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National Health Interview Survey, 1995

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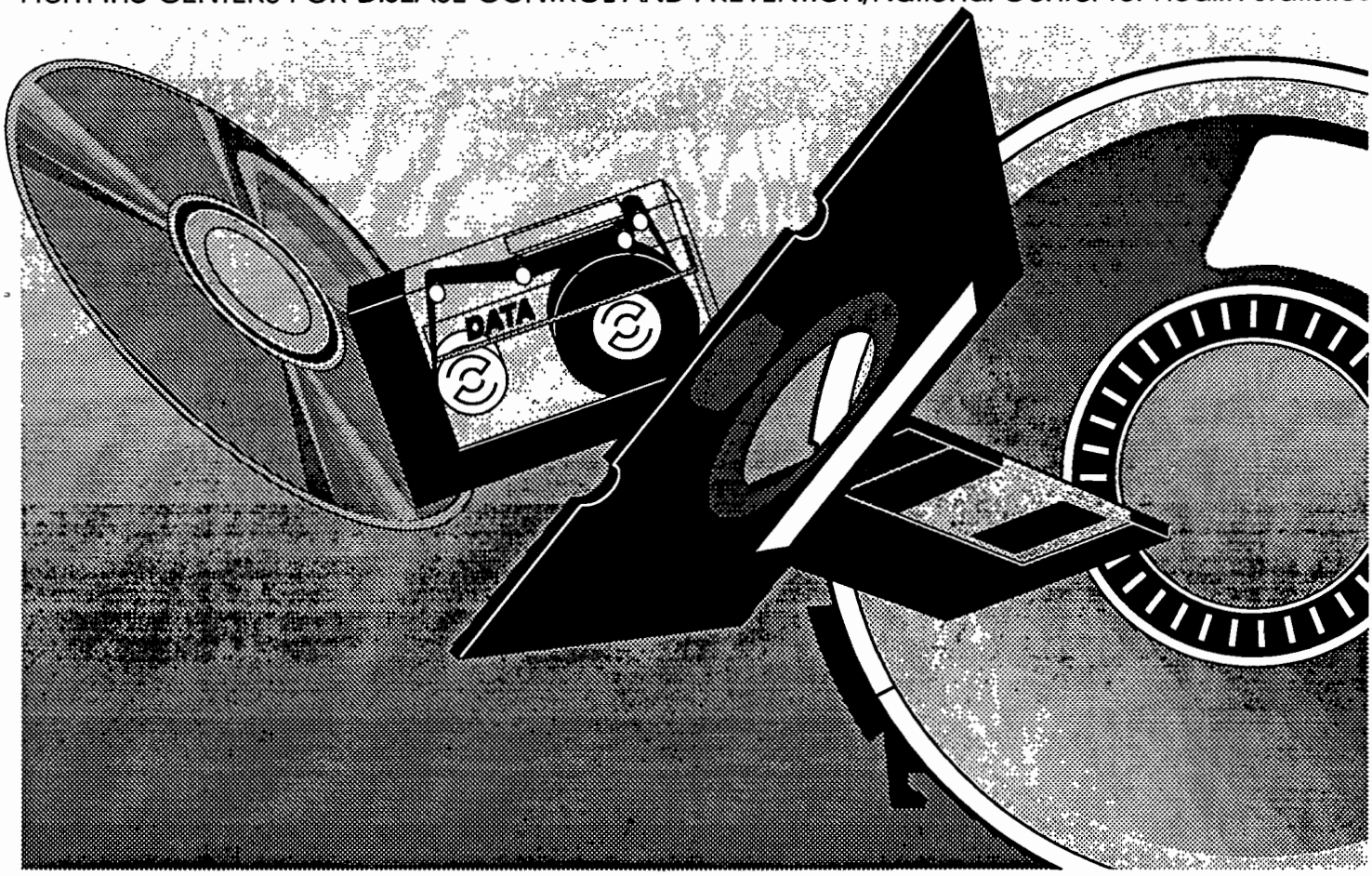

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

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CENTERS FOR DISEASE CONTROL AND PREVENTION

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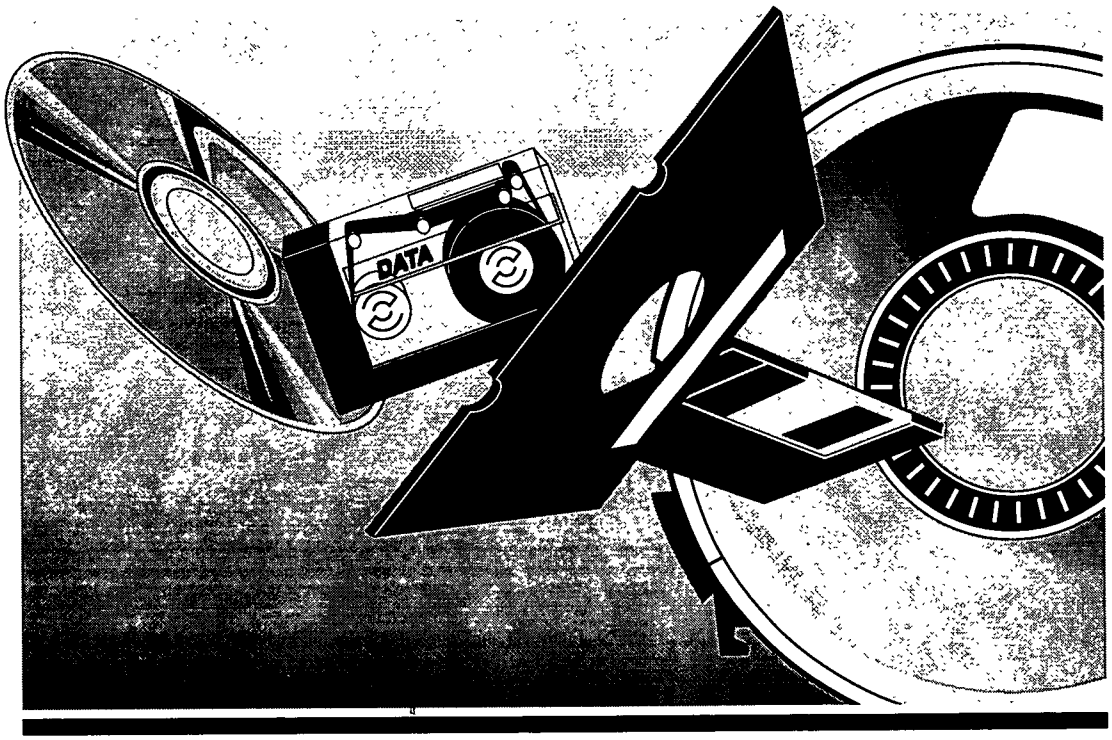
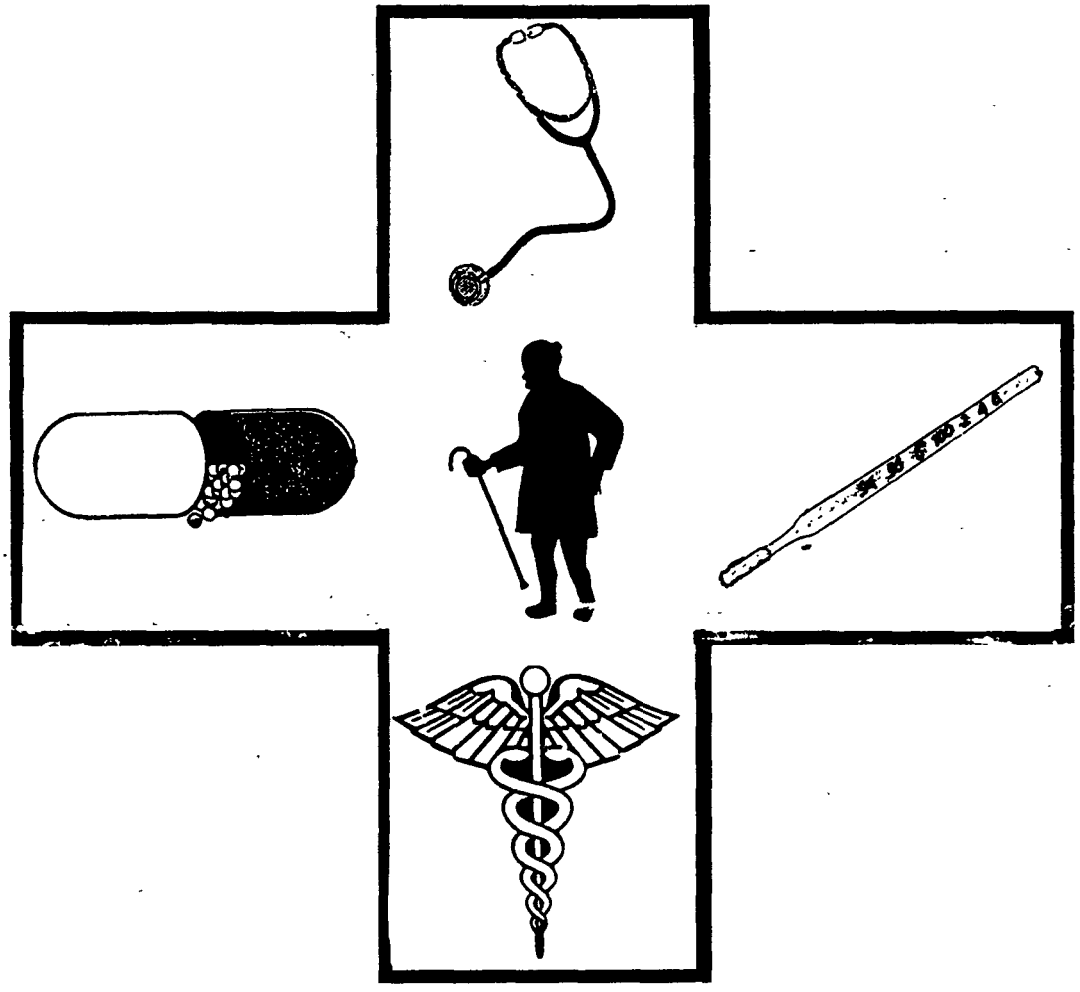


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

Hyattsville, Maryland
October 1997

HIS-100 (1995)

NATIONAL HEALTH INTERVIEW SURVEY



FIELD REPRESENTATIVE'S MANUAL

U.S. Department of Commerce
Economics and Statistics Administration
BUREAU OF THE CENSUS

Acting as Collecting Agent for the National Center for Health Statistics
Centers for Disease Control and Prevention
Public Health Service
U.S. Department of Health and Human Services

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CHAPTER 1. DESCRIPTION OF THE SURVEY

A. PURPOSE OF THE NATIONAL HEALTH INTERVIEW SURVEY

1. General

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

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

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

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

Public and private health programs were enlarged.

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

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

Despite extensive research on individual diseases in the years 1937-1957, one important element had been missing. We had only 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 Survey used? Here are some examples taken from a discussion of the program before the Congress.

a. Helps give direction to health expenditures

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

b. Occurrence and severity of illness and disability

Data on health statistics are valuable tools for the public health officer. The nationwide system of reporting communicable diseases has been an important factor in the reduction, and in some instances virtual eradication, of 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, environ- mental sanitation, and health education which are essential factors in their control.

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

c. Control of accidents

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

d. Health of the aged

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

general welfare, and continued activity of older persons.

e. Health education and research

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

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

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

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

g. Factors related to various diseases

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

3. Who uses the data

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

B. SPONSORSHIP OF THE SURVEY

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

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

1. The National Health Interview Survey (HIS)

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

2. The National Health and Nutrition Examination Survey (HANES)

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

3. The National 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 HIS SAMPLE

The National Health Interview Survey is based on a sample of the entire civilian noninstitutionalized population of the United States. Over the course of a year, a total of almost 45,000 households are interviewed. These house-holds are located in the 50 states and the District of Columbia.

1. Selection of sample PSUs

The HIS sample is designed as follows:

a. All the counties in the United States, as reported in the 1990 Decennial Census, are examined.

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

c. From each group, one or 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 HIS: Area Segments are land area addresses, and Permit Segments are samples of new construction addresses. (See paragraph 4, below.)

3. Sample units

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

4. Sample of newly constructed units

In areas where building permits are issued for new construction (Permit Areas), we select a sample of building permits issued since the 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 and, if in sample, interviewed in Area Segments. In these segments, units built after 4/1/90 are eligible for interview since they re not selected in the permit universe.

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 "oversampled". To accomplish this, certain sample units are designed for "screening". This means that the entire HIS interview will be conducted at such units ONLY if one or more household members are Black or Hispanic. If no one in a "screening" household is Black or Hispanic, the entire HIS interview will not be conducted.

D. SCOPE OF THE SURVEY

Each year, health information is gathered for every civilian person in almost 45,000 sample households. Adult residents, found at home at the time of your call, provide the information required.

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

E. INFORMATION ACCORDED CONFIDENTIAL TREATMENT

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. (See Appendix A to Part E of this manual for a thorough discussion of confidentiality.)

CHAPTER 2. YOUR JOB PERFORMANCE ON THE HIS

A. GENERAL

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

B. BASIC FIELD DUTIES

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

1. Listing or updating units at time of interview in Permit Segments.

2. Prelisting or updating Area Segments.

3. Screening when appropriate and interviewing at units designated for the current sample.

You will screen and interview households by personal visit in most cases. Callbacks by telephone are permitted in certain situations. (See Chapter E, paragraph L for more detailed information concerning telephone contacts.) Courtesy and discretion at all times are especially important in gaining the confidence and cooperation of the respondents.

C. ADDITIONAL DUTIES

You also will be expected to:

1. Be available for day and evening work.

2. Read instructional material and complete home study exercises.

3. Complete your assignment within a prescribed period of time.

4. Make daily transmittals of completed work to your office.

5. Keep an accurate daily record of the work you do, the time you spend, and the miles you travel.

6. Meet the standards of accuracy and efficiency described below.

D. STANDARDS OF PERFORMANCE FOR FIELD REPRESENTATIVES

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

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

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

1. Production standards

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

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

a. Planning your travel route

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

b. Reducing callbacks

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

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

If you are unable to contact a household designated for screening after at least 2 attempts on different days, you should attempt to conduct the screening with a neighbor.

c. Conducting efficient interviews

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

2. Quality of interviewing

No matter how efficiently the survey is conducted, the results may be seriously affected by incomplete or inaccurately filled listing and interview forms. In rating Field Representatives, the quality of their work is given as much weight as their productivity. This manual, the 11-8 Listing and Coverage Manual, and other materials which will be provided, contain all of the instructions needed to list and interview. Learn how to use these manuals to look up unfamiliar things. Also, learn how to use the INTERviewer COMMunication to advise your office of special situations or problems.

a. Your accuracy rate

Each week, your supervisor will give you a report of errors detected in the course of reviewing your work. The report will specify steps you should take to avoid similar errors in the future. Serious and frequent errors can be eliminated if you are thoroughly familiar with the instructions, and if you ask the questions on the questionnaire in a uniform and consistent fashion.

b. Field evaluation of your work

Aside from the office review, there will be field observations of each FR's listing and interviewing work. From time to time, you will be observed by your supervisor as you actually perform these duties. Your office will also reinterview some of your households to be sure that you obtain accurate and complete information.

3. Performance rating

Each quarter, your supervisor will tell you how your performance in the preceding quarter compared with the standards and how you may improve your performance. The administrative handbook for Field Representatives gives standards of performance, and tells how to accurately complete payroll and other administrative forms.

PART D

HOW TO CONDUCT THE HIS INTERVIEW

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CHAPTER 1. INTERVIEW FORMS

This chapter gives a general description of the questionnaire and related forms used to complete an interview.

A. DESCRIPTION OF THE HIS-1 QUESTIONNAIRE

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

1. Household Page

   The Household Page is the front cover of the questionnaire and contains identification information, including the address of the sample household and the Control Number, as well as other items about the sample unit.

2. Household Composition Page

   This page contains questions to determine who lives in the household, the race and ethnicity questions needed for screening, and several reference dates needed during the interview. Space is provided in each person's column for recording conditions and other health-related information reported throughout the interview.

3. Introduction and Hospital Probe

   The initial health questions about hospitalizations occurring in the past 13 months appear on this page.

4. Limitation of Activities Page

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

5. Restricted Activity Pages

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

6. 2-Week Doctor Visits Probe Page

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

7. 2-Week Doctor Visits Page

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

8. Health Indicator Page

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

9. Condition Lists

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

10. Hospital Page

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

11. Condition Pages

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

12. Demographic Background Page

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

Information is also obtained to permit matching to vital statistics records maintained by NCHS and identifies a contact person who will know how to reach the household if it is selected for inclusion in other NCHS sponsored surveys. These pages complete the core HIS-1 interview.

13. Table X

This page contains questions to determine if additional living quarters at the sample unit are part of the sample unit or an EXTRA unit.

B. DESCRIPTION OF THE HIS-1N NEIGHBOR SCREENING QUESTIONNAIRE

If a sample unit designated for "screening" cannot be contacted after at least two attempts on different days, the screening should be conducted with neighbors using the HIS-1N questionnaire. If two neighbors agree that there are no Black or Hispanic household members living in the sample unit, classify the sample unit as a Type B Noninterview. Otherwise, continue attempts to contact persons in the sample unit.

C. DESCRIPTION OF THE HIS SUPPLEMENT BOOKLET(S)

The supplement booklet(s) usually changes from year to year to allow the collection of detailed information on a variety of health-related topics over a period of years. See the appropriate chapter(s) for detailed instructions for completing the supplement(s).

D. FORMAT OF THE HIS-1 QUESTIONNAIRES

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

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

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

3. There are five numbered Restricted Activity Pages, one for each person listed on the Household Composition Page.

4. The pages containing the Condition Lists have two Condition Lists on each page. Record reported conditions in item C2 for the person.

5. Each HIS-1 Condition Page, consisting of two facing pages, contains questions about a single condition.

6. Usually, the questions in the supplement booklet(s) are arranged in a question-answer format if they apply only to selected persons; and are in person-column format when they apply to the family.

E. FIELD REPRESENTATIVE'S INFORMATION AND FLASHCARD BOOKLETS

The Information and Flashcard Booklets--HIS-501.1 and HIS-501.2--consist of cards used for reference during the interview. The HIS-501.1 contains aids for you and are not shown to the respondents. Cards in the HIS-501.2 are shown to the respondent as aids in answering certain questions.

1. <u>HIS-501.1, Information Booklet</u>

   a. Card HM contains a summary table for determining who to include as a household member.

   b. Use Card A the Age Verification Chart, with question 3 on the Household Composition Page to determine each person's age.

   c. The Independent Cities card is used for question 7 on the Household Page.

   d. Use Cards CP1 through CP3 — guides during the interview and when editing the Condition Pages.

   e. The booklet contain calendar cards for each year. Use these to help the respondent report accurate dates.

   f. Card MC contains a conversion chart for determining children's ages in months for Part H of the 1995 Disability Supplement. *(See Chapter D17 for instructions on using this chart.)*

   g. The "Items to be filled" card lists the items that are required when additional questionnaires are used.

   h. Following the English cards are the Spanish versions of the Privacy Act listing statement, listing verification, brief explanation of the HIS, and suggested introductions.

   i. At the end of the 501.1 are the English versions of the Privacy Act listing statement, listing verification, brief explanation of the HIS, and suggested introductions.

2. <u>HIS-501.2, Flashcard Booklet</u>

   a. Show Cards O and R (pages 2 and 3) to the respondent when asking the origin and race questions on the Household Composition Page. (Show the Spanish versions on pages 6 and 7 when appropriate.)

   b. Show Cards I or J (pages 4 and 5) as appropriate, to the respondent when asking income question 8b on the Demographic Background Page. (Show the Spanish versions on pages 14 and 15 when appropriate.)

   c. Pages 8-13 contain Spanish versions of the six Condition Lists. The remainder of the Flashcard Booklet contains cards to be shown to the respondent for various questions in the supplement sections.

F. USE OF THE SPANISH TRANSLATION GUIDE

1. Many households throughout the United States have members who speak predominantly Spanish, and there are indications that the number of such households is increasing. Frequently other family members, a relative, a neighbor, or some other person who is bilingual can be used to translate the questions and answers in order to complete the interview. To aid in this procedure, the 1992 HIS-1 was translated from English to Spanish in what is called the "HIS Spanish Translation Guide."

   The guide is basically a translation of the questions only. There are no interviewer instructions, answer categories, or skip patterns on the Spanish Translation Guide. In general, the Spanish Translation Guide has been purposely designed to provide only a standardized translation. It is intended to aid you and the translator in correctly communicating the questions to the respondent, thus improving the quality of the survey results.

   The procedure for using the Spanish Translation Guide is really quite simple. First, read the question in English, following the usual rules for reading statements within braces, brackets or parentheses. The translator will then read the question in Spanish from the guide inserting the names, reference dates, etc., that you have just read wherever appropriate, and translate the answer into English for you to record on the questionnaire. You then tell the translator what the next question is, read the question in English, and so on. Be sure to tell the translator exactly which page and question you will ask next.

   Enclosures are used throughout the guide wherever names, dates, etc. must be inserted or alternate wording is used, the same as on the HIS-1 questionnaire. However, unlike the HIS questionnaire where parentheses, brackets, and braces imply certain rules for asking the question, in the Spanish Translation Guide the purpose is quite different. In this case, enclosures are intended to be a flag for the translator that you will be giving information when you read the question in English that should be inserted wherever there is an enclosure in a question. In most cases only parentheses are used as enclosures in the guide.

   The use of the guide with a translator may be a bit cumbersome since the translator will not be a trained HIS interviewer. However, the ease with which the Spanish Translation Guide is used depends a lot upon how well the translator understands the instructions you give him/her before beginning the interview.

   There are three important points you must cover with the translator before beginning:

   a. Briefly describe to the translator what you will be doing and what he or she will be doing. For example, "I will first read the question in English. You will then read the same question from the guide in Spanish. When you get an answer, translate that answer into English for me to enter on the questionnaire."

   b. Explain what the parentheses on the Spanish Translation Guide mean and demonstrate to the translator how a question with enclosures is read.

   c. Tell the translator that any questions asked by the respondent should be referred back to you and not answered by him/her. It is also important that the translator understands that entire answers be translated to you verbatim.

NOTE: *The Spanish Translation Guide was designed for the 1992 HIS.*

- *The Race and Ethnicity questions on page 2 of the HIS-1 are in Spanish on the Demographic Background Pages in the Spanish Translation Guide.*

- *The sponsor cannot update and reprint the Spanish Translation Guide until appropriate resources are available. We apologize for any inconvenience this may cause you.*

2. Use of the Spanish Cards in the Flashcard Booklet

To assist in this type of interview, several cards in the HIS-501.2 have been printed in Spanish. The following provides the instructions for the use of these Spanish cards in conducting two types of Spanish interviews:

a. When conducting the HIS interview through an interpreter:

(1) Condition List Cards 1-6--Hand the appropriate card to the interpreter, not the respondent. Since neither the interpreter nor the respondent will have been trained on HIS procedures for administering the Condition List, explain that you will be asking the questions in English and the interpreter should relay your questions to the respondent in Spanish, using the terminology printed on the card. Be sure to follow the same procedures for asking the Condition Lists as specified on pages D11-1 through D11-10 of this manual. *(Use this procedure even if you do not have a Spanish translation guide.)*

(2) Race (R), Origin (O), Income (I or J), and Spanish Cards Used During the Supplement Booklet, if Appropriate--Hand the appropriate card to the interpreter to review while you ask the question in English. The interpreter should relay your question in Spanish and hand the card to the respondent for a response.

