	HOW TO RESTORE
Time-out	Steadily Green	Press any key on the keyboard
Hibernate	Off	Press Power button briefly Light turns green Safeboot login Wait for the Entrust login Enter your password to login

If you are not sure whether or not the laptop is in time-out mode or if you are in hibernation mode, tap any key lightly. If nothing happens, you are most likely in hibernation mode.

MAKING CONNECTIONS



NOTE: It is not necessary to turn the laptop off before making any external connections.

CONNECTING THE EXTERNAL MODULE BAY

The external Module Bay Connector is located on the right side of the laptop. To make the connection, insert the external Module Bay into the external Module Bay connector on the laptop. You can use this connection to attach the CD/DVD ROM drive.

DISCONNECTING THE EXTERNAL MODULE BAY

Before disconnecting the External Module Bay from your laptop, make sure you stop the CD ROM drive. Do this by clicking on the Unplug or Eject hardware icon on the Task Bar, which we will discuss later in this User Guide. Detach the Module Bay from the laptop.

PART F
SECTION 3

ACCESSING YOUR LAPTOP

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Rules for Passwords	F21
Expired Password	F22
How to Manually Change Your Entrust Password	F23
Shutting Down Your Laptop	F23
A Brief Introduction to Windows	F25
Starting a Program	F25
Window Structure	F28
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The Battery Icon	F32
Unplug or Eject Hardware Icon	F33
Using Keyboard Shortcuts	F37
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FYI	F38
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GUIDELINES FOR CREATING A GOOD PASSWORD

A good password minimizes unauthorized use of your laptop. Guard your laptop password as you would any other important information, such as your ATM number. A good password is

1. easy to remember without writing it down,

2. easy to type quickly if someone is watching you type, and

3. difficult for someone to guess given access to information about you.

Remember your password and don't tell it to anyone, even your family or colleagues. Also, don't write your password down anywhere.

RULES FOR PASSWORDS

1. Select a word that means something to you but could not be easily guessed. For example, if you used to live in a town called Anytown, you could use that as your starting point for creating a password.

2. Substitute numbers or special characters for letters in the word. Using our example of Anytown, you could substitute a "("for the "t", a "0 (zero)" for the "o", or a "&" for the "A" giving you possibilities of Any(own, Anyt0wn, or &nytown.

3. Pick a password that's easy to type one-handed. Use special characters that do not require the use of the shift key, such as -, =, [,], ; etc.

4. Pick a password that you can remember and then change one number in it each time your password expires. For example, Anytown2, Anytown3, etc.

5. Must be at least 8 characters long.

6. Must contain a non-alphanumeric character.

7. Must contain a lowercase character.

8. Must contain a numeric character.

9. Must not contain a portion of the profile name.

10. Must not repeat a character more than half the length of the password.

11. Must not reuse last 8 passwords.

EXPIRED PASSWORD

You must change your password every 28 days. Your laptop keeps track of the number of days you used your current password and displays the Entrust dialog box as shown below when it is time to change your password. When you see this dialog box, press **Enter** to select **OK**.

HOW TO MANUALLY CHANGE YOUR ENTRUST PASSWORD

1. While logged into Entrust, press **Ctrl** + **Alt** + **Del**.
2. Select "Change Password."
3. Select "Entrust Password" and click OK.
4. Proceed to change the password as normal.
5. After the password has been changed, you will be brought back to the "Entrust Security" screen.
6. Select "Cancel" to get back to the FR Desktop.

SHUTTING DOWN YOUR LAPTOP

For security reasons, it is very important that you shut down your laptop properly when you are finished working. As a minimum you should completely shut down your laptop at least once a day. This will clear out your laptop memory and improve its performance.

1. Exit all open programs, such as surveys, Transmissions, Mail, etc.
2. Press **Windows** key. The Start menu appears:

3. Type **E** for Encrypt and Shutdown. The Shutdown Windows dialog box appears.

4. Press the "**S**" key to activate the "**Shutdown the computer**?" option.

5. Press **Enter**. The system begins to encrypt your files. Encryption protects the confidential data stored on your laptop. This may take a few minutes. After the encryption process is completed, the computer will automatically shutdown.

If your laptop is performing sluggishly, the **Restart the computer?** option works well. Your laptop encrypts the data before restarting the Windows.

To restart your laptop:

1. Save all your work

2. Close all open programs

3. Press the Windows key

4. Type **E** for Encrypt and Shutdown option.

5. Press the **R** key to activate the **Restart the computer?** option.

6. Press **Enter**

A BRIEF INTRODUCTION TO WINDOWS

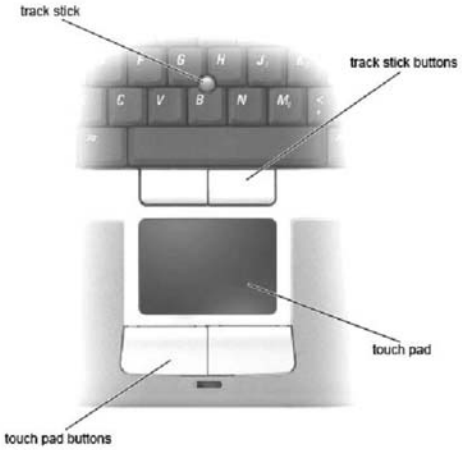
STARTING A PROGRAM

To start a program or open a folder from the Desktop, either double-click its icon or click any empty area on the screen and then type the first letter of the icon name. If more than one icon name begins with the letter you typed, continue typing the letter until the desired icon is highlighted, and then press the **Enter** key to start that program or open that folder.

Two methods of starting a program in Windows are:

1. **Point and Click:**

   You point at a program icon on the Desktop with the Touch Pad or pointing stick and then click one of the left buttons (above or below) on the Touch Pad. You can perform most



Windows tasks using two Touch Pad button actions:

a. **<u>Single-Clicking</u>** – Use this action to ***select*** objects such as icons, buttons, or menus. To "click" on an object, move the pointer until it is over the object you wish to select. Press the left Touch Pad button once. Once the application icon is selected (highlighted), press the Enter key to launch the application.

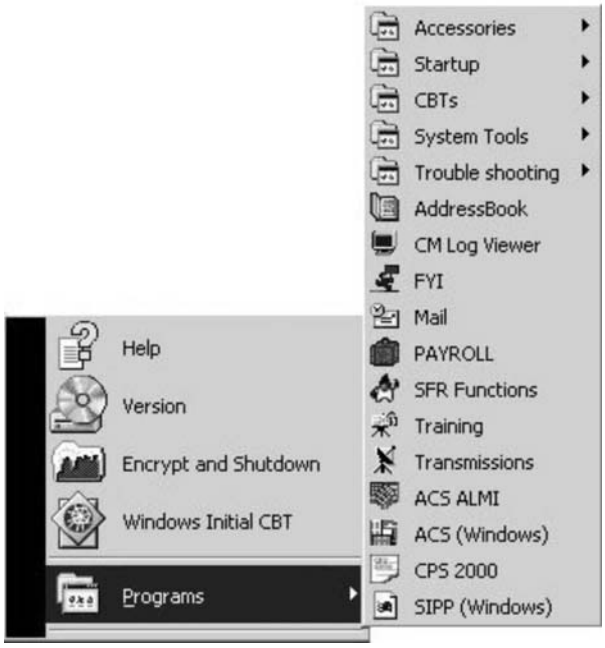
b. **<u>Double-Clicking</u>** – Use this action to ***execute*** or open an application. To "double-click" on an object, move the pointer over the icon for the application you want to open. Press one of the left Touch Pad buttons twice quickly to launch the application.

2. **The Start Menu**:

a. Press the Windows key to display the Start menu.

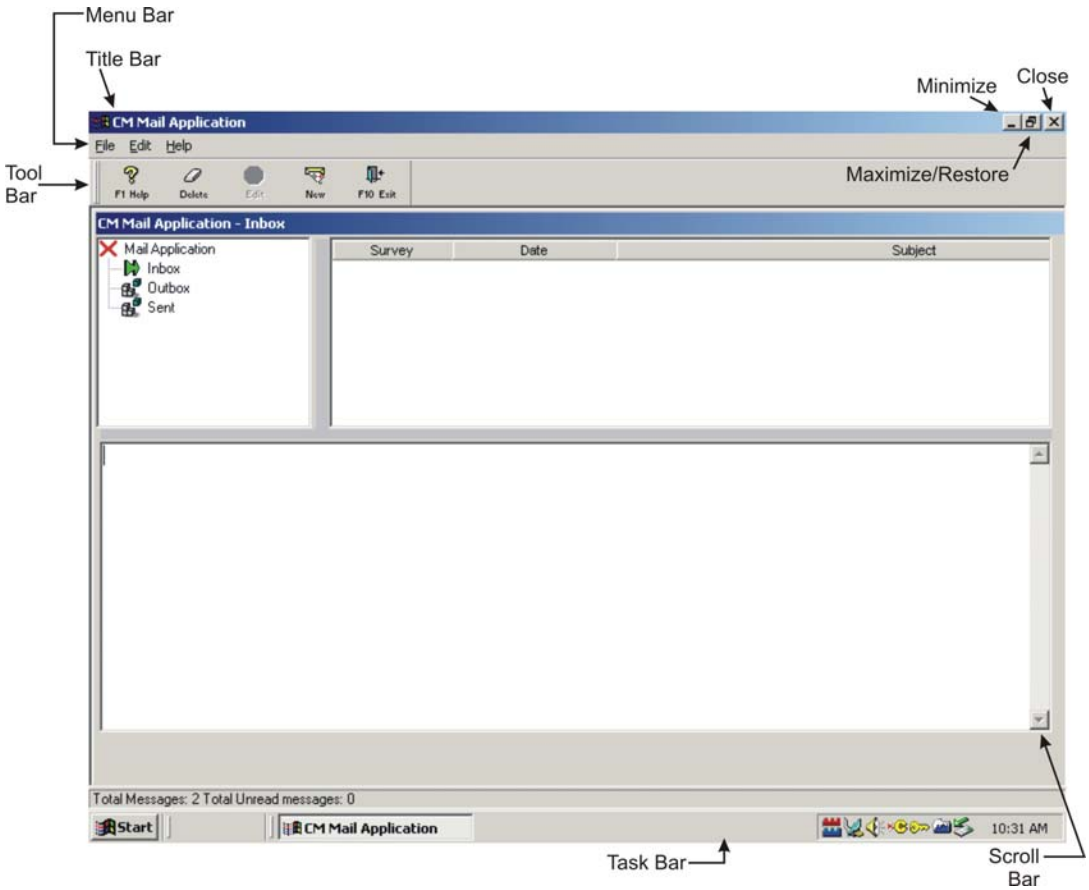
b. Type **P** for programs and the Programs submenu opens**.**

c. Use the **up- or down-arrow** key to select the program you want, and then press **Enter** to start the desired program.



WINDOW STRUCTURE

A window is a rectangular frame which defines the work space for the active program. A typical window, as shown below, contains a Title Bar, sizing buttons (Minimize, Maximize, Restore, Close), a Menu Bar, a Tool Bar, possibly one or two Scroll Bars, and the Task Bar.



Title Bar

The name of the active program or open folder appears on the Title Bar. When the window is active the Title Bar is dark blue. Found to the top right on the Title Bar are the Minimize, Maximize/Restore, and Close buttons.

Sizing Buttons

- **Minimize Button** – Single-clicking the Minimize button shrinks the window to a button on the Task Bar. To redisplay an application shown on the Task Bar, just click its name on the Task Bar.

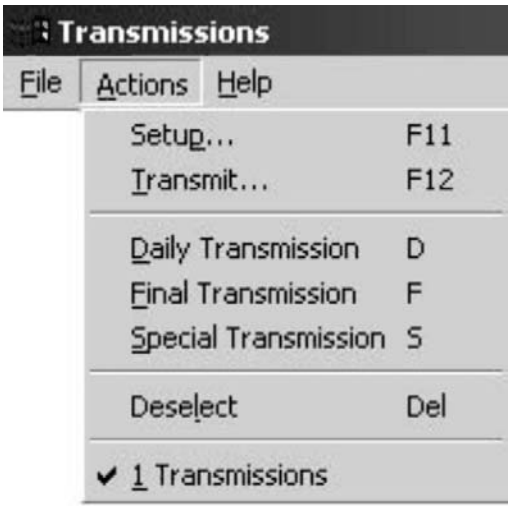
- **Maximize/Restore Button** – The middle button resizes the window, either creating a smaller version of the current window or restoring the window to full size.

- **Close Button** – Click the top right button to close the active window.

MENU BAR

The Menu Bar is just below the Title Bar. Press the Alt key to activate the Menu Bar. Then type the underscored character in the task you want.

- **Drop-down menus** – To access a drop-down menu, click it or press the Alt key and type the underlined letter within the word. For example, to access the Actions menu in Transmissions, press Alt+A. A drop-down menu appears showing the available options.



To activate a menu item:

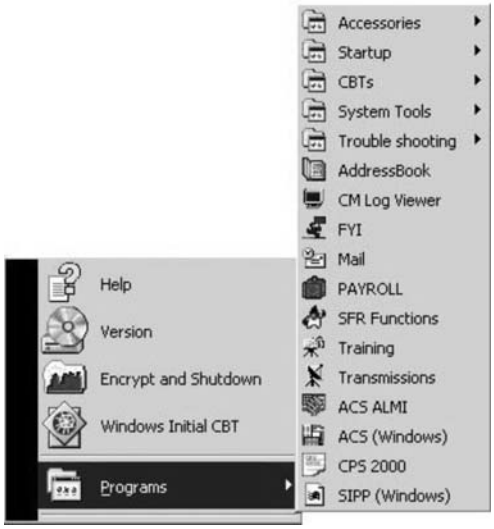
- Use the up or down arrow key to highlight and then press Enter, or

- Type the underlined letter (if available) in the option name, or

- Click the choice.

To the right of some items on drop-down menus you see shortcut key(s). Once you learn these shortcuts, you can access the menu options without actually opening the menu. In the example above, you could press the F12 key from the main Transmissions window to start a transmission without opening the Actions menu.

- **Submenus –** Some options listed on the Start menu or a drop-down menu have a small arrow to the right of their titles. This means that there is a submenu offering more options. Use the right arrow key to view the submenu. Use the pointer or the up- or down-arrow key to select an option, and then press Enter to activate your choice.



