

PART A - NHIS

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PART A, CHAPTER 1

DESCRIPTION OF THE SURVEY

A. PURPOSE OF THE NATIONAL HEALTH INTERVIEW SURVEY

1. General

The basic purpose of the National Health Interview Survey is to obtain 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 had only 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", since requirements for reporting illnesses were limited to hospitalized illnesses and certain contagious diseases.

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

2. Examples of Uses of the Data

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

a. 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.

b. 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.

3. Who Uses the Data

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

B. SPONSORSHIP OF THE SURVEY

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

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

1. The National Health Interview Survey (NHIS)

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

2. The National Health Care Survey (NHCS)

The National Health Care Survey also is 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.

C. 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 total of almost 45,000 households are interviewed. These households are located in the 50 states and the District of Columbia.

1. Selection of Sample PSUs

The NHIS sample is designed as follows:

- a. All the counties in the United States, as reported in the 1990 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.

2. 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 addresses which are assigned for interview in one or more quarterly samples. Two types of segments are included in the NHIS: Area Segments, which are well defined land areas where the housing units may or may not have a complete address, and Permit Segments, which are samples of new construction addresses (see paragraph 4).

3. Sample Units

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

4. Sample of Newly Constructed Units

In areas where building permits are issued for new construction (Permit Areas), we select a sample of building permits issued since the 1990 Decennial Census. These addresses are assigned as Permit Segments.

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

5. Sample of Group Quarters

Some sample units are located in places with special living arrangements, such as dormitories, institutions, or convents. These type of living quarters are classified as "Group Quarters" or "GQs". Units in GQs are listed and interviewed in Area Segments.

6. The Quarterly Sample

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

7. Screening

To increase the reliability of certain minority statistics, the sponsor asked that Blacks 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 members is Black or Hispanic. If no one in a "screening" household is Black or Hispanic, the entire NHIS interview will not be conducted.

8. Mode of Interviewing

The NHIS is a **personal visit survey** not a telephone survey. Therefore, visit the households to conduct the interviews. Telephone contacts may be used--once the initial personal contact has been made--to complete partial interviews, complete the HIS-2A(PT) immunization form, or to collect other missing parts of the interview for which a callback has been made.

D. ABOUT THE INSTRUMENT

The 1999 NHIS instrument has the three major core parts plus a 1999 Periodic Module:

1. Family Section
2. 1999 Periodic Module
3. Sample Child Section (including Immunization)
4. Sample Adult Section

The 1999 Periodic Module will remain in the instrument for one year. These questions are imbedded in the Sample Child and Sample Adult Sections.

Each section is briefly described below. For a detailed description of the questions in each section see chapters 4 through 6 in Part C.

1. Family Section

The first set of questions in the Family Section asks about limitations due to physical, mental, or emotional problems that any family member may have. You will ask if children under the age of 5 are limited in the kind or amount of play activities they can do; you will ask if any children less than 18 receive Special Educational or Early Intervention Services; you will ask if any family members need help with their personal care needs, such as eating or bathing, or their routine needs, such as household chores or shopping; you will ask if a limitation NOW keeps any adult family member from working at a job or business, and if not, are they limited in the kind of amount of work they can do; you will ask if any family member has difficulty walking, or difficulty remembering.

After you have identified all the limitations for each family member, you will ask about the condition(s) that cause these limitations. There are two different lists of conditions; one for children and one for adults. You can enter up to five different conditions for each reported limitation.

The second part of the Family Section asks about injuries and poisonings that may have occurred in the PAST THREE MONTHS which caused a person to get medical advice or treatment. There are two separate sets of questions; one for injuries and one for poisonings. The reference date (the start of the reference period) is calculated for you, and will be included in the two lead-in questions (one lead-in question for injuries and one for poisonings). If an injury or poisoning is reported, you will ask a set of questions to get the details of the circumstances surrounding each injury or poisoning.

The third part of the Family Section asks about the family's access to health care and utilization of health care. You will ask if anyone in the family has delayed or not received needed medical

care because of worry about the cost, or because they couldn't afford it. You will also ask about overnight hospital stays. The reference period for these questions is the PAST 12 MONTHS. Next you will ask about contacts with doctors and other health care professionals during the

PAST 2 WEEKS. These contacts include care received in the home, the doctor's office, a clinic, an emergency room, as well as telephone contacts for medical advice, prescriptions or test results (do not include phone calls to make appointments).

The fourth part of the Family Section asks about health insurance. You will determine who is and who is not covered by health insurance, and obtain detailed information about each health insurance policy the family may have or reasons for the lack of coverage.