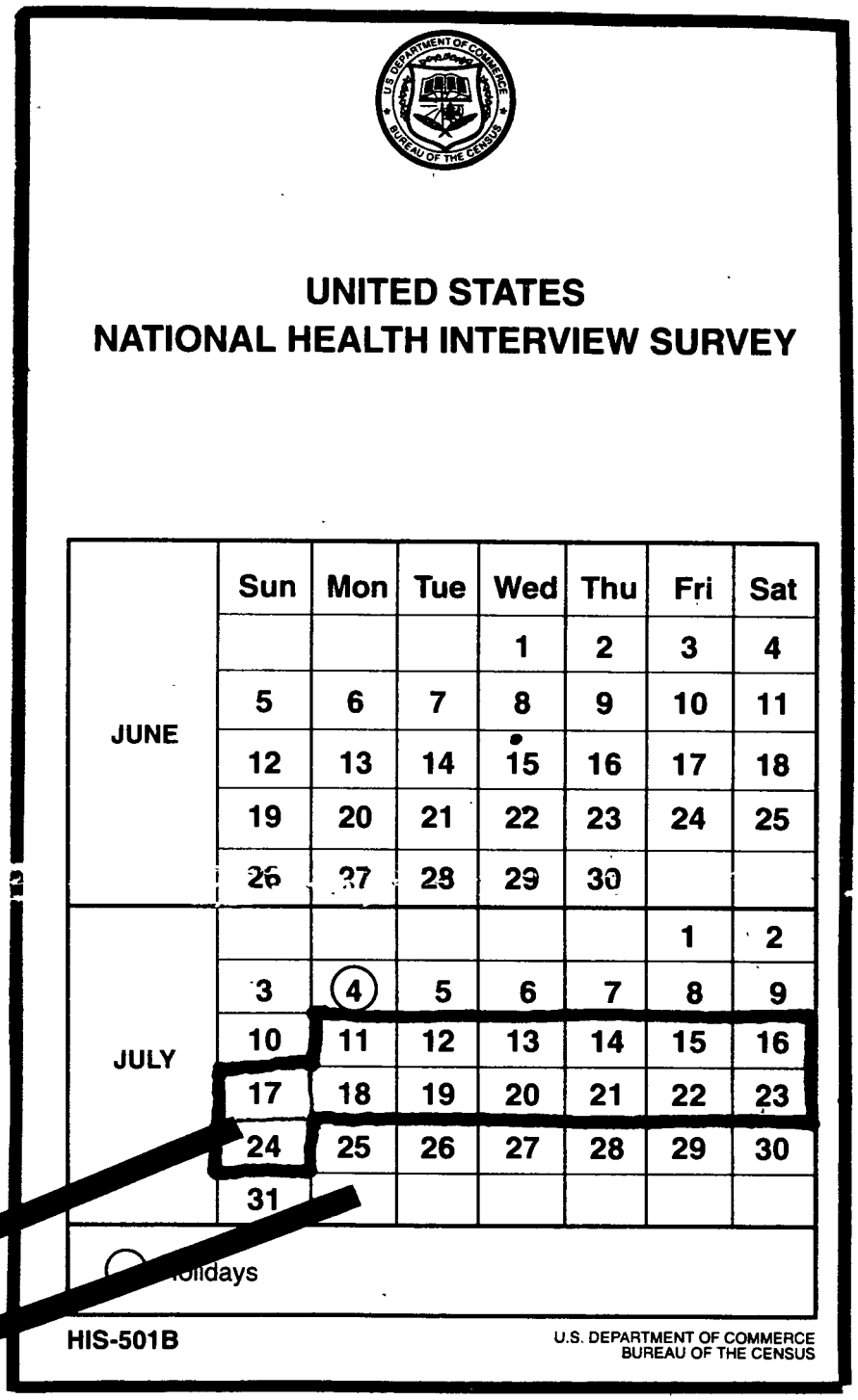
b. When conducting the HIS interview in Spanish:

(1) Condition List Cards 1-6--Refer to the appropriate card for the terminology to be used in asking the Condition List in Spanish. Do not hand the card to the respondent. Follow the same procedures specified on pages D11-1 through D11-10 when conducting the interview in Spanish.

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

(2) Race (R), Origin (O), Income (I and J), and Spanish Cards Used During the Supplement Booklet if Appropriate--Hand the appropriate card to the respondent while you ask the question in Spanish. Use your copy of the Flashcard Booklet and refer to the wording printed on the card when asking these questions.

G. CALENDAR CARD



UNITED STATES
NATIONAL HEALTH INTERVIEW SURVEY

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

Holidays

HIS-501B

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Red Line (the past 2 weeks)

Interview week

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

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

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

If only the completion of the Supplement Booklet(s) is delayed until the week following the week in which the core interview is completed, do <u>not</u> update the reference period. The reference periods for the supplements should always be the same as the reference periods for the basic HIS-1 core interview, unless otherwise specified.

NOTES

CHAPTER 2. GENERAL INSTRUCTIONS

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

A. TYPES OF QUESTIONS

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

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

4a. Are any of the persons in this household now on full-time active duty with the armed forces? ☐ Yes ☐ No *(5)*

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

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

HAND CARD O.

5a. Are any of those groups -- National origin or ancestry? (Where did -- ancestors come from?)

B. SYMBOLS AND PRINT TYPE

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

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

> **4. Would you say -- health in general is excellent, very good, good, fair, or poor?**

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

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

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

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

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

> **b. Besides *(condition)* is there any other condition that causes this limitation?**

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

> **e. Is this limitation caused by any (other) specific condition?**

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

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

> **c. Was a condition found as a result of the [test(s)/examination]?**

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

> **b. Did any other condition cause -- to [miss work / miss school / (or) stay in bed / (or) cut down] during that period?**
>
> 1☐ Yes *(Reask 7a and b)* 2☐ No

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

> **2. During the past 12 months, (that is, since *(12-month date)* a year ago) ABOUT how many days did illness or injury keep -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)**

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

> **b. About how long has it been since [- - /anyone] last saw or talked to a medical doctor or assistant (about - -)? Include doctors seen while a patient in a hospital.**

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

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

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

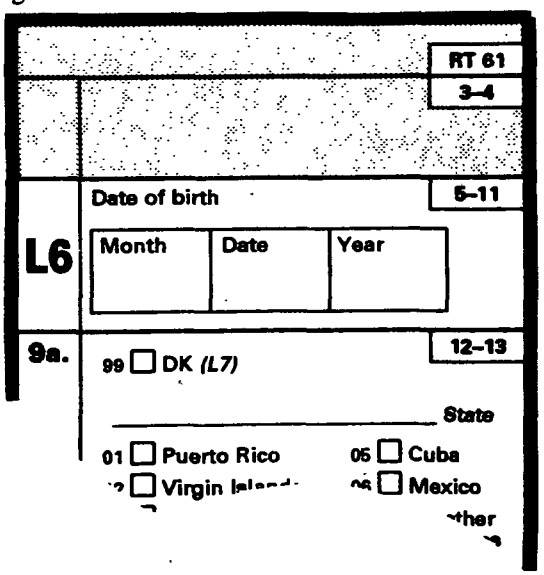
Special instructions appear in light-print italics. Never read these instructions to the respondent.

Categories in the answer spaces are generally in light-face, regular type with skip instructions in italics.

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

> ***Mark box if only one condition.***
>
> **d. Which of these conditions would you say is the MAIN cause of this limitation?**

9. Numbers in Boxes--Ignore the numbers boxed in the right-hand area of some answer spaces. These are used in processing and have no effect on the interview.



C. SKIP INSTRUCTIONS

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

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

[illegible] (abou[illegible] [illegible] or did -- cut down on -- usual acti[illegible] [illegible] half of a day?	
2. During the past 12 months, (that is, since *(12-month date)* a year ago) ABOUT how many days did illness or injury keep -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)	**2.**
3a. During the past 12 months, ABOUT how many times did [-- /anyone] see or talk to a medical doctor or assistant (about --)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the *(number in 2-WK DV box)* visit(s) you already told me about.)	**3a.**
b. About how long has it been since [-- /anyone] last saw or talked to a medical doctor or assistant (about --)? Include doctors seen while a patient in a hospital.	**b.**
4. Would you say -- health in general is excellent, very good, good, fair, or poor?	**4.**
Mark box if under 18. **5a. About how tall is -- without shoes?**	**5a.**
b. About how much does -- weigh without shoes?	**b.**

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

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

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

2a. During those 2 weeks, did -- miss any time from a job or business because of illness or injury?

☐ Yes 00 ☐ No *(4)*

b. During that 2-week period, how many days did -- miss more than half of the day from -- job or business because of illness or injury?

00 ☐ None *(4)* No. of work-loss days [ ] *(4)*

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

E1	*Refer to age.*	E1	☐ Under 14 *(1b)* ☐ 14 and over *(1a)*

1a. During those 2 weeks, how many times did -- see or talk to a medical doctor? (Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.) (Do not count times while an overnight patient in a hospital.)

b. During those 2 weeks, how many times did anyone see or talk to a medical doctor about --? (Do not count times while an overnight patient in a hospital.)

4. Interviewing Instructions--Sometimes above a question there will be an instruction in italics to indicate in particular situations, whether the question should be asked or how it should be asked. In the example below, if the "Telephone" box was marked in question 2, mark that box in the doctor visit column and skip to the next 2-week doctor visit.

Mark box if "Telephone" in 2.

5a. Did -- have any kind of surgery or operation

b. What was the name of the surge

If name of operation not know

c. Was there any other sur

s and stitches?	**5a.**	0 ☒ Telephone in 2 *(Next Dr. visit)* 1 ☐ Yes 2 ☐ No *(6)*
	b.	(1) _____ (2) _____
	c.	☐ Yes *(Reask 5b and c)* ☐ No

D. HOW TO MAKE ENTRIES

There are three types of entries that you will make on HIS questionnaires: an "X" in a check box, a written entry, and a circle around a number.

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

3a. and b.	1 [X] Yes *(3f)*	8 [ ] DK if M.D. *(3c)*
	2 [ ] No *(3c)*	9 [ ] DK who was seen *(3f)*

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

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

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

0 [ ] Interview week *(Reask 2)*	5 [ ] 2 yrs., less than 5 yrs.
1 [ ] 2-wk. reference period	6 [ ] 5 yrs. or more
2 [ ] Over 2 weeks, less than 6 mos.	7 [ ] Dr. seen, DK when
3 [ ] 6 mos., less than 1 yr.	8 [ ] DK if Dr. seen } *(3b)*
4 [ ] 1 yr., less than 2 yrs.	9 [ ] Dr. never seen } *(3b)*

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

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

1 [X] Yes 2 [ ] No 9 [ ] DK

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

b. What did he or she call it? EPILEPSY
(Specify)

1 [ ] Color Blindness *(NC)*	2 [ ] Cancer *(3e)*
3 [ ] Normal pregnancy, normal delivery, vasectomy *(5)*	4 [ ] Old age *(NC)*
	8 [X] Other *(3c)*

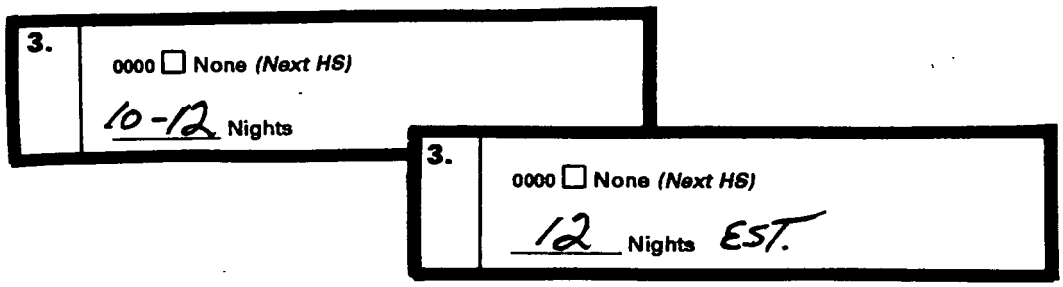
a. Date and Time Entries--Always record the month, date, and the year in that order. Use two digits for the month and date; for example, "01/08" for January eighth. Use four digits for the year unless the "19_" is preprinted. Use four digits for hour and minutes, without rounding.

3.	Date of birth Month	Date	Year
	04	17	1941

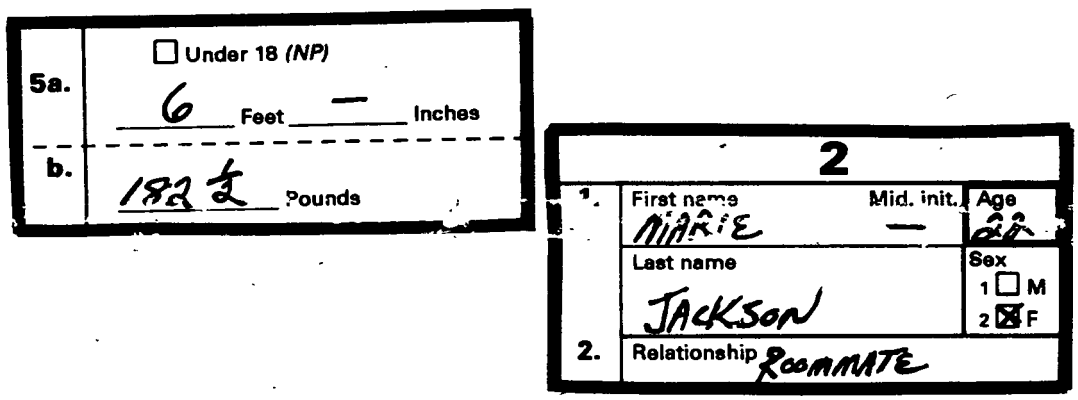
	Month	Date	Beginning time	Ending time	Completed Mark (X)
1	02	11	P T 07:00 a.m. p.m.	07:44 a.m. p.m.	X

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

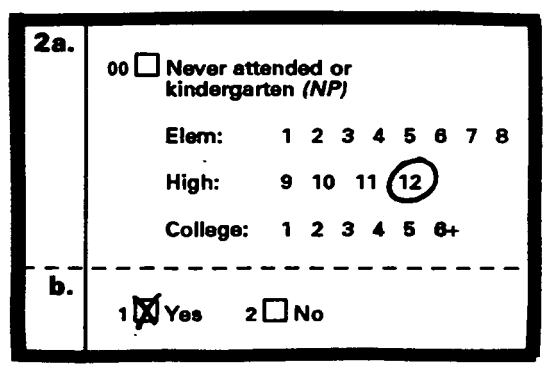
In such cases, try as tactfully as possible to obtain a specific number, even if it is an estimate. However, do not force the issue to the point where it harms the interview. If the final answer is an interval or range, for example, "10-12 nights," record "10-12" in the answer space; or if the best answer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



Some questions require a written entry for the length of time, height, weight, etc. Enter verbatim the number response, including fractions, on the appropriate line. Enter a dash (-) if the item is not applicable or if the response is "None" and there is no "None" box.



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



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

> *Ask if there are any of the following entries in 3b–f:*
>
> **Tumor** **Cyst** **Growth**
>
> **4. Is this [tumor/cyst/growth] malignant or benign?**
>
> 1 ☐ Malignant 2 ☐ Benign 9 ☒ DK

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

> **c. What was the cause of -- *(condition in 3b)*? *(Specify)***
>
> DK

If a mixed response is given to a family style question, take the "Yes" or "No" over the "DK" and footnote the unknown. For example, if the response to "Did anyone in the family ...?" is "I didn't, but I don't know about John," mark "No" and footnote, "DK about John."

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

E. QUESTIONS THAT ARE REASKED

Throughout the questionnaire there are questions which are reasked to obtain additional information.

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

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

F. CORRECTIONS

To correct an entry, erase the incorrect answer completely and enter the correct answer. When correcting item C1 on the Household Composition Page, footnote the reason for any change. Be sure to enter the same footnote symbol in C1 and where the change is discovered. However, cross out, NOT erase, changes to the entries printed on labels or made by the office in question 7a on the Household Page and item A1 on the Household Composition Page. See also page E1-15 for detailed correction procedures.

G. MORE THAN ONE HIS-1 QUESTIONNAIRE

Additional HIS-1 questionnaires will be needed for a household if:

a. There are more than five persons in the household.

b. There are household members not related to the reference person. In such cases, complete a separate questionnaire for each unrelated household member or family group.

c. There are more than five conditions for a person in item C2 on the Household Composition Page.

d. There are more than four 2-week doctor visits for a family.

e. There are more than four hospitalizations for a family.

f. There are more than seven conditions for a family.

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

(1) See page D5-6 for information required on a separate questionnaire for unrelated household members.

(2) See the Information Booklet for those items to be filled for additional questionnaires.

H. EVENTS STARTING DURING THE INTERVIEW WEEK

1. Do not include any illness, hospitalization, or other health-related event starting during interview week, regardless of how serious it might be. "Interview Week" is defined as the week, Monday through Sunday, in which this interview is conducted. Data obtained in all of the weeks of interviewing throughout the year are combined to produce yearly estimates. This is only possible if all data collected during a particular week apply to the identical period of time; that is, the stated reference period. If you were to include events that happened during interview week, people interviewed at the end of the week would have a longer reference period; the information reported in different households would therefore not be comparable.

2. If you record something of this kind and afterwards learn that it should not have been included, delete or correct the entry, as appropriate, and explain the change in a footnote.

3. This rule does not apply to household membership or personal characteristics, such as age, marital status, or membership in the Armed Forces, all of which apply at the time of the interview.

* 4. For children born during interview week, complete questions 1 through 3, and 5 and 6 on the Household Composition Page. Then "exclude" the child by drawing an "X" through Items C1 and C2 in the child's column. Also, enter "Born Int. Week" above the child's column as an explanation. Explain to the respondent that you will ask no further questions about the child because we obtain health data up through last Sunday night only.

I. FOOTNOTES AND COMMENTS

1. Relevant and precise footnotes or comments are often helpful at later stages of the survey (for example, during coding) in resolving problems which arise out of inconsistencies or omissions, estimates, etc. When possible, make notes or comments near the answer box containing the entry to which the explanation or comment applies, or in the nearest footnote space.

2. When you footnote an explanation or comment, indicate to which entry the note applies by writing the footnote number both at the source of the note and next to the note itself. For example:

b.	125 Pounds 1/
FOOTNOTES	1/ PREGNANT – CURRENT WEIGHT = 149

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

19. Record of additional contacts

	Month	Date	Beginning time	Ending time	Completed Person No.
1	03	04	P (T) 12:45 a.m. (p.m.)	12:46 a.m. (p.m.)	
2	03	04	P (T) 07:10 a.m. (p.m.)	07:12 a.m. (p.m.)	
3	03	04	P (T) 08:30 a.m. (p.m.)	08:45 a.m. (p.m.)	2
4	03	05	P (T) 01:00 a.m. (p.m.)	01:05 a.m. (p.m.)	1/

FOOTNOTES
1/ HOUSEHOLD PAGE, item 19. 03/05 (T) 04:30 pm – 04:50 pm 3

(*Revised February 1995)

J. COMPUTING ANSWERS

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

K. FLASHCARDS

1. For some questions, flashcards are used as an aid to respondents. A question requiring the use of a flashcard is preceded by an instruction, such as "Hand Card O." The cards usually contain lists from which the respondent is asked to choose. Most of the flashcard categories are printed on the questionnaires so that you do not have to refer to the card itself.

2. If the respondent is unable to read or if you are conducting a telephone interview, read the flashcard categories to him/her. For "Mark Only One" questions, all categories must be read to the respondent before you accept the response so that the person is aware of all available alternatives. For "Mark All That Apply" questions, read each category one at a time and allow the respondent to answer Yes or No to each before going to the next category.

L. CONDUCTING THE INTERVIEW

1. In addition to the questionnaires, you will need the following materials to conduct an HIS interview: HIS-600 Advance Letter, HIS-501.1 and 501.2 Field Representative's Flashcard and Information Booklets, Segment Folder, Calendar Card, and HIS-601 Thank You Letter. A Spanish Translation Guide, if available, for those interviews conducted in Spanish.

2. When you receive your assignment from the regional office, complete each interview in the following manner:

   Step 1--Check the Segment Folder to determine if you must list (or update) only, list (or update) and interview, or interview only. If listing (or updating) is required, proceed according to the instructions in your 11-8 Listing and Coverage Manual. If interviewing is required, check the address of the current sample unit on the listing sheet against the address that appears in item 7a of the questionnaire. Verify that the entry in item 7a is complete, legible, and corresponds to the sample unit on the Listing Sheet. Correct 7a as necessary.

   Step 2--When you begin the interview, start with the HIS-1 questionnaire. Verify the sample address by asking 7a. Be sure all entries in 7a and/or 7b are complete and legible--print. Complete the remaining items on the Household Page as appropriate, and Table X if required.

   Step 3--Complete Household Composition Page questions 1-3 to identify all household members. Then, complete A3 and 4 as appropriate, before asking questions 5 and 6 for each nondeleted household member. Finally, complete items A4 and A5 to determine whether or not to continue the interview.

   Step 4--Read the introductions, as appropriate, and complete the Hospital Probe questions for each nonexcluded and nondeleted family member.

   Step 5--Complete check item B1 and ask the Limitation of Activities questions.

(*Revised February 1995)

Step 6--Complete one Restricted Activity Page for each family member.

Step 7--Complete the 2-Week Doctor Visits Probe Page for the family.

Step 8--Complete a separate column of the 2-Week Doctor Visits Page for each visit indicated in item C1, "2-WK. DV" boxes.

Step 9--Complete the Health Indicator Page and the appropriate Condition List.

Step 10--Complete a separate column of the Hospital Page for each hospitalization indicated in item C1, "HOSP." boxes.

Step 11--Complete a separate Condition Page for each condition listed in item C2.

Step 12--Complete the Demographic Background Page.

Step 13--Complete the supplement(s) as appropriate.

Step 14--Review all questionnaires for completeness.

Step 15--Thank the respondent and leave the "Thank you" letter.

Step 16--If special pamphlets have been provided, leave them with the respondent if all interviewing has been completed for the family. Mail them if the interview is completed by a telephone callback.

M. SAMPLE SELECTION LABELS

1995 NHIS									4A
FAM MEMBR 18+ :	1	2	3	4	5	6	7	8	9+
SELECT THE	1	2	2	1	5	6	6	5	5
FAM MEMBR 0-5 :	1	2	3	4	5	6	7	8	9+
SELECT THE	1	2	2	4	1	4	6	6	1

1. On the HIS-1 questionnaires prepared for interview by the Regional Office there will be a label affixed to the Footnotes space on page 55. Use this label to select one sample adult and one sample child in each family. The instructions for this operation are covered in Chapters D17 and D18 of this manual.

2. In the upper right corner of the label, the printed number-letter combination specifies which Condition List to ask in this household and which of the adult sample person supplements to ask. The instructions for these are covered in the appropriate sections of the manual.

3. If there is no label on a questionnaire, take one from the supply your office has sent you and affix it to page 55 of the HIS-1 questionnaire. In your supply, you will receive a sheet of 24 labels, eight labels to a column, three columns. When selecting a label for an unlabeled questionnaire, always start with the left most column at the top of the sheet and go down the column until all labels in that column have been used. Then, start with the center column and do the same followed by the right most column. Call your office for a new sheet of labels when your sheet gets below six (6) labels.

4. For households containing more than one family unit, after completing the interview for the first family unit, complete a separate HIS-1 questionnaire and supplement for the second family unit. Affix a label from your supply to the additional HIS-1 questionnaire to select the sample adult and the sample child for the second family unit. Disregard the number-letter in the upper right corner on the extra label - use the same Condition List and Supplement as on the original HIS-1.

5. If you use more than one questionnaire to record more than 5 household members, who are all related to each other, do not affix a label from your supply to the additional questionnaire(s). The original label applies to all family members.

6. For EXTRA units, take a label from your supply and affix it to page 55 of the HIS-1 questionnaire you prepared for the unit.

NOTE: The 1994 sample selection label is exactly the same as the 1995 label. Continue to use any 1994 labels you have in your supply during 1995.

CHAPTER 3A. RESPONDENT RULES

A. OVERALL OBJECTIVE

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

B. GENERAL DEFINITIONS

1. Adult--A person 18 years old or over or a person under 18 years old who has ever been married. Eighteen year olds are considered adults, but are limited in for whom they may respond.

2. Deleted Person--A nonhousehold member recorded in a person column on the HIS-1 Household Composition Page, but then eliminated from the household. Examples of nonhousehold members commonly reported and then "deleted" from the questionnaire include persons with a usual residence elsewhere (URE), children away at college, and active duty armed forces members not living at home.

3. "Eligible respondent"--A person who may respond to questions beyond the Household Composition Page. See paragraph C2 below for more detailed information.

4. Excluded person--A household member who is not included in the health-related questions. "Excluded" persons include babies born during interview week and active duty armed forces members living at home.

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

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

7. Reference person--This is the person or one of the persons who owns or rents the sample unit, that is, the first person mentioned by the respondent in answer to question 1a on the Household Composition Page. For persons occupying the sample unit without payment of cash rent, the reference person is the first adult household member named by the respondent. This person must be a household member of the sample unit. (See instructions for question 1a on page D5-2.)

8. Related--Related by blood, marriage, or adoption. Consider foster children and wards as related when determining family membership.

9. Respondent--A person who provides answers to the questions asked.

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

   b. Proxy-respondent--A person who responds to questions about other family members.