TOOL BAR

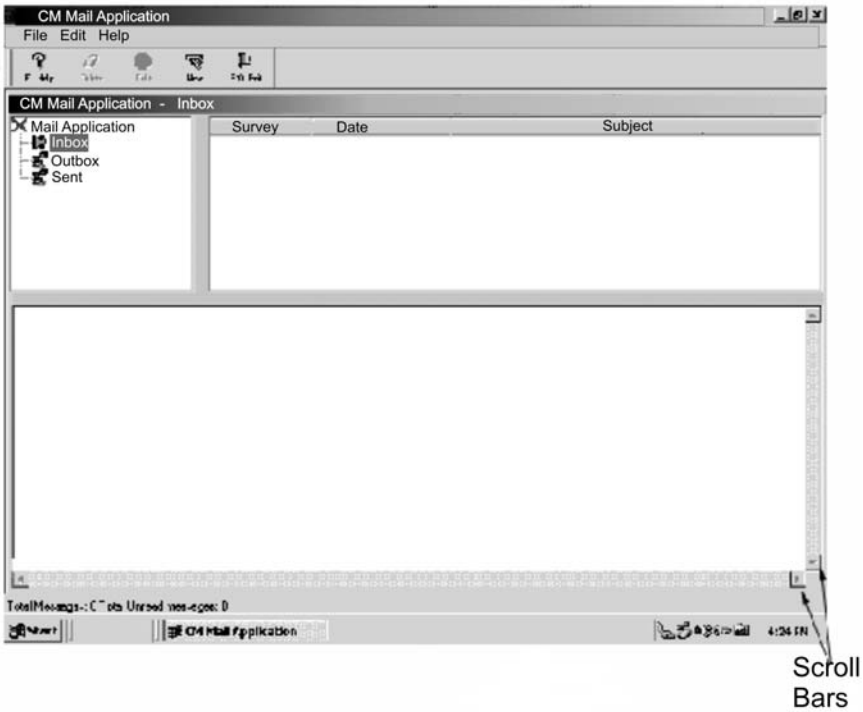
The Tool Bar contains a collection of buttons that perform certain functions on the menus. Position your pointer on the Tool Bar button, and then single-click either left button of the Touch Pad to use the function.

If the icon title includes a Function key, such as F1 or F10, you can press that Function key on the keyboard to perform the task instead of clicking the Tool Bar button.

SCROLL BARS

When information won't fit in a single window, a scroll bar appears along the bottom and/or the right side of the window. At each end of the scroll bar is a button containing an arrow. Between the arrows is a scroll box which contains a solid gray movable button. The scroll box shows the viewing area within the window. For example, if the scroll box is all the way to the right of the horizontal scroll bar, the window is displaying the information on the right side of the window. You can see the different areas in the window by clicking the arrow button, or by clicking and dragging (discussed later) the scroll box along the scroll bar.

The scroll bar changes your view of the application, not your position within it. To change your position, you must use the keyboard or the pointer to move your cursor.

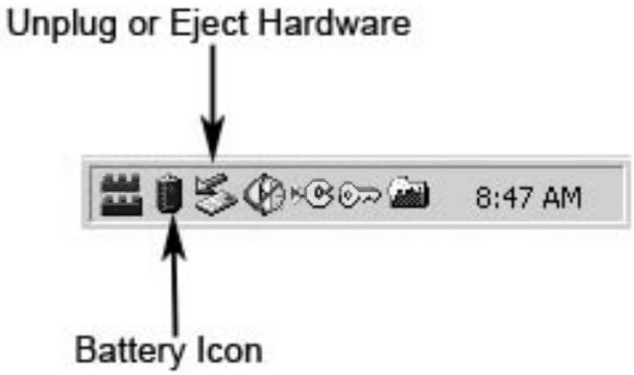


TASK BAR

The Task Bar is located at the bottom of your screen (see below). It tells you what programs are currently running on your laptop. To switch between programs, click the name of the program on the Task Bar, or press Alt+Tab to switch between open applications.

On the right side of the Task Bar, to the left of the current time, is a set of small icons which reflect your laptop settings. This section of the Task Bar is called the System Tray.

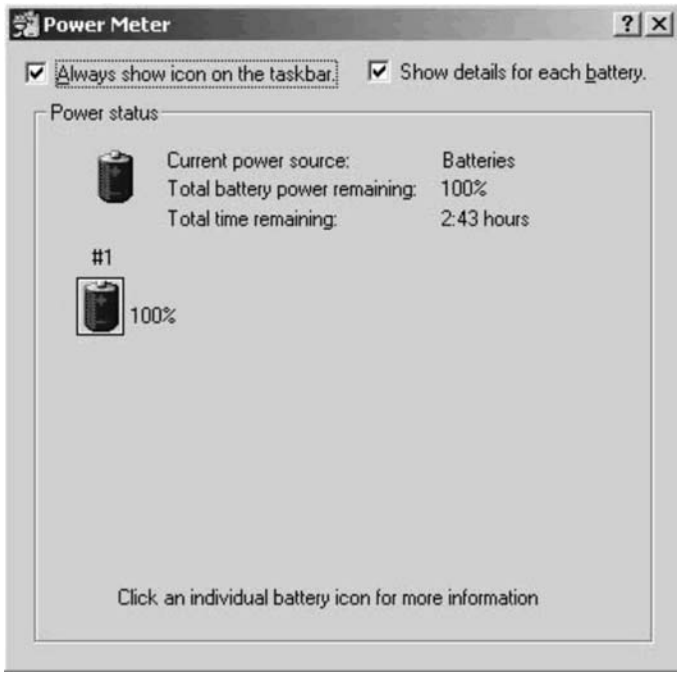
You need to know about two very important icons on the System Tray:



THE BATTERY ICON

This icon lets you check the status of your battery. Placing your pointer over the battery icon will let you know approximately how much longer your battery is expected to last. Double-click the icon to display the Power Meter, as shown below. The Power Meter shows how much battery remains.

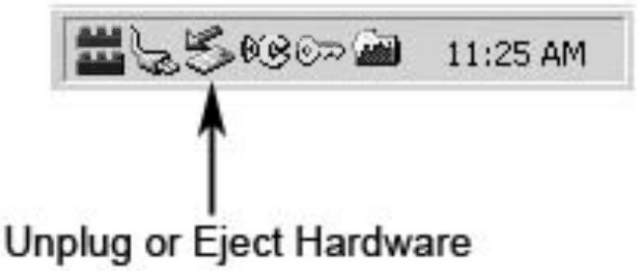
When your laptop is running on AC Power, a plug icon replaces the battery icon.



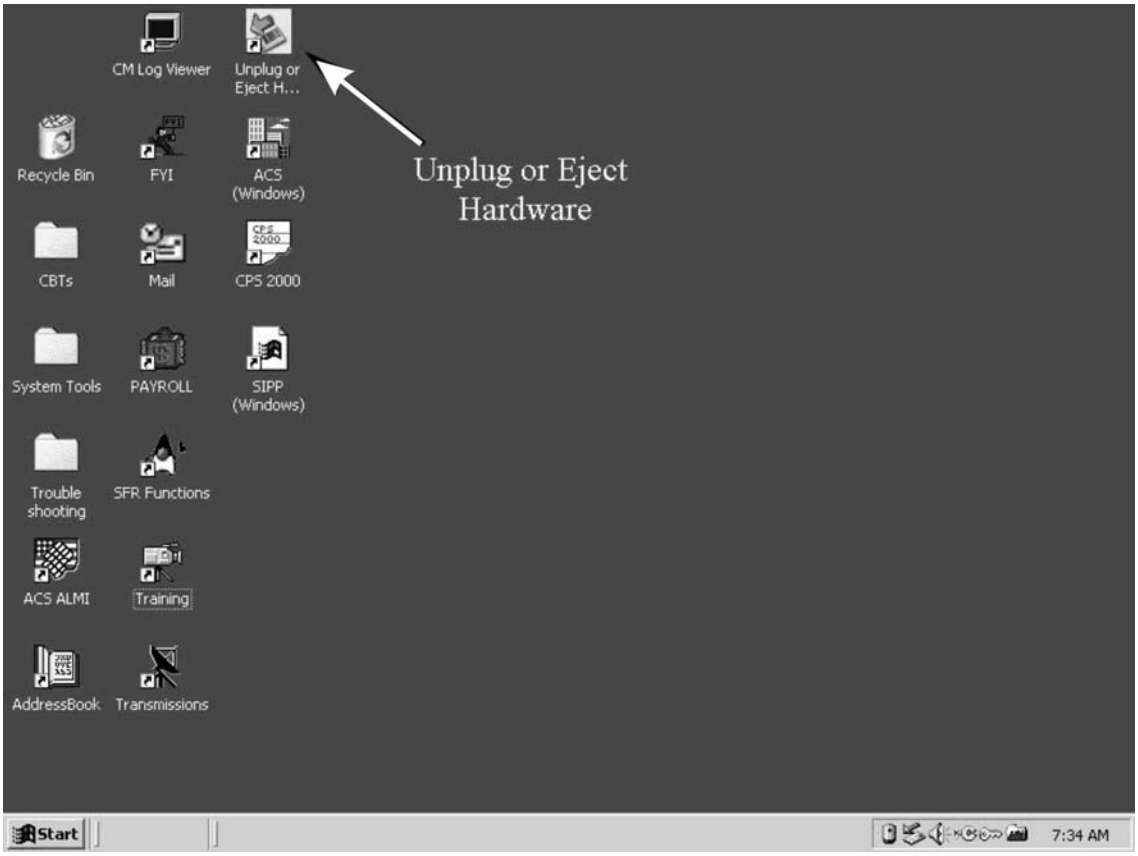
UNPLUG OR EJECT HARDWARE ICON

The Unplug or Eject Hardware icon lets you unplug an external device such as a modem or an external media drive. There are two ways to remove either the modular bay adaptor connected to your laptop computer.

1. Double-click on the icon located on the taskbar on the bottom of your screen as shown in the example below.



2. Double-click on the icon located on your desktop as shown in the example below.



icon you double-click, the Unplug or Eject Hardware screen appears as shown below.

Regardless of which

A confirmation dialog box appears for you to confirm the hardware you are stopping as shown below.

From this dialog box, you can determine what devices are connected to the laptop. Before you unplug your external Module Bay containing the CD/DVD ROM drive, select it from this screen, and then either click the **Stop** button or use the **Tab** key to highlight the Stop button and then press **Enter**.

.

The hardware device that is connected to your computer should already be highlighted, so press **Enter** to stop the device.

A dialog box then appears indicating that you can now safely remove the storage device (your modular bay adapter) from your laptop as shown below.

After you disconnect the hardware device from your computer, press the **Enter** key to close the dialog box .

Then press the **Alt** key and **C** key simultaneously to close the “Unplug or Eject Hardware” dialog box and return to your desktop.

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USING KEYBOARD SHORTCUTS

You often use your laptop while standing and conducting an interview. If you prefer the keyboard to the Touch Pad or pointer stick, Windows provides many keyboard shortcuts, some of which are listed here:

Keystroke	Action
Tab	Moves forward through fields or buttons in dialog boxes
Shift+Tab	Moves backwards through fields or buttons in dialog boxes
Arrow Keys	Move forward, backward, up, down through fields, in menus, or in dialog boxes or lists
Enter	Executes a command or launches an application
Escape	Cancels a command or exits a dialog window
Alt+F4	Closes the active window or exits the active program
F1 Help	Displays Help information about the active window
F10 Exit	Exits the active program
Ctrl+C	Copies selected text
Ctrl+K	Accesses the list of shortcut keys for the active program (if applicable).
Ctrl+S	Saves any changes you made in the active program
Ctrl+V	Pastes cut or copied text
Ctrl+X	Cuts selected text
Ctrl+Z	Undoes your most recent change
Ctrl+Home	Moves you to the first item in a displayed list
Ctrl+End	Moves you to the last item in a displayed list
Delete	Deletes the highlighted item or text

GETTING HELP

There's an online Help program on your laptop, and you can get to it from the Desktop or from inside any Windows program on your laptop. From the Desktop, press the Windows key to open the Start menu, and then type H to open Help. You'll see a 'Welcome to Help' page that contains instructions on how to move around through the Help program, including its contents and index.

If you're working in a Windows program, you can get into Help by:

- Pressing the F1 key. You'll see a page with information about the screen you're in.
- Holding Shift and pressing the F1 key. You'll see the 'Welcome to Help' page just discussed.
- Pressing the Alt key and then typing H. You'll see the Help drop-down from the Menu Bar, from which you can choose:
  - Help for the screen you're in.
  - Help Topics, which shows you the 'Welcome to Help' page with its contents and index.
  - The list of shortcut keys that work in the program you're running.
  - The name and version of the program you're running.

To close Help, use Alt+F4.

FYI

Unique to the FR Laptop System is an online informational program called *FYI*. On your desktop, look for the icon:

FYI is your Desktop access to news of the Windows FR Laptop System. As there is information to give you, Headquarters updates *FYI* and you receive the update in your next regular nightly transmission.

Your TRANSLOG will contain a message whenever there's been an update. (There's more on the TRANSLOG in the 'Transmissions' chapter.)

To open *FYI*, double-click its icon and you'll see the 'Welcome to *FYI*' page. The 'Welcome' page carries:

- The date your copy of *FYI* was last updated.
- A list of the newest articles.
- The four categories of *FYI*, each of which you access by clicking the underlined title.
- Additional instructions for navigating through *FYI.*

CLOSING A PROGRAM

To close *FYI*, use Alt+F4.

Once you finish working with a program, you should close the program to free up space in the laptop's memory. While you can run several programs simultaneously, having several programs and documents open can slow your system. To close a program, use the application-defined shortcut (usually F10 or Esc) to close it. If an application does not have a shortcut, you can use one of these methods:

- Type Alt+F (to activate File menu), and then type **X** for the **Exit** option.
- Type Alt+F, and then type **C** for the **Close** option.
- Hold Alt and press F4.
- Click the close button (:) at the top right of the Title Bar.

PART F
SECTION 4

SYSTEM TOOLS

Topic	Page
System Tools	F41
Opening the System Tools	F41
BackUp Procedure	F42
Clean-Up Function	F42
Setting the Date and Time	F43
Change the Time Zone	F44
Dial Setup	F45
Transfer Function	F45

The System Tools contain many options to help you do your job.