The fifth part of the Family Section collects demographic background information about the family members, including place of birth, citizenship status, education, what their main activity LAST WEEK was, how many hours they worked last week, and what their total earnings were in the LAST CALENDAR YEAR.

The sixth part of the Family Section asks about the different sources of the family's income and an estimate of the total family income from all sources for the last calendar year. This includes income from wages and salaries, self-employment (including business and farm income), Social Security and Railroad retirement, pensions, Supplemental Security Income, Social Security Disability Insurance Income, Welfare, Temporary Assistance to Needy Families, General Assistance, interest income, dividends, rental income, child support, and any other source of income.

These six sections make up the Family core questionnaire. They appear as part of the interview every year.

2. Periodic Module

This is the first year there has been a Periodic Module in the CAPI instrument. The idea for a Periodic Module came about as a result of the 1997 redesign and CAPI conversion. The Periodic Module is one of three components to the redesigned NHIS. The Basic Module or Core is similar to the old core component to the paper questionnaire. Topical Modules cover a specific health topic in detail, such as the Prevention Module in 1998 and the Cancer Module in 2000.

The idea for the Periodic Module is to collect information on conditions or activities for which ANNUAL data are not needed but still needed on a regular basis. Contrary to topical modules that tend to focus on a specific health topic, the Periodic Module collects information on a variety of health topics. Sometimes the Periodic will collect additional detail on topics already covered in the Core, and sometimes it will collect information on a new topic.

Another way that the Periodic Module differs from Topical Modules is that questions are woven throughout the instrument rather than a stand alone set of questions tacked on to the end of a

given section. The ultimate goal for the Periodic Module is to have a stable set of questions that will be woven into the instrument on a regular basis. The Periodic Module questions will be in the instrument for 1999 and then be removed for the Year 2000 instrument. However, the module will be reinstated in a later year.

There were several factors that determined the questions selected for the 1999 Periodic Module. Some questions were moved from the Core during the 1997 redesign in order to shorten the length of the Core. These were questions for which regular but not annual data are necessary. Some questions were proposed by health experts from both within and outside of NCHS, such as at universities and other government agencies.

The final selection of topics for the 1999 Periodic were made by a group of health experts at NCHS. They made decisions based on the number of people in the country affected by a given condition or health problem and the cost to the country of particular health conditions.

All of the 1999 Periodic questions are in the Sample Adult and Sample Child sections. There are no questions in the Family or Household Composition sections. The bulk of the questions are in the Sample Adult. Within the Sample Adult section, the questions reside in the Conditions and in the Access and Utilization sections.

There are 144 new screens in Adult Conditions - 68 on Mental Health Conditions alone - and 40 in the Adult Access and Utilization section. Keep in mind that most respondents will not get all questions, and that many times the respondent will have to indicate that she or he has a particular condition in order to get the follow-up questions.

A subset of the questions in the Sample Adult are repeated in the Sample Child but there are no questions in the Sample Child that are not also in the Sample Adult. As with the Sample Adult, questions in the Sample Child Portion reside in the Conditions and in Access and Utilization sections. There are 15 new screens in the Child Conditions section - all of which are on asthma, and 25 new screens in the Child Access and Utilization section.

The Periodic Module should add no more than about 20 minutes to the Sample Adult portion and no more than 5 minutes or so to the Sample Child section. Because the 1998 Prevention Topical Module has been removed from the instrument for 1999, the total length of the interview should remain stable.

Details on the Periodic Module questions are given in Part C, Chapter 5 for the Sample Child questions and Chapter 6 for the Sample Adult questions.

3. Sample Child Section and Immunization

From each family with at least one child 17 years of age or under, a sample child is randomly selected by the computer. 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, health care provider contacts and immunizations. If the Sample Child is 12 to 35 months old (inclusive), the instrument will prompt you to complete an HIS-2A(PT), 1999 Immunization Provider Questions and Permission Form and get a signature. A form must be completed even for refusals or don't knows. The Regional Office tracks each case that should have a form sent in and will follow up with you if one is missing. The information on the HIS-2A forms is very important to the Centers for Disease Control and helps to determine the status of immunization of children in the United States.