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

(*Revised February 1995)

C. GENERAL INSTRUCTIONS

1. Who May Respond to Questions on the Household Page and the Household Composition Page.

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

   b. It may be necessary before asking these questions to determine whether or not the person to whom you are speaking is actually a household member. Use the "Household Membership" rules in your Information Booklet.

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

   NOTE: The HIS Supplements have specific respondent rules. See the appropriate chapter(s) for detailed explanations.

   a. Adults

      (1) Responsible adult members of the household 19 years of age or older (or under 19 if ever married) may answer the remaining questions for all related household members of any age.

      (2) An adult on active duty with the Armed Forces who lives at home may be interviewed for his/her family since this person is a related household member. However, no health information is obtained for Armed Forces members because the survey includes only the civilian population. These are known as "excluded" persons.

   b. 17 Year Olds--Never married persons 17 years old may not respond for other family members, but may respond for themselves as described in paragraphs (1) and (2) below. The reason for this restriction is that, while 17-year-old persons should know about themselves, they are unlikely in many cases to have sufficient knowledge about the rest of the family to be able to furnish accurate information. Accept 17-year-old persons as self-respondents under the following circumstances:

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

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

   c. 18 Year Olds--Never married persons 18 years old may always respond for themselves regardless of whether an older related household member is present or not, but may not respond for other family members. The reason for this restriction is the same as stated above for 17 year olds.

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

      In certain situations, another person may respond for the child:

      - A child who is a ward or foster child and is not related to any eligible adult respondents should be reported in the same manner as a related child. Consider this child a family member; that is, do not enter this child's name on a separate questionnaire. The person who is responding for the rest of the family with whom the child is living should also respond for the child.

*Revised February 1995)

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

e. Exceptions to Eligible Respondent Rules

(1) If an unmarried (opposite sex) couple is living together as husband and wife, as determined by the relationship reported in question 2, interview them together on a single set of questionnaires, regardless of their ages. Each may respond for the other, for any of their children, and for any other related household members because they are considered married.

(2) Unmarried persons regardless of their age, living with one or more of their own children may respond for themselves and for their children even if living with their parents. However, persons under 19 who have never been married cannot respond for any household members other than themselves and their own children.

(3) For persons who are not able to answer the questions for themselves and have no relative living in the household that can answer for them, you may interview someone who is responsible for their care. The person providing the care may or may not be a member of the household. In such situations, enter a footnote to explain the circumstances, including the name and relationship of the respondent if he/she is not a household member.

f. Persons Not Related to the Reference Person

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

3. Return Visit May Be Necessary

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

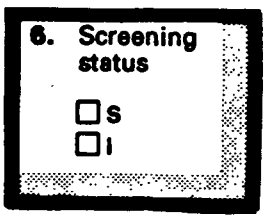
(*Revised February 1995)

NOTES

CHAPTER 3B. SCREENING

In order to increase the reliability of health statistics for Blacks and Hispanics, these groups are being "oversampled" for the HIS. This means that in most sample segments, additional units will be selected, but you will complete the entire HIS interview only if the household in such a unit contains at least one Black or Hispanic member. If such a sample unit contains no Black or Hispanic residents, classify the unit as a Type B non-interview. The procedure for determining whether to interview or not based on the race and ethnicity of the occupants is called "screening".

A. WHAT UNITS TO SCREEN



Perform the "screening" ONLY for sample units with the "S" box marked in item 6 on the Household Page of the HIS-1 (or with an "S" on the control label affixed by your office to the Household Page). Interview sample units with the "I" box marked in item 6 (or on the label) regardless of the ethnicity/race of the household members.

B. HOW TO SCREEN

A4	*Refer to item 6 "Status" on the Household Page.*	**A4**	☐ S *(item A5)* ☐ I *(next page)*
A5	*Refer to 5a and 6a above for all household members. Mark (X) first appropriate box.*	**A5**	☐ Any "Yes" in 5a *(Next page)* ☐ Any "2" in 6a *(Next page)* ☐ All others *(7)*

After completing Household Composition Page items 1-4, ask questions 5 and 6 for <u>each nondeleted household member</u>. Then refer to item 6 (or the label) on the Household Page to complete item A4.

1. If you mark "I" in A4, continue the HIS-1 interview for each <u>family</u> in the household.

   NOTE: Transcribe any unrelated household members to separate HIS-1 questionnaires. Begin the HIS-1 interview with the Introduction and Hospital Probe questions on page 4 for each unrelated person or family.

2. If you mark "S" in A4, refer to questions 5a and 6a for <u>all household members</u> to complete item A5.

   a. If <u>any household member</u> is Hispanic ("Yes" in 5a), mark the first box in A5 and continue the HIS-1 interview for each <u>family</u> in the household.

   b. If <u>any household member</u> is Black ("2" circled in 6a), mark the second box in A5 and continue the HIS-1 interview for each <u>family</u> in the household.

   NOTE: Transcribe any unrelated household members to separate HIS-1 questionnaires. Begin the HIS-1 interview with the Introduction and Hospital Probe questions on page 4 for each unrelated person or family.

c. If no household member is Hispanic (no "Yes" i. 5a) or Black (no "2" circled in 6a), mark the third box in A5, enter the respondent's person number, read item 7, and end the interview. Mark Type B noninterview category 10 "Occupied-Screened OUT by Household" in item 16 on the Household Page.

C. SCREENING WITH NEIGHBORS

Only sample units with "S" marked in item 6 (or on the label) on the HIS-1 Household Page are eligible for "screening". You must attempt to contact someone in such sample units at least two times on different days. If you are still unable to reach someone at home on the second attempt, you should "screen" the sample unit with neighbors. *NOTE: Do NOT conduct the HIS-1N "Neighbor" interview if someone in the sample unit refuses to participate in the survey.*

1. "Neighbor" Guidelines

a. For this operation, a "NEIGHBOR" is defined as a person 18 years of age or older in another housing unit or nonresidential establishment. This includes the manager or superintendent of a multi-unit building; staff in a local shop or market; priests, ministers, rabbis, and the like; and any others who are familiar with the occupants of the sample unit.

It does not include the occupants of another current HIS sample unit. *(You may conduct the neighbor interview at units in past HIS samples, scheduled for future HIS samples, and in sample for another survey, such as CPS, NCVS, SIPP, etc.)*

b. The "neighbor" should be someone who is familiar with the occupants of the sample unit. Inquire about this before beginning the HIS-1N interview.

c. A "neighbor" may respond to the HIS-1N questions for more than one sample unit, if appropriate.

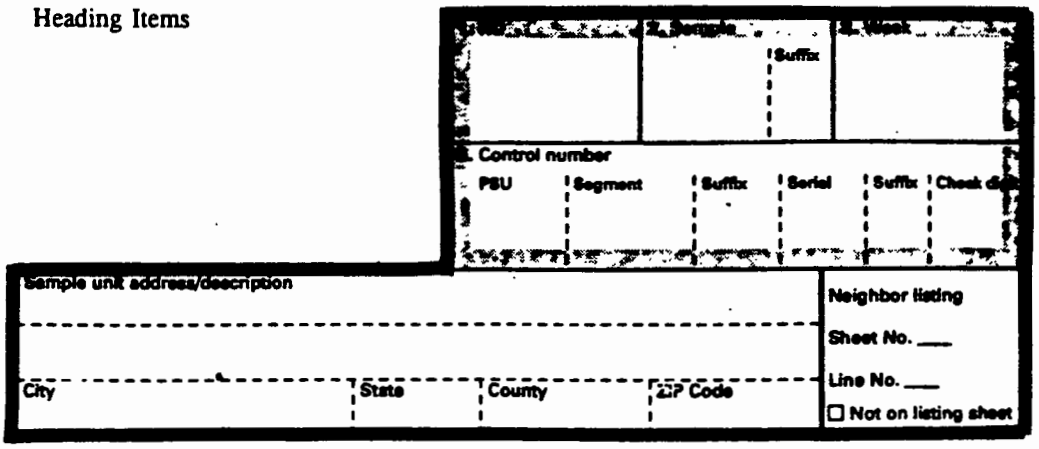
d. Allow yourself a reasonable but limited amount of time for contacting "neighbors". The "neighbor screening" procedure is to be used for efficiency. If you have too much difficulty locating or contacting appropriate "neighbors", it probably would be more efficient to continue your attempts to contact someone in the sample unit.

e. Once you have identified a "neighbor" with whom to conduct the HIS-1N interview, give him/her a copy of the HIS-60N letter.

2. HIS-1N, Neighbor Questionnaire

Complete a separate HIS-1N Neighbor Questionnaire for each "neighbor" interview.

a. Heading Items



(*Revised February 1995)

(1) Transcribe the RO, Sample, Week, and Control Number from the HIS-1 for the sample unit to the appropriate spaces on the HIS-1N. *(If your office provides you with a sufficient supply of additional control labels, you may use these on the HIS-1N in place of the transcription from the HIS-1. However, if you have to choose between using the labels on the HIS-1N or on the supplement books, save them for the supplements.)*

(2) Transcribe the address or description of the sample unit *(not the neighbor's address)* from item 7a (or the label) on the HIS-1 to the HIS-1N. *(See above note regarding the use of additional control labels.)*

* (3) Immediately after the "neighbor" interview, check the "neighbor's" address against the listing sheets in the segment folder.

- If the "neighbor's" address is listed, enter the sheet and line number on the HIS-1N to the right of the sample unit's address.
- If the "neighbor's" address is not listed or is not a residence (e.g., a store, church, fire house, etc.), mark the "Not on listing sheet" box on the HIS-1N.

b. Screening Questions

INTRO	**I am *(name)* from the United States Bureau of the Census. Here is my identification card. We are conducting a survey for the U.S. Public Health Service, and I have tried to contact the people who live at *(address)*.**			
1. Is *(address)* currently occupied?		☐ Yes *(Go to 2)* ☐ No *(Type B – Vacant)* ☐ DK *(Go to another neighbor)*		
2. Our survey estimates will provide information by race and ethnicity. Are ANY of the persons living at *(address)* —		**YES**	**NO**	**DK**
Read if necessary: Other Hispanic includes persons with a national ancestry in Central and South American countries, as well as from Spain.	**a. White?**	a. ☐	☐	☐
	b. Black or African-American?	b. ☐	☐	☐
	c. Mexican, Puerto Rican, or Cuban?	c. ☐	☐	☐
	d. Other Hispanic?	d. ☐	☐	☐
	e. Any other group?	e. ☐	☐	☐
3. When should I try to reach someone at home at *(address)*?				

(1) Read the introduction to the "neighbor", inserting the sample unit's address or description.
Example: "... I have tried to contact the people who live at 2213 Maple Street."

or

"... I have tried to contact the people who live in that white house across the street."

(2) Ask question 1, inserting again the sample unit's address or description.

- If the sample unit is currently occupied, mark box 1 "Yes" and go to question 2.
- If the sample unit is not currently occupied, mark box 2 "No", end the neighbor interview, and mark the specific Type B noninterview reason in item 16 on the HIS-1 for the sample unit. *(In HIS-1 item 15, mark box 3.)*
- If the "neighbor" does not know if the sample unit is occupied or not, he/she obviously is not knowledgeable enough about the sample unit to participate. *(See "Neighbor Guidelines" 1b. above.)* Destroy this HIS-1N questionnaire and conduct the "neighbor" interview with a more knowledgeable "neighbor".

(*Revised February 1995)

(3) Ask question 2 about each of the racial and ethnic groups listed in a-e. Mark the appropriate box for each. If the "neighbor" asks what you mean by "Other Hispanic", read the definition printed with the question.

(4) Ask question 3 and record the response. Refer to this information if you have to continue attempts to contact the sample unit.

c. Quality Control

4. My supervisor may need to contact you to verify my work. What is your name, address, and telephone number?	**a. Name**
	b. Address
	c. Telephone ( )

As with your other HIS questionnaires, a sample of "neighbors" will be recontacted to verify the information they provided.

Record the "neighbor's" name, address, and telephone number in question 4.

(1) If any of this is refused, enter "REF" as appropriate.

(2) If the "neighbor" has no phone, enter "NONE" on the number line.

(3) If the "neighbor" is not a local resident (e.g., staff in a local shop or market, day manager of the building, etc.), enter the address and telephone number of where he/she would prefer to be contacted if necessary. This may be his/her residence or the local address.

d. Check Items

ITEM A	*Refer to 2b, 2c, and 2d. Mark first appropriate box.*	☐ "Yes" in 2b, 2c, OR 2d ☐ "DK" in 2b, 2c, OR 2d } *(Continue attempts to contact sample unit)* ☐ "No" in 2b, 2c, AND 2d *(Go to Item B)*
ITEM B	Is this the first or second neighbor?	☐ First *(Go to another neighbor)* ☐ Second *(Type B – Screened out by neighbor)*

(1) Refer to the answers for questions 2b (Black...), 2c (Mexican,...), and 2d (Other Hispanic) to fill check item A on the HIS-1N.

- If the "Yes" box is marked for one or more of questions 2b, 2c, and/or 2d, mark "Yes" in check item A and continue your attempts to contact and interview the sample unit. Also, mark box 2 "Eligible per Neighbor" in item 15 on the HIS-1 for the sample unit. Do not conduct any more "neighbor" interviews for this sample unit.

- If "Yes" is not marked, but the "DK" box is marked for one or more of questions 2b, 2c, and/or 2d, mark "DK" in check item A and continue your attempts to contact and interview the sample unit. Also, mark box 3 "Undetermined by Neighbor" in item 15 on the HIS-1 for the sample unit. Do not conduct any more "neighbor" interviews for this sample unit.

- If the "No" box is marked for all three of questions 2b, 2c, and 2d, mark "No" in check item A and go to check item B.

*Revised February 1995)

(2) Two "neighbors" must both report that there is no Black or Hispanic person in the sample unit for the unit to be "screened out". Indicate in check item B whether this is the first or second HIS-1N Neighbor Questionnaire for the sample unit.

- If it is the first, you must still conduct another HIS-1N interview with another "neighbor",

- If it is the second "neighbor" to report that there is no Black or Hispanic person in the sample unit, the unit can be "screened out". Mark box 1 "Screened Out by Neighbors" in item 15 on the HIS-1 for the sample unit. Also mark Type B noninterview box 11 "Occupied-Screened Out by Neighbors" in item 16 on the HIS-1.

3. Disposition of HIS-1N Questionnaires

Regardless of the results of the "neighbor" interview, place all HIS-1N Neighbor Questionnaires for a sample unit inside the corresponding HIS-1 Questionnaire for the unit.

(*Revised February 1995)

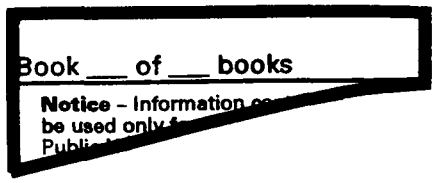
NOTES

CHAPTER 4. HOUSEHOLD PAGE

OVERALL OBJECTIVE

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

BOOK OF BOOKS

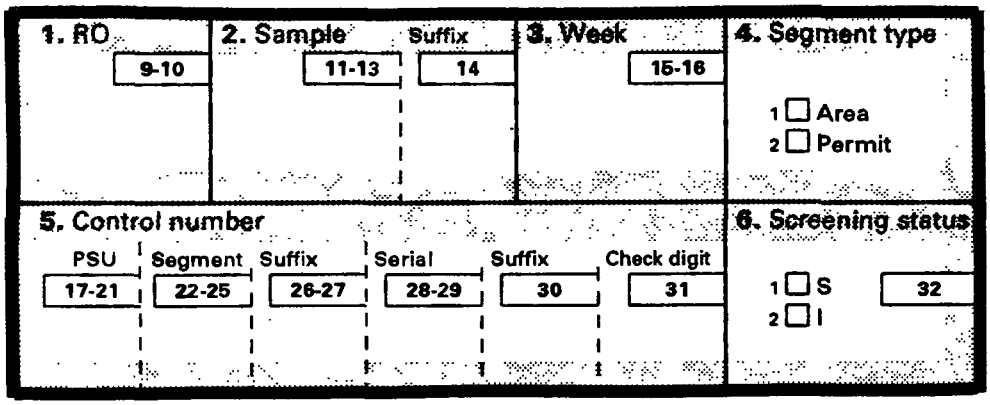


INSTRUCTIONS

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

This item on the HIS-1 questionnaire refers only to the number of HIS-1 questionnaires used for this interview. Do not include a count of the supplement booklets used.

ITEMS 1 THROUGH 6, IDENTIFICATION



A. OBJECTIVE

These items are filled in advance by the office (or on a label) to identify the sample units.

B. INSTRUCTIONS

1. Two or More HIS-1 Questionnaires for One Household--For second and additional HIS-1 questionnaires prepared for the household, transcribe items 1-6 from the first questionnaire for the household.

2. EXTRA Units--On additional HIS-1 questionnaires prepared for EXTRA units, transcribe items 1-6 from the questionnaire for the "parent" unit. In the serial number space, add an alphabetic suffix. For example: "A" for the first EXTRA, "B" for the second EXTRA, and so forth. (NOTE: Be sure to call your office for instructions if you find more than 3 EXTRA units.)

Question 7, Address

RT 11 | 3 | S. T. (Item 4)

7a. What is your exact address? *(Including House No., Apt. No., or other identification; county and ZIP Code)* 4-8 | 9-119

LISTING SHEET

Sheet

Line No.

City | State | County | ZIP Code

b. Is this your mailing address? *(Mark box or specify if different; include county and ZIP Code)* RT 12 | 4-83

☐ Same as 7a

City | State | County | ZIP Code

c. GQ name | 84-117 | Sample unit No. | Type code 118-120

A. OBJECTIVE

Item 7 identifies the location, address or description, and the mailing address of the sample unit. In addition to assisting you in locating the correct sample unit, this information may be used by NCHS to select and/or contact persons or units included in one of their population-based surveys sampled from HIS.

B. INSTRUCTIONS

1. Question 7a

After you have introduced yourself, explained the purpose of your visit, and verified the listing for the basic address (if required), ask 7a. You may reword 7a as follows: "What is your exact address, including county and ZIP code?"

a. Make any necessary corrections and additions to make the address complete, including the county and ZIP code. For persons who live in Alaska or Louisiana, enter the name of the borough or parish, respectively, on the "County" answer line. Refer to paragraphs 1d and e below for instructions on how to enter independent cities in the county box. Cross out, DO NOT ERASE, incorrect entries once you have verified that you are at the correct sample unit. Be sure all entries, both yours and those made by the regional office, are legible. Correct as necessary: print if possible.

b. In rural areas, you may often find a descriptive address entered in 7a (or on the label), such as, "Red brick 2-story colonial, etc." DO NOT cross out this entry. In these cases, the respondent will most likely answer question 7a by giving you the mailing address, such as a box number, or rural route number. Print such information in item 7b, and then ask the item 7b question, making whatever changes are necessary. If the respondent gives you a house number in response to 7a, enter the house number in 7a above the descriptive address. Then ask 7b as usual.

c. For EXTRA units, fill item 7a with an accurate unit description so that the EXTRA unit can easily be distinguished from the original unit.

d. If a person lives in an independent city (as defined in the list of independent cities in your Information Booklet), print the city name on the "County" answer line and footnote "Independent city," in the answer space area in question 7.

e. If you are given the names of both an independent city (as defined in the list of independent cities) and a county, probe to determine if the home is inside or outside the limits of the city. For example, when you ask, "What is your exact address?", the respondent says, "111 Main Street, Charlottesville, VA, ZIP Code 22902, Albermarle County." Ask if this house is inside or outside the city limits of Charlottesville. If within the city limits, print "Charlottesville" in the county space and footnote "Independent city." If outside the city limits, print "Albermarle" on the county line. Use this probe procedure any time you think the independent city and county entries are inconsistent or incorrect.

f. If you have difficulty locating the sample unit in an area segment, refer to the sheet and line number to the right of the address in 7a. The address (or description) on the listing sheet, as well as those on adjacent lines of the listing sheet, may help you locate the sample unit. In some cases, you may find that the address/description was incorrectly transcribed from the listing sheet to the HIS-1: make any necessary corrections as instructed in paragraphs B1a and B1b above.

2. Question 7b

a. If the address in 7a is identical to the mailing address, mark the box "Same as 7a" in 7b. If a descriptive address is recorded in 7a (for example, "Red house") and the response to 7a is a valid address (for example, 100 Main Street") which you print in 7a, mark the "Same as 7a" box in 7b if the response to 7b is identical (that is, "100 Main Street"). If there are any differences, print the complete mailing address in 7b, if you have not already done so, as described in paragraph 1b above. ALWAYS include the county and ZIP Code in 7b

b. The mailing address should be as complete as possible; for example, an adequate urban mailing address includes house number (and apartment number, if any), street, name of city supplying postal service, county, and ZIP Code. In rural areas, an adequate mailing address includes route no. (box no., if any), name of Post Office, county, and ZIP Code. General delivery or box no. and P.O., city, and ZIP Code are also acceptable mailing addresses.

c. The instructions in paragraphs 1d and 1e above apply to question 7b as well.

3. Item 7c

The group quarters' (GQs) name, sample unit number, and GQ type code will be filled by your office for units in group quarters.

a. Refer to Chapter 4 in the 11-8 Listing and Coverage Manual for detailed instructions on working in GQs.

b. Refer to Chapter 5, Topic 8 (page 5-54) in the 11-8 Listing and Coverage Manual for instructions on what to do if you discover that a regular housing unit identifies a GQ.

Question 8, Year Built

8. YEAR BUILT (Area segments only)

☐ Ask *(Except for group quarters, mobile homes, trailers, tents, boats, and other units not in structures.)*

☐ Do not ask

When was this structure originally built?

☐ Before 4-1-90 *(Continue interview)*

☐ After 4-1-90 *(Complete 9c when required; END interview)*

A. OBJECTIVE

The HIS sample is kept up to date by supplementing it with a sample of building permits issued since April 1, 1990. The selected permit addresses are included in the survey as Permit Segment addresses. In Area Segments that are located in permit-issuing areas, each newly constructed unit must be deleted from the sample; otherwise, it could have a chance to come into sample more than once. Determining year built is required only when the Area Segment covers a permit-issuing area and year built was not determined at the time of listing.

B. DEFINITION

1. 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.

   YEAR BUILT DOES NOT apply to:

   - Any later remodeling,
   - Any additions to previously existing structures,
   - Conversions (commercial or residential) within structures, or
   - The date a house was moved to another site or lot.

2. STRUCTURE - a separate building that either:

   - Has open space on all sides (no other building is attached to it) or
   - Is separated from other structures by dividing walls that extend from ground to roof.

   Consider the following residential buildings to be separate structures if the common wall between them goes from ground to roof:

   - double houses,
   - duplex houses,
   - row houses, and
   - houses attached to nonresidential buildings.

   (NOTE: Sheds, garages, and the like attached to houses are not considered as separate structures because they are not intended for occupancy as separate living quarters.)

C. INSTRUCTIONS

1. The office marks one of the instruction boxes in item 8 if the unit is in an Area Segment. (Year Built is never asked for units in Permit Segments.) If the "Ask" box is marked, ask item 8 for both vacant and occupied units. If the unit is a noninterview, try to get the information from a knowledgeable person, such as an apartment manager or long-term resident of the neighborhood.

   a. If the structure containing the sample unit was built before 4-1-90:

      (1) Mark the "Before 4-1-90" box.
      (2) Continue the interview.

b. If the structure containing the sample unit was built after 4-1-90:

(1) Mark the "After 4-1-90" box.

(2) Ask item 9c, if required.

(3) End the interview.

(4) Mark the Type C noninterview reason, "Built after April 1, 1990," in item 16.

CAUTION: Do not inquire about Year Built for:

- living quarters not in a structure, such as mobile homes, tents, and boats.
- group quarters (GQs).

Do not cross-off or make any other notations on the Area Segment Listing Sheet for units discovered from asking question 8 to be built after 4-1-90.

2. EXTRA Units

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

Question 9, Coverage

9. COVERAGE QUESTIONS
[ ] Ask items that are marked
☐ Do not ask

a. ☐ Are there any other living quarters — either occupied or vacant — in this building?	☐ Yes *(Fill Table X)* ☐ No
b. ☐ Are there any other living quarters — either occupied or vacant — on this floor?	☐ Yes *(Fill Table X)* ☐ No
c. ☐ Is there any other building, mobile home, or trailer — either occupied or vacant — on this property for people to live in?	☐ Yes *(Fill Table X)* ☐ No

A. OBJECTIVE

The purpose of questions 9a-c is to verify that the original listing is complete. It is necessary that these coverage questions be asked during the interview since, in general, the segments are listed by observation.