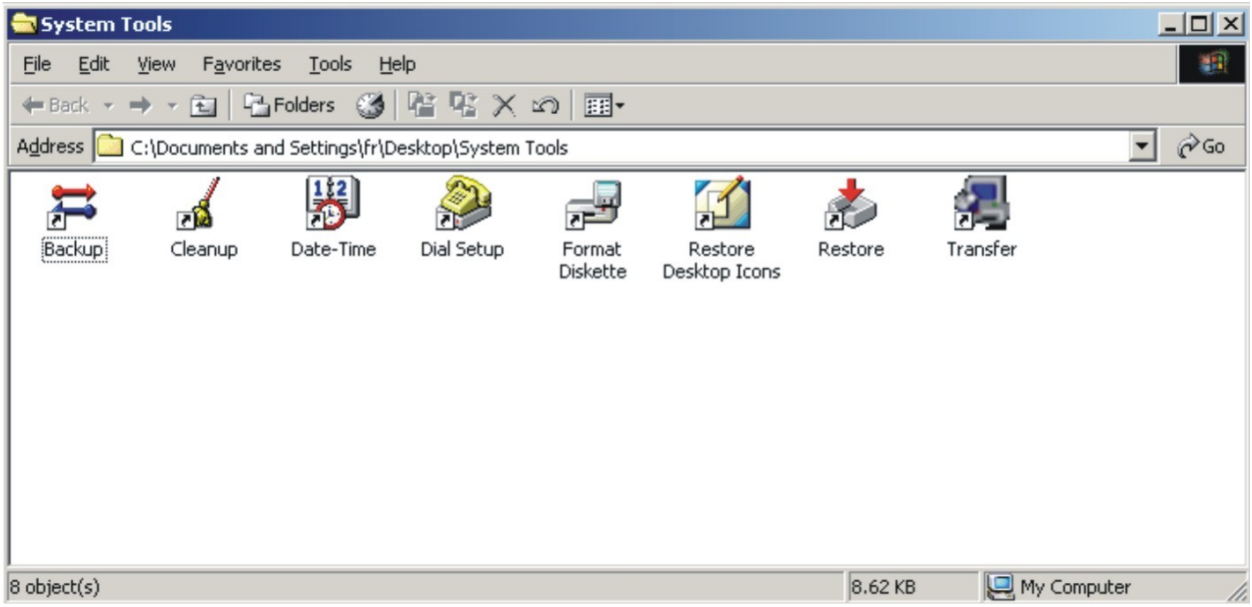
SYSTEM TOOLS

The System Tools include:

- Backup
- Cleanup
- Date-Time
- Dial Setup
- Format Diskette
- Restore Desktop Icons
- Restore
- Transfer

OPENING THE SYSTEM TOOLS

To open the **System Tools** folder from the Desktop double click and you will see the window shown below.



To open an individual tool –

- Double-click its icon in the folder, or
- Type the first letter of the tool's name until the tool is highlighted and then press **Enter**.

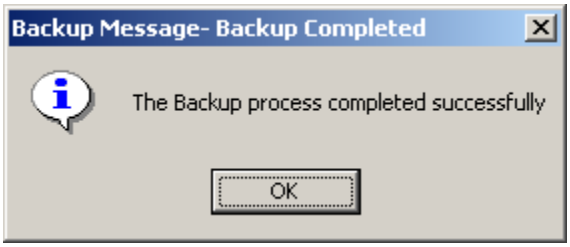
BACKUP PROCEDURE

Backup Version 3.00.00D collects and encrypts the databases for Windows surveys, Winfred payroll data, and DOS surveys. The program stores the encrypted copy of each database on the laptop hard drive.

As with the previous version of Backup, execution is simple:

Click Backup from the System Tools folder on the desktop or in Start/Programs.

After successfully collecting and encrypting the databases, this message is displayed:



Click OK to exit the backup program.

CLEAN-UP FUNCTION

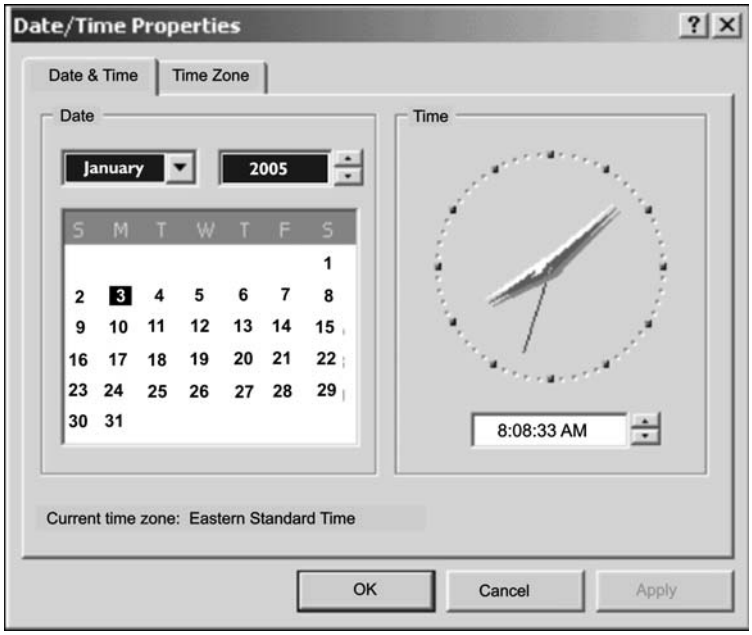
If you select a Windows survey and press **Enter** to begin the process, you will see a message which says "Cleanup Not Yet Implemented." This is because you cannot clean up Windows surveys. All Windows surveys are cleaned up via an automated process. Press **Enter** to delete the message.

SETTING THE DATE AND TIME

To reset the day and time:

1. Select the **Date-Time** option from the System Tools submenu of the Start menu or double-click the System Tools folder and then double-click the **Date-Time** icon.

2. The **Date/Time Properties** dialog box appears.



3. To change the date and time.

   a. Press the **Tab** key to move between fields, such as from the month field to the year field , and then from the year field to the dates.

   b. Use the 'up and down' arrow keys to change the value for an item. Use the right and left arrow key to change dates in the calendar. In the illustration above, the month field is the highlighted field. Pressing the up arrow key once would change the month.

   c. Once you set the date and time, press **Tab** until the **OK** button has a dotted line around it. Press **Enter** to save your changes and close the **Date/Time Properties** dialog box.

d. If you do not want to close the window, but do want to save your changes, press the Tab key until the **Apply** button has a dotted line around it and then press **Enter** to apply your changes.

CHANGE THE TIME ZONE

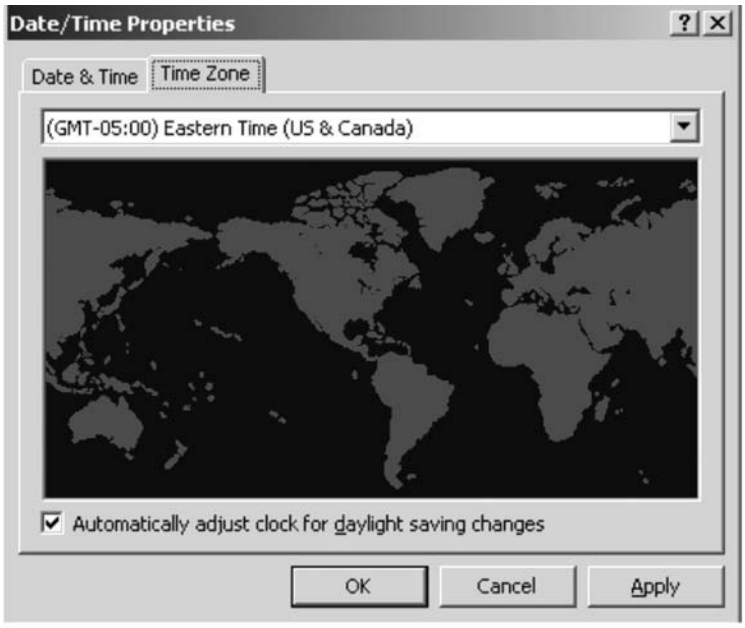
1. Open **Date-Time** from the **System Tools** submenu or from the **System Tools** folder.

2. Click the **Time Zone** tab.

3. Use the 'up-and down' arrow key to select the appropriate time zone for your area.

4. If daylight saving time is used where you live, be sure to check the box **Automatically adjust clock for daylight saving changes**. Press the **Tab** key until there is a dotted line around the phrase and then press the spacebar to remove or place a check-mark in the box. You can also click inside the box to check or uncheck it.

5. When you set the field(s) appropriately, press **Enter** to save your changes and to close the Date/Time Properties dialog box.



DIAL SETUP

When you transmit, the system dials a toll free 1-800 phone number. Sometimes you need to add a dialing prefix to this number, such as to dial from a hotel room or an office building where you dial an 8 or a 9 in front of the number. Also, if you have call waiting on your phone, you will need a call blocking code (usually *70) to prevent incoming calls from interrupting your transmission. Use the Dial Setup screen to add these prefixes to the phone number.

To change your dial setup:

1. Open **Dial Setup** from the **System Tools** submenu or from the **System Tools** folder.

2. When you select the Dial Setup option, the **Phone and Modem Options** window appears. Use the up or down-arrow key and the spacebar to select the appropriate prefix(es) or listed combination for your situation.

3. Select the **Default** option when you do not need to use any prefixes.

4. Select **8**, option or the **9**, option if you need to dial 8 or 9 to get an external line.

5. Select ***70**, **1170**, or **70#**, if you have a call waiting. Select the code that is appropriate for your phone service.

6. After you make your selection, press **Enter** to save your changes and to close the window.

TRANSFER FUNCTION

Never use this function unless someone from your RO or from headquarters instructs you to do so.

PART F
SECTION 5

MAIL

Topic	Page
Mail	F47
Mailboxes	F48
Selecting Mailboxes	F48
Message List	F49
Reading a Message	F50
Creating a Message	F52
Editing a Message	F54
Deleting a Message	F55
Exiting the Mail Application	F56

MAIL

The MAIL application lets you send and receive mail messages electronically between your laptop and the Regional Office. This chapter describes the features of the Mail application.

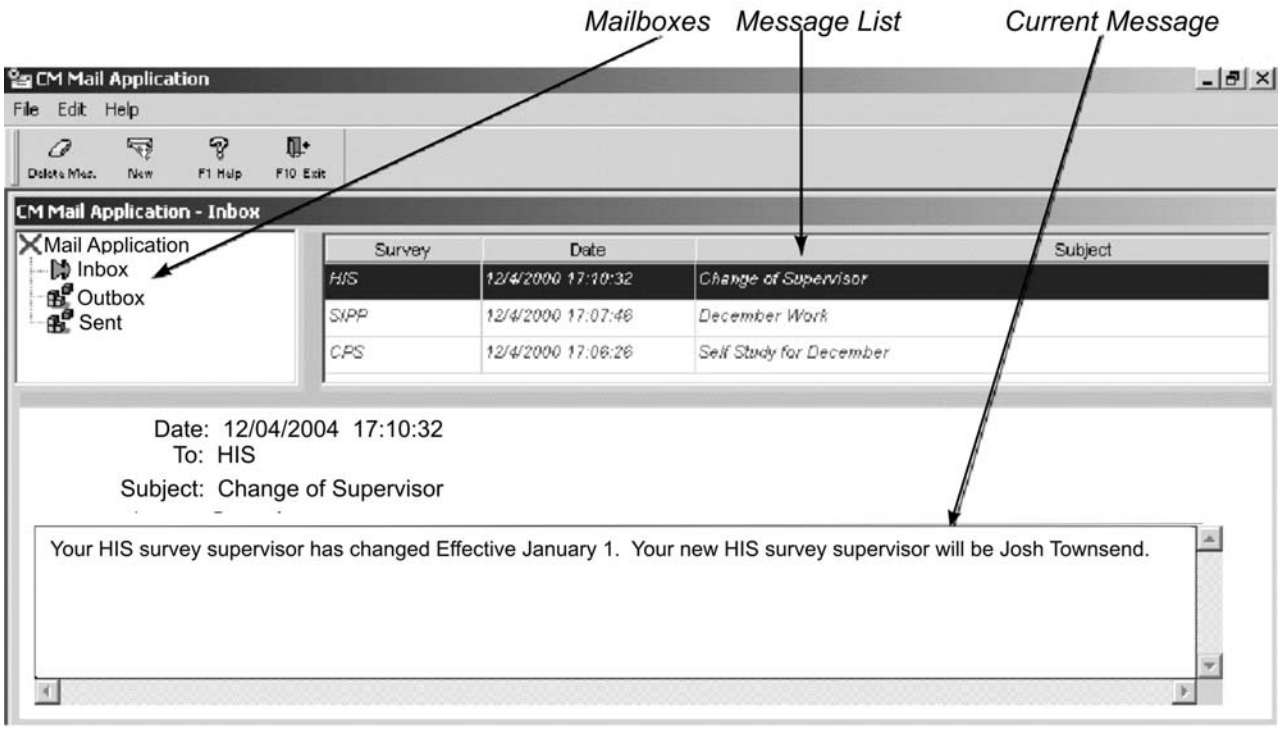
It is of critical importance to read your electronic mail after you transmit each day. Every survey sends mail on a regular basis, sometimes several times each week. Electronic mail is a convenient, effective form of communication.

Mail messages are also a good way to send your questions or concerns to the Regional Office. All mail is routed through the Regional Office, and is sent and received every time you transmit.

Double-click the Mail icon on your Desktop.

Opening the Mail Application

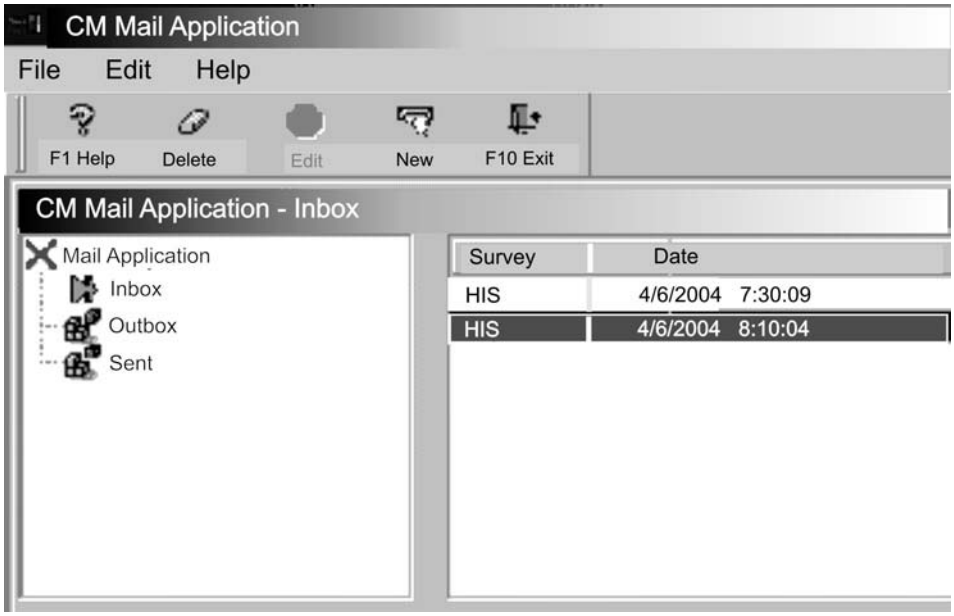
The main Mail screen contains three panes: Mailboxes, Message List, and Current Message.



MAILBOXES

There are three mailboxes: **Inbox**, **Outbox**, and **Sent** box. You will see a green arrow next to the **Inbox**. The green arrow indicates the active mailbox, its name is highlighted, and the pane Title Bar displays the name of the currently active mailbox.