As in the past, any additional children in the household between the ages of 12 and 35 months who were not selected as the Sample Child will also be asked the immunization questions. The instrument will then prompt you to fill out an HIS-2A(PT), 1999 Immunization Provider Questions and Permission Form for each child in the family in this age group. You should complete the form(s) and have the respondent sign the back(s). Also complete a form for refusals and don't knows. As stated above, the Regional Office knows which cases should have forms sent to them. They will be checking in each one as you send them in. Any missing forms will have to be reconciled. You may have to go back to the household to get the missing form. Procedures to complete these forms and to return them to the RO are discussed in Part C, Chapter 5.

4. Sample Adult Section

From each family, a sample adult is randomly selected by the computer, and asked more detailed health related questions. In addition, 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, respiratory ailments, chronic conditions, joint pains, sensory impairment, mental health, activities of daily living, and health care access and utilization.

As mentioned above, most of the Periodic Module questions fall in the Sample Adult section. Details are given in Part C, Chapter 6.

PART A - NHIS

CHAPTER 2. CONDUCTING THE NHIS INTERVIEW

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PART A, CHAPTER 2 CONDUCTING THE NHIS INTERVIEW

A. EXPLAINING THE SURVEY

1. Informed Consent

The National Center for Health Statistics' Institutional Review Board reviews all research projects to assure that the participants do not suffer adverse affects from participating in a study. They have initiated an informed consent procedure that will assure respondents are fully informed about the National Health Interview Survey prior to beginning the interview. Beginning in January 1999, ALL Regional Offices must participate in this "informed consent" procedure. Also beginning in January, Kansas City RO will be the pilot test for a "**signed** informed consent" procedure. This signed informed consent procedure will be implemented in ALL regions sometime in the near future, possibly in July 1999 or January 2000.

2. How to Introduce the Survey for "**Informed Consent**" (No signature required)

IF YOU ARE IN A REGIONAL OFFICE **OTHER THAN KANSAS CITY**, FOLLOW THESE INTRODUCTORY STEPS BEGINNING JANUARY 1999:

All of these steps must be followed for ALL CASES, even screeners.

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

"I am _____ from the United States Bureau of the Census. Here is my identification card. We are conducting the National Health Interview Survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service.

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

"This letter explains all about this survey. You may remember receiving a letter containing this same information in the mail a few days ago. Please take some time to read this important information."

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

If you are conducting a telephone followup with a new respondent, you must read the letter.

c. Then ask:

"Do you have any questions about anything (you have read/I have read to you) about the National Health Interview Survey?"

d. After answering any questions, ask:

"Are you willing to participate in the survey?"

If they say "yes", proceed with the interview.

If the respondent is **not willing** to participate in the survey, use your judgement 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.

e. The respondents may change during the interview from the Family section, Sample Child section and Sample Adult section. For each new respondent in the same household, use the following introduction:

"I am _____ from the United States Bureau of the Census. Here is my identification card. We are conducting the National Health Interview Survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service. I have already gotten some information from (previous respondent). Now, I would like to get some additional information from you."

Repeat the steps b-d above.

You will receive a small laminated check list of these steps to be attached to your laptop to help remind you to adhere to these steps for each interview and each respondent.

3. How to Introduce the Survey for "Signed Informed Consent" (Signature required)

IF YOU ARE IN THE KANSAS CITY REGIONAL OFFICE, FOLLOW THESE INTRODUCTORY STEPS BEGINNING JANUARY 1999. All other RO's will receive instructions when they are required to also follow these steps:

All of these steps must be followed for ALL CASES, even screeners.

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

"I am _____ from the United States Bureau of the Census. Here is my identification card. We are conducting the National Health Interview Survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service.

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

"This letter explains all about this survey. You may remember receiving a letter containing this same information in the mail a few days ago. Please take some time to read this important information."

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

If you are conducting a telephone followup with a new respondent, you must read the letter.

- c. Then ask:

"Do you have any questions about anything (you have read/I have read to you) about the National Health Interview Survey?"

- d. After answering any questions, ask:

"Are you willing to participate in the survey?"

- e. If the respondent is willing to participate, ask:

"Would you please sign the Consent Form, indicating that (you have read/I have read you) the information and you are willing to be in the survey?"

Have him/her sign in ink the appropriate respondent's box under "Respondent's Signature" on the back of the HIS-600.5, Consent Form.

I. RESPONDENT'S SIGNATURE		
I have read the information above. I freely choose to participate in the National Health Interview Survey.		
A. HOUSEHOLD/FAMILY SECTION RESPONDENT	Signature (<i>in ink</i>)	Date
B. SAMPLE CHILD SECTION RESPONDENT	Signature (<i>in ink</i>)	Date
C. SAMPLE ADULT SECTION RESPONDENT	Signature (<i>in ink</i>)	Date

Note that form HIS-600.5 has the same text as the Advance Letter on the front, but has signature boxes on the back. You will return the signed form to the RO, so it is VERY IMPORTANT that you keep track of these consent forms and mail them back to the RO. See Section E of this chapter on disposition of these forms.