B. INSTRUCTIONS

1. For units in Area Segments, your office will indicate which (if any) of questions 9a-c you are to ask by marking the appropriate box(es).

2. If you find that a sample unit is a Type A or B noninterview, ask 9 as appropriate of a janitor, apartment manager, neighbor, etc. If you find that a sample unit is a Type C noninterview, ask question 9c (if it is marked) of a knowledgeable person in the area. Modify the question to refer to the noninterview unit. For example, in asking 9a of a neighbor, you might say, "Are there any other living quarters, either occupied or vacant, in that vacant house next door?"

3. If the answers to questions 9a, 9b, and 9c are "No," continue with item 10.

4. If the answer to question 9a, 9b, or 9c is "Yes," fill Table X on the back of the HIS-1 before continuing with item 10.

5. EXTRA Units--Do not ask the coverage questions for EXTRA units. For these units make no entries in question 9.

Item 10, Land Use

10a. LAND USE — RT 10 | 33

1 ☐ URBAN *(11)*
2 ☐ RURAL
- Reg. units and G.Q. units coded 92-N or 93-N in 7c – *Ask item 10b*
- GQ units not coded 92-N or 93-N in 7c – *Mark "No" in item 10b without asking*

b. During the past 12 months, did sales of crops, livestock, and other farm products from this place amount to $1,000 or more?

1 ☐ Yes
2 ☐ No
} *(11)* — 34

A. OBJECTIVE

The purpose of item 10 is to classify sample units as Urban or Rural according to Census definitions, and for Rural units, to determine farm/nonfarm status.

B. DEFINITIONS

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

   For owner-occupied units, place includes the entire acreage or property of the owner, regardless of whether all or part of the land he/she is living on is rented. For cash renters, place includes only the house and land for which they are paying rent, not the entire acreage or property of the owner. For units occupied without payment of cash rent, place refers to the entire acreage or property of the owner. The answer to item 10b for the owner and the non-cash renter, assuming both are in sample, must be the same.

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

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

C. INSTRUCTIONS

Complete item 10 for interviewed units and Types A and B noninterview units.

1. Item 10a

   This item is marked by the office for prepared questionnaires. If you must use a blank questionnaire for a sample unit, refer to the Land Use item on the label of the segment folder, and mark the corresponding category in item 10a.

2. Item 10b

   Fill this item only for sample units with "Rural" marked in item 10a. For rural sample units located in group quarters (GQs) not coded 92-N or 93-N in item 7c, mark the "No" box without asking; otherwise, ask the question and mark "Yes" or "No" based upon the respondent's reply, keeping in mind the definitions above.

   a. Farms subsidized by the government--If the respondent indicates that he/she is subsidized by the government not to grow certain crops, include the amount of the subsidy only if the place would have received income from the sale of these crops had they been grown. For example, if a farmer has received income from the sale of corn for a number of years, but is presently being subsidized not to grow corn, include the amount of the subsidy in item 10b.

   b. More than one unit--If there is more than one sample unit on a place, one of which is occupied without payment of cash rent, the answer for each unit must be the same.

   c. Recent mover--If the respondent has recently moved to the place, and has not yet sold any farm products, explain that item 10b refers to sales made from the place during the past 12 months, either by her/him or someone else. It is possible that the respondent may know, in a general way, the amount of sales. If the respondent is unable or unwilling to make an estimate, footnote the situation and continue with item 11.

   d. Noninterviews--If a rural sample unit is a Type A or B noninterview, try to obtain the information for 10b by asking neighbors. If you cannot obtain information on the value of produce, footnote the situation and continue with item 11.

Item 11, Classification of Living Quarters

11. CLASSIFICATION OF LIVING QUARTERS – *Mark by observation*

a. LOCATION of unit [35]

Unit is:

1 ☐ In Group Quarters – *Refer to GQ Table on pages 4-7 through 4-15 of the 11-8, FR Listing and Coverage Manual; then complete 11c or d*

2 ☐ NOT in Group Quarters *(11b)*

b. Access [36]

1 ☐ Direct *(11c)*

2 ☐ Through another unit – *Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)*

c. HOUSING unit *(Mark one)*

01 ☐ House, apartment, flat
02 ☐ HU in nontransient hotel, motel, etc.
03 ☐ HU-permanent in transient hotel, motel, etc.
04 ☐ HU in rooming house
05 ☐ Mobile home or trailer with no permanent room added
06 ☐ Mobile home or trailer with one or more permanent rooms added
07 ☐ HU not specified above – *Describe*

d. GROUP QUARTERS (GQ) unit *(Mark one)* [37-38]

08 ☐ Quarters not HU in rooming or boarding house
09 ☐ Unit not permanent in transient hotel, motel, etc.
10 ☐ Unoccupied site for mobile home, trailer, or tent
11 ☐ Student quarters in college dormitory
12 ☐ GQ unit not specified above – *Describe*

A. OBJECTIVE

The purpose of item 11 is to classify sample units as Housing Units or GQ units, and to further describe the type of living quarters.

B. DEFINITIONS

1. Housing unit--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 in 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 and have direct access.

2. Separate Living Quarters--This is one in which the occupants:

   - Live and eat 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)*.

3. Direct access--A living quarters has direct access when the occupant(s) can either:

   - Enter and leave the living quarters directly from the outside of the structure, or
   - Enter and leave the living quarters 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, then it does not have direct access.

C. INSTRUCTIONS

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

1. Item 11a

   Item 11a is a check item designed to assist you in determining the living quarters classification of the sample unit.

If the unit is in a Group Quarters, mark the first box and refer to the GQ table in Topic 3 of Chapter 4 of the 11-8 Listing and Coverage Manual to determine if the unit meets the definition of a housing unit.

If the unit is not in a Group Quarters, mark the second box in item 11a and go to item 11b.

2. Item 11b

Fill item 11b by observation. Mark "Direct" if the sample unit has direct access. Mark "Through another unit" if the sample unit does not have direct access.

For units without direct access, the living quarters is not a separate housing unit and should be considered as part of the living quarters through which access is gained. When this occurs, refer to Chapter 16 of this manual to determine how to proceed.

3. Item 11c

If you determine that the unit qualifies as a housing unit, mark the box in 11c that best describes the type of housing unit.

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

HU in nontransient hotel, motel, etc.--Mark this category if the sample unit is in a nontransient hotel, motel, motor court, etc., and is a separate living quarters (nontransient hotels, motels, etc., are defined in Chapter 4, Topic 6 [page 4-37] in the 11-8 Listing and Coverage Manual.)

HU--permanent in transient hotel, motel, etc.--Mark this category if the sample unit is separate living quarters in a transient hotel, motel, motor court, etc., and is occupied or intended for occupancy by permanent guests or resident employees. (Transient hotels, motels, etc., are defined in Chapter 4, Topic 6 [page 4-37] in the 11-8 Listing and Coverage Manual).

HU in rooming house--Mark this category for sample units which meet the housing unit definition in rooming houses or combination rooming and boarding houses. (See Chapter 4, Topic 6 [page 4-35] in the 11-8 Listing and Coverage Manual).

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

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

HU not specified above--Mark this category for living quarters which meet the housing unit definition but cannot be described by the specific categories listed above. Tents, houseboats, and railroad cars would be included here if they meet the housing unit definition. If this category is marked, describe the type of living quarters in the space provided.

After marking item 11c, go to question 12.

4. Item 11d

For GQ units eligible for interview, mark a box in 11d that best describes the unit.

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

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

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

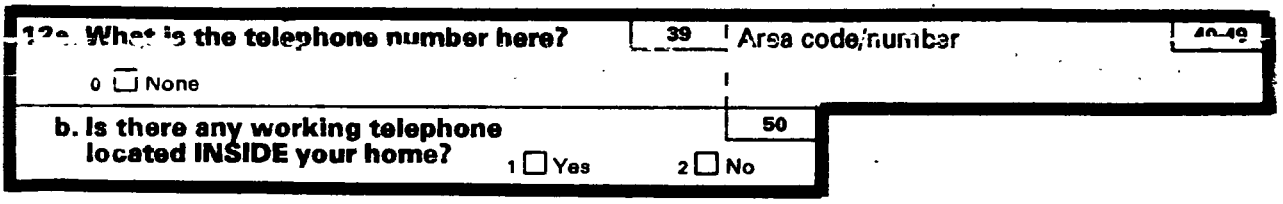
Student Quarters in College Dormitory--If the unit is student quarters in a college dormitory, mark this category.

GQ unit not specified above--Mark this category for a GQ unit not described above. Examples are quarters for nurses and quarters in bunkhouses. Describe the unit in the space provided.

5. Type B noninterview

For Type B noninterview units, complete item 11 according to what the unit used to be. For example, if a single-family house has been temporarily converted to a store, mark item 11c "House, apartment, flat." If you cannot apply these criteria, mark item 11 as to what the unit will be in the future. For example, if the sample unit is in an apartment building which is under construction, mark item 11c, "House, apartment, flat."

Question 12, Telephone Number and Coverage



A. OBJECTIVE

In case of missing information, it is more efficient to make a telephone callback rather than another personal visit. Also, some sections may require a telephone callback for completion with the appropriate person(s) or NCHS may select this household or some person(s) in the household for participation in one of their own population-based surveys sampled from HIS. (See Chapter E1, paragraph L for rules covering HIS-1 telephone interviews.) In addition, the NCHS is considering several different random digit dialing (RDD) telephone surveys to augment the HIS. To properly weight the RDD data, they need to know the number of HIS sample units that have a telephone in the unit.

B. INSTRUCTIONS

1. Enter the telephone number clearly and completely, including the area code, in 12a. If the household has a telephone, but the number is not obtained even after explaining the need for this information, enter the reason, for example, "REF." Mark the "None" box only for those cases in which there is no telephone. If the respondent asks why you want the number, explain that it will save the expense and time of a personal callback if you find that some needed information is missing.

2. If you are given a number for a telephone not in the household (e.g., a neighbor's number, a work number, etc.), footnote the location of the telephone.

3. Ask or verify 12b regardless of the response to 12a. This concerns only working telephones inside the sample unit, where for 12a you could accept access to a telephone not in the unit. For interviews in GQs and other unusual living quarters, substitute a more appropriate word for "home" when asking question 12b. For example, in a dormitory, you might say, "Is there any working telephone located inside your room?" *(NOTE: A working telephone does not refer to a phone used primarily on a job or business. Instead, it means currently operating. Explain this to the respondent if there is any confusion.)*

Items 13 and 14, Interview Observed, Field Representative's Name and Code and Language of Interview

13. Interview observed? 51
1 ☐ Yes 2 ☐ No

14a. Field representative's name | Code 52-53 | **b. Language of interview** 54
1 ☐ English 3 ☐ Both English and Spanish
2 ☐ Spanish 8 ☐ Other

INSTRUCTIONS

1. Item 13, Observed Households--Fill item 13 for all households. If anyone accompanies you during the interview, consider this to be an observation.

2. Item 14a, Name and Code of FR --PRINT your full name (not initials) in the space provided on all questionnaires after you have completed the entire interview for a household or are turning in the questionnaire as a final noninterview. Also, enter the code which was assigned to you by your office.

3. Item 14b, Language of Interview--Mark a box to indicate whether you anticipate the HIS 1 interview will be conducted in English, Spanish, in both English and Spanish, or in another language. If an interpreter is used, mark the box to indicate the language in which the interpreter and respondent communicate. It is not necessary to specify the language if the interview is conducted other than in English and/or Spanish. *(NOTE: Consider sign language to be "other" and mark Box 8.)* Leave 14b blank when it is not applicable, such as for a noninterview.

Item 15, Neighbors Screening

15. Neighbor screening results *(Mark if "S" in item 6)* 55
0 ☐ Neighbors not contacted
1 ☐ Screened out by neighbors
2 ☐ Eligible per neighbor
3 ☐ Undetermined by neighbors

A. OBJECTIVE

Sample units with an "S" in Household Page item 6 (or on the label) require "screening". Such units will be interviewed only if they contain at least one Black and/or Hispanic person. If no one in the household can be contacted after two attempts on different days, the "screening" should be conducted with neighbors. Report in item 15 the result of the neighbor interviews.

(*Revised February 1995)

B. DEFINITIONS

1. Screened Out By Neighbors--Two different neighbors agree that there is no Black and/or Hispanic person living in the sample unit.

2. Eligible Per Neighbor--At least one neighbor says that there is a Black and/or Hispanic person living in the sample unit.

3. Undetermined By Neighbor--At least one neighbor does not know if there is a Black and/or Hispanic person living in the sample unit.

C. INSTRUCTIONS

Mark item 15 only if "S" is marked in item 6 (or on the label) on the Household Page. Categories 1-3 refer only to the screening results.

1. Mark Box 0--if no neighbors were contacted, either because it was not necessary (e.g., the sample unit was contacted or determined to be a final noninterview) or no neighbors were at home.

2. Mark Box 1--if you completed two HIS-1N Neighbor Questionnaires with no Black and/or Hispanic person reported for the sample unit by both neighbors. Also mark box 11 "Occupied-Screened Out By Neighbors" for the noninterview reason in item 16.

3. Mark Box 2--if at least one neighbor reports on an HIS-1N that there is a Black and/or Hispanic person living in the sample unit. Continue your efforts to contact someone in the sample unit.

4. Mark Box 3--if at least one neighbor reports on an HIS-1N that he/she does not know if there is a Black and/or Hispanic person living in the sample unit. Continue your efforts to contact someone in the sample unit. Also, mark Box 3 if you determine from a neighbor that the sample unit is not currently occupied. In this case, mark the appropriate noninterview reason in 16 also.

(*Revised February 1995)

Item 16, Noninterview Reason

16. Noninterview reason 56-57 58

TYPE A

01 ☐ Refused
02 ☐ No one home, repeated calls
03 ☐ Temporarily absent
04 ☐ Language problem
05 ☐ Other *(Specify)* _____

Indicate best estimate of race/ethnicity for each Type A

1 ☐ Black/Hispanic
2 ☐ Not Black/Hispanic
3 ☐ Unknown

Fill items 1–7a, 8 and 10 as applicable; 11, 13–17.

TYPE B

06 ☐ Vacant, nonseasonal
07 ☐ Vacant, seasonal
08 ☐ Occupied entirely by URE
09 ☐ Occupied entirely by AF members
10 ☐ Occupied – screened out by household
11 ☐ Occupied – screened out by neighbors
12 ☐ Unfit or to be demolished
13 ☐ Under construction – not ready
14 ☐ Converted to temporary business or storage
15 ☐ Unoccupied site for mobile home, trailer, or tent
16 ☐ Permit granted – construction not started
17 ☐ Other *(Specify)* _____

Fill items 1–7a, 8–10 as applicable; 11, 13–17.

TYPE C

18 ☐ Unused line of listing sheet
19 ☐ Demolished
20 ☐ House or trailer moved
21 ☐ Outside segment boundaries
22 ☐ Converted to permanent business or storage
23 ☐ Merged
24 ☐ Condemned
25 ☐ Built after April 1, 1990
26 ☐ Other *(Specify)* _____

Fill items 1–7a, 9c if marked; 13–17, send Inter-Comm.

A. OBJECTIVE

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

B. DEFINITION

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

1. The unit is occupied but an interview was not possible.

   or

2. The unit is occupied entirely by persons not eligible for interview.

   or

3. The unit is not occupied or not eligible for interview.

C. INSTRUCTIONS

Return an HIS-1 questionnaire for each noninterview sample unit. Mark the noninterview reason in item 16 and fill other items as indicated on the questionnaire. If possible, obtain the name, title (neighbor, landlord, etc.), and telephone number of the person who identified the unit as a noninterview. Enter all pertinent information in a footnote either in the margin on the Household Page or in a convenient footnote space of the HIS-1.

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

1. Type A Noninterviews

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

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

Explain the circumstances on an Inter-Comm, attach it to the HIS-1, and mail it to the regional office with your other completed work. 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 reassigned to another FR/SFR for follow-up.

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

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

Fill a Request for Appointment (Form 11-38 or 11-38a) indicating when you plan to call back. Enter your name and telephone number in the space provided.

Also enter the date and time you said you would call back in a footnote on the Household Page.

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

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

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

(1) All the occupants are away temporarily on a vacation, business trip, caring for sick relatives, or some other reason, and will not return before your close-out date for that week.

AND

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

AND

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

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

AND

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

If the occupants will return on a certain date, record this date in a footnote and note the source of the information, such as a neighbor. If the date of their expected return is before the end of the interview period, make a return visit, if feasible.

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

d. Language Problem--If you cannot conduct the interview with the sample household because no one there speaks English and you cannot use an interpreter, mark the language problem box and footnote the situation. Check with your office before returning the HIS-1 as a noninterview -- they may be able to arrange for an interpreter or another FR who speaks the language to assist you. *NOTE: Include the need for, but lack of a sign language interpreter as a "Language problem".*

e. Other--Mark occupied units which are Type A noninterviews for reasons other than "Refusal," "No one at home," "Temporarily absent," and "Language Problem" as "Other" in item 16, with the specific reason entered in the space provided.

Among others, these reasons could include the following:

"No eligible respondent available"

"Death in family"

"Household quarantined"

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

- If you determine the unit is occupied, mark "Other" in item 16 and describe the circumstances in the space provided.

- If you determine the unit is vacant, determine which Type B noninterview box to mark in item 16.

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.

* For most potential Type A noninterviews **(other than Refusals)** with sample units designated for

(*Revised February 1995)

screening ("S" in Item 6 or on the label), you may conduct the HIS-1N "Neighbor" interview before determining the final no interview reason.

- If the HIS-1N "neighbor" interview indicates that the unit is eligible for interview, you must continue attempts to contact the occupants or accept the specific Type A noninterview.

- If two neighbors report on the HIS-1N that there is no Black or Hispanic living in the Household, mark Type B noninterview reason 11 - "Occupied - Screened out by Neighbors".

You may not conduct HIS-1N "Neighbor" interviews if someone in the sample unit refuses to participate in the survey.

For each Type A noninterview, mark a box to indicate the race and/or ethnicity of the household members. For refusals, language problems, and possibly some "Other" noninterviews, mark this by observation of the household member you contacted. If you conducted a neighbor "screening", mark this based on what the neighbor(s) reported. Mark box 3 "Unknown" if you cannot estimate the race and/or ethnicity of the household members at all.

Noninterviewed Persons

If an interview has been obtained for one or more related members of a family unit but not for all eligible members, consider it a completed interview. Enter the person number of the noninterviewed person in a footnote and give the noninterview reason, in full, for each such person. Do not make an entry in item 16. If you are unable to interview an unrelated person or group living in the household, be sure to enter the reason for noninterview in item 16 on the separate questionnaire.

2. Type B Noninterviews

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

a. Vacant--nonseasonal and Vacant--seasonal

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

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

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

Report vacant units as follows:

- Nonseasonal--A vacant unit intended for year-round occupancy, regardless of where it is located.

- Seasonal--A vacant unit intended for only seasonal occupancy. These may be in summer or winter resort areas, used only during the hunting season, etc. (except units for migratory workers).

b. Occupied entirely by persons with URE

Mark this category when the entire household consists of persons who are staying only temporarily in the unit and who have a usual place of residence elsewhere. Do not interview persons if the sample unit is only a temporary place of residence.

c. Occupied entirely by Armed Force members

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

d. Occupied-Screened Out By Household

Mark this category if you end the interview with item 7 on the Household Composition Page. This means that the sample unit was designated for "screening" ("S" in item 6 or the label) and contains no Black and/or Hispanic persons.

e. Occupied-Screened Out by Neighbors

Mark this category if two neighbors (interviewed on HIS-1N Neighbor Questionnaires) agree that the sample unit contains no Black and/or Hispanic persons.

f. Unfit or to be demolished

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

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

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

g. Under construction, not ready

Mark this category for sample units which are being newly constructed but not completed to the point where all the exterior windows and doors have been installed and the usable floors are in place. (Usable floors can be cement or plywood; carpeted, tiled, or hardwood flooring is not necessary.) If construction has proceeded to this point, classify the unit as one of the vacant categories.

h. Converted to temporary business or storage

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

NOTE:

- *Report unoccupied units in which excess household furniture is stored as one of the vacant categories.*
- *Report unoccupied units permanently converted to business or storage as Type C--"Converted to permanent business or storage."*
- *Report unoccupied units which are to be used for business or storage purposes in the future, but in which no change or alteration has taken place at the time of interview as one of the vacant categories.*

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

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

j. Permit granted, construction not started

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

k. Other Type B

Mark this category and specify the reason for units which cannot be classified under any of the above reasons.

3. Type C Noninterviews

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

a. Unused line of listing sheet

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

b. Demolished

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

c. House or trailer moved

Mark this category for a structure or trailer moved from its site since listing. (This rule applies for trailers or mobile homes only when: (1) a basic address (e.g., 801 Main St.) on the listing sheet identifies a trailer, or (2) trailers rather than sites were listed by description only. See section 2i above for instructions when sites are listed.) If a site or an address/description plus a site in a mobile home park was listed, and it is now unoccupied (no mobile home on it), mark Type B noninterview "Unoccupied site for mobile home, trailer, or tent."

d. Outside segment

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

e. Converted to permanent business or storage

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

f. Merged

Mark this category for any current sample unit(s) eliminated after applying the rules for mergers. (See Chapter D16 for merged unit procedures.) An unoccupied sample unit resulting from the merger should be reported as one of the vacant categories.

g. Condemned

Mark this category for unoccupied sample units only if there is positive evidence such as a sign, notice, or mark on the house or in the block that the unit is condemned. Be sure this refers to unoccupied units. If occupied units are posted "Condemned," ignore the sign and interview the occupants of the unit.

NOTE: *If there is no such evidence, report the unit as one of the vacant categories unless the unit is unfit for human habitation, in which case mark "Unfit or to be demolished."*

h. Built after April 1, 1990

Mark this category for units which were marked as such in item 8 Year Built. This situation can occur only in certain area segments for which your office has marked the "Ask" box in Year Built, or EXTRA units in separate structures discovered in Area Segments.

i. Other - specify

Mark "Other" and specify the reason for units which cannot be classified in any of the above categories. Some examples in Permit Segments might be "abandoned permit", "replacement structure", or "permit address identifies a GQ". Some examples in Area Segments might be "duplicate listing" or "never living quarters".

4. For each Type A, Type B, and Type C noninterview, be sure to complete the Household Page items indicated after the specific type of noninterview.

ITEM 17, RECORD OF CALLS

17. Record of calls						59-69
	Month	Date		Beginning time	Ending time	Completed *Mark (X)*
1			P T	a.m. p.m.	a.m. p.m.	
2			P T	a.m. p.m.	a.m. p.m.	
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	
5			P T	a.m. p.m.	a.m. p.m.	
6			P T	a.m. p.m.	a.m. p.m.	

A. DEFINITIONS

1. Beginning time--The time you knock on the door or dial the phone.

2. Ending time--The time you're ready to leave the household or hang up the phone

3. Completed interview--An interview in which you have asked all questions on health and personal characteristics for related members of a household. If a respondent has refused to answer a few of the questions, but has provided the rest of the information, consider the interview completed.

B. INSTRUCTIONS

1. Record all visits made to a household, including visits made when no one was at home. Do not include any telephone calls for appointments or additional calls to ask questions for persons not at home at the time of the initial interview or for questions which were overlooked. Include these additional calls in items 18 and 19. Also, do not include contacts with neighbors to complete HIS-1N questionnaires.

2. Enter the date and both the beginning and ending times of each visit on the line for the particular visit you are making. That is, enter the date and time of the first visit on the first line, for the second visit on the second line, etc.

17. Record of calls						59-69
	Month	Date		Beginning time	Ending time	Completed *Mark (X)*
1	08	27	(P) T	11:41 (a.m.) p.m.	11:45 (a.m.) p.m.	
2	08	27	(P) T	05:30 a.m. (p.m.)	06:50 a.m. (p.m.)	X
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	

a. Circle "P" or "T" to indicate whether this was a Personal visit or Telephone interview.

b. Enter exact times, without rounding, using 4 digits: 2 for the hour and 2 for the minutes.

c. Circle "a.m." or "p.m." as appropriate.

d. Enter an "X" in the "Completed" column even if there are some items requiring a callback for this family, such as detail on a doctor visit or hospitalization, or to complete any supplements.

e. If more than six calls are made to a household, continue recording the calling information in the footnotes. Be sure to cross-reference this with a footnote symbol in both item 17 and the note. Do not continue item 17 in item 19.