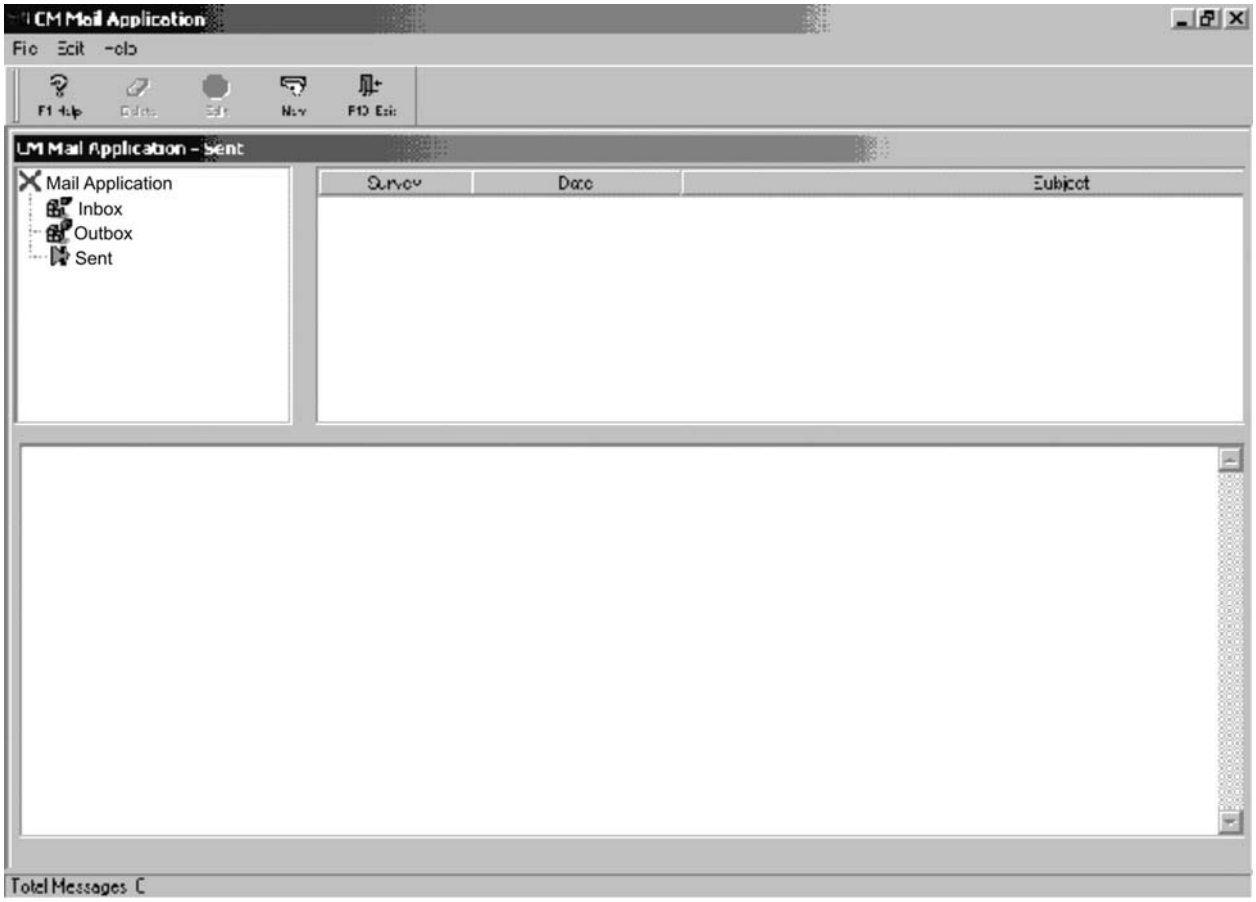
The **Inbox** holds the messages sent to you. The **Outbox** contains the messages written by you that are waiting to be sent. The **Sent** box contains the messages you sent. The laptop moves messages from the **Outbox** to the **Sent** box after they are sent during a transmission.



SELECTING MAILBOXES

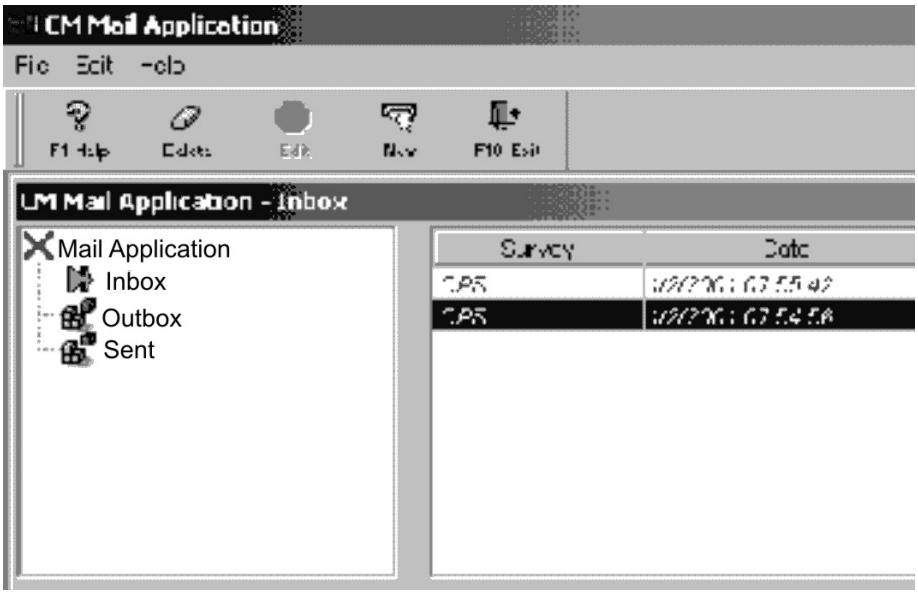
Use the arrow keys to select a different mailbox. When you press the down-arrow key once, the **Outbox** becomes the active mailbox. The pane Title Bar changes as well.

When you press the down-arrow key again, the **Sent** box becomes the active mailbox. **Sent** appears in the pane Title Bar, and the green arrow is now in front of **Sent** in the list of mailboxes.



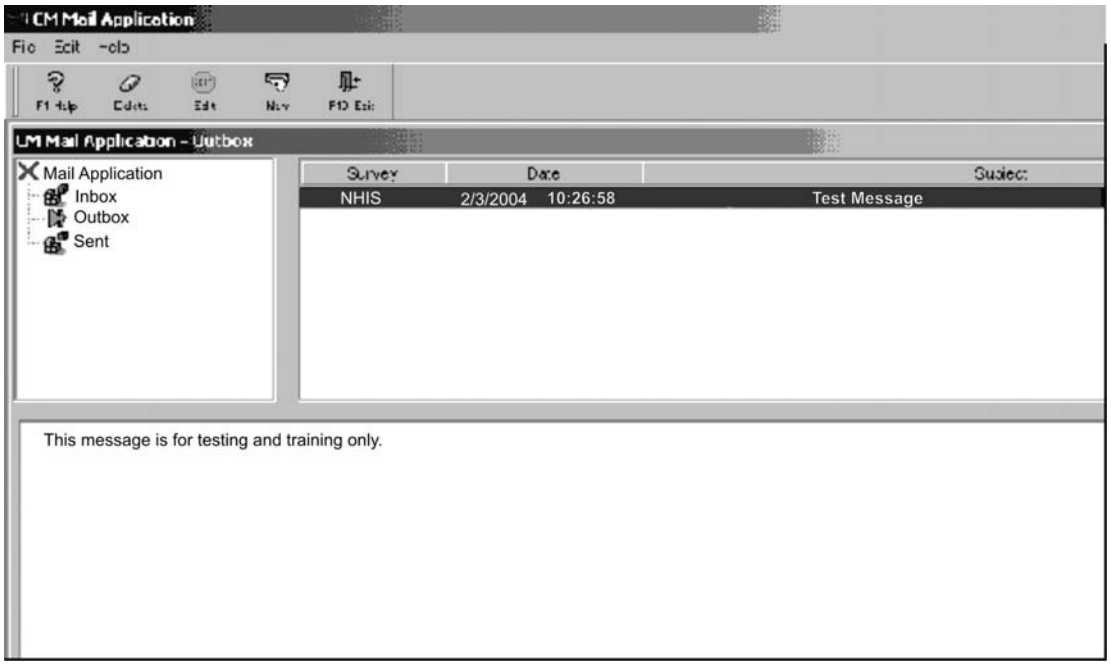
MESSAGE LIST

The **Message List** is next to the **Mailboxes** pane. The **Message List** shows you the messages contained in the active mailbox. When you select a different mailbox, the information in the **Message List** changes.



To move from the mailboxes pane to the Message List, press the **Tab** key. When you are in the Message List, the active mailbox is no longer highlighted (but the green arrow still points to the active mailbox and it's still shown in the Pane Title Bar).

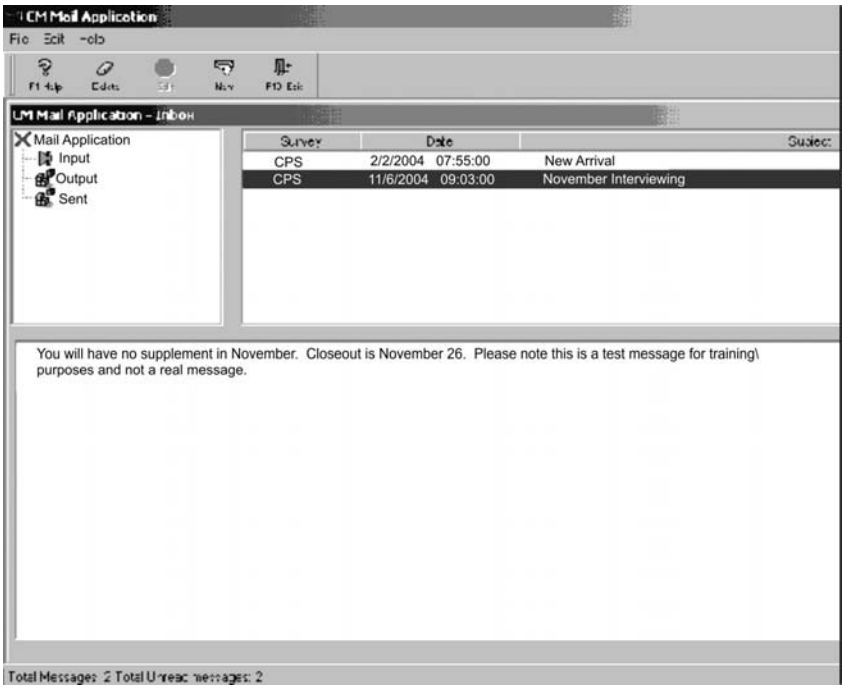
The content of the **Current Message** appears in the lower half of the main **Mail** screen. The **Current Message** is the message that is highlighted in the **Message List**. This pane allows you to read the message selected from the **Message List**.



READING A MESSAGE

1. Make sure the **Mailboxes** area is active (one of the mailboxes is highlighted). If the **Mailboxes** area is not active, press **Tab** until a mailbox highlights.

2. If the **Inbox** is not already highlighted, use the up or down-arrow key until the green arrow points to the Inbox and it is highlighted. (When you start the **Mail** application, the **Inbox** is automatically selected. You won't need to use the arrow keys unless you selected a different mailbox during the session.)



3. Press the **Tab** key to activate the **Message list**. This also deactivates the **Mailboxes** pane and the **Inbox** is no longer highlighted

4. Press the **down-arrow** key to highlight the message you want to read. The content of the message appears in the **Current Message** pane. To return to the **Mailboxes** pane from the **Message List**, press the **Tab** key twice.

Unread messages appear in red italics in the **Message List**. These messages are considered unread messages even if you looked at them in the **Current Message** area. To mark a message as read, double-click the message in the **Message List**. This brings up the **Inbox Message** window where you can see more of the message if it is a long one. Press **Enter** to select **Close** and the message is marked as read. The message in the message list now appears in black, non-italicized letters, indicating it has been read.

CREATING A MESSAGE

You can create a new message by clicking the **New** icon on the Tool Bar, or by pressing **Ctrl+N**, or by following these steps:

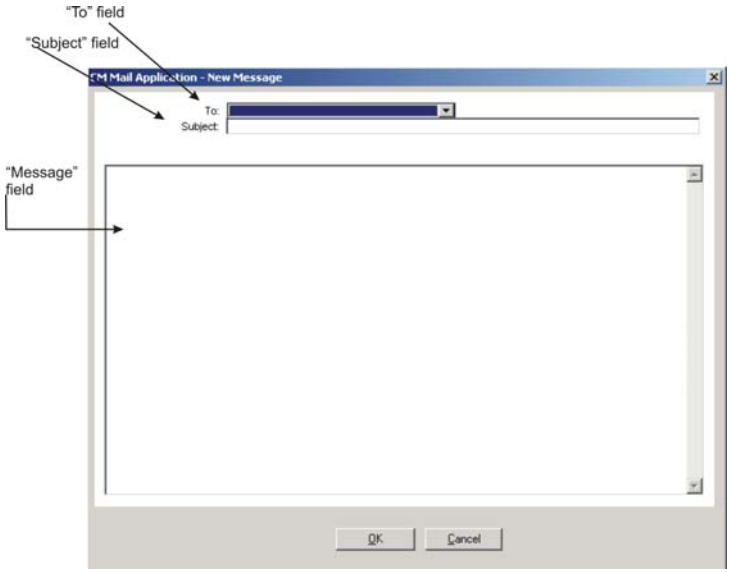
1. Open the **New Message** window by pressing the **Alt** key to activate the access keys for the **Menu Bar**. Notice the first letter for each word is now underlined.

2. Press **F** to display the **File** drop-down menu.

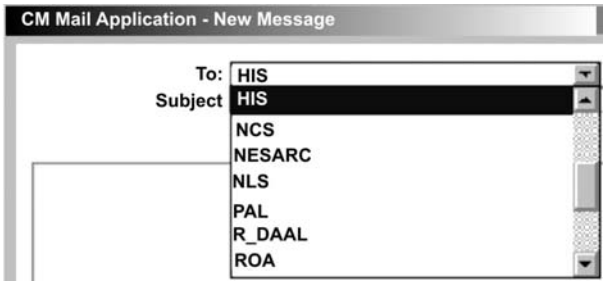
3. Type **N** to display the **New Message** window (or press **Enter** since **New Message** is highlighted) and the window (shown below) appears.