- f. If the **respondent signs the form**, give him or her another copy of the HIS-600.5 form to keep for his or her records and proceed with the interview. Keep the **signed** copy of the HIS-600.5 in a safe place until you send it in to your RO at the end of the interview period. See Section E of this chapter on disposition of these forms.

- g. If the **respondent does not** want to **sign the form**, but is willing to participate, **you must sign your name**, in ink, in the appropriate box of the "Interviewer's Signature" section of the HIS-600.5 and mark the box to indicate the respondent did not want to sign, but was still willing to participate.

II. INTERVIEWER'S SIGNATURE		
FIELD REPRESENTATIVE	The respondent has read the letter about the NHIS. OR I have read the letter to the respondent. The respondent has given oral permission to be interviewed.	
<i>Mark (X) ONE.</i> <input type="checkbox"/> Telephone interview <input type="checkbox"/> Respondent agrees to participate but refuses to sign consent form.		
A. Household/Family Section Respondent	Signature (<i>in ink</i>)	Date
B. Sample Child Section Respondent	Signature (<i>in ink</i>)	Date
C. Sample Adult Section Respondent	Signature (<i>in ink</i>)	Date

- h. The respondents may change during the interview from the Family section, Sample Child section and Sample Adult section. For each new respondent in the same household, use the following introduction:

"I am _____ from the United States Bureau of the Census. Here is my identification card. We are conducting the National Health Interview Survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service. I have already gotten some information from (*previous respondent*). Now, I would like to get some additional information from you."

Repeat the steps b-g above.

You will need to complete one consent form for each family in the household.

i. Completion of Section III of the HIS-600.5, Administrative Information

Complete the bottom part of the consent form with the requested information. This is essential to link the signature(s) with the particular case.

III. ADMINISTRATIVE INFORMATION							
A. FAMILY _____ OF _____							
B. Date of Interview:	Month	Day	Year	C. RO	D. FR	E. Quarter	F. Week
G. Control Number				H. Caseid			

j. Since this Signed Informed Consent procedure is a pilot test for Quarter 1, 1999 in Kansas City, the sponsor would like your feedback. Please, **send daily cmail messages** through your normal channels with your reactions, problems, respondent's reactions, etc.

Also, document the following **information in the I-NOTES of each case**. This should be done immediately after you leave the household so you don't spend unnecessary time with the respondent.

- 1) Number of families in household
- 2) Degree of difficulty of getting signature--for example, "very willing", "some difficulty", "very difficult", etc.
- 3) Verbatim reaction(s) from respondent(s)--to the best of your recollection-- to the consent process, the letter, the consent form, etc. For example, "Sure, where do you want me to sign", "Oh, no! I am not signing anything. I will do the survey, but you are not getting my signature", "Get out of my home or I'll call the police", etc.
- 4) Any other comments.

k. If the respondent is **not willing** to participate in the survey, use your judgement 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.

You will receive a small laminated check list of these steps to be attached to your laptop to help remind you to adhere to these steps for each interview and each respondent.

IMPORTANT: You should have at least one completed HIS-600.5 for each 201 (Completed interview), 203 or 204 (Partial interview), and 236 (Screened out) in your assignment. For each of those households containing 2 or more families, you should have one HIS-600.5 for each family.

4. Authorization

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

5. 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.)

6. Eligible Household Respondents

Any responsible household member 18 years of age or older, or an emancipated minor (see Part B, Chapter 5 for definition), is eligible to act as a respondent.

Exceptions to this rule are covered in Part B, Chapter 1. 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 care giver, can respond.

7. 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.

8. 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:

a. 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."

b. How Long Will the Interview Take?

The entire NHIS will take approximately seventy minutes. 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.

c. 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.

d. 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 they do 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.

e. 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.

f. 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. Chances are very good that the house "next door" has been, or will be asked questions on this survey in a future sample.

g. I Consider This a Waste of Taxpayer's 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.

9. 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.

B. 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.

1. How to Ask Questions

a. 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.

b. 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.

c. 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.

2. 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.

a. 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.

b. 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.

c. 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.

d. 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.

e. 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.

3. 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.