3. Complete item 17 on a separate questionnaire for each separate family unit. Enter the date and the beginning and ending times of each call made. Enter this information on the separate questionnaire for unrelated person(s) even though you may not have to return to the household at a different time to interview these persons.

   a. If an interview is obtained for a family unit, but not for an unrelated person, mark the "Completed" column on the family's questionnaire, but not on the questionnaire prepared for the unrelated person.

   b. For unrelated household members, mark "X" in item 17 on each questionnaire that was completed for each unrelated person or group that was interviewed.

4. For noninterviewed households, enter the dates and beginning and ending times when attempts were made. Do not "X" the "Completed" column.

5. If an interview is interrupted after you have begun (for example, during the Condition Pages), but you expect to complete it later, enter the ending time for this visit, but do NOT mark the "Completed" column for this contact. When you continue the interrupted interview, enter that date and times on an additional line in item 17 and mark the "Completed" column (if appropriate) on the line for that contact.

6. Illustrations of How to Fill Item 17--On this page and the following page are illustrations of how to fill item 17. In example 1, no one was at home on the first trip to the household. A housewife and her 20-year-old son were interviewed for themselves and for other related household members on the second trip. A roomer could not be interviewed until the next day.

Example 1

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

17. Record of calls 59-60

	Month	Date		Beginning time	Ending time	Completed Mark (X)
1	10	04	P T	11:12 a.m. p.m.	11:20 a.m. p.m.	
2	10	05	P T	07:30 a.m. p.m.	08:48 a.m. p.m.	X
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	
5			P T	a.m. p.m.	a.m. p.m.	
6			P T	a.m. p.m.	a.m. p.m.	

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

17. Record of calls 59-60

	Month	Date		Beginning time	Ending time	Completed Mark (X)
1	10	05	P T	08:48 a.m. p.m.	08:49 a.m. p.m.	
2	10	06	P T	06:10 a.m. p.m.	06:41 a.m. p.m.	X
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	
5			P T	a.m. p.m.	a.m. p.m.	
6			P T	a.m. p.m.	a.m. p.m.	

NOTE: An InterComm explaining the situation is also required for any HIS-1 interviews conducted by telephone.

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

Example 2

Person 1

17. Record of calls 59-60

	Month	Date		Beginning time	Ending time	Completed Mark (X)
1	11	16	(P) T	01:04 a.m. (p.m.)	01:52 a.m. (p.m.)	X
2			P T	a.m. p.m.	a.m. p.m.	
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	
5			P T	a.m. p.m.	a.m. p.m.	
6			P T	a.m. p.m.	a.m. p.m.	

Person 2

16. Noninterview reason

TYPE A

01 ☐ Refused
02 ☐ No one home, repeated calls
03 ☒ Temporarily absent
04 ☐ Language problem
05 ☐ Other *(Specify)* _____

17. Record of calls 59-60

	Month	Date		Beginning time	Ending time	Completed Mark (X)
1	11	16	(P) T	01:53 a.m. (p.m.)	01:55 a.m. (p.m.)	
2			P T	a.m. p.m.	a.m. p.m.	
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	
5			P T	a.m. p.m.	a.m. p.m.	
6			P T	a.m. p.m.	a.m. p.m.	

Person 3

17. Record of calls 59-60

	Month	Date		Beginning time	Ending time	Completed Mark (X)
1	11	16	(P) T	01:52 a.m. (p.m.)	01:53 a.m. (p.m.)	
2	11	17	(P) T	07:29 a.m. (p.m.)	08:43 a.m. (p.m.)	X
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	
5			P T	a.m. p.m.	a.m. p.m.	
6			P T	a.m. p.m.	a.m. p.m.	

Items 18 and 19, Record of Callbacks

18. List column numbers of persons requiring callbacks, and indicate reason(s). ☐None 70-77

Person No.	S.S No.	Other	Person No.	S.S No.	Other

19. Record of additional contacts 78-81

	Month	Date		Beginning time	Ending time	Completed Person No.
1			P T	a.m. p.m.	a.m. p.m.	
2			P T	a.m. p.m.	a.m. p.m.	
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	

A. OBJECTIVE

These items enable you to identify which person(s) require a callback and to record information concerning the callbacks.

B. INSTRUCTIONS

* 1. Use Item 18 to indicate required callbacks.

a. If no callbacks are required, mark the "None" box.

b. Enter the person number of each family member for whom a callback is required and specify the reason for the callback by marking the "SSNo." box if the Social Security number is needed, or entering in the "Other" space the section number or brief description of what is needed. If more than six persons in the family require callbacks, continue Item 18 in the Household Page margin or in a footnotes space.

Example: *If a callback is required to obtain person number 2's Soecial Security number and to complete Section I with person 2, enter "2", mark "SSNo.", and enter "I" in Other.*

c. If the need to callback for missing information is discovered during your at-home edit, correct your entries in Item 18, as appropriate.

* 2. Determine the best time for a callback and enter this in the Household Page margin, if possible, or in a convenient footnotes space. *(NOTE: If the need for a callback was determined during your at-home edit, refer to your entry in Demographic Background Page Item 16 for the best time to call.)*

* 3. Use Item 19 to record information concerning all callbacks.

a. Enter the date, circle "P" for personal or "T" for telephone, and enter both the beginning and ending times each time you contact the household, regardless of whether or not an interview is obtained.

(*Revised February 1995)

(NOTE: Do not include telephone calls resulting in busy signals, wrong numbers, no one home, etc.. Do, however, record personal visit callbacks, even if no one is home.

b. Enter the appropriate person number(s) in the "Completed Person No." column to indicate on which callback the appropriate interview was completed.

(NOTE: Do not enter the person numbers of those for whom the required information was not obtained. Instead, footnote the reason(s) such persons were not interviewed.)

4. Illustration of How to Fill Items 18 and 19

Example 1

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

18. List column numbers of persons requiring callbacks, and indicate reason(s). ☐None (70-77)

Person No.	S.S No.	Other	Person No.	S.S No.	Other
1	X	II			
4		I			

19. Record of additional contacts (78-81)

	Month	Date		Beginning time	Ending time	Completed Person No.
1	02	15	P T	07:10 a.m. p.m.	07:20 a.m. p.m.	4
2	02	16	P T	11:10 a.m. p.m.	11:30 a.m. p.m.	1
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	

Example 2

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

18. List column numbers of persons requiring callbacks, and indicate reason(s). ☐None (70-77)

Person No.	S.S No.	Other	Person No.	S.S No.	Other
2		V			

19. Record of additional contacts (78-81)

	Month	Date		Beginning time	Ending time	Completed Person No.
1	07	14	P T	01:01 a.m. p.m.	01:24 a.m. p.m.	2
2			P T	a.m. p.m.	a.m. p.m.	
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	

Example 3

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

18. List column numbers of persons requiring callbacks, and indicate reason(s). ☐None (70-77)

Person No.	S.S No.	Other	Person No.	S.S No.	Other
2	X				
3	X				

19. Record of additional contacts (78-81)

	Month	Date		Beginning time	Ending time	Completed Person No.
1	02	04	P T	05:15 a.m. p.m.	05:26 a.m. p.m.	2,3
2			P T	a.m. p.m.	a.m. p.m.	
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	

NOTES

CHAPTER 5A. HOUSEHOLD COMPOSITION PAGE

OVERALL OBJECTIVE

The purpose of the Household Composition Page is to provide a record of individual household members, including their age, sex, and relationship to the reference person. In addition, reference dates and other information needed during the interview are included.

QUESTION 1, HOUSEHOLD COMPOSITION

1a. What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. *Enter name in* ***REFERENCE PERSON*** *column.*

b. What are the names of all other persons living or staying here? *Enter names in columns.*

c. I have listed *(read names)*. **Have I missed:**

	If "Yes," enter names in columns	
	Yes	No
— any babies or small children?	☐	☐
— any lodgers, boarders, or persons you employ who live here?	☐	☐
— anyone who USUALLY lives here but is now away from home traveling or in a hospital?	☐	☐
— anyone else staying here?	☐	☐

d. Do all of the persons you have named usually live here?

☐ Yes *(2)*

☐ No *(APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1–C2 and enter reason.)*

Probe if necessary:

Does -- usually live somewhere else?

A. OBJECTIVE

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

B. DEFINITIONS

1. Reference person--The first household member 19 years or older mentioned by the respondent in answer to question 1a; i.e., the person who owns or rents the sample unit. If no household member occupying the sample unit owns or rents the unit, the reference person is the first household member mentioned who is 19 years of age or older.

2. Household--The entire group of persons who live in one housing unit or one GQ unit. It may be several persons living together or one person living alone. It includes the reference person, any relatives living in the unit, and may also include roomers, servants, or other persons not related to the reference person.

3. Household member--Consider the following two categories of persons in a sample unit as members of the household.

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

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

C. INSTRUCTIONS

1. Questions 1a-b

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

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

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

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

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

- If one of the household members owns or rents the sample unit, designate that person as the reference person.

- 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.

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

- Reference person

- Spouse of the reference person

- Unmarried children of the reference person or spouse in order of their ages, beginning with the oldest

- Married sons and daughters (in order of age) and their families in order: husband, wife, children

- Other relatives

- Lodgers and other nonrelated persons

- If, among the persons not related to the reference person, there are married couples or persons otherwise related among themselves, list them in the above prescribed order.

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

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

d. 6+ Persons--If there are 6-10 persons in a household, use a second questionnaire and change the column numbers to "6," "7," etc. If there are more than 10 persons in the household, use additional questionnaires in a similar manner. Print the last name of the person you list in the first column on the second and each successive HIS-1 questionnaire even when it is the same as the name listed on the first HIS-1 questionnaire. Change the "Reference Person" entry in column 1 when you change the person number to "6", "11", etc.

e. Determine Who Constitutes A Household

- If the persons reported in response to questions 1a-b represent a "typical family group," such as husband, wife, and unmarried children, a parent and child, two or more unmarried sisters, or some similar clear-cut arrangement, consider all the members as a single household.

- If, in answer to questions 1a-b, the respondent reports an unrelated family group; a married son and his family; or relatives, such as a mother, uncle, or cousin, ask if they all live and eat together as one family.

  -- If they all live and eat together, interview them as a single household.

  -- If any of the persons reported in answer to question 1 say they live separately from the others, fill Table X to determine if you have an EXTRA unit or not separate living quarters.

2. Question 1c

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

3. Question 1d

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

a. Nonhousehold members--Delete any such persons by drawing a large "X" across the person's column from question 1 through item C2. Also enter the reason for the deletion, such as "URE," "AF not living at home," "Away at school," etc., above that deleted person's column. When a person is deleted, you should also explain that you will not be asking any further questions about him/her. **Do NOT change the person numbers when someone is deleted.**

b. Special situations regarding household membership--You may encounter certain situations where household membership is unclear. Below are guidelines for handling these situations. You may have to ask enough probe-type questions so that you can determine the actual situation and, therefore, make the proper decision as to household membership. *NOTE: Refer also to card HM on page 2 of the HIS-501.1.*

(1) Families with two or more homes--Some families have two or more homes and may spend part of the time in each. For such cases, the usual residence is the place in which the person spends the largest part of the calendar year. Only one unit can be the usual residence. For example, the Browns own a home in the city and live there most of the year. They spend their summer vacation at their beach cottage. Neither house is rented in their absence. The home in the city is their usual place of residence.

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

(3) Seamen--Consider crew members of a vessel to be household members at their homes rather than on the vessel, regardless of the length of their trips and regardless of whether they are at home or on the vessel at the time of your visit (assuming they have no usual place of residence elsewhere).

(4) Members of Armed Forces--Consider active duty members of the Armed Forces as household members if they are stationed in the locality and usually sleep in the sample unit, even though no health information will be obtained for them.

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

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

- 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.

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

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

(8) Inmates of specified institutions--Persons who are inmates of certain types of institutions at the time of interview are not household members of the sample unit. They are usual residents at the institution. (See Chapter 4, Topics 1 and 3 in the 11-8 Listing and Coverage Manual for a definition and list of institutions.)

QUESTION 2, RELATIONSHIP

Ask for all persons beginning with column 2:

2. What is -- relationship to *(reference person)*?

A. OBJECTIVE

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

B. INSTRUCTIONS

1. All persons listed must be identified by their relationship to the reference person. If the respondent has already given you the relationship of the household members, you may record the relationships without asking question 2. However, this information should be verified. Remember that we are interested in the relationship to the reference person and not necessarily to the respondent.

* 2. If the person in column 1 has been "deleted", he/she may not remain the reference person. However, if the person in column 1 has only been "excluded", he/she may remain the reference person.

   a. If the "excluded" person in column 1 is a household member, then this person is still the reference person and the relationship of all other household members to this person should be obtained. For example, if person 1 is in the Armed Forces and lives at home, obtain all relationships to him/her.

   b. If the person in column 1 was "deleted" and is not a household member, he/she is no longer considered the "reference person." For example, if person 1 is in the Armed Forces and does not live at home, the "reference person" then becomes the next household member 19 years of age or older listed on the HIS-1 questionnaire and the relationships to this person will be obtained. Enter "reference person" in this person's column. Do not, however, change the column numbers.

(*Revised February 1995)

3. For unmarried couples living together, base the relationship on how they consider themselves. If they consider themselves as married or indicate that they are living together as a married couple (whether legal or not); for example, "boyfriend," "girlfriend," "fiance" and the like, treat them as "married" and interview them on the same questionnaire. If they do not report themselves as married, or the response is less explicit, such as "we share an apartment" or "we room together," treat them as partners and interview each on a separate questionnaire.

4. If two persons of the same sex (two males or two females) consider themselves as married, show the relationship as "same sex spouse". However, the sponsor does not recognize such "marriages" and treats each person as unrelated. It is preferrable to conduct separate HIS-1 interviews the same as other unrelated persons *(see instruction 7 below)*, but if it is more efficient to conduct the interview for both on one HIS-1, you may do so. *CAUTION: even if you conduct one HIS-1 interview, each "same sex spouse" must be considered as unrelated for the supplement(s), thus requiring separate supplement booklets. For example, if the two are the only adults in the household, each will be an adult Sample Person and require separate supplement interviews.*

5. If there are any persons in the household who are <u>not</u> related by blood, marriage, adoption, or foster relationships to the reference person but are related to each other, the relationship to each other should be shown in addition to the relationship to the reference person. For example, list a roomer and his wife as "roomer" and "roomer's wife"; list a maid and her daughter as "maid" and "maid's daughter." Show this same detail for household members who are distantly related by marriage to the reference person, such as "brother-in-law's cousin," "uncle's mother-in-law."

6. Some typical examples of relationship entries are: husband, wife, son, daughter, stepson, father, granddaughter, daughter-in-law, aunt, cousin, nephew, roomer, hired hand, partner, maid, friend.

7. <u>Complete separate questionnaires for each listed unrelated person or unrelated family group in the household</u>. After recording the names of all household members and completing questions 1 through 6 on the first HIS-1 questionnaire, transcribe the name, date of birth, age, sex, and relationship of each unrelated household member to a separate questionnaire. Change the column number of each person to agree with the number for that person on the first HIS-1 questionnaire. For example, an unrelated person is listed as person 5 on the first questionnaire. Transcribe his/her name and relationship to the first column of the second questionnaire, change the column number from "1" to "5," delete "reference person" in the relationship space, and enter the relationship to the reference person from the first questionnaire. Be sure to transcribe the reference periods and the Condition List number from the first questionnaire.

   On the Household Page of the questionnaire(s) for unrelated person(s), transcribe the identification items 1 through 6 from the original questionnaire and ask question 7b, mailing address, of the unrelated person(s). Often an unrelated household member will have a mailing address different from that of the reference person. If the mailing address is the same as the address entered in item 7a on the first questionnaire, mark the box for "Same as 7a" in question 7b of this questionnaire. If the mailing address is different from that entered in item 7a, enter the mailing address in question 7b of the new questionnaire. Continue the interview for the unrelated persons in the prescribed manner separately from the interview for the reference person's family, beginning with the Introduction and Hospital Probe on page 4. Obtain or correct the ages if necessary, but do not ask any other questions on the Household Composition Page.

   The separate HIS-1 questionnaire for unrelated persons is required even if you know at this point that you will not be able to complete the interview for the unrelated persons.

(*Revised February 1995)

QUESTION 3, DATE OF BIRTH, AGE, AND SEX

3. What is -- date of birth? ***(Enter date and age and mark sex.)***

A. OBJECTIVE

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

B. INSTRUCTIONS

1. a. Date of birth and age--Obtain the exact date of birth and enter it in the spaces provided in each column; enter all four digits of the year. If you cannot get the exact date, enter the approximate date, footnoting that the date is the respondent's approximation. If only the year is known, enter "DK" for both the month and date, and enter the year.

   (1) Using the date of birth, determine the age of the person on his/her last birthday by referring to the Age Verification Chart in the HIS-501.1 Information Booklet. Verify the age with the respondent and then enter it in the "Age" box in whole numbers. For children under 1 year of age, enter "Und. 1" in the "Age" box.

   (2) If the person refuses to give an age or a birthdate, make the best estimate you can and footnote that this is your estimate; for example, "30 est.," "mid-40's est.," etc. The following examples are not acceptable age estimates because they are too general and do not provide enough information to place the person in a specific age category: "over 25 years," "17+ years," "under 18," etc.,

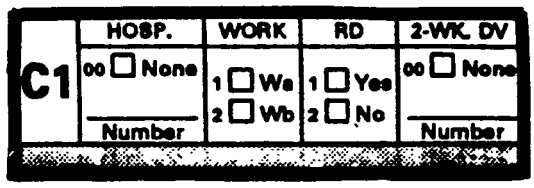
   b. Sex--Mark the appropriate box for each person after entering the age. The sex of a person can usually be determined from the name or relationship entries. However, some names, such as Marion and Lynn, are used for both males and females. If there is any doubt, ask about the person's sex.

2. If an exact date of birth and age are unknown for an unrelated household member, enter an estimate. Then when completing the HIS-1 for the unrelated person, ask for the date of birth, erase the estimated age, and enter the correct date of birth and age.

3. Babies born during interview week are considered as household members, but are excluded from the interview because all reference periods *(see D5-9)* end before the babies were born. Exclude such babies by drawing an "X" in their columns from Item C1 through Item C2 and noting above the columns "BORN INT. WEEK".

(*Revised February 1995)

ITEM C1, REFERENCE BOXES



A. OBJECTIVE

Make entries in item C1 based on the responses to specific questions during the interview. These entries are referred to at various times later in the interview. Placing the boxes here eliminates the need to flip pages during the interview.

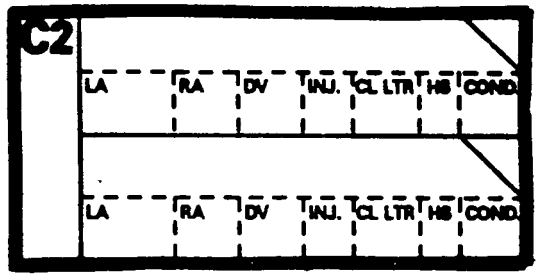
B. INSTRUCTIONS

* 1. Specific instructions for filling these boxes are covered on pages D5-17, D7-4, D7-13, and D8-5.

2. When correcting entries in item C1, erase the incorrect answer and enter the correct one. Enter a footnote symbol both in the appropriate box in this item and at the source where the error was discovered and explain why the correction was made.

3. Like item C1, the boxes above each person's column are marked when specified and referred to later in the interview.

ITEM C2, RECORD OF CONDITIONS



A. OBJECTIVE

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

B. INSTRUCTIONS

1. When entering conditions in item C2, enter the exact condition name reported by the respondent. Do not abbreviate the condition name except in certain cases which are specifically discussed in later chapters.

2. Below each space for the condition name is a series of boxes for specifying the part(s) of the questionnaire where the condition was reported (the source(s) of the condition): Limitation of Activities Page (LA), Restricted Activity Page (RA), 2-Week Doctor Visits Page (DV), Health Indicator Page (INJ), Condition List (CL LTR), Hospital Page (HS), and Condition Page (COND). For each condition, one or more of the boxes must have an entry. Specific instructions for the sources of condition entries are included with the instructions for the applicable questions.

(*Revised February 1995)

3. If a condition reported in answer to a particular question for a particular person is reported again in answer to another question, do not record this condition again on another line of item C2. Instead, record the additional source as instructed in the applicable chapters. Do not record conditions which are given in response to questions not designed to obtain this information. Record conditions only when reported in response to questions which specifically ask for a condition. Keep the conditions mentioned elsewhere in mind so that they can be verified at the proper time; for example, "I believe you said that you missed work in the past 2 weeks because of a cold, is that correct?" (See E1-10.)

4. Do not enter in item C2 any condition reported after the Condition Pages. Footnote these conditions and where they were reported. If the household is reinterviewed and these conditions are reported at that time, the reinterviewer will be able to reconcile the differences.

5. Next to each space for the condition name is a triangular area for entering the condition number. Fill this space when completing the Condition Pages.

6. When more than five conditions are reported for a person, enter them in that person's column on an additional HIS-1 questionnaire.

ITEM A1, REFERENCE PERIODS

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

A. OBJECTIVE

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

B. DEFINITIONS

1. Two-Week Period--These are the 2 weeks (14 days) just prior to the week in which the interview is conducted. The 2-week period starts on Monday and ends with and includes the Sunday just prior to interview week. It does not include any days of the interview week. For example, if the interview is conducted on Saturday, April 1, the 2-week period would refer to the period beginning on Monday, March 13 and ending Sunday, March 26.

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

2. Twelve-Month Date--The 12-month date is "last Sunday's" date a year ago; therefore, the 12-month reference period begins on that date and ends on the Sunday night before the interview. For example, for an interview taking place on Saturday, April 1, the 12-month period would be from March 26, a year ago. Again, note that the reference period does NOT include any days of the interview week.

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

3. Thirteen-Month Hospital Date--This date defines a period of approxi- mately 13 to 14 months preceding the week of interview. The reference period begins on the first day of the month preceding the month in which Monday of interview week falls. For example, if you were inter- viewing on Thursday, May 4, the Monday of interview week is in May also, so the "13-month hospital date" would be April 1, a year ago. If the interview took place on Saturday, June 3, the Monday of interview week would be in May. In this case, the "13-month hospital date" is April 1, a year ago, which would be a period of 14 months.

   As with the other reference periods, do not include any days in the interview week.

C. INSTRUCTIONS

1. For additional questionnaires filled for unrelated persons or EXTRA units, enter in A1 the same reference dates that were entered on the original questionnaire, unless the interview is conducted after the scheduled interview week.

2. For interviews conducted after the scheduled interview week, line out the entries made by the office and enter the dates in A1 that correspond to the new reference periods.

ITEM A2, CONDITION LIST

A2	ASK CONDITION LIST ____.

A. OBJECTIVE

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

B. INSTRUCTIONS

1. The number (1-6) entered in A2 after "Ask Condition List ____" indicates which Condition List to ask for a household.

2. Unrelated Persons--For unrelated person(s), enter in A2 the same Condition List number that was entered on the original HIS-1 questionnaire. Ignore the Condition List number on the label you affix to the HIS-1 for unrelated persons.

3. EXTRA Units --For EXTRA units, use the Condition List numbers on the labels you affix to the HIS-1 questionnaires for such units. Transcribe the Condition List number from the label to item A2.

CHECK ITEM A3

A3	*Refer to ages of all HH members.*	A3	☐ All persons 65 and over *(5)* ☐ Other *(4a)*

INSTRUCTIONS

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

(*Revised February 1995)

QUESTION 4, IN ARMED FORCES

4a. Are any of the persons in this household now on full-time active duty with the armed forces? ☐ Yes ☐ No *(5)*

b. Who is this? *Delete column number(s)* _____ *by an "X" from 1–C2.*

c. Anyone else? ☐ Yes *(Reask 4b and c)* ☐ No

Ask for each person in armed forces.

d. Where does -- usually live and sleep, here or somewhere else?

Mark box in person's column.

A. OBJECTIVE

* Question 4 identifies active duty armed forces members, either U.S. or foreign, so that you can avoid asking health-related questions about them. Although these people will be excluded from the HIS-1 questionnaire, they are considered household members. No health information is obtained about them, but they may respond for other related members and income, assets, and some supplemental information will be obtained for them.