   The New Message window has three fields

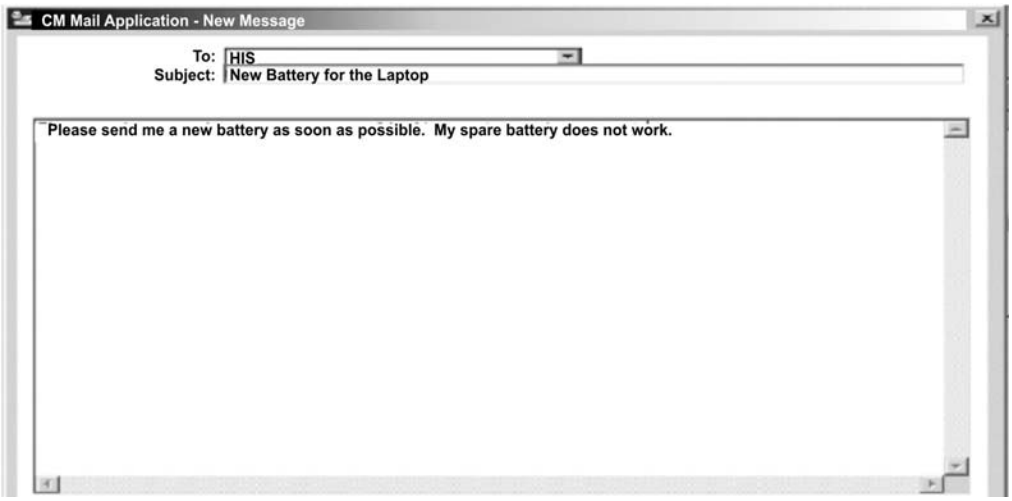
   - The **To** field, for the recipient of the message.
   - The **Subject** field, where you enter the topic of the message.
   - The **Message** field, where you enter the message text.



4. Click the down-arrow button in the “To” Field to see the list of possible recipients, each represented by a survey acronym. Select the desired recipient by using the up or down arrow key to highlight the survey name, and then press the Tab key for the survey name to appear in the “To” field. You can also click the survey name of the recipient and it will automatically appear in the “To” field.



5. Press the **Tab** key to move to the **Subject** field and type the subject of the message.



6. Press the **Tab** key to highlight the **OK** button, and then press **Enter** to save the message and close the **New Message** window.

   The saved message is stored in the **Outbox**. When you create a message, it stays in your **Outbox** until you send it or delete it. To send a message, you must make a transmission. Once mail messages have been transmitted, they will be moved to the **Sent** mailbox.

EDITING A MESSAGE

There may be times that you want to edit a message that has been created but not yet sent. Follow the steps below to edit a message

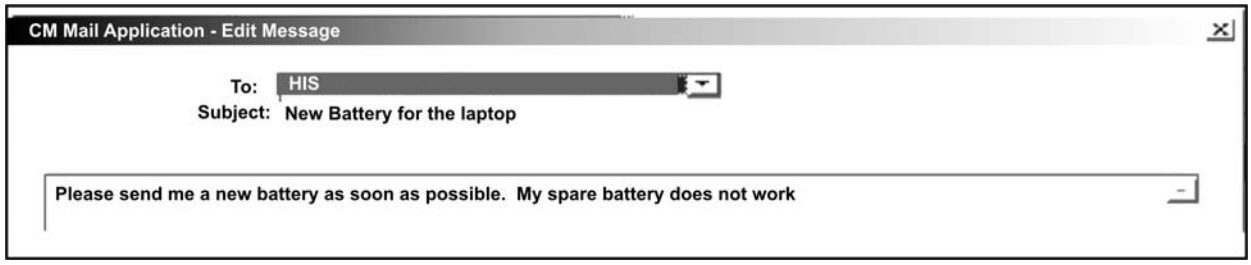
1. Press the **Tab** key until the Mailboxes pane is active.

2. Select the **Outbox**, press the **Tab** key to go to the **Message List**, then use the arrow keys, if necessary, to highlight the message you want to edit. The message text appears in the **Current Message** pane.

3. Press the **Alt** key to activate the **Menu Bar**. Notice the underlined letters in **File, Edit**, and **Help**.

4. Type **E** for **Edit.**

5. Type **E** again for **Edit Message**. The **Edit Message** window opens, with the fields filled with the data from the Current Message you selected. The **To** field is selected. You may change the information in any of the fields.



6. Press the **Tab** key to move from field to field. When you are finished, hold Alt + press O (for **OK**), or press **Tab** until the **OK** button highlights, and then press **Enter**. The edited message is stored in the **Outbox.**

DELETING A MESSAGE

You may delete messages from any of the mailboxes. If you delete a message from the Outbox, the message will not be sent. To save space, you should delete messages in the other mailboxes from time to time. When you delete a message from the Sent mailbox, you are deleting only **your** copy of the message. The recipient has the original.

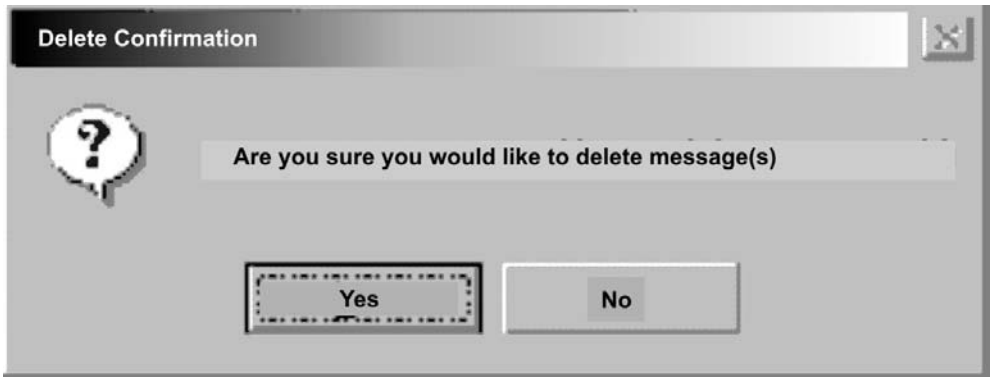
1. Activate the Mailboxes pane, if it is not activated. (When the Mailboxes pane is active, a specific mailbox is highlighted.)

2. Select the mailbox which contains the message you want to delete.

3. Tab to the message list and use the arrow keys to highlight the message you want to delete.

4. Press the **Delete** key.

5. The **Delete Confirmation** dialog box appears (shown below).



6. The default is **Yes**. Press **Enter** to delete the message.

   If you decide you don't want to delete the current message, press **Tab** to highlight the **No** button and then press **Enter** (or just press the **N** key).

EXITING THE MAIL APPLICATION

Press F10 to exit the Mail application.

PART F
SECTION 6

CASE MANAGEMENT

Topic	Page
Opening Case Management Using the Keyboard Method	F58
Opening Case Management Using the Point and Click Method	F59
Windows Case Management Functions	F59
Main Case Management Screen	F60
Title Bar	F60
Menu Bar	F60
Tool Bar	F60
Pane Title Bar	F62
Case List Pane	F62
Details Pane	F62
Using the ‘Rte’ Field	F63

Case Management

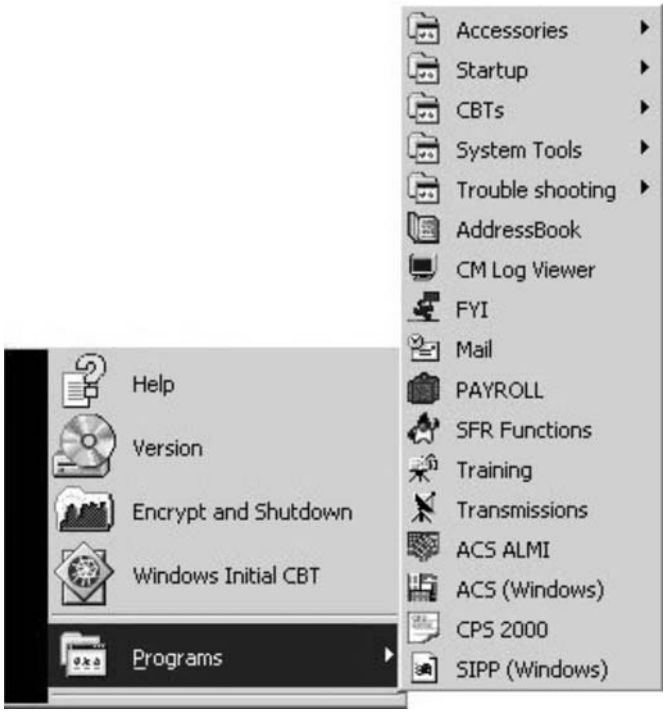
"Case Management" is the generic term for the application program that controls your assignments in each of your surveys. When you open a survey, your FR Laptop System opens the Case Management.

You'll open all surveys the same way – from the Desktop, using either the keyboard method or the point-and-click method.

OPENING CASE MANAGEMENT USING THE KEYBOARD METHOD

1. Press the **Windows** key to open the Start menu.

2. Type **P** to open the Programs submenu.



3. Type the first letter of the survey until the one you want is highlighted on the Program submenu, and then press Enter to open Case Management. *(If more than one item starts with the same letter, you may have to type the letter more than once.*

OPENING CASE MANAGEMENT USING THE POINT AND CLICK METHOD

1. Move the pointer on top of the survey icon on the Desktop.

2. Using either left-click button, double-click the icon.

WINDOWS CASE MANAGEMENT FUNCTIONS

Each survey has its own procedures, and for those you'll refer to your survey-specific training materials.

Because the Census Bureau intends to convert most of its surveys to Windows, the rest of this chapter discusses some of the Case Management functions that apply to all Window surveys.

MAIN CASE MANAGEMENT SCREEN

TITLE BAR

The topmost bar is the Title Bar. This area shows the title of the current program. This area is informational only and has no function. The Minimize, Maximize/Restore, and Close buttons are also found on the Title Bar and are located on the top right.

MENU BAR

The Menu Bar contains a few menus which, when clicked, will display various functions to apply within Case Management. For example, if you click the File menu and then select the 'Exit' option, you will exit the Case Management program.

TOOL BAR

The Tool Bar contains twelve buttons, most of which you can use to invoke many of the Case Management functions. All the functions available from these buttons are also available from the Menu Bar. Not all functions are available for every survey. Those functions which are not available are greyed out.

F1 Help

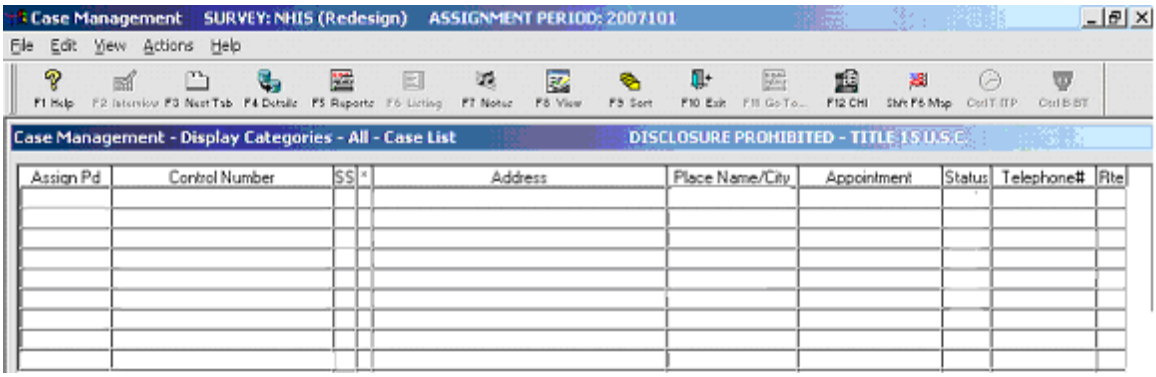
Displays the Help information about the active window.

F2 Inteview	Opens the selected case so you can interview the respondent.
F3 Next Tab	Controls the display at the bottom half of the Case Management screen by moving you from tab to tab.
F4 Details	Activates the Details (bottom) pane. Toggles to Case List, to let you return to the Case List (top) pane.
F5 Reports	Displays the CM Report Selection dialog box, in which you choose the report(s) you want to view. **Counts Report** - lists your total number of cases for the particular survey, as well as case counts in a wide variety of categories. **Response Rate Report** - shows you the number of interviews you've conducted so far, and computes a response rate for you.
F6 Listing	Opens the selected case so you can perform listing tasks.
F7 Notes	Displays the Notes field for the selected case. You may edit previous notes and create new ones.
F8 View	Activates the Display Category Selection dialog box, in which you choose the category of cases you'd like to see. This lets you look at a shorter list of cases – only those which fall into the category you choose – or at a list of all your cases.
F9 Sort	Sort lets you list cases by a new sort or default sort. To specify a new sort, go to the Sort dialog box and set the sorting options. You can further specify the sort order of ascending or descending. Default sort resets sorting to the default for that survey. You can also sort by clicking a column heading.
F10 Exit	Close Case Management.
F11 Go To	Takes you to a different (higher or lower) level of information for the selected case.

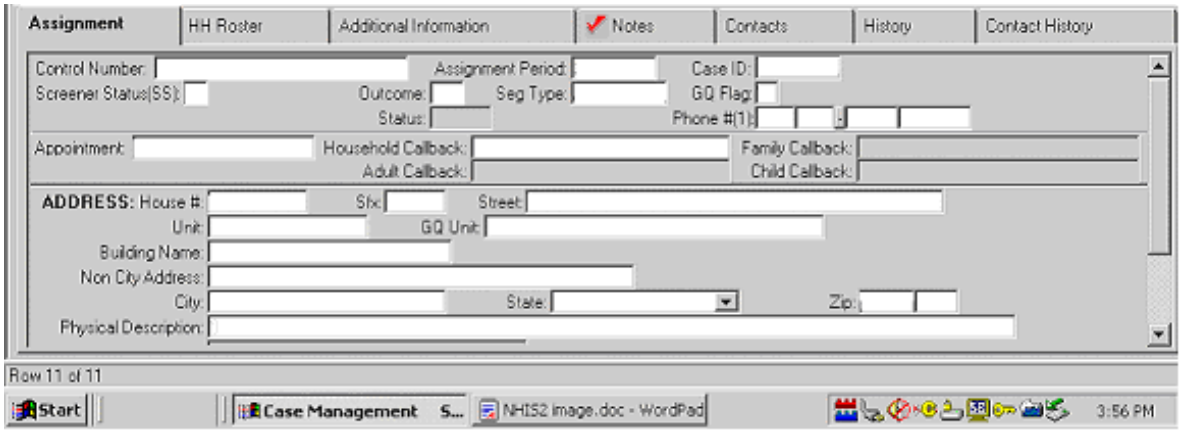
F12 Calls the Contact History Instrument (CHI). Not active in all surveys.

PANE TITLE BAR The Pane Title Bar is directly under the Tool Bar. This area identifies which pane is active (Case List or Details), and contains the confidentiality reminder.

CASE LIST PANE The Case List Pane is the area in which you select a case to work with.



DETAILS PANE The Details Pane provides more information (detail) about whichever case you selected in the Case List Pane.



USING THE 'RTE' FIELD

The last field of the Case List pane is called ***Rte***, and it's for your use to plan your route for the day. You can note in the ***Rte*** field the order in which you plan to visit each case – just click in the ***Rte*** field and type the number. Then, click the column heading, and your cases will sort for you in the order you established.

Note: Be sure to save your changes to the *Rte* field (Ctrl + S) before exiting Case Management.

Shortcut Keys

Windows provides many keyboard shortcuts. To get a list of shortcut keys that work in the program you're running, access the online Help program.