4. Respondent Replies "I Don't Know"

Respondent's 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.*"

5. Spanish Translation

The instrument is available in Spanish. It can be accessed through the use of the Shift-F5 keys. Press Shift-F5 to see the Spanish equivalent of the screen you are on; press Shift-F5 to toggle back to the English. You may toggle between English and Spanish whenever you need to, or conduct the interview entirely in one language.

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 toggled to the Spanish version, the answer will appear on the screen.

The Spanish version is available on all laptops, however, **only bilingual FR's should use it.**

Please send a cmail message regarding any problems with the translation through your normal channels so headquarters can make corrections and improvements to it.

C. YOUR OWN MANNER

- ! Your greatest asset in conducting an interview efficiently is to combine a friendly attitude with a businesslike manner. If a respondent's conversation wanders away from the interview, try to cut it off tactfully, preferably by asking the next question. Appearing too friendly or concerned about the respondent's personal troubles may actually lead to 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.

D. NONINTERVIEWS

Noninterview Household: A household for which you cannot obtain information because:

- ! The unit is occupied, but an interview was not possible, or

- ! The unit is occupied entirely by persons not eligible for interview, or

- ! 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 Chapter 8 for a detailed discussion of noninterview types and procedures.

E. DISPOSITION OF FORMS

1. HIS-600.5, Signed Informed Consent form

This form was discussed above in Section A, 3. For January 1999, Kansas City is the only RO that will complete these. **At a later time, all ROs will follow these steps.**

When you receive the signed Consent Form(s) for the household, it is important to safeguard the forms until you mail them to the RO. Place them out of sight in a secure part of your car or home. Mail them to the RO through the U.S. Postal Service on a daily basis.

The RO will be tracking the receipt of these forms. If any are missing, you will be required to go back and complete the form again.

2. HIS-2A (PT), Immunization Provider and Permission Form

This form is discussed in detail in Part C, Chapter 5. Complete a form, whenever eligible, even for Refused or Don't Knows. Keep these forms secure until you mail them to the RO. These should be mailed in the provided envelopes by interview week assignment.

The RO will also track these forms. For any missing forms, the supervisor will contact you to locate the form or go back to the household to complete the form again.

PART A - NHIS

**APPENDIX A.1 MORE EXAMPLES OF USES OF THE INFORMATION GAINED
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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.

PART A - NHIS

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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 a semiannual certification of compliance with the Bureau's nondisclosure policy.

2. THE GUARANTEE OF CONFIDENTIALITY

The U.S. Public Health Service provides the guarantee of confidentiality for the National Health Interview Survey. This guarantee is contained in the "Notice" statement which is seen on the -COVER- 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 Bureau of the Census has the authority to use temporary staff in performing its work as long as such staff is sworn to preserve the confidentiality of the data. These temporary staff members are called Special Sworn Employees (SSEs). SSEs are subject to the same restrictions and penalties as you regarding the treatment of confidential data. Staff from the sponsoring agency for this survey are made SSEs to allow them to observe interviewing. Anyone who is not a Bureau of the Census employee or an SSE of the Bureau is referred to as an "unauthorized person."

4. AUTHORIZED PERSONS

The agreement between the Bureau of the Census 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 Bureau of the Census 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 United States Bureau of the Census. Here is my identification (show ID). I am conducting a survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service, and I would like to know when someone at (address) will be home." (or something similar)

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

- (1) When conducting an interview with a student in a dormitory, if others are present, ask the respondent if he/she wants to be interviewed privately. If so, make the necessary arrangements to conduct the interview where or when it cannot be overheard by others.
- (2) When conducting an interview in a home, if persons not participating in the survey are present (e.g., neighbors, friends, other non-"family" members), use your discretion in asking the respondent if he/she wants to be interviewed privately. Since this may be awkward to ask in some situations, you might ask if another time would be more convenient. If so, make the necessary arrangements to accommodate the respondent.
- (3) When conducting an interview in which an interpreter is required, ask the respondent if he/she is willing to have another person act as interpreter. If the respondent objects to the interpreter and a more suitable one cannot be located at the time of the interview, call the office to see if another interviewer who speaks the respondent's language can conduct the interview.
- (4) When conducting interviews by telephone, do not allow unauthorized persons to listen to your conversation.

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

- 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. Examples are: the HIS-2A(PT), Immunization Provider and Permission Form and the HIS-600.5, Consent Form.

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 Bureau of the Census through the regional office. Action to satisfy such subpoena will be taken only as authorized by Public Health Service Regulations, section 1.108 of title 42, U.S.C.