B. DEFINITION

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

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

C INSTRUCTIONS

* If the answer to 4a is "Yes", ask 4b and 4c. In 4b, enter the column number(s) of the armed forces member(s). **Do not "X" out these armed forces members until after you ask 4d for each.** Mark the appropriate box in 4d for each armed forces member to indicate whether he/she lives at home (in the sample unit) or away from home (not in the sample unit).

Active duty armed forces members not living at home are not considered as household members. Delete the columns for such persons by drawing an "X" from question 1 through Item C2 and noting above the column(s) "AF NOT LIVING AT HOME". *(See also page D5-5 regarding "deleted" reference persons.)*

NOTE: If deleted armed forces members are the only household members, stop the interview and mark Type B noninterview reason 09: "Occupied entirely by AF members" in Item 16 on the Household Page.

Active duty armed forces members living at home are household members *(see 2a. on page D5-5)* Exclude such persons from the health related portions of the HIS-1 interview by drawing an "X" in their columns from Item C1 through Item C2 and noting above the columns "AF LIVING AT HOME".

NOTE: If excluded armed forces members are the only household members, stop the interview and mark Type B noninterview reason 09: "Occupied entirely by AF members" in Item 16 on the Household Page.

(*Revised February 1995)

QUESTION 5, NATIONAL ORIGIN OR ANCESTRY

HAND CARD O.

5a. Are any of those groups -- National origin or ancestry? (Where did -- ancestors come from?)

b. Please give me the number of the group. ***Circle all that apply.***

1 – Puerto Rican	**3 – Mexican/Mexicano**	**5 – Chicano**	**7 – Other Spanish**
2 – Cuban	**4 – Mexican American**	**6 – Other Latin American**	

A. DEFINITIONS

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

B. INSTRUCTIONS

1. Ask question 5 for each nondeleted household member, including persons not related to the reference person, Armed Forces members living at home, and babies born during interview week.

2. If the respondent does not understand question 5a, read the probe printed in parenthesis: "Where did -- ancestors come from?"

3. Mark "No" in 5a if the respondent says "No" with or without any explanations or qualifiers.

4. If the response to 5a is "Yes", ask 5b and circle the code(s) for the category(ies) selected by the respondent. If the respondent reports a name which is exactly the same as one on Card O, circle the appropriate code. For example, circle "3" if the response is "Mexican."

5. If you are given a name (or code) that is on Card O and one that is not on the card, mark "Yes" in 5a and circle the number of the one from the card in 5b. Do not record the other name. For example if the respondent says, "She is German and Cuban," mark "Yes" in 5a for the person and circle "2" in 5b, but do not try to record "German".

6. If the response is not exactly the same as one on Card O, probe to determine which of the seven categories fit the response and circle the appropriate number(s). For example, if the respondent says, "I'm Columbian", probe by repeating the question, "Please give me the number of the group." **Do not write in any responses.**

   If this probe does not identify the appropriate category(ies), ask if the person is Hispanic or not. If Hispanic, circle "6" or "7", whichever is more appropriate. If not Hispanic, change your answer in 5a from "Yes" to "No" and skip 5b for this person.

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

(*Revised February 1995)

QUESTION 6, RACIAL BACKGROUND

HAND CARD R. Ask first alternative for first person; ask second alternative for other persons.

6a. [What is the number of the group or groups which represents -- race?]
[What is -- race?]

Circle all that apply.

		ASIAN OR PACIFIC ISLANDER (API)		
1 - White	4 - Eskimo	6 - Chinese	10 - Vietnamese	14 - Guamanian
2 - Black	5 - Aleut	7 - Filipino	11 - Japanese	15 - Other API - *Specify*
3 - Indian (American)		8 - Hawaiian	12 - Asian Indian	16 - Other race - *Specify*
		9 - Korean	13 - Samoan	

Ask if multiple entries in 6a:

b. Which of these groups, that is, *(entries in 6a)* would you say BEST represents -- race?

c. *Mark observed race of respondent(s) only.* 1☐W 2☐B 3☐O

A. OBJECTIVE

Statistics on racial background will be used in relating doctor visits, hospitalizations, and other health variables to the various racial and cultural groups in this country.

B. INSTRUCTIONS

1. Ask question 6 for each nondeleted household member, including persons not related to the reference person, Armed Forces members living at home, and babies born during interview week.

2. Use the first specified wording when asking question 6a for the first household member, so that the respondent is aware that you are asking for a number to be reported. For the second and remaining household members, you may use the alternate wording, "What is ___ race?" if appropriate.

3. Do not suggest an answer to the respondent and do not try to explain or define any of the groups. The concept of race does not reflect clear-cut definitions of biological stock or conform to any scientific definition. Rather, it reflects self-identification by the respondent; that is, the race(s) with which the person most closely identifies.

* 4a. Circle all responses given in answer to 6a. If the respondent does not give a number, but gives an answer that is exactly the same as a category listed, circle the appropriate code.

* b. If the response to 6a is African (Afro-) American, Colored, Negro, Mulatto, Haitian, Jamaican, West Indian, Nigerian (or any of the countries or tribes of Black Africa), circle "2" instead of "16". You may still specify the response if you want, but be sure to circle "2", not "16".

* c. For any other response to 6a *(other than as specified in 4b above)* that is not exactly the same as one listed, circle "16" and write the response verbatim on the "specify" line.

5. If the response is 15-"Other API" (Asian or Pacific Islander), circle "15" and specify the name of the group to which the person belongs on the "specify" line. For example, the "Other API" category may include persons who identify themselves as Burmese, Fijian, Hmong, Indonesian, Loation, Bangladeshi, Pakistani, Tongan, Thai, Cambodian, Sri Lankan, and so on.

6. Ask 6b only if multiple responses are circled in 6a for a person. If the respondent cannot answer when you ask 6b, do not reask it and do not pursue the matter further. Instead, enter "DK" in the answer space in that household member's column. Likewise, if the respondent gives more than one category in answer to question 6b, circle all appropriate categories.

7. Complete 6c for the respondent(s) only. Make no entry in 6c for any household members who did not respond to questions so far in the interview. Based upon your observation of the respondent(s), without regard to the entries in 6a and 6b, mark "W" for White, "B" for Black, or "O" for other:

(*Revised February 1995)

White - Includes persons of Spanish origin, unless they are definitely Black, Indian, or other non-white.

Black - Includes African-American, Haitian, Jamaican, West Indian, Nigerian, and so on.

Other - Includes all races other than White and Black, such as Japanese, Chinese and other Asian or Pacific Islanders; American Indian; Eskimo; Aleut; and so forth.

8. For non-household respondents *(e.g., a neighbor responsible for the care of a household member who is unable to respond for him/herself)*, mark 6c for the household member if the person is present and the race can be observed. If not present/observable, make no entry in 6c. In both cases, footnote the circumstances, such as "Interviewed neighbor responsible for person's care."

CHECK ITEM A4

A4	***Refer to Item 6 "Status" on the Household Page.***	**A4**	☐ S *(Item A5)* ☐ I *(Next page)*

A. OBJECTIVE

To improve the reliability of health statistics for Blacks and Hispanics, these groups are "oversampled." Households in this additional sample are designated for "Screening" and will be interviewed only if they contain at least one Black or Hispanic member. In item 6 on the HIS-1 Household Page, each sample unit will be assigned an "I" for interview or "S" for screen. Check item A4 directs you to continue the interview or perform the "screening" based upon this designation.

B. INSTRUCTIONS

1. If the household is assigned an "S", mark the first box and go to check item A5 to "screen" the household.

2. If the household is assigned an "I", mark the second box in A4 and continue the interview with the introductions and Hospital Probe on page 4 of the HIS-1.

CHECK ITEM A5

A5	***Refer to 5a and 6a above for all household members. Mark (X) first appropriate box.***	**A5**	☐ Any "Yes" in 5a *(Next page)* ☐ Any "2" in 6a *(Next page)* ☐ All others *(7)*
7. ***Enter person number of the respondent and then read:***	**Not every household in our survey is asked all questions. I have all the information about your household that I need at this time.** ***END INTERVIEW***		

A. OBJECTIVE

Sample households designated for "screening" will be administered the entire HIS-1 questionnaire (and all appropriate supplements) only if they contain at least one Black or Hispanic member.

(*Revised February 1995)

B. INSTRUCTIONS

1. Refer to Origin/Ancestory question 5a for all household members.

   a. If the "Yes" box is marked in 5a for one or more household members, mark the first box "Any Yes" in A5 and continue the interview with the introductions and Hospital Probe on page 4 of the HIS-1.

   b. If the "Yes" box is <u>not</u> marked in 5a for any household members, refer to question 6a before marking anything in check item A5.

2. Refer to Race question 6a for all household members.

   a. If category 2 "Black" is circled in 6a for one or more household members *(regardless of whether or not any other categories are also circled)*, mark the second box "Any 2" in A5 and continue the interview with the introductions and Hospital Probe on page 4 of the HIS-1.

   b. If category 2 "Black" is <u>not</u> circled in 6a for any household members, mark the third box "All others" in A5 and go to item 7.

      - Enter the respondent's person number in item 7. If more than one household member has been responding, enter the person number of the one you consider to be the MAIN respondent. If you cannot make this determination, enter the person number of the respondent listed first in item 1 above.

      - End the interview by reading item 7 to the respondent(s).

      - On the HIS-1 Household Page, complete items 15, 16, and 17. In item 16, mark Type B noninterview reason 10 "Occupied - screened out by household".

Additional Respondent Probe

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

A. OBJECTIVE

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

B. INSTRUCTIONS

1. After transcribing the appropriate information to a separate HIS-1, begin HIS-1 interviews with unrelated persons or family groups with the additional respondent probe on page 4.

2. Insert the names of all listed family members aged 17 and over who are not present in the room. Do not include the names of any family members who have been deleted or excluded (for example, Armed Forces members, URE's, etc.).

3. If the respondent seems hesitant to ask another adult family member to join in the interview, do not encourage or discourage him/her from doing so. Let the respondent decide who should participate.

INTRODUCTORY STATEMENT

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

INSTRUCTIONS

After all available family members 17 years old and over are present, read the statement that briefly describes the types of questions you will be asking.

(*Revised February 1995)

QUESTION 1, HOSPITAL PROBE

1a. Since *(13-month hospital date)* a year ago, was -- a patient in a hospital OVERNIGHT?

b. How many different times did -- stay in any hospital overnight or longer since *(13-month hospital date)* a year ago?

A. OBJECTIVE

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

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

B. DEFINITIONS

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

2. Times stayed in the hospital--Refers to separate stays of one or more nights in a hospital, not the number of nights in the hospital. If a person was moved (transferred) from one hospital to another (for example, from a veterans hospital to a general hospital), count each as a separate stay if each lasted overnight or longer.

3. Overnight--The person stayed in a hospital for one or more nights. If the person was admitted and released on the same date, do not consider this as an overnight stay.

C. INSTRUCTIONS

1. Ask questions 1a and b as appropriate for each nondeleted/nonexcluded family member. Enter either "None" or a "number of stays" in the "HOSP." box in item C1 for each person before going to 1a for the next person. That is, if the response to question 1a is "no," mark the "No" box in 1a, and the "None" box in the "HOSP." box in C1. Then ask 1a for the next person.

2. If the response to 1b is "none," enter a dash on the "Number of times" line and mark the "None" box in item C1 for this person. Do not change the "Yes" entry in 1a in these situations.

3. If the respondent mentions that the stay was in a nursing home, convalescent home, or similar place, accept this as a hospital stay and enter it in question 1 and item C1.

4. If the respondent mentions that the date of admission and the date of discharge are the same, do not include this as an overnight hospital stay.

(*Revised February 1995)

QUESTION 2, HOSPITALIZATIONS FOR BIRTHS

Ask for each child under one:

2a. Was - - born in a hospital?

Ask for mother and child:

b. Have you included this hospitalization in the number you gave me for - -?

A. OBJECTIVE

Since respondents sometimes forget to report hospitalizations for deliveries and births, ask question 2 when appropriate, to make sure that these hospitalizations are included.

B. INSTRUCTIONS

1. If no child under age 1 is listed on the questionnaire, make no entries in question 2; go on to the next page.

2. If, in response to question 2, the respondent reports a hospitalization which was not reported in question 1, change the entries in question 1 and in the "HOSP." box for the child and/or mother to reflect the correct number of hospitalizations. The following example illustrates this procedure:

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

3. In filling this question, remember that question 2a refers only to the child and the entry should appear only in the child's column of the questionnaire. For question 2b, the entries can apply either to the mother or the child or both, depending on whether either or both had a hospitalization reported in question 1b.

4. Ask question 2a for children born during the interview week even though they have been excluded. If the response is "yes," ask and mark 2b for the mother to insure that this hospitalization is included if any nights were prior to interview week. Make no entry for the child.

5. If the child was born in a hospital, but the biological mother is not in the household, for example, the child was adopted, footnote the situation so that it is clear that a hospitalization for the "mother" was not missed.

(*Revised February 1995)

CHAPTER 6. LIMITATION OF ACTIVITIES PAGE

A. OVERALL OBJECTIVE

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

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

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

B. GENERAL DEFINITIONS

1. Doing Most of the Past 12 Months--The person's main activity in the past 12 months.

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

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

4. Terms Relating to Limitation of Activity--"Keep from," "completely keep from," "take part at all": these terms mean under normal circumstances; this does not necessarily mean that the activity is impossible under a particular circumstance.

5. Limitation--The specific activity and extent to which the person is "limited" in the activity (see "Limited" above). Examples of limitations are: unable to go outside, can't climb stairs, can only drive for a short time, etc.

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

For purposes of the Limitation of Activities questions, do not include as conditions, "pregnancy," "delivery," injuries that occurred 3 months ago or less not resulting in obvious permanent limitations, or the effects of operations that took place 3 months ago or less which are not obviously permanent. (See page D6-4.)

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

C. GENERAL INSTRUCTIONS

1. Questions which ask, "Is -- limited..." should be understood in the context of what is normal for most people of that person's age.

2. Whenever there is doubt about a person being limited in any of the activity questions, probe by asking, "Is this due to an impairment or health problem?" For example, if the response to 3b is, "I have someone do the housework for me," probe to determine if this is because of an impairment or health problem or is just a life-style convention.

CHECK ITEM B1

B1	*Refer to age.*	B1	1 ☐ 18-69 *(1)* 2 ☐ Other *(NP)*

INSTRUCTION

- The Limitation of Activities Page is divided into three sections. Mark a box in Check Item B1 for each non-deleted/nonexcluded person in the family and ask questions 1 through 7, as appropriate, for persons 18 to 69.

QUESTION 1, MAJOR ACTIVITY IN PAST 12 MONTHS

1. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?
Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.

A. OBJECTIVE

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

B. DEFINITIONS

1. Going to school--For this section, include attendance at any type of public or private educational establishment both in and out of the regular school system, such as high school, college, secretarial school, barber school, and any other trade or vocational schools.

2. Keeping house--Any type of work around the house, such as cleaning, cooking, maintaining the yard, caring for own children or family, etc. This applies to both men and women.

3. Work--See page D7-2 for the definition of "Work."

(*Revised February 1995)

C. INSTRUCTIONS

1. When asking question 1, emphasize the phrase, "MOST OF THE PAST 12 MONTHS," so that it is clear to the respondent that you are referring to the entire year and not just the present time. For example, a person who worked the first 8 months of the year but is now retired should be reported as "working" most of the past 12 months.

2. If the response to question 1 indicates that the person was doing something other than "working at a job or business," "keeping house," or "going to school" for most of the previous 12 months, mark the "Something else" box.

3. If the person is reported as having had more than one major activity during the 12-month period, determine which one is the "major activity" by applying the following priorities:

   a. Ask, "Which did -- spend the most time doing DURING THE PAST 12 MONTHS?" Mark the appropriate box for the response to this probe if the respondent is able to choose one activity.

   b. If the person spends equal amounts of time doing more than one activity, ask, "Which does -- consider most important?" Then mark the appropriate box.

   c. If the person is still unable to select one major activity, mark the box for the first activity mentioned. Enter a footnote explaining the situation, including all activities reported.

4. If a person's major activity during most of the past 12 months was service in the Armed Forces, consider this to be "working" for question 1 on the Limitation of Activities Page. Note that this differs from the standard definition of work on page D7-2.

5. There is no specific sex or age requirement associated with any of the four major activities. A male's major activity may have been "keeping house," or a 60-year-old person may have been "going to school."

QUESTION 2, LIMITATION IN JOB OR BUSINESS

2a. Does any impairment or health problem NOW keep -- from working at a job or business?

b. Is -- limited in the kind OR amount of work -- can do because of any impairment or health problem?

INSTRUCTIONS

1. Ask question 2a of all persons who reported "working" as their major activity in question 1.

2. When asking question 2b, mark "Yes" for persons who, for example:

   a. Can only do certain types of jobs because of their health;

   b. Are able to work only for short periods of time or have to rest often.

QUESTION 3, LIMITATION IN HOUSEWORK

3a. Does any impairment or health problem NOW keep -- from doing any housework at all?

b. Is -- limited in the kind OR amount of housework -- can do because of any impairment or health problem?

A. DEFINITION

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

B. INSTRUCTION

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

1. Can do some household chores, but are unable to do others;

2. Need help doing the housework because of any impairment or health problem;

3. Do not need help, but require more or longer than normal periods of rest between housekeeping activities so that now less housework gets done than could normally be expected.

QUESTION 4, CONDITION CAUSING LIMITATION IN HOUSEWORK

4a. What (other) condition causes this?
Ask if injury or operation: **When did [the** *(injury)* **occur?/ -- have the operation?]**
Ask if operation over 3 months ago: **For what condition did -- have the operation?**
If pregnancy/delivery or 0-3 months injury or operation —
Reask question 3 where limitation reported, saying: **Except for -- (condition), . . .?**
OR reask 4b/c.

b. Besides *(condition)* **is there any other condition that causes this limitation?**

c. Is this limitation caused by any (other) specific condition?

Mark box if only one condition.

d. Which of these conditions would you say is the MAIN cause of this limitation?

A. DEFINITIONS

1. 0-3 Months--This is last Sunday's date, 3 months ago. Provide this information only if the respondent raises a question. Do NOT enter a 0-3 months injury or operation in C2 unless it resulted in an obvious permanent disability.

   a. 0-3 Months Injury--An injury that occurred 3 months ago or less that did not result in obvious permanent disability. Do not consider colds, flu, measles, or other acute diseases etc., as 0-3 months injuries.

   b. 0-3 Months Operation--An operation or surgery, or the effects of the surgery, that took place 3 months ago or less and did not result in an obvious permanent disability.

   c. Obvious Permanent Disability--The effect of an accident or operation that is obviously permanent in nature, such as the amputation of all or part of an extremity, the removal of all or part of an internal organ or breast, and so forth.

2. Operation/Surgery--Any cutting of the skin, including stitching of cuts or wounds. Include cutting or piercing of other tissue, scraping of internal parts of the body, for example, curettage of the uterus, and setting of fractures and dislocations (traction). Also include the insertion of instruments in body openings for internal examination and treatment, such a bronchoscopy, proctoscopy, cystoscopy, and the introduction of tubes for drainage. Include anything ending in "--otomy" or "--ectomy," for example, colotomy (incision of colon), tonsillectomy (removal of tonsils), etc. Include also any mention of "surgery," "operation," or "removal of" by the respondent.

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

4. Special Situations

There are only a limited number of conditions that are NOT entered in C2 from the Limitation of Activities page - old age, pregnancy/delivery, and a less than 3-month injury or operation that did not result in obvious permanent disability. Colds, fevers, or other short-term conditions may not seem serious enough to qualify as an activity limitation, but they should be recorded in C2 if reported by the respondent as the condition(s) causing the limitations.

The removal of any organ or limb is PERMANENT and as such should be entered in C2 regardless of when the operation took place. For example, consider the removal of such organs as appendix, spleen, tonsils, gallbladder, etc. as being obviously permanent. On the other hand, the removal of a foreign body, tumor, or the like that did not involve removal of an organ or limb falls under the 3-month rule.

B. INSTRUCTIONS

1. Ask question 4a for all persons with a limitation reported in question 3. Use the parenthetical "other" in 4a when instructed to reask this question.

2. Condition reported--Enter the condition name in Item C2 and the number "4" (for question 4) in the "LA" box below the condition in C2 as the source of the condition.

3. Pregnancy, delivery, or an injury or operation reported--If an injury or operation is reported in 4a, ask the appropriate probe question to determine when the injury or operation occurred. If an injury is reported, insert the name of the injury when asking this probe question, for example, for a response of "broken arm," you would ask, "When did the broken arm occur?"

   a. If pregnancy/delivery/0-3 months injury or operation is reported the first time you ask 4a, do not make any entries in Item C2. Instead, reask the appropriate part of question 3 where the limitation was reported using the lead-in, "Except for (condition)...?" For example, reask question 3a saying, "Except for your pregnancy, does any impairment or health problem NOW keep you from doing any housework at all?"

      (1) If the person would not be limited except for the pregnancy/delivery/ 0-3 months injury or operation, erase the original entry in 3a or b, mark the "No" box, and follow the skip instructions.

(2) If the response is still "Yes" after reasking 3a or b, reask question 4a, using the parenthetical "Other," to obtain the condition other than pregnancy/delivery/0-3 months injury or operation that causes the limitation. Also, insert both the condition and the pregnancy/delivery/0-3 months injury or operation when asking 4b; for example, "Besides arthritis and the broken arm, is there any other condition that causes this limitation?"

b. If both a condition (for example, arthritis) and pregnancy/delivery/0-3 months injury or operation are reported when asking 4a, record the condition (in this example, arthritis) and ask the appropriate probe question(s) for the injury or operation. Do not record in Item C2 pregnancy/delivery/0-3 months injuries or operations unless it is an obvious permanent disability. If the injury or operation occurred more than 3 months ago, follow the instructions in paragraph 3d below. In these situations, insert both the condition and the pregnancy/delivery/injury or operation when asking 4b.

c. If pregnancy/delivery/0-3 months injury or operation is reported when reasking question 4a, after receiving a "Yes" to 4b or c, do NOT reask questions 3a or b; instead, reask question 4b, inserting the names of all conditions, including the pregnancy/delivery/or 0-3 months injury or operation. For example, if asthma is reported when 4a is first asked and delivery is reported when reasking 4a, reask 4b, "Besides asthma and delivery, is there any other condition that causes this limitation?" If the response is "No," correct your entry in 4b, if necessary; then continue with 4d. Retain the "Yes" box in 4b only when another acceptable condition (including "old age") is reported when you reask 4a.

d. If the injury occurred more than 3 months ago, enter the name of the injury in Item C2 and continue with 4b. If the operation occurred more than 3 months ago, ask the probe question, "For what condition did you have the operation?" to determine the condition which caused the operation; then enter the condition in Item C2, regardless of whether or not the person still has the condition, and continue with question 4b.

If you cannot determine the condition causing the operation, enter the operation/surgery as the condition in C2 and footnote any additional information, for example, "female operation" in C2, "too many children" in the footnote, or "back surgery," "DK cause."

4. If "old age" is reported in question 4, either alone or with other conditions, mark the "Old age" box in 4a and above the column. Then, follow the appropriate procedure in paragraphs a through c below. Do NOT enter "old age" in Item C2 in any of these situations.

a. Old age only reported--If "old age" only is initially reported with no mention of a specific condition, ask 4c without the parenthetical "other." If "old age" only is reported when 4a is reasked, ask 4c with the parenthetical "other."

b. Old age and a specific condition reported--If "old age" and a specific condition are reported, enter the condition in Item C2 and continue with question 4b saying, "Besides (condition) and old age, is ...?"

c. Old age and injury or operation reported--If "old age" and an injury or operation are reported in 4a, ask the probe question to determine when the injury or operation occurred.

- If more than 3 months ago, enter the injury or condition causing the operation in C2. Ask 4b next.
- If 3 months ago or less and did not result in an obvious permanent disability, make no entry in C2. Ask (or reask) 4c using the parenthetical "other".
- If 3 months ago or less and did result in an obvious permanent disability, enter the injury or condition causing the operation in C2. Ask 4b next.

5. Consider only an "obvious permanent disability" as defined on page D6-4 for conditions resulting from operations or injuries that occurred 3 months ago or less. Do not consider possible permanent disabilities. For example, a response of "I broke my back 2 months ago. The doctor says it may be permanently stiff" should not be recorded in C2.

6. Mark the "Only 1 condition" box in 4d if only one condition was reported or if "old age" was the only condition reported. If old age and a specific condition or if more than one condition was reported, ask 4d to determine which is the MAIN cause of the limitation. If the respondent is not able to choose one condition as being the main cause, enter in the 4d answer space the names of all conditions reported. For example, if arthritis, heart trouble, and a paralyzed arm were reported in 4a, and the response to 4d is, "I don't know--both the heart trouble and the paralyzed arm," enter both "heart trouble" and "paralyzed arm" in 4d.