PART F
SECTION 7

PAYROLL

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Opening the Payroll Application Using the Keyboard	F65
Opening the Payroll Application Using Point-and-Click Method	F66
Closing the Payroll Application	F66

USING WINFRED

WINFRED is used to record all your time and attendance related activities. After finishing your survey work, on a daily basis, you will key into WINFRED the hours you worked, the miles you drove while working, and claims for any other expenses (reimbursements) that you incurred while working. When you save your data and exit WINFRED, the program creates a new payroll file. Your payroll file will be transmitted automatically when you do your preset transmission for the day. Therefore, it is very important that you enter your T&A data into WINFRED and transmit your payroll **EACH DAY** that you work.

OPENING THE PAYROLL APPLICATION USING THE KEYBOARD

1. Press the **Windows** key.

2. Type **P** for **Programs**.

3. Type **P** for **Payroll**.

The **WINFRED** Main Menu appears. Make entries in **WINFRED** according to payroll procedures.

OPENING THE PAYROLL APPLICATION USING POINT-AND-CLICK METHOD

1. Move the pointer on top of the **Payroll** icon on the Desktop.

2. Using the left click button, double-click on the icon. Once you are in the application, you can no longer use the pointer.

CLOSING THE PAYROLL APPLICATION

1. From the Main Menu, use the down-arrow to highlight **Create Payroll File and Exit WINFRED**.

2. Press **Enter** to exit the application.

PART F
SECTION 8

TROUBLESHOOTING

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LAPTOP PROBLEMS

You may encounter problems when using your laptop. Some are relatively easy to identify and resolve. Others may require assistance from your supervisor or a laptop technician in the RO.

This section aims to help you resolve many problems yourself without additional help. It covers the problems you are most likely to encounter.

It is difficult to provide a fail-safe set of steps you can follow every time you experience a problem with the laptop. Your ability to resolve problems will improve as you learn how the laptop and the software application work together. Get familiar with the Windows Laptop User's Guide, 11-7(WIN). As you resolve your problems, make notes in the Notes section, so you will have the solution(s) if you should encounter the problem again.

TROUBLE-SHOOTING

The more you work with your laptop, the greater the chance is that you will encounter one or more of the following problems. Don't panic! You can resolve most of them easily.

FORGOTTEN PASSWORD RECOVERY

If you forget your Safeboot and/or Entrust passwords, you will not be able to perform your work on the laptop because files you need are encrypted.

If you forget your Safeboot password, please call TMO/TAC (Technical Assistance Center) at 1-301-763-4357 at Headquarters.

You can do the following to recover your Entrust password:

1. When you are at home where you have access to your modem, you can recover your password through the use of a special type of transmission.

RECOVER PASSWORD

Before you begin, make sure you have your Password Recovery Information. This will be either Form 11-12(WIN) or Form 11-15(WIN), Password Recovery Information. This document contains your original password, which you'll need to complete this procedure.

1. Connect your computer to your telephone line as usual for making your nightly transmission.

2. Log in as instructed in Section 11.2, bypassing the Entrust Login screen.

3. Open the Troubleshooting folder, either by double-clicking it on the Desktop or by pressing the **Windows** key, then **P** for **Programs**, then **T** until **Troubleshooting** highlights, then **Enter**.

4. From the Troubleshooting folder or submenu, select **Recover Password**.

5. You will see a warning message instructing you to use this application **only** if you really need to recover your password. Press **Tab** to highlight **Yes**, and then press **Enter**.

6. The **Recover Password** application dials into the Headquarters Connect Remote server and makes a short transmission which copies your original Entrust files to your laptop.

7. When the transmission ends, the **Recover Password** application attempts to copy your original profile to the proper locations on the laptop. If you receive any error messages, notify your supervisor or your ROCS and report the exact error message(s), word for word.

8. If the password recovery is successful, you will see a message telling you that your profile has been successfully recovered. Press **Enter** to acknowledge the message and then complete the password recovery process using the next few steps.

9. Log off by pressing Ctrl+Alt+Delete and typing **L** to **Log Out**. At the message "This will end your Windows NT session," press **Enter** to say OK.

10. At the Entrust Login screen, type that password and press **Enter**. Refer to your Password Recovery Information for your original Entrust password (either Form 11-12(WIN) or Form 11-15(WIN).

11. You will see a message about "Working offline..." Move the pointer to the little box next to "Don't show this message again" and single-click in that box to check it. Press **Enter** to select **OK**.

12. It is quite likely your original password will have expired when you log in. If you see a message indicating that your password has expired, enter the original password at **Current Password**, then enter a new password in the **New password** field. Enter the new password again in the **Confirm new password** field. If each rule except the last has a green check mark next to it, your password is okay. Press **Enter** twice.

13. You will see an **Entrust Security Warning Entrust/Sign on** message. Press the **Y** key for **Yes** or click on the **Yes** button.

14. You will see a **Login Information** screen with User name filled in with **fr**. Enter **fieldrep** in the Password field and press Enter.

15. You will see an **Entrust Security Warning Entrust/Ice(TM)**. Press the **Y** key for **Yes** or click on the **Yes** button.

16. Then another **Entrust/ICE - User Settings** message box appears. Press **Enter**.

17. Your login should proceed as normal.

SOFTWARE PROBLEMS

Now for some error messages/special conditions and how to handle them.

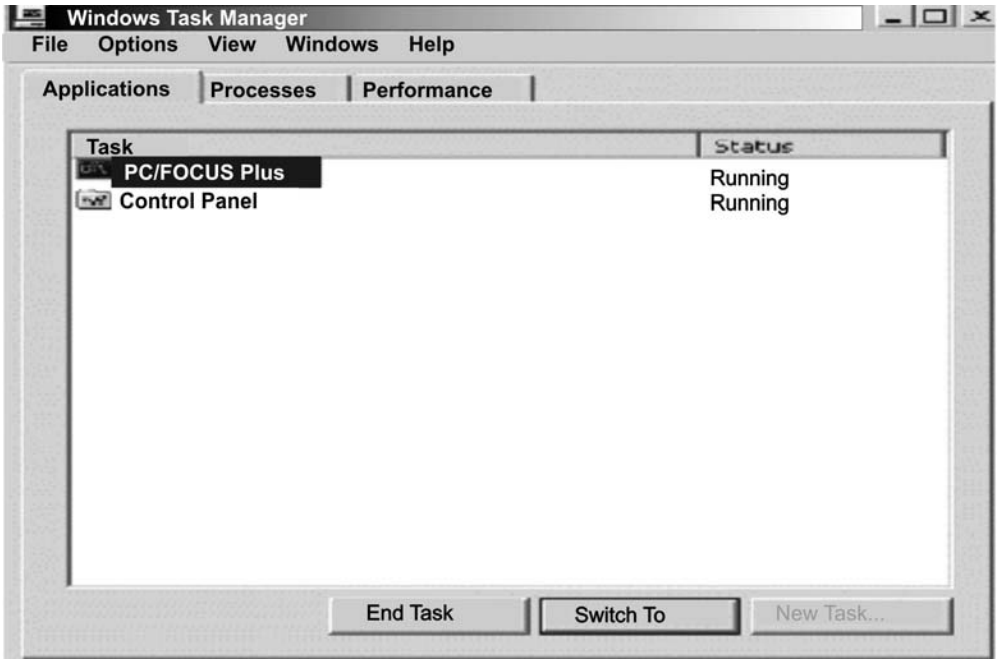
A PROGRAM STOPS RESPONDING

If you are working with a program and suddenly all operations freeze, the program has probably stopped responding. You can exit the failed program without shutting down the laptop.

To close a program that has stopped responding:

1. Press Ctrl+Alt+Del once. The Entrust Security dialog box appears. Select the **Task Manager** option by typing **T** or by clicking the **Task Manager** button. The Windows **Task Manager** appears. Click on the applications tab to get a list of all the programs and processes currently in operation.

   If a program has stopped responding, the words "not responding" appear beside its name in the list, instead of **Running** as shown in the illustration below. Do not continue unless the status is **Not Responding**.



2. Use the ‘up or down’ arrow key to select the program you want to close.

3. Press the **Tab** key until the **End Task** button has a dotted line around it, and then press **Enter** (or single-click the **End Task** button), then select **End Now**. Closing the failed program should allow you to continue working in other programs. If it does not, continue with Step 4.

4. Close the remaining open programs.

5. Press the **Esc** key to exit the Task Manager.

6. If the system still is not responding, shut down the laptop and start it up again.

PREVENTATIVE MAINTENANCE

Just as you take care to keep you and your family healthy, and your automobile in good working condition, it’s important that you take care of the Dell Latitude D400 laptop computer that has been assigned to you. If you fall ill or your automobile breaks down, then you can’t perform your job.

Similarly, if your laptop computer fails or functions improperly, you can’t perform your work. Since the laptop computer is an electronic machine, this means that you must prevent problems before they occur.

Additionally, by keeping the laptop computer in good working condition, you are helping the government from spending more money. The Dell Company has included a very comprehensive warranty coverage program with the purchase of the Latitude D400 laptop computers. It provides for the repair or replacement service for accidental damage including drops and liquid spills. But it excludes theft, loss, or damage due to fire or intentional acts. Any repairs or replacements that are excluded from this warranty program are an extra cost to the government.

LAPTOP COMPUTER SCREEN DOs AND DON'Ts

This section provides a list of dos and don'ts to help you keep the laptop computer functioning properly. Keep these in mind as you go about your daily Census Bureau work, and you will avoid unnecessary delays and phone calls to your regional office, as well as help the government save money.

1. Do wipe the screen with a soft, lint-free cloth, but do not use abrasive soap, alcohol, or other harsh chemicals.

2. Do not place heavy or sharp objects on the computer lid.

3. Do not press any hard or sharp objects (pens, pencils, knives, or fingernails) into the computer screen surface.

4. Do not close the computer lid if there are any solid or thick objects (pens, pencils, a stack of function key templates) on the keyboard area.

LAPTOP KEYBOARD AND TOUCHPAD DOs AND DON'Ts

1. Do eat a good breakfast or lunch, but don't do it near the laptop computer.

2. If you ignored the above, then do brush food particles, eraser bits, and other particles from the keyboard.

3. Do wipe up any liquid spills immediately.

4. Do use as light a touch on the keys, touchpad, and pointing stick as necessary for it to respond. If you have to press very hard on any of these, then something is wrong, and the computer must be repaired.

5. Do not place cups, mugs, or other drinking vessels near the laptop computer. One foot away is probably too close.

6. Do not spray cleaning fluids on the keyboard or touchpad. If you must clean up any dirt or oil, then moisten a soft cloth with light soapy water, wipe softly, and follow-up with a soft dry cloth.

HOLDING OR PLACING THE LAPTOP COMPUTER DOWN DOs AND DON'Ts

1. Do remember if you have placed the computer on the roof or hood of your automobile. More than one laptop computer has slipped off and been run over by Field Representative's cars and the warranty program doesn't cover this type of damage. Don't let the next one be yours.

2. Do place the laptop computer on the floor of your automobile while driving. Sudden stops have caused laptops to fly off passenger seats.

3. Do carry the laptop computer in the carry bag, especially during inclement weather. The bag will help protect the computer in case you slip, fall, or lose your balance and your hands will be free to hold an umbrella.

4. Do not place the laptop computer on top of a stack of magazines, newspapers, or books.

PROBLEMS WITH POWER AND BATTERIES

Your laptop receives its power through the AC/DC adapters or from the battery. Power problems are interrelated; for example, a faulty AC adapter will neither power the laptop nor recharge the batteries. Here are some typical problems and how to resolve them.

If Your Laptop Will Not Turn On

If your laptop will not turn on, disconnect the AC adapter, remove and reinsert the battery, then try turning your laptop on.

If Your Laptop or a Device Connected to it Isn't Working Properly

Try This Procedure First:

1. If you are running the laptop on battery power
   a. Try connecting to electrical power (the problem could be the battery).
   b. Check that you have sufficiently charged the battery.
   c. If the equipment is still not working properly, call your supervisor.
2. If you are running on electrical power
   a. Shut down the laptop and all peripheral devices connected to it.
   b. Plug another electrical device, such as a lamp, into the wall outlet to check the power source.
   c. Check that you plugged in the power cord firmly.
   d. Reconnect peripheral devices. Loose cables can cause signal errors. Check that all cables connecting peripheral devices to the laptop are correctly and firmly attached.
   e. Turn the laptop on.

AC Adapter Light Doesn't Come on When You Plug in the AC Adapter

Make sure the AC adapter is firmly plugged into the wall outlet or the AC adaptor to the surge protector to the wall outlet. If the AC adapter light still does not come on, check that the wall outlet or the modem surge protector is working properly by plugging in another electrical device, such as a lamp. If this fails, check to make sure that the outlet is not controlled by a wall switch that could be in the off position. NEVER plug your laptop into an outlet controlled by a dimmer switch, because it is a serious fire hazard.

AC Adapter Works Correctly, But Battery Won't Charge

1. The battery may not be inserted correctly in the laptop. Shut down the laptop and remove the battery. Clean the battery contacts with a soft cloth dipped in alcohol, and replace the battery.

2. If the battery status light flashes orange or it is a steady orange, the battery charge is low or depleted. Connect the computer to an electrical outlet.

3. If the battery status light flashes green and orange, the battery is too warm to charge. Shut down the computer, disconnect the computer from the electrical outlet, and then let the battery and computer cool to room temperature.

4. If the battery status light rapidly flashes orange, the battery may be defective. Shut down the laptop, remove the battery and replace it with another battery.

Battery Appears Not to Power the Laptop for as Long as Usual

1. Was the battery fully charged to begin with? This would affect how long the charge lasts.

2. If you frequently recharge a partially charged battery, the battery life will suffer.

TAKING CARE OF YOUR LAPTOP'S BATTERY

The life of a laptop battery will vary with your laptop usage habits. You should expect between two and three hours of use from your laptop battery. These are average numbers and they will vary greatly depending on your system's settings, the temperature of the room, and the climate in which you are operating your laptop.

The primary thing to consider when troubleshooting battery problems is your battery usage habits.

Usage Habits

Your peripherals require power to function. Whenever possible, run your laptop on AC power when the external CD/DVD ROM drive is attached.

The more you run your laptop on battery power with this device attached, the more of the battery's power you will use.

Power-Saving Tips for Your Battery

1. Adjust the screen's brightness to the lowest level that will allow you to view it comfortably. The fluorescent tubes that light your screen draw significant power from the battery. Lowering the brightness level of these fluorescent tubes saves battery power. The Fn+up arrow and Fn+down arrow keys let you adjust the brightness level.

2. Put your laptop into hibernation (or shut it down) if you won't be using it for 30 minutes or more. This will save battery power.

3. Remove the battery when you store your computer for an extended period of time. A battery discharges during prolonged storage.

4. After a long storage period, recharge the battery fully before you use it.

PROBLEMS WITH DISK DRIVES

Problems with the hard disk or with the CD/DVD ROM external drive usually show up as an inability to access the disk or as sector errors.