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

QUESTION 5, WOULD THE PERSON BE LIMITED IN WORK

5a. Does any impairment or health problem keep -- from working at a job or business?

b. Is -- limited in the kind OR amount of work -- could do because of any impairment or health problem?

OBJECTIVE

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

CHECK ITEM B2 AND QUESTION 6, OTHER LIMITATIONS

B2	*Refer to questions 3a and 3b.*	B2	1 ☐ "Yes" in 3a or 3b *(NP)* 2 ☐ Other *(6)*

6a. Is -- limited in ANY WAY in any activities because of an impairment or health problem?

b. In what way is -- limited? *Record limitation, not condition.*

A. OBJECTIVE

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

B. DEFINITION

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

C. INSTRUCTIONS

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

Do not enter the 6b response in Item C2.

QUESTION 7, CONDITION CAUSING LIMITATION

7a. What (other) condition causes this?
Ask if injury or operation: **When did [the** *(injury)* **occur?/ -- have the operation?]**
Ask if operation over 3 months ago: **For what condition did -- have the operation?**
If pregnancy/delivery or 0–3 months injury or operation —
Reask question 2, 5, or 6 where limitation reported, saying: **Except for -- (condition), . . .?**
OR reask 7b/c.

b. Besides *(condition)* **is there any other condition that causes this limitation?**

c. Is this limitation caused by any (other) specific condition?

Mark box if only one condition.

d. Which of these conditions would you say is the MAIN cause of this limitation?

INSTRUCTIONS

1. Ask and complete question 7 in the same manner as question 4 (see pages D6-4 through D6-7). Enter "7" in the "LA" box in Item C2 as the source for conditions given in response to this question.

2. If the initial response to question 7a is pregnancy/delivery/injury or operation occurring 3 months ago or less, reask the question where this limitation was reported. For example, the response to 6a is "Yes," the response to 6b is "can't move furniture," and the response to 7a is "sprained back 2 weeks ago." Reask 6a as follows: "Except for your sprained back, are you limited in ANY WAY in any activities because of an impairment or health problem?"

   a. If the response is "No," erase the "Yes" entry in 6a, mark "No". Also erase the entry in 6b; then go to the next person.

   b. If the response to 6a is still "Yes," ask 6b. If the limitation is not the same, erase the original entry in 6b and enter the new limitation. Then continue with question 7.

CHECK ITEM B3 AND QUESTION 8
MAJOR ACTIVITY IN PAST 12 MONTHS

B3	*Refer to age.*	B3	0 ☐ Under 5 *(10)* 2 ☐ 18–69 *(NP)* 1 ☐ 5–17 *(11)* 3 ☐ 70 and over *(8)*

8. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?
Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.

A. DEFINITIONS

See page D6-2 for the definitions of "Going to school" and "Keeping house." See page D7-2 for the definition of "Work."

B. INSTRUCTIONS

1. For each nondeleted/nonexcluded person, mark a box in Item B3 and follow the appropriate skip instruction.

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

QUESTION 9. LIMITATION IN DAILY FUNCTIONS

9a. Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home?
b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

A. OBJECTIVE

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

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

B. DEFINITIONS

1. Need help--The person cannot do one or more of the listed activities without the help of someone else. This does not mean that the person must be completely incapable of performing the activities. The problem must be the result of an impairment or health problem and not the fact that the person needs help, for example, because the person does not know how to cook or lacks transportation.

2. Everyday household chores--This refers to routine maintenance such as housework, minor repairs, routine yard work, etc. It does not include major maintenance such as house painting, heavy landscaping, exterior window washing, and so on.

(*Revised February 1995)

C. INSTRUCTIONS

1. If the person needs help with one or more of the activities in 9a or 9b, mark the appropriate "Yes" box.

2. If the person could merely benefit from help, but does not need help, mark the "No" box. Also mark "No" if help is needed only rarely.

QUESTION 10, LIMITATION IN PLAY ACTIVITIES

10a. Is -- able to take part AT ALL in the usual kinds of play activities done by most children -- age?

b. Is -- limited in the kind OR amount of housework -- can do because of any impairment or health problem?

INSTRUCTIONS

1. For question 10a, mark "No" only if the child cannot participate in any play activities that are usual for children in this age group.

2. Some examples of limitations in the "kind of play" for 10b are: the child is unable to run, jump, or climb, can't play strenuous games, etc. Examples of limitations in the "amount of play" are: needing special rest periods, playing for only short periods, etc.

3. For very young children for whom the respondent cannot associate conventional "play" activities, explain that we include as play activities such as movements, sound making, seeing, and other activities of babies. For example, mark "No" in 10a if the baby cannot move his/her arm because of an impairment or health problem. For 10b, allow the respondent to determine if there is a limitation in the kind or amount of activities. Unlike other activities for which "old age" may cause the limitation, do not consider "young age" to be the sole contributing factor to a limitation.

QUESTION 11, LIMITED IN SCHOOL

11a. Does any impairment or health problem NOW keep -- from attending school?

b. Does -- attend a special school or special classes because of any impairment or health problem?

c. Does -- need to attend a special school or special classes because of any impairment or health problem?

d. Is -- limited in school attendance because of -- health?

A. DEFINITIONS

1. Attending school (11a)--Enrollment in a school program: public or private, academic or vocational. This includes special schools for the physically or mentally handicapped. This also includes attendance at a university or other institution for adult training or education. Enrollment may be either on a full-time or part-time basis.

2. Special school (11b)--A school which students attend because of some unique physical or mental characteristic distinguishing them from most other persons who attend regular schools. This includes schools for the physically or mentally handicapped, schools for the hearing impaired or blind, schools for persons with learning disabilities, etc.
It does NOT include special schools for talented or gifted persons, such as the Juilliard School of Music.

3. Special class (11c)--A class or program held within a regular school for students who have a physical or mental disability that keeps them from attending some or all of the regular classes. This does NOT include special classes for talented or gifted students, such as a class in advanced analytical calculus.

4. "Limited in school attendance" (11d)--Consider persons as "limited" if, because of an impairment or health problem, they either can attend school only for part of the day or must be absent from classes frequently.

B. INSTRUCTIONS

1. Do not include in 11a persons who may miss time from school occasionally because of an impairment or health problem.

2. Question 11b refers to all students enrolled in a special school or special class because of an impairment or health problem.

3. Question 11c refers to students who do not receive special education but could, in the respondent's judgment, benefit from it because of an impairment or health problem.

QUESTION 12, LIMITED IN ANY WAY

12a. Is -- limited in ANY WAY in any activities because of an impairment or health problem?

b. In what way is -- limited? *Record limitation, not condition.*

A. DEFINITION

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

B. INSTRUCTIONS

1. Ask this question for children under 18 and persons 70 and over for whom no limitation was reported in questions 9 through 11.

2. Follow the instructions for question 6 on page D6-8.

QUESTION 13, CONDITION CAUSING LIMITATION

13a. What (other) condition causes this?
Ask if injury or operation: **When did [the** *(injury)* **occur?/ -- have the operation?]**
Ask if operation over 3 months ago: **For what condition did -- have the operation?**
If pregnancy/delivery or 0–3 months injury or operation —
Reask question where limitation reported, saying: **Except for -- (condition), . . .?**
OR reask 13b/c.

b. Besides *(condition)* **is there any other condition that causes this limitation?**

c. Is this limitation caused by any (other) specific condition?

Mark box if only one condition.

d. Which of these conditions would you say is the MAIN cause of this limitation?

INSTRUCTIONS

1. Follow the instructions for question 4 on pages D6-4 through D6-7 and for question 7 on page D6-8.

2. Enter "13" in the "LA" box in Item C2 as the source for conditions given in response to this question.

CHECK ITEM B4

B4	*Refer to age.*	**B4**	0 ☐ Under 5 *(NP)* 2 ☐ 60–69 *(14)* 1 ☐ 5–59 *(B5)* 3 ☐ 70 and over *(NP)*

INSTRUCTION

Mark a box in Item B4 and follow the appropriate skip instruction for each nondeleted/nonexcluded person.

CHECK ITEM B5

B5	*Refer to "Old age" and "LA" boxes. Mark first appropriate box.*	**B5**	☐ "Old age" box marked *(14)* ☐ Entry in "LA" box *(14)* ☐ Other *(NP)*

INSTRUCTION

Refer to the "Old age" box above the person's column and the "LA" source box in C2 when filling this item. Mark a box and follow the appropriate skip instruction.

QUESTION 14, LIMITATION IN DAILY FUNCTIONS

14a. Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home?

If under 18, skip to next person; otherwise ask:

b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

A. OBJECTIVE

This question determines if persons aged 5 to 59, who are reported as being limited, are also limited in taking care of themselves. This question is also asked for all persons age 60 to 69.

B. DEFINITIONS

See page D6-9 for the definitions of "Need help" and "Everyday household chores."

C. INSTRUCTIONS

Follow the instructions for question 9 on page D6-10. Ask question 14b if appropriate, only for persons 18 years old and over.

QUESTION 15, CONDITION CAUSING LIMITATION

15a. What (other) condition causes this?
Ask if injury or operation: **When did [the** *(injury)* **occur?/ -- have the operation?]**
Ask if operation over 3 months ago: **For what condition did -- have the operation?**
If pregnancy/delivery or 0–3 months injury or operation —
Reask question 14 where limitation reported, saying: **Except for -- (condition), . . .?**
OR reask 15b/c.

b. Besides *(condition)* **is there any other condition that causes this limitation?**

c. Is this limitation caused by any (other) specific condition?

Mark box if only one condition.

d. Which of these conditions would you say is the MAIN cause of this limitation?

INSTRUCTIONS

1. Follow the instructions for question 4 on pages D6-4 through D6-7 and for question 7 on page D6-8.

2. Enter "15" in the "LA" box in Item C2 as the source for conditions given in response to this question.

NOTES

CHAPTER 7. RESTRICTED ACTIVITY PAGE

A. OVERALL OBJECTIVE

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

B. GENERAL INSTRUCTIONS

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

INTRODUCTORY STATEMENT

Hand calendar.

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

A. OBJECTIVE

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

B. INSTRUCTIONS

1. Hand the respondent the calendar card with the 2-week reference period outlined in red when asking about events occurring within this reference period. If the respondent indicates that he/she has a personal calendar which might be helpful, encourage the use of it.

2. Read the introductory statement when completing the page for the first person in the family and at any other time you feel it is necessary. When reading the statement, insert the dates given in A1 (Household Composition Page) for the 2-week reference period.

CHECK ITEM D1

D1	*Refer to age.* ☐ Under 5 *(4)* ☐ 5–17 *(3)* ☐ 18 and over *(1)*

INSTRUCTIONS

Mark one box according to the person's age.
(*Revised February 1995)

QUESTION 1, 2-WEEK WORK STATUS

1a. DURING THOSE 2 WEEKS, did -- work at any time at a job or business not counting work around the house? (Include unpaid work in the family [farm/business].)

1 ☐ Yes *(Mark "Wa" box, THEN 2)* 2 ☐ No

b. Even though -- did not work during those 2 weeks, did -- have a job or business?

1 ☐ Yes *(Mark "Wb" box, THEN 2)* 2 ☐ No *(4)*

A. OBJECTIVE

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

B. DEFINITIONS

1. Work

a. Include the following:

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

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

(3) Working without pay in a business or farm operated by a related household member.

(4) Working as a civilian employee of the National Guard or Department of Defense.

(5) Participating in "exchange work" or "share work" on a farm.

b. Do not include the following:

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

(2) Unpaid work for a related household member who is a salaried employee and does not operate a farm or business (e.g., typing for a husband who is a lawyer for a corporation).

(3) Unpaid work for an unrelated household member or for a relative who is not a household member.

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

(5) Service in the Armed Forces, including time while on temporary duty with the National Guard or Reserves.

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

(7) Jury duty.

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

   a. Do not consider a person who is "on call" and works only when his/her services are needed as having a job during the weeks in which he/she does not work. An example of a person "on call" is a substitute teacher who was not called to work during the past 2 weeks.

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

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

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

   e. Do not consider a person who did not work at an unpaid job on a family farm or in a family business during the past 2 weeks as having a "job."

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

3. Business--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 lawnmowers, hand shears, and the like would not meet the "substantial value" criteria.

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

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

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

     b. Do not consider domestic work in other persons' homes, casual work such as that performed by a craft worker or odd-job carpenter or plumber as a business. This is considered as wage work. Whether or not the person is considered as having a job is described in paragraph B2 above.

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

d. For questionable or borderline cases, do not consider the persons as having their own business. Refer to paragraph B2 to determine whether the person is considered as having a job.

C. INSTRUCTIONS

1. Ask question 1a for persons 18 years old or over. If a person worked at any time last week or the week before, even for just an hour, consider this as a "Yes" response to 1a, mark the "Wa" box in Item C1, and continue with question 2.

2. ASK specifically about UNPAID FAMILY WORK for persons in FARM households and for persons who are related to another household member who has been indicated as operating a BUSINESS or has a PROFESSIONAL PRACTICE. In these situations, use the parenthetical statement, "Include unpaid work in the family farm," or "Include unpaid work in the family business," as appropriate, as you ask 1a.

3. In question 1b, consider as "having a job or business" a person who:

   a. Was temporarily absent from his/her job or business <u>all</u> of the past 2 weeks because of vacation, bad weather, labor dispute, illness, maternity leave, jury duty, or other personal reasons;

   AND

   b. Expects to return to his/her job or business when the event has ended.

4. If volunteered, do <u>not</u> consider a person to have a job if the person was waiting to begin a new job or to enter the military. If the person is waiting to begin his/her own business, professional practice, or farm, determine whether any time was spent during the 2-week reference period in making or completing arrangements for the opening. If so, consider the person as working, and mark the "Yes" box in 1a and the "Wa" box in C1. If not, mark "No" in 1b.

5. If a person states that she/he is temporarily absent from a job on maternity/paternity leave, handle it the same as any other type of absence. If there is any question about the employment status, determine (1) whether she/he intends to return to work, and (2) whether the employer has agreed to hold the job or find her/him a place when she/he returns. Mark "Yes" in 1b if both conditions are met.

6. If volunteered, do <u>not</u> consider a person on layoff to have a job or business. Mark "No" for question 1b.

7. The government is attempting through several work and training programs to assist various segments of the population in combating poverty and to provide increased employment opportunities. Currently, it is believed that decentralized programs offering a variety of educational and training options are the most effective method for combating poverty and reducing unemployment. Therefore, many individual programs have been absorbed under the Job Training Partnership Act (JTPA). The HIS employment questions are not designed to distinguish participants in these programs and you should <u>not</u> probe to identify them. However, if the respondent identifies a person as an enrollee in a government-sponsored program, proceed according to the instructions below.

   a. <u>General Guidelines</u>

      - Consider the person as working if he/she receives any <u>pay</u> for the on-the-job training work. This includes persons receiving welfare or public assistance while participating in work programs as a condition for receiving the welfare (work relief) or participating voluntarily.

- Do not consider the person as working or with a job if he/she only receives training at schools or other institutionalized settings.

b. Job Training Partnership Act (JTPA)--This act authorizes funding and sets out requirements for a Federal employment and training program to train economically disadvantaged youths and adults for permanent employment. The administrative role is given to governors, as in the former CETA program, while program design remains under local control. It establishes the private sector as an equal partner with local governments.

- Consider the participant in a JTPA program as working if he/she receives on-the-job training.

- Do not consider the participant in a JTPA program as working or with a job if he/she receives training in a school or other institutional setting.

- Consider the participant in a JTPA program as working if he/she receives both on-the-job and institutional training. (Count only the time spent on the job as working.)

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

c. Public Employment Program (PEP) or Public Service Employment(PSE-CETA)--These programs provide public service jobs for certain groups suffering from the effects of unemployment. Consider participants in these programs as working.

d. Volunteers in Service to America (VISTA)--This program is known as the "domestic Peace Corps" and provides community service opportunities. Participants serve for 1 year and receive a small stipend and living allowance. Consider enrollees as working.

e. College Work-Study Program--This program was designed to stimulate and promote the part-time employment of students who are from low-income families and are in need of earnings to pursue courses of study. Consider participants in this program as working.

f. Cooperative Education Program--This authorizes a program of alternating study and work semesters at institutions of higher learning. Since the program alternates full-time study with full-time employment, consider participants as working if that was their activity during the 2-week reference period. Do not consider them as working or with a job if they were going to school during the 2-week reference period.

g. Foster Grandparent Program--This program pays the aged poor to give personal attention to children, especially those in orphanages, receiving homes, hospitals, etc. Consider such persons as working.

h. Work Incentive Program (WIN)--This program provides training and employment to persons receiving Aid to Families with Dependent Children (AFDC).

- Consider persons receiving public assistance or welfare who are referred to the State Employment Service and placed in a regular job as working.

- Consider persons receiving public assistance or welfare who are placed in an on-the-job or skill training program as working only if receiving on-the-job training.

- Do not consider persons receiving public assistance or welfare who are placed on special work projects which involve no pay, other than the welfare itself, as working or with a job.

i. Older Americans Community Service Employment and Operation Mainstream--These programs provide employment to chronically unemployed or older persons from impoverished families. Consider persons in either program as working.

j. Veterans Apprenticeship and On-The-Job Training Program--These programs encourage unions and private companies to set up programs to train veterans for jobs that will be available to them after completion of the program. Consider veterans in such programs as working.

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

QUESTION 2, WORK-LOSS DAYS

2a. During those 2 weeks, did -- miss any time from a job or business because of illness or injury?

☐ Yes 00☐ No *(4)*

b. During that 2-week period, how many days did -- miss more than half of the day from -- job or business because of illness or injury?

00☐ None *(4)* No. of work-loss days _____ *(4)*

A. OBJECTIVE

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

B. DEFINITIONS

1. Business--See paragraph B3 on page D7-3.

2. Job--See paragraph B2 on page D7-3.

3. Work-loss day--Any scheduled work day when MORE than half of the working day was missed due to illness or injury. If the person usually works only part of the day and missed more than half of that time, count the day as a work-loss day.

C. INSTRUCTIONS

1. Question 2 measures work-loss days only. If a person 18 years old or older goes to school in addition to working, record only the days lost from work. Disregard, in question 2, any days lost from school for this age group. (Include school-loss days for persons 18 and over is cut-down days in question 6.)

2. Since very few people work 7 days a week, probe when you receive replies such as, "The whole 2 weeks," or "All last week." Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from work. If a person actually missed 14 days of work during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the person would have worked all 14 days had illness or injury not prevented it.

QUESTION 3, SCHOOL-LOSS DAYS

3a. During those 2 weeks, did -- miss any time from school because of illness or injury?

☐ Yes 00 ☐ No *(4)*

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

00 ☐ None No. of school-loss days

A. OBJECTIVE

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

B. DEFINITIONS

1. School--For this question, school includes both "regular" and "nonregular" schools. Schools may be either day or night schools, and attendance may be part-time or full-time.

   a. Regular schools--Public or private institutions at which students receive a formal, graded education. In regular schools, students attend class to achieve an elementary or high school diploma, or a college, university, or professional school degree.

   b. Nonregular schools--Public or private institutions such as vocational, business or trade schools, technical schools, nursing schools (other than university-based nursing schools where students work towards a degree), beautician and barber schools, and so forth. Nonregular schools also include special schools for the handicapped or mentally retarded where students are not working toward a degree or diploma.

2. School-loss day--Any scheduled school day when MORE than half of the day was missed due to illness or injury. If the child usually goes to school only part of the day and missed more than half of that time, count the day as a school-loss day.

C. INSTRUCTIONS

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

2. Question 3 measures school-loss days only. If a child in the 5- through 17-year age group works instead of, or in addition to, going to school, record only the days lost from school. Disregard any days lost from work for this age group in question 3. (Include work-loss days for a person 5 to 17 as cut-down days in question 6.)

3. Since few children go to school 7 days a week, probe when you receive replies such as, "The whole 2 weeks," or "All last week." Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from school. If a child actually missed 14 days from school during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the child would have gone to school all 14 days had illness or injury not prevented it.

QUESTION 4, BED DAYS

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

☐ Yes 00 ☐ No *(6)*

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

00 ☐ None *(6)* No. of bed days _____ *(D2)*

DEFINITIONS

1. Days in bed--Any day during which the person stayed in bed MORE than half of the day because of illness or injury. "More than half of the day" is defined as more than half of the hours that the person is usually awake. Do not count the hours that the person is usually asleep. Also, do not count a nap as a day in bed, unless the person took the nap because of an illness or injury and the nap lasted for more than half of the day. Count as days in bed all days a person spent as an overnight patient in a hospital, sanitarium, nursing home, etc., whether or not the patient was actually lying in bed, even if there was no illness or injury. Also include any days reported for a newborn, including days in a hospital.

2. Bed--Anything used for lying down or sleeping, including a sofa, cot, or mattress. For example, a person who stayed on the sofa watching TV because he/she was not feeling well enough to get around would be considered "in bed." The important point is that the person felt ill enough to lie down for more than half the day.

3. Illness or injury--These terms are to be defined by the respondent. Accept pregnancy, delivery, "old age," injuries, or surgery occurring within the reference period as conditions causing restricted activity.

CHECK ITEM D2 AND QUESTION 5, WORK/SCHOOL-LOSS BED DAYS

D2

Refer to 2b and 3b.

☐ No days in 2b or 3b *(6)*
☐ 1 or more days in 2b or 3b *(5)*

5. On how many of the *(number in 2b or 3b)* **days missed from [work/school] did -- stay in bed more than half of the day because of illness or injury?**

00 ☐ None _____ No. of days

A. OBJECTIVE

The purpose of question 5 is to determine if any of the bed days and days loss from work or school were the same days.

B. INSTRUCTIONS

1. Ask question 5 only if bed days are reported in question 4b AND work-loss days (question 2b) or school-loss days (question 3b) are reported. The previous skip instructions and Check Item D2 direct you to skip question 5 if these conditions are not met.

2. When asking question 5 for children 5 through 17 years old, use the word "school." For persons 18 years old and over, use the word "work."

3. Insert the number of days reported in question 2b or 3b, as appropriate, in place of "(number in 2b or 3b)."

Example 1

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

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

Example 2

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

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

Example 3

When only 1 work-loss or school-loss day is reported, reword question 5. For example:

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

4. The entry in question 5 cannot be greater than the number of work/school-loss or bed days reported in question 2b/3b or 4b. Reconcile any inconsistencies with the respondent before making an entry in question 5.

5. Always ask question 5 if the conditions in paragraph B1 above are met. Never assume the answer. For example, even though the respondent reported 1 work-loss day and 1 bed day, you cannot be sure these were the same day without asking question 5.

QUESTION 6, CUT DOWN DAYS IN 2-WEEK PERIOD

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

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

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

☐ Yes ∞ ☐ No *(D3)*

---

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

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

No. of cut-down days

∞ ☐ None

A. OBJECTIVES

This question serves several purposes:

1. To find out if, in addition to any bed days or work- or school-loss days reported earlier, the person cut down on usual activities on any OTHER days during the 2-week reference period.

2. To determine if the person cut down on usual activities during the 2-week period even though no bed days or school-loss or work-loss days were reported earlier.

3. To determine whether persons under 18 not going to school had days in which they cut down on usual activities during the 2-week period.

4. To find out if persons 18 or over without a job or business had days in which they cut down on usual activities during the reference period.

B. DEFINITIONS

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

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

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

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

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

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

Example 1

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

Example 2

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

Example 3

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

Example 4

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

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

C. INSTRUCTIONS

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

Example 1

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

Example 2

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

2. If no work-loss days, school-loss days, or bed days were reported in questions 2 through 4, omit the opening parenthetical phrase and the word "OTHER." In this case, ask question 6a: **"Was there any time during those 2 weeks that you cut down on the things you usually do because of illness or injury?"**

3. The procedure for asking question 6b is the same as that just described for question 6a. Use the opening parenthetical phrase and the word "OTHER" in question 6b only if work-loss days, school-loss days, or bed days were reported in questions 2 through 4.

4. If a person reported 14 work-loss days in question 2b <u>or</u> 14 school-loss days in question 3b, <u>or</u> 14 bed days in question 4b, do not ask question 6. In this case, mark the "No" box in question 6a and go to Check Item D3 since it would be impossible to have any "OTHER" cut-down days. This applies only if 14 days is entered in any of 2b, 3b, or 4b. It does <u>not</u> apply if the sum of days in 2b or 3b and 4b is "14" since days missed from work or school and days in bed may or may not be the same days. For example, if "8 days" were reported in 2b and "6 days" in 4b, ask question 6a--do <u>not</u> mark "No" without asking.