Trouble Accessing A Drive

1. Make sure you are identifying the drive by its correct name.

2. Make sure you connected the external Module Bay cable securely to the Module Bay connector.

The Drive Can't Read a CD/DVD

1. Try another CD/DVD. If the drive reads the second CD/DVD, the first CD/DVD (not the drive) is probably causing the problem.

2. Make sure the CD/DVD is placed with the correct side facing up. The label side should be facing up.

MODEM PROBLEMS

The following lists common modem problems.

1. Make sure the RJ-11 cable (the one that goes from the laptop to the modem surge protector) is firmly connected to the laptop's RJ-11 jack and surge protector.

2. Also make sure the RJ-11 cable from the modem surge protector to the wall outlet is firmly connected.

3. Make sure the line has a dial tone. Connect a telephone handset to the line to check this.

4. The system at Headquarters may be busy or off-line. Wait a minute and try again.

5. Make sure your Dial Setup options are correct. Power off and Power on the laptop before trying another transmission.

DISPLAY PROBLEMS

The following lists common problems with the display screen.

Laptop is On but Screen is Blank

1. Press the spacebar or tap the touch pad to see if the laptop is in power-saving mode.

Screen is Difficult to Read

2. Press Fn+up arrow or Fn+down arrow to adjust the display brightness.

Closing the Lid While Working in the Instrument

If you are working in the instrument and you shut the lid on the computer, when you open the lid again, the screen remains completely black even though the power is still on.

To "refresh" the screen, press the **ALT key** + **Enter** + **Enter** (press the Enter key twice). This will refresh or repaint your screen back to where it was before you closed the lid on your Dell D400.

VOLUME IS TOO LOUD OR TOO SOFT

Press Fn+ page up or Fn+ page down to adjust the volume on your laptop.

PART F
SECTION 9

PERSONALLY IDENTIFIABLE INFORMATION

Topic	Page
Instructions for Notification of Loss of Personally Identifiable Information (PII)	F82

INSTRUCTIONS FOR NOTIFICATION OF LOSS OF PERSONALLY IDENTIFIABLE INFORMATION (PII)

The Census Bureau takes our pledge of confidentiality and the protection of our respondent's personal data very seriously. As a Census Bureau Senior Field Representative or Field Representative who gathers information from households, it is important that you take preventative measures and follow all procedures to ensure the security of all Personally Identifiable Information (PII) on your laptop and any other device you have in your possession.

These instructions provide procedures to follow in the event that personally identifiable data is lost or stolen. You should report all incidents involving personally identifiable information in electronic or physical form and should not distinguish between suspected and confirmed breaches.

Keep these instructions somewhere that is easily accessible in case you need to report an incident, which involves a loss of personally identifiable information. **DO NOT** keep this sheet with your laptop or store it in your laptop carrying case.

IF A CENSUS BUREAU LAPTOP CONTAINING RESPONDENT DATA IS MISSING, LOST, OR STOLEN, YOU MUST:

1. Notify the BOC Computer Incident Response Team (CIRT) directly within **ONE HOUR** of discovering the incident. **Call the BOC-CIRT at 1-877 343-2010.** They can be reached 24 hours a day, 7 days a week.

2. Notify local law enforcement if your laptop is stolen. For example, a car break-in, house burglary, etc.

   Make sure you complete a police report and get a copy of it.

3. Notify your Regional Office as soon as possible. If it is not during business hours, leave a voice mail message. They will assist you in completing the necessary paperwork.

PROVIDE THE FOLLOWING INFORMATION TO THE BOC-CIRT:

- Your Name
- Your Phone Number
- Regional Office
- Date of Incident
- Time of Incident
- What was lost or stolen - This could be anything containing personally identifiable information, such as a laptop or any other Census device.
- What happened?
- Were the data encrypted? *You will answer, "Yes" to this question. Your laptop is definitely encrypted.*
- Was it password protected? *You will answer "Yes" to this question if you are reporting a lost or stolen laptop. Your laptop is definitely password protected.*

  You will answer "No" for all other types of media containing PII.

APPENDIX
NHIS CAPI VALID OUTCOME CODES

OUTCOME CODE	DESCRIPTION
200	New case, not started
201	Complete interview
202	Accessed instrument, no progress
203	Sufficient partial interview, no follow-up
204	Insufficient partial interview, follow-up needed
205	Sufficient partial interview, follow-up needed
	TYPE A
213	Language problem
215	Insufficient partial
216	No one home, repeated calls
217	Temporarily absent, no follow-up
218	Refused
219	Other Type A
220	Temporarily absent, follow-up possible
	TYPE B
223	Occupied entirely by Armed Forces members
224	Occupied entirely by minors
225	Occupied entirely by persons with URE
226	Vacant, nonseasonal
228	Unfit or to be demolished
229	Under construction, not ready
230	Converted to temporary business or storage
231	Unoccupied site for mobile home, trailer or tent
232	Permit granted, construction not started
233	Other Type B
235	Vacant, seasonal
236	Occupied - screened out by household
	TYPE C
240	Demolished
241	House or trailer moved
242	Outside segment boundaries
243	Converted to permanent business or storage
244	Merged
245	Condemned
246	Built after April 1st 2000 (4/1/2000)
247	Unused line of listing sheet
248	Other Type C
256	Removed during subsampling
257	Unit already had a chance of selection
290	Spawned in error

PART G

National Health Interview Survey

Frequently Asked Questions (FAQs)

PART G
Frequently Asked Questions (FAQs)

Topic	See Page
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Family Questionnaire FAQs	G8
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PART G
SECTION 1
Front and Recontact FAQs

Topic	See Page
Future Contact	G3
Telephone Questions	G3
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Front and Recontact FAQs

FUTURE CONTACT

Q: How should an FR answer the common respondent question "Why would you contact us again in the future?"

A: If a respondent asks why he/she would be contacted again in the future, a FR may tell the respondent that he/she could be contacted again for quality control purposes or to participate in another survey. For example, an FR could say, "To evaluate the quality of my work for quality control purposes, my supervisor may call with a few questions."

Q: For RECINTRO, "The United States Public Health Service may wish to contact [you/your family] again to obtain additional health related information" why is United States Public Health Service used? A recommendation was made to change "United States Public Health Service" to "Centers for Disease Control and Prevention" to have more influence in getting the respondent to participate.

A: At this point, no changes to the question wording are anticipated.

Q: The question CPNAME11 asks for the first name of the "first relative or friend who would also know where [you/your family] could be reached, in case we have trouble reaching you." When this question is refused, there should be one answer option to refuse this question that would skip directly to CINFO, "If we need to contact [you/your family] again, when are the best times to call or visit?" instead of having to enter CTRL-R at CPNAME11, CPNAME12, and CPNAME13, which ask for the contact person's first, middle, and last names respectively.

A: This question is programmed this way intentionally, in order to allow for the possibility that the respondent would refuse to give a first name but would provide a last name. If all three name fields are refused, the instrument does not go on to ask for address, phone number or relationship information.

TELEPHONE QUESTIONS

Q: Could the telephone questions be moved to the end of the survey after a considerable amount of rapport has been established with the respondent?

A: The responses to these questions are important in assessing

questions about the sample frame for telephone surveys and have been reported at many professional conferences. NCHS does not want to move these questions to the end of the survey because the lower response rate would limit the ability of the questions to assess coverage issues related to telephone surveys.

Telephone studies use random digit dialing to draw a sample. However, some households do not have a telephone and thus could not be drawn into the sample. Information from personal visit surveys provides information on the proportion of households without telephone service and the characteristics of such households.

Q: What is the purpose of asking phone questions in the NHIS? How is this relevant to the type of data NCHS is collecting?

A: Phone questions are included in the NHIS in order to help NCHS make adjustments to the phone surveys that they conduct.

Q: The question WRKCEL, "How many working cell phones do you or people in your family have?" is asked before the household roster information is collected. Is this question asking how many cell phones are in the household or how many cell phones are in a particular family?

A: The respondent should provide an answer based on how many working cell phones are in their family.

F10

Q: In correspondence with the emphasis of the proper use of F10 in the 2007 NHIS training materials, it was suggested that the instrument should be programmed not to accept F10 in the Recontact section.

A: The instrument is programmed to accept F10 in the Recontact section so FRs can exit the instrument due to an emergency. We would like FRs to avoid using F10 in the Recontact section if at all possible.

PART G
SECTION 2
Household Composition FAQs

Topic	See Page
Cohabitation	G6
Date of Birth	G6
Interviewer Notes	G7
Categorizing Race	G7

Household Composition FAQs

COHABITATION

Q: In a scenario where a girlfriend and boyfriend are cohabitating partners and they also live with the boyfriend's biological brother, who should the household reference person be? If everyone is available and qualifies, is there a preference for one family or two?

A: The FR manual describes the reference person as the person or one of the persons, equal to or greater than the age of majority for their state of residence, who owns or rents the sample unit, and who is generally the first person mentioned by the respondent in the household roster. If more than one household member owns or rents the sample unit, or if none of the household members owns or rents the sample unit, designate the oldest household member as the reference person.

There is not really a preference for one family or two. The determining factor is how the household members see their relationships:

- If the cohabitating brother is the owner/renter of the sample unit, the girlfriend would be coded as "02 Unmarried partner" and the brother would be "08 Brother/sister (biological/adoptive/in-law/step/foster), yielding one family.

- If the non-cohabitating brother is the owner/renter and says the girlfriend is the partner of his brother, the girlfriend would be coded as "12 Other relative", yielding one family.

- If the girlfriend is the owner/renter and considers her boyfriend as a partner "02" and the brother as her partner's brother "12 Other relative," there would again be one family.

DATE OF BIRTH

Q: It was suggested that just asking for the date of birth to find out the household member's ages would be sufficient. The date of birth could be verified, and the instrument could automatically calculate the age based on the given date of birth.

A: NCHS would prefer to continue asking both age and date of birth. Each serves as a check on the other, especially when one person is asked for the information for other members of the household.

INTERVIEWER NOTES

Q: Should the respondent's real name be noted in the F7 notes or inotes when the respondent wants to use an alias?

A: If the respondent wishes to remain anonymous, it is not appropriate to record the respondent's real name anywhere in the instrument.

CATEGORIZING RACE

Q: At the RACE screen, "What race or races [do you consider yourself/ does he consider himself/ does she consider herself] to be," persons of Haitian and Jamaican descent often do not consider themselves to be category 2 (Black/African American) and choose category 16 (Some other race) which may cause them to screen out of the interview. In this situation, how should an answer be recorded at the RACE screen?

A: Race is to be defined by the respondent. Do not suggest an answer to the respondent and do not try to explain or define any groups. Also, do not draw any conclusions based on personal observation. If the respondent chooses category 16, this category should be recorded in the instrument.

However, since it is important to NHIS screening that all Black/African Americans be identified, enter 2 (instead of 16) if the respondent specifically responds with Afro-American, Haitian, Jamaican, West Indian, or any other Sub-Saharan African country of origin.

PART G
SECTION 3
Family Questionnaire FAQs

Topic	See Page
Categorizing Limitations	G9
Armed Forces	G10
Family Income	G10

Family Questionnaire FAQs

CATEGORIZING LIMITATIONS

Q: What category should be chosen at LAHCC [What conditions or health problems cause (Sample Child's name) limitations?] for dyslexia: developmental problem or learning disability? Since learning disabilities are prevalent among children, why doesn't LAHCC ask for specific learning disabilities?

A: Dyslexia should be categorized as a "learning disability" at LAHCC. The survey does not ask for specific learning disabilities because there was an effort to limit the total number of separate categories on this screen.

Q: How should autism be classified at LAHCC: "(8) other developmental problem" or "(90) Other impairment/problem?" To ensure accuracy and consistency in keyed in responses, could a guide with detailed descriptions of the conditions be provided?

A: Autism should be classified as "(9) Other mental, emotional, or behavioral problem" at the LAHCC screen. Part C, Section 4 (pages 28-31) of the 2008 FR Manual provides lists of conditions from the children's conditions screen (LAHCC) and the adult conditions screen (LAHCA). The list from the adult conditions screen is further broken down into other conditions or health problems a respondent may provide that fit within the listed categories. For example, the FR Manual shows that "blindness" should be categorized as "(1) Vision/ problem seeing" at LAHCA. Presently, the list of children's conditions in the FR Manual is not further broken down into other conditions or health problems that fit within each category, like the list of adult conditions. Therefore, expanding the children's conditions list to include descriptions is being considered to help FRs better understand how to classify a respondent's answer at LAHCC.

Q: Could the list of conditions on the LAHCA [What conditions or health problems cause (subject's name) limitations?] screen be alphabetized to make it easier to locate each condition quickly?

A: Currently, the most frequent responses are included at the top of the list of conditions at the LAHCA screen. NCHS has explored alphabetization with topic specialists in the past, but the decision was made not to make changes until new

approaches could be tested in a field pretest.

ARMED FORCES

Q: Should an FR note be added to the question text of FMILTRY (Have you ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?) as a reminder for FRs to emphasize "U.S." in this question?

A: The question as worded is adequate and therefore there is no need to add an FR note.

FAMILY INCOME

Q: A recommendation was made to raise the maximum limit for the monetary value allowed at FINCTOT, "What is your best estimate of [your total income/the total income of all family members] from all sources, before taxes, in 2009?" for those respondents who report a total income higher than $999,995.

A: At this income level the frequency of responses is so small that a revision is not warranted.

Q: It was suggested that when using the calculator to obtain a total of the family income, it would be beneficial to have the total automatically transferred to the data entry box for FINCTOT (What is your best estimate of [your total income/the total income of all family members] from all sources, before taxes, in 2009?)

A: This functionality is in developmental stages. NCHS has expressed interest in testing this feature once it becomes available.

Q: Why does the survey ask FINCTOT, which collects the total combined family income, when information about earnings has already been gathered at ERNYR (What is your best estimate of your earnings before taxes and deductions from ALL jobs and businesses in 2009?) for all adults in the family who worked for pay during the previous year?

A: **ERNYR** asks about earnings from jobs or businesses for each person, individually, over the age of 18, only if they indicated that they had a job or business during the previous calendar year. ERNYR **ONLY** includes wages and salaries.

FINCTOT asks about the total COMBINED family income,

regardless of age or employment status, for all family members, collectively, from ALL SOURCES (e.g. Social Security, retirement, child support, etc.) in addition to any wages or salaries earned.

PART G
SECTION 4
Sample Child Questionnaire FAQs

Topic	See Page
Sample Child Age	G13

Sample Child Questionnaire FAQs

SAMPLE CHILD AGE

Q: At what age does a baby, under age one, get deleted from the family roster?

A: A baby will be deleted from the family roster if he/she was born on or after the start of the interview week.

PART G
SECTION 5
Sample Adult Questionnaire FAQs

Topic	See Page
Self Employment	G15
Permanent Teeth	G15
Doctor Visits and Procedures	G15
Giving Blood	G16
Flu Vaccine	G16

Sample Adult Questionnaire FAQs

SELF EMPLOYMENT

Q: Should the name of the business be entered at WHOWRK (For whom did you work at your MAIN job or business?/Thinking about the job you held the longest, for whom did you work?) if the respondent is self-employed?

A: If the person is self-employed, ask if the place of business or establishment has a name (such as XYZ Barber Shop, ABC Construction, etc.) and enter this as their employer. If there is no business name, enter "self-employed," "own business," "family farm," etc.

PERMANENT TEETH

Q: What happened to the previous stem questions for LUPPRT (Have you lost all of your upper and lower natural (permanent) teeth?)?

A: These questions were simplified and LUPPRT is working fine. In 2004, only one tenth of one percent of respondents refused to answer LUPPRT, and fewer than that answered "don't know."

DOCTOR VISITS AND PROCEDURES

Q: Why does the survey ask ASRGYR (Have you had surgery or other surgical procedures either as an inpatient or outpatient?) if the respondent reports at AHCNOYR that they have not seen a doctor or other health professional during the past 12 months?

A: The complete question text of ANCNOYR reads, "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, dental visits, or telephone calls."

Because ANCNOYR does not include hospitalized overnight visits or dental visits, situations in which surgical procedures can be done, ASRGYR is asked even if respondent answers "No" at ANCNOYR.

Q: For AHCHYR, "DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?" should the respondent answer "yes" if

the care at home was received from a spouse, family member, or friend?

A: The respondent should answer "yes" if the spouse, family member, or friend is a nurse or other health care professional. If the spouse, family member, or friend is not a nurse or health care professional, the respondent should answer "no." The intention is to measure access to adequate care, so a trained professional, even if the person is a relative--paid or unpaid, would count.

Q: With the series of questions beginning at AHAYFYR, "DURING THE PAST 12 MONTHS have you been told by a doctor or other health professional that you had…Hay Fever? etc." what if the respondent was told two years ago that they had asthma, but they continue to have a prescription filled within the past 12 months? In this scenario, how should FRs proceed?

A: A recently renewed prescription for a condition counts as having the specified condition (e.g., asthma) in the past 12 months.

GIVING BLOOD

Q: For BLDGV, "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?" is selling blood considered the same as giving blood?

A: Yes, selling blood is considered the same as giving blood.

FLU VACCINE

Q: Why are older adults asked SPRFLUYR, "DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season. *Read if necessary: This influenza vaccine is called FluMist" if there is a cutoff at 49 years old?

A: All Sample Adults are asked this question. Sample Adults over the age of 49 who answer yes to this question will trigger a pop-up verification screen. This is to allow for the fact that although FluMist is not recommended for those over the age of 49, it is possible that someone over the age of 49 has received FluMist.

PART G
SECTION 6
NHIS Forms FAQs

Topic	See Page
Advance Letter	G18
Calendar Card	G19
Informational Resources	G19

NHIS Forms FAQs

ADVANCE LETTER

Q: Why must the Advance letter mention the time it takes to complete the survey and the respondent's Social Security Number when this may serve as a deterrent?

A: In order to conduct the NHIS, the National Center for Health Statistics (NCHS) must abide by specific protocol, which includes distributing an Advance Letter comprised of specific elements, such as the respondent's SSN. Here is an explanation as to why the components of the Advance Letter need to be included.

CDC holds a Federal wide Assurance with the Office for Human Research Protections, Department of Health and Human Services (DHHS), whereby the Centers for Disease Control and Prevention (CDC) agrees to abide by the requirements of Title 45, Part 46, Code of Federal Regulations for the Protection of Human Subjects (45 CFR 46).

Section 116 of the Federal Regulations provides the general requirements for informed consent. The section reads in part, …no investigator may involve a human being as a subject in research covered by this policy unless the investigator has obtained the legally effective informed consent of the subject…

Some of the elements of informed consent include the expected duration of the subject's participation, a description of the procedures to be followed, a statement that participation is voluntary and that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and an indication that the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

The elements of informed consent require a description of the purposes and procedures of the research. The Research Ethics Review Board (RERB) at NCHS makes a judgment about what must be included to satisfy this requirement. NCHS' RERB has decided that the Social Security number and the relation of the SSN with other data sources are such sensitive issues that they must be included in the letter.

In addition to specified elements of informed consent, the NCHS confidentiality officer also reviews the letter. Certain

statements have to be included to indicate the extent that the data will be shared with other researchers.

The RERB and the Confidentiality Officer of NCHS must sign off on the content of the letter. The RERB has the authority to halt survey operations if it feels the authorized protocol, including the letter, is not being followed. So the basic reason for including many parts of the letter is that this is the only way a survey can be conducted through NCHS.

Until a revised letter is approved by NCHS' RERB, NCHS must continue to use the existing letter. Using an RERB approved letter is a requirement for conducting the survey.

Q: A recommendation was made to use "Center for Disease Control and Prevention" (CDC) rather than "U.S. Census Bureau" on official documents in order to gain respondent participation. Some respondents think the U.S. Census Bureau only does the Decennial Census.

A: The NHIS currently makes reference to the CDC to the fullest extent possible.

CALENDAR CARD

Q: It was suggested that an erasable marker is needed to use the Calendar Cards most effectively.

A: The Regional Offices (ROs) have been authorized to reimburse FRs for buying their own erasable markers.

INFORMATIONAL RESOURCES

Q: Recommendations were made to develop more promotional materials for NHIS that FRs could use to gain respondent participation.

A: NCHS has developed a color glossy brochure, "The Principal Source of Information on the Health of the U.S. Population," that includes a basic description of the NHIS, selected results, and the uses of the NHIS.

PART G
SECTION 7
Case Management
Contact History Instrument (CHI)
Automated Listing and Mapping Instrument (ALMI) FAQs

Topic	See Page
Case Management	G21
Contact History Instrument (CHI)	G21
Automated Listing and Mapping Instrument (ALMI)	G21

Case Management
Contact History Instrument (CHI)
Automated Listing and Mapping Instrument (ALMI) FAQs

CASE MANAGEMENT

Q: It was suggested that NHIS adapt the functionality to allow SFRs to reassign cases remotely.

A: Headquarters would like to allow SFRs to reassign cases remotely and is actively pursuing making this change.

CONTACT HISTORY INSTRUMENT (CHI)

Q: In CHI, if a respondent calls an FR, should this be coded as "FR called" or "Other?"

A: In a situation where the FR calls the respondent to set an appointment or ask about the survey (but does not actually give an interview over the phone), the FR should enter "Contact with Sample Unit Member" at the CTSTATUS screen; enter "Unable to Conduct Interview" at the CTTYPE screen; enter "Other Specify" at the NONINTER screen, and enter that the respondent called them. If the FR set up an appointment, the FR should indicate this at the STRATEGS screen.

Q: It was suggested to program CHI so FRs would have the ability to go back and correct answers in previous entries.

A: There are no plans to change CHI at this time to enable this function. FRs should make any corrections while entering the information initially.

Q: If you drive by a house that is dark and looks like nobody is home, should you record this in CHI?

A: A CHI entry should be made for every contact attempt, not just successful attempts. The above scenario should be recorded in CHI as a noncontact.

AUTOMATED LISTING AND MAPPING INSTRUMENT (ALMI)

A: The Guide for Training FRs states, "The data set for each PSU only needs to be imported one time." The FRs indicated that every time they interview in a new area, an ALMI prompt asks them to "import now." Do FRs only need to import once or every time they receive a prompt?

Q: Each time an FR enters a new PSU, they have to import a new dataset. If the "new area" is a "new PSU" the FR should

follow the prompt and import the new dataset.

Q: Will the information previously included on the CAPI-35's ("track," "county," etc.) be available in ALMI?

A: County, tract and block are available for area segments in ALMI and laptop case management.

PART G
SECTION 8
Interview Concepts FAQs

Topic	See Page
Screener Cases	G24
Interview Period	G24
Interview Status	G25
Two-Week Reference Period	G25

Interview Concepts FAQs

SCREENER CASES

Q: Can screener cases be asked 3 to 5 questions related to health, so screened out respondents do not become defensive?

A: NCHS has considered this and understands that in some cases it may result in a more positive outcome but have not done so for two reasons. First, adding questions adds to the cost of the survey. Second, unless there is a clear analytic purpose for the questions, such as the study of the income and Social Security number questions, the Office of Management and Budget (OMB) and NCHS' Research Ethics Review Board (RERB) do not want the burden added to the survey.

INTERVIEW PERIOD

Q: Can the NHIS be started on a Saturday or Sunday, instead of Monday, to have a better chance of contacting respondents if given more opportunities to contact them during the times they are most likely to be home?

A: For the 2001 Quarter 4, 2002 Quarter 1, and 2002 Quarter 2 time frame (three quarters), we conducted a pilot test with the Atlanta Regional Office (RO), which expanded the traditional interview period.

This pilot test shifted the interview period to include three weekends instead of two weekends and allotted two extra days of interview time in the period. The traditional start day was a Monday and went until the third Wednesday (16 days). The Atlanta Pilot Test start day was Thursday and went until the third Monday (19 days).

We compared the response rates from this pilot test to the corresponding quarter in the prior year. Provided below are the results.

Atlanta - Pilot Test Interview Period Three weekends (19 days)			Atlanta - Traditional NHIS Interview Period Two weekends (16 days)			Difference in Response Rates
Year	Quarter	Response Rate	Year	Quarter	Response Rate	
2001	4	90.18%	2000	4	92.01%	(1.83%)
2002	1	92.33%	2001	1	91.61%	.72%
2002	2	91.39%	2001	2	92.44%	(1.05%)

For 2001 Quarter 4, the difference in response rate showed that the pilot test response rate was lower than the response rate using the traditional interview period.

For 2002 Quarter 1, the difference in response rate showed that the pilot test response rate was slightly higher than the response rate using the traditional interview period.

Finally, for 2002 Quarter 2, the difference in response rate showed that the pilot test response rate was lower than the response rate using the traditional interview period.

Therefore, the pilot test results showed, for the three quarters involved, that the response rates did not significantly improve by adding the extra days of interview time and as a result did not warrant a change in the length of the traditional interview period.

INTERVIEW STATUS

Q: In a situation where a respondent only has 10 minutes to answer before going to work, is it better to have a partial survey or refusal survey?

A: In this situation it is best for the FR to get a partial interview and attempt to set up a callback.

Q: In a situation where an FR enters a house that has several non-related roommates and, only one of them agreed to have the interview, is it better to get one interview with four refusals or not conduct an interview and have one refusal?

A: NCHS prefers one interview with four refusals.

TWO-WEEK REFERENCE PERIOD

Q: What is the two-week reference period in the NHIS?

A: The two-week reference period is the two weeks (14 days) just prior to the start date of the interview period. The two-week reference period starts on a Monday and ends with and includes the Sunday just prior to the beginning of the interview period. **It does not include any days of the interview period**. For example, the interview period for a case in 2010 Quarter 1, Week 4 begins on Monday, January 25th and ends on Wednesday, February 10th. The two-week reference period for this **entire interview period** would be Monday, January 11th through Sunday, January 24th.

The two-week reference period **does not** move ahead when the FR interviews in the second and third week of the interview period. For example, if the interview was conducted during the first week of the interview period (such as on Wednesday, January 27th), the two-week reference period would be January 11th-24th. If the interview was conducted during the second week of the interview period (such as on Wednesday, February 3rd), the two-week reference period would **still be** January 11th-24th. And if the interview was not conducted until the final week of the interview period (such as on Monday, February 8th), the two-week reference period would again be January 11th-24th. It is important that the two-week reference period stay static throughout the entire interview period, so that data collected from respondents would be referencing the same point in time.

PART G
SECTION 9
Personally Identifiable Information (PII) FAQs

Topic	See Page
Laptop Encryption	G28
Control Numbers	G28
Data Linkage	G28

Personally Identifiable Information (PII) FAQs

LAPTOP ENCRYPTION

Q: Is the Census Bureau planning to encrypt all data on the laptops in the future?

A: All Census Bureau FR Laptops are protected with full disk encryption.

CONTROL NUMBERS

Q: What is the policy on communicating Control Numbers over email?

Census Bureau standard operating procedures prohibit the use of Control Numbers in email messages.

DATA LINKAGE

Q: What government agencies would the NHIS link data to?

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

All personal identifying information is removed from the linked data files.

These are some examples of possible research studies using NHIS data together with health-related records of other government agencies or the NDI:

- Predicting the number of disabled persons in the U.S. based on health conditions reported in the NHIS.
- Predicting the costs of Medicare based on health conditions reported in the NHIS.
- Studying the risk of certain diseases for persons with and without health insurance.
- Studying the health characteristics of people who retire early.
- Calculating how long a person in the U.S. might live, based on his or her education, income, or race and ethnicity.

PART G
SECTION 10
Miscellaneous FAQs

Topic	See Page
Bilingual Field Representatives (FRs)	G31
Race/Culture/Ethnicity Issues	G31
Bird Flu	G31

Miscellaneous FAQs

BILINGUAL FIELD REPRESENTATIVES (FRs)

Q: Is there an organized list of Asian and Spanish speaking interviewers for FRs to use as a resource in areas with high minority populations?

A: Each Regional Office (RO) maintains a list of interpreters to assist FRs in completing cases in which the respondent speaks another language. FRs should contact their supervisor to reference this list.

RACE/CULTURE/ ETHNICITY ISSUES

Q: The current policy allows for a proxy for the Sample Adult only when the Sample Adult is not able to respond because of physical or mental limitations. However, NCHS wants to be responsive to cultural issues. If the gender or cultural background of the FR is the issue, another FR of a different gender or cultural background could be sent to conduct the interview. Also, the FR could ask whether the interview would be allowed if the spouse were present during the interview. Similarly, an offer could be made to conduct the interview over the telephone. For major cultural or religious issues where no options are acceptable, the FR can call the Regional Office (RO) for permission to conduct a proxy interview.

A: All instances of such proxy interviews should be well documented in the interviewer notes for the case. FRs should take special care in entering the appropriate information into PROX1, "Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves. Is a family member or caregiver that is knowledgeable about [ALIAS of Sample Adult]'s health available?" in the Sample Adult Questionnaire, and NONRES, "Did a non-household member act as a respondent for this survey?" in the Back section.

BIRD FLU

Q: Does NHIS examine Bird Flu (Avian influenza)?

A: No, the NHIS collects information for children and adults about human influenza vaccination coverage, which differs from Avian Influenza. To learn more about Avian Influenza, more commonly known as Bird Flu, or to learn more about immunization programs sponsored by the Centers for Disease Control and Prevention, you may call the CDC-INFO Contact

Center at 1-800-CDC-INFO (1-800-232-4636). The CDC also publishes information about Bird Flu on this website: http://www.cdc.gov/flu/avian/