CHECK ITEM D3 AND QUESTION 7, CONDITIONS CAUSING RESTRICTED ACTIVITY

D3 *Refer to 2–6.*

☐ No days in 2–6 *(Mark "No" in RD, THEN NP)*
☐ 1 or more days in 2–6 *(Mark "Yes" in RD, THEN 7)*

Refer to 2b, 3b, 4b, and 6b.

7a. What (other) condition caused -- to [miss work / miss school / (or) stay in bed / (or) cut down] during those 2 weeks?

(Enter condition in C2, THEN 7b)

b. Did any other condition cause -- to [miss work / miss school / (or) stay in bed / (or) cut down] during that period?

1☐ Yes *(Reask 7a and b)* 2☐ No

A. OBJECTIVE

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

B. DEFINITION

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

C. INSTRUCTIONS

1. If no days are reported in questions 2, 3, 4, or 6 for the person, mark the first box in Check Item D3, mark "No" in the "RD" box in Item C1, and skip to the next person. If one or more days are reported in questions 2, 3, 4, or 6 for the person, mark the second box in Check Item D3, mark "Yes" in the "RD" box in Item C1, and ask question 7.

2. For questions 7a and 7b, select the phrase or phrases within the brackets according to the kinds of restricted activity days recorded in questions 2, 3, 4, and 6 for the person.

Example 1

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

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

Example 2

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

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

3. When multiple phrases are used in questions 7a and 7b, be sure to use the word "or" between each phrase. It is possible that a person could miss work because of one condition and cut down because of another; incorrectly using the word "and" implies that we are only interested in a condition causing both types of restricted activity.

4. a. Enter each reported condition on a separate line in Item C2 and enter "7" (for question 7) as the source for this condition in the "RA" box below the C2 condition line. Then ask question 7b, using the appropriate phrase(s) in brackets.

   b. If the condition is exactly the same as a condition you previously recorded in C2 for the person, do not record the condition again on another line in Item C2, but enter "7" in the "RA" box in C2 for this condition.

   c. If the response to 7b is "Yes," reask 7a using the parenthetical "other." Then, enter in Item C2 any additional condition(s) reported (if not already entered) along with its source ("7") in the "RA" box.

5. Enter as a condition whatever the respondent gives as the reason for the activity restriction. Accept reasons such as "too much to drink," "senility," and "worn out" as well as more obvious illnesses like "flu," "upset stomach," etc. The few exceptions to this rule are given below. When any of the following reasons are given in response to question 7a, follow the specified procedure.

   a. Operation or Surgery--*(See page D6-5 for definition.)* Probe to determine the condition causing the operation or surgery. Enter that condition in Item C2 regardless of whether or not the person still has the condition.

      If you cannot determine the reason for the operation or surgery, then enter the operation or surgery in Item C2 (For example, "splenectomy," "cystoscopy," etc.,) and footnote any additional information.

   b. Pregnancy--If "pregnancy" is reported as causing restricted activity, probe for a condition associated with the pregnancy, such as morning sickness, swollen ankles, and so forth. Ask, "What about her pregnancy caused -- to [miss work/(or) miss school/(or) stay in bed/(or) cut down]?" Record the condition and "pregnancy" in Item C2; for example, "morning sickness-pregnancy." If a specific condition is not reported after probing, enter "normal pregnancy" in Item C2.

   c. Menstruation--Follow the procedure described for pregnancy. Probe for a condition associated with menstruation by asking, "What about her menstruation caused -- to [miss work/(or) miss school/(or) stay in bed/(or) cut down]?" Record the condition and "menstruation" in Item C2; for example, "cramps-menstruation." If a specific condition is not reported after probing, enter "menstruation" in Item C2.

   d. Menopause--Follow the procedure described for pregnancy. Probe for a condition associated with menopause by asking, "What about her menopause caused -- to [miss work/(or) miss school/(or) stay in bed/(or) cut down]?" Record the condition and "menopause" in Item C2; for example, "headache-menopause." If a specific condition is not reported after probing, enter "menopause" in Item C2.

   e. Delivery (for the mother)--If "delivery" is reported, probe for a complication of delivery. Ask, "Was this a normal delivery?" If "No," ask, "What was the matter?" Record the complication (condition) and "delivery" in Item C2; for example, "Hemorrhage-delivery." If no specific complication is reported, enter "normal delivery" in Item C2.

f. Birth (for the baby)--If "birth" is reported as causing restricted activity for the baby, probe for complications or a condition at birth. Ask, "Was the baby normal at birth?" If "No," ask, "What was the matter?" Enter the complication (condition) and "birth" in Item C2; for example, "hepatitis-birth." If the baby was normal at birth, do not enter this as a condition in Item C2, but footnote the situation.

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

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

h. Old age--If "old age" is reported as the condition causing restricted activity, probe to determine the condition(s) associated with the old age, such as "arthritis," "heart disease," and so forth. Record the associated condition(s) in C2.

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

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

- Tests/examination--Ask, "What were the results of the [test(s)/examination]?", and record the results in C2. If no results or results are not known, ask, "Why [were the tests performed/was the examination given]?", and record the condition(s) necessitating the tests/examination in C2. If no condition was found and no condition caused the test/examination, make no entry in C2, but footnote the situation.

- Surgery/operation--*(See page D6-5 for definition.)* Ask why the surgery or operation was performed and enter the condition in C2. If you cannot determine the condition causing the operation, enter the surgery or operation as the condition in C2 and footnote any additional information. For example, "face lift operation" in C2, "vanity" in a footnote.

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

NOTES

CHAPTER 8. 2-WEEK DOCTOR VISITS PROBE PAGE

A. OVERALL OBJECTIVE

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

B. GENERAL DEFINITIONS

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

2. Doctor visits

   a. Include as doctor visits:

      (1) A visit by or for the person to the doctor or doctor's assistant for the purpose of obtaining medical advice, treatment, testing, or examination. For example, if a mother visits the doctor about her child, count this as a doctor visit for the child.

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

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

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

      (5) Medical advice obtained from any related nonhousehold member who is a doctor, even if this is done on an informal basis.

      (6) Laboratory visits.

      (7) Physicals for athletes or the U.S. Armed Services.

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

   b. Exclude as doctor visits:

      (1) Visits made by a doctor or assistant while the person was an overnight patient in the hospital.

(2) Visits for shots or examinations (such as X-rays) administered on a mass basis. If it is reported that the person went to a clinic, a mobile unit, or some similar place to receive an immunization, a chest X-ray, or a certain diagnostic procedure which was being administered identically to all persons who were at the place for this purpose, do not count this as a doctor visit. Do not include immunizations or examinations administered to children in schools on a mass basis as doctor visits. *(Physicals for athletes or the U.S. Armed Services are NOT considered mass visits; count these as doctor visits.)*

(3) Telephone calls made between a pharmacist and a doctor to obtain, renew, or verify prescriptions or calls made between the person and a pharmacist. 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.

(4) Visits to dentists or oral surgeons.

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

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

C. GENERAL INSTRUCTIONS

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

INTRODUCTORY STATEMENT AND CHECK ITEM E1

Read to respondent: **These next questions are about health care received during the 2 weeks outlined in red on that calendar.**			
E1	*Refer to age.*	**E1**	☐ Under 14 *(1b)* ☐ 14 and over *(1a)*

A. OBJECTIVES

1. The introductory statement informs the respondent of the content and reference period for this section of the questionnaire.

2. Check Item E1 directs you to the appropriate doctor visit question, 1a or 1b, depending on the age of the person.

B. INSTRUCTION

* Read the introductory statement once for the family. Do not complete Item E1 or ask any questions on this page for deleted and excluded persons.

(*Revised February 1995)

QUESTION 1, 2-WEEK DOCTOR VISITS

1a. During those 2 weeks, how many times did - - see or talk to a medical doctor? {Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.} (Do not count times while an overnight patient in a hospital.)

b. During those 2 weeks, how many times did anyone see or talk to a medical doctor about - -? (Do not count times while an overnight patient in a hospital.)

A. OBJECTIVE

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

B. INSTRUCTIONS

1. The first time you ask question 1a, include the statement within braces.

2. Read the sentence in parentheses only if a number is recorded in the person's "HOSP." box in Item C1.

3. For persons under 14, ask question 1b. This wording is used because children are usually accompanied by an adult when they see a doctor, and the adult is often the person to whom the doctor reports. Substitute the name of the child or the child's relationship to the respondent. *For example, for a 10-year-old child named Janet, ask, "During those 2 weeks, how many times did anyone see or talk to a medical doctor about Janet?"*

4. Include all contacts reported by the respondent, regardless of the type of medical person seen. For example, if a visiting nurse was seen or if an unrelated household member who is a nurse provided care, include these contacts. However, do <u>not</u> include visits or calls to dentists or oral surgeons or to any of the "exclusions" covered on page D8-1 and D8-2. Do not probe for this information, however.

5. <u>Special Situations</u>

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

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

   b. <u>Doctors and assistants seen on same visit</u>--A visit in which the person sees both a doctor and one or more of the doctor's assistants who work under <u>this</u> doctor's supervision should be counted as only <u>one</u> 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 <u>different</u> doctor, this counts as two visits. *For example, if a patient sees a doctor and then is referred to a physical therapist who works under the supervision of another doctor, two visits should be recorded.*

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

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

QUESTION 2, ADDITIONAL HEALTH CARE PROBE

2a. (Besides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health care at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or anyone working with or for a medical doctor. Do not count times while an overnight patient in a hospital.

☐ Yes ☐ No *(3a)*

b. Who received this care? *Mark "DR Visit" box in person's column.*

c. Anyone else?

☐ Yes *(Reask 2b and c)* ☐ No

Ask for each person with "DR Visit" in 2b:

d. How many times did -- receive this care during that period?

A. OBJECTIVE

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

B. DEFINITION

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

C. INSTRUCTIONS

1. When asking question 2, include the phrase, "Besides the time(s) you just told me about" if any visits were reported for any family members in question 1.

2. Include health care at any place where a doctor or assistant was seen, even if not specifically listed in the question **(but do not include any contacts already recorded in question 1)**.

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

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

QUESTION 3, TELEPHONE CALLS AS DOCTOR VISITS

3a. (Besides the time(s) you already told me about) During those 2 weeks, did anyone in the family get any medical advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with or for a medical doctor?

☐ Yes ☐ No *(E2)*

b. Who was the phone call about? *Mark "Phone call" box in person's column.*

c. Were there any calls about anyone else?

☐ Yes *(Reask 3b and c)* ☐ No

Ask for each person with "Phone call" in 3b:

d. How many telephone calls were made about - -?

A. OBJECTIVE

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

B. INSTRUCTIONS

1. When asking question 3a, include the parenthetical phrase if any contacts were recorded for any family members in questions 1 and/or 2d.

2. See paragraph 2a(4) on page D8-1 for information on what to include as telephone calls for medical advice.

3. In question 3d, **do not record any telephone calls which have already been reported in questions 1 or 2.**

4. If the respondent reports a doctor visit other than a telephone call that occurred during the 2-week period, record it in question 3b provided that: (1) it has not been reported previously, and (2) it meets the definition of a doctor visit given for question 1. Do NOT make any changes to question 1 or 2.

CHECK ITEM E2

E2	*Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK. DV" box in Item C1.*

A. OBJECTIVE

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

B. INSTRUCTIONS

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

NOTES

CHAPTER 9. 2-WEEK DOCTOR VISITS PAGE

A. OVERALL OBJECTIVE

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

B. GENERAL INSTRUCTIONS

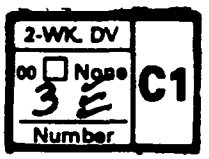
1. If there are no doctor visits recorded in the "2-WK. DV" box for any family members, go to the Health Indicator Page.

2. Fill a separate 2-Week Doctor Visit column for each visit recorded in each person's "2-WK. DV" box in Item C1. Begin the first column for the first person for whom visits are recorded, and complete a separate column for each of those visits. Then fill column(s) for the next person with doctor visits in the "2-WK. DV" box in Item C1, and so on.

   If there were multiple visits for a person, all of which the respondent says were the same *(e.g., the person goes every other day to the same place to have his blood sugar level checked)*, fill a column for each. **Do not enter something like "SAME AS DV#1".** If appropriate, you may verify the answers instead of repeating each question for each visit; however, you should ask question 4g for each visit to be sure no conditions are missed.

3. If there are more than four doctor visits for the family, use additional HIS-1 questionnaires. Cross out number "1" in the "DR VISIT 1" column in the additional questionnaire and insert "5" for the fifth visit; in the next column cross out "2" and insert "6," and so on.

4. Consistency check--The number of columns filled for a person must equal the total number of doctor visits in that person's "2-WK. DV" box in Item C1. Specific instructions for reconciling differences follow on page D9-2. You may find it helpful to make a checkmark to the right of the number in the "2-WK. DV" box as you complete each column. For example, if the person had a total of three doctor visits recorded in C1, you would have three checkmarks:



5. If when filling a doctor visit column, you learn the person seen was a related household member, dentist or oral surgeon, or any of the "exclusions" covered on pages D8-1 and D8-2, do not ask any further questions for the visit. **Delete the column, correct C1 and footnote "dentist", "mass visit", etc.** Do not enter any conditions reported during this visit in Item C2.

(*Revised February 1995)

PERSON NUMBER AND CHECK ITEM F1

Refer to C1, "2-WK. DV" box.		**PERSON NUMBER** _____	
F1	*Refer to age.*	**F1**	☐ Under 14 *(1b)* ☐ 14 and over *(1a)*

A. OBJECTIVE

Check Item F1 directs you to the appropriate question wording depending on the age of the person who received medical care.

B. INSTRUCTION

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

QUESTION 1, DATES AND NUMBER OF DOCTOR VISITS

1a. On what (other) date(s) during those 2 weeks did -- see or talk to a medical doctor, nurse, or doctor's assistant?

b. On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about --?

Ask after last DR visit column for this person:

c. Were there any other visits or calls for -- during that period?

Make necessary correction to 2-Wk. DV box in C1.

A. OBJECTIVE

Question 1a or b ensures that each doctor visit occurred during the 2-week reference period. Question 1c gives the respondent the opportunity to report additional 2-week doctor visits not reported earlier.

B. INSTRUCTIONS

1. Enter in 1a/b the dates for all 2-week visits for a person before asking question 1c. If another date is given in response to 1c, enter this date in the next blank column. Do not try to record the visits in order by date, such as, the most recent, next most recent, etc.

2. If the respondent cannot remember the exact date(s), an estimate is acceptable. However, before accepting an estimate, use the 2-week calendar card to help the respondent recall the exact date as closely as possible. If neither the exact date nor an estimated date can be determined, specify in which week of the 2-week period the visit took place. Mark the "Last week" or "Week before" box without making an entry for month or date.

3. If a visit did not take place during the 2-week reference period, enter the date in 1a/b, but delete the remainder of this doctor visit column by drawing a large "X" through it. Enter a footnote symbol and footnote "Out of Reference Period." Also, correct the "2-WK DV" entry for this person in Item C1 by erasing the current entry and entering the correct number of doctor visits. Enter in C1 also the same footnote symbol used to explain why this visit was deleted on the 2-Week Doctor Visit Page.

4. If additional visits are reported for anyone in the family at any time when filling the 2-Week Doctor Visits Page, correct C1 as necessary and footnote the reason for the change. Complete a Doctor Visit column for each additional visit reported.

5. Ask question 1c after entering in 1a/b all 2-week dates for the person. Enter the response to question 1c in the last doctor visit column for that person.

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

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

6. After obtaining a "No" response to question 1c, ask questions 2 through 6 for each doctor visit for the person. Complete the column for one visit before going on to the next visit.

7. Do not make corrections to any previous pages, except as noted above, based on information received while completing the Doctor Visit Page or any succeeding pages.

QUESTION 2, PLACE OF VISIT

2. Where did -- receive health care on *(date in 1)*, at a doctor's office, clinic, hospital, some other place, or was this a telephone call?

***If doctor's office:* Was this office in a hospital?**
***If hospital:* Was it the outpatient clinic or the emergency room?**
***If clinic:* Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic?**
***If lab:* Was this lab in a hospital?**
What was done during this visit? *(Footnote)*

A. OBJECTIVE

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

B. DEFINITIONS

1. Telephone--A telephone call made to or from a doctor or doctor's assistant for the purpose of discussing the health of the person. See pages D8-1 and D8-2 for the types of calls to include or exclude.

2. Home--Any place in which the person was staying at the time of the doctor's or assistant's visit. It may be the person's own home, the home of a friend or relative, a hotel, or any other place the person may have been staying; however, if the person was in the hospital or some other institution, do not count this as a "home" visit.

3. Doctor's office

   a. In hospital--Some doctors maintain individual offices in a hospital where patients are seen on an outpatient basis, or several doctors might occupy a suite of offices in a hospital where patients are treated as outpatients.

   b. Not in hospital--An individual office in the doctor's home or in an office building, or a suite of offices occupied by several doctors. *Do not consider a suite of doctors' offices as a clinic.*

4. Company or industry clinic--A clinic or doctor's office which is operated solely for employees of the company or industry. This includes emergency or first aid rooms if the treatment was received from a doctor or assistant. The clinic may or may not be in the same location as the company or industry. If the respondent mentions that a relative of the employee went to this clinic, mark the "Not in hospital-other" box and specify, for example, "father's company clinic," or "husband's industrial clinic."

5. Hospital Outpatient (O.P.) Clinic--The unit of a hospital where persons may go for medical care without being admitted. Outpatient clinics usually provide routine, non-emergency medical care and are usually open only during specific hours.

6. Hospital Emergency Room--The unit of a hospital where persons may receive medical care, often of an urgent nature, without or before being admitted. Emergency rooms are usually open 24 hours a day.

C. INSTRUCTIONS

1. When asking question 2, insert the date entered in 1a/b for this doctor visit.

2. Mark a box according to the kind of place where the medical contact occurred, not according to the name of the place.

3. If the doctor visit was by telephone, mark the "Telephone" box at the top of the list of answer categories. For any other response, mark a box in the list under "Not in hospital" or in the list under "Hospital," depending on the location of the place.

4. If multiple responses are received in question 2 and one is while the person was an overnight patient in a hospital, mark only the "Overnight patient" category and go to the next doctor visit. *For example, "Went to emergency room, then was hospitalized for 2 nights."*

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

5a If the response is "Doctor's office", "Hospital", "Clinic", or "Laboratory", ask the appropriate probe question(s) printed beneath question 2 and mark the appropriate answer category based on the response to the probe(s).

b. If the respondent doesn't know whether the place is considered a hospital or not, do not mark a box for question 2. Instead, footnote the response. For example: *"DK - I think it's a private doctor's office in space rented from a hospital."*

c. There is no specific definition of a clinic; accept the respondent's answer. However, if the respondent is not sure whether the place is a clinic or not, mark the "Other" box in the appropriate column and specify the situation. For example: *"ABC Clinic. DK if clinic or group of doctor's offices."*

d. For a visit to a laboratory (lab), first determine if it was in a hospital or not, and then ask, **"What was done during this visit?"** Footnote the response, entering the same footnote symbol in question 2 and where the response is recorded. (Use different footnote symbols for each if multiple visits to labs are reported for the family.)

6. Both the "Not in hospital" and "Hospital" lists contain an "Other- specify" category. If the response is not clear, probe to determine if the "Other" place was or was not in a hospital before marking one of the "Other-specify" boxes. Give the best description of the "Other" place which you can obtain from the respondent.

7. If the response to question 2 is "Health Maintenance Organization" or "HMO," probe to determine whether the place was in a hospital or not, then mark the appropriate "Other-specify" box and enter "HMO," "Kaiser," or whatever response is given.

8. For persons who were admitted to the hospital, but did not stay overnight, mark the "Hospital, Other-specify" box and footnote "Admitted-not overnight." Then go to the next doctor visit. If the person was admitted to the hospital and stayed overnight, mark "Overnight patient" in the "Hospital" column and go to the next doctor visit. Do not complete questions 3 through 5 in these situations, nor delete the column. Do not correct Item C1.

QUESTION 3; TYPE OF PROVIDER CONTACTED

Ask 3b if under 14.

3a. Did - - actually talk to a medical doctor?

b. Did anyone actually talk to a medical doctor about - -?

c. What type of medical person or assistant was talked to?

d. Does the *(entry in 3c)* work with or for ONE doctor or MORE than one doctor?

e. For this [visit/call] what kind of doctor was the *(entry in 3c)* working with or for — a general practitioner or specialist?

f. Is that doctor a general practitioner or a specialist?

g. What kind of specialist?

A. OBJECTIVE

This information, combined with the information obtained in questions 4 and 5, will show the types of medical care providers that patients consult for different types of health problems.

B. DEFINITIONS

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

2. General Practitioner--A medical doctor who provides comprehensive medical care on a continuing basis to patients of any age or sex regardless of the specific nature of the patient's health problems.

3. Specialist--A medical doctor whose practice is limited to a particular branch of medicine or surgery. A specialist has advanced training and is certified by a specialty board as being qualified to limit his/her practice to that field. Examples of specialists are surgeons, internists (specializing in internal medicine), pediatricians, psychiatrists, obstetricians, proctologists, ophthalmologists, and so forth. Also include osteopaths as specialists.

C. INSTRUCTIONS

1. Ask question 3a for persons 14 years old and over. Ask question 3b for children under 14 years old.

2. In questions 3a and b, we are interested in direct contacts between the person or his/her proxy and the medical doctor. For example, if Mrs. Smith called the doctor about her husband because he was too ill to come to the phone, consider this as a "Yes" response to 3a if she spoke directly with the medical doctor. However, if Mrs. Smith spoke only with a nurse who relayed information between Mrs. Smith and the doctor, consider this as a "No" in 3a since there was no direct contact with a medical doctor.

3. If you learn while asking any part of question 3 that the person consulted or the person for whom the assistant works is not a medical doctor as defined above, mark "No" in 3a/b, enter the title of the person (or a description of what he/she does) in 3c and ask 3d.

4. If the respondent doesn't know if the person talked to is a medical doctor, mark the "DK if M.D." box in 3a/b and ask 3c. If the respondent doesn't know who was seen, mark the "DK who was seen" box and ask 3f. It is still possible that the respondent knows about the doctor who maintains the office, even though it is not clear whether or not the person actually talked to this doctor. If the respondent states only that he/she "Doesn't know," you must probe to determine which DK box to mark. For example, *ask, "Is it that you don't know if the person seen was a medical doctor or not, or that you don't know who was seen?"*

5. In 3c, enter the full title of the medical person or assistant such as "nurse practitioner," "nurse," "physician's assistant," "optometrist," or "chiropractor." If the title is not known, record the person's duties in as much detail as possible; for example, "takes blood," "gives immunizations," "gives physical exams," etc.

6. Sometimes, medical persons/assistants work with or for more than one doctor. Questions 3d and e are asked to determine what type of doctor the assistant was working with or for on this particular visit. If the response to 3d is "Own practice," "works alone," or something similar, mark "None" and continue with question 4. If "Telephone" is marked in question 2, use "Call" when asking 3e; otherwise, use "Visit."

7. In 3g, if the respondent does not know the title of the specialist, but does know the field of specialty, enter that information verbatim in the space provided. Examples are "heart ailments," "X-ray doctor," etc. **Do not substitute any titles you know of for the respondent's answer:** for example, do not enter "Pediatrician" if the respondent says it was a "children's doctor."

8. In 3f, if you are told that the doctor is both a general practitioner and a specialist, do not make an entry in 3e/f or 3g. Footnote the response and any information given by the respondent concerning the nature of the doctor's practice and specialty.

QUESTION 4, CONDITION TALKED ABOUT

Ask 3b if under 14.

3a. Did - - actually talk to a medical doctor?

b. Did anyone actually talk to a medical doctor about - -?

c. What type of medical person or assistant was talked to?

d. Does the *(entry in 3c)* **work with or for ONE doctor or MORE than one doctor?**

e. For this (visit/call) what kind of doctor was the *(entry in 3c)* **working with or for - a general practitioner or specialist?**

f. Is that doctor a general practitioner or a specialist?

g. What kind of specialist?

A. OBJECTIVE

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

B. DEFINITION

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

C. INSTRUCTIONS

1. Ask question 4a for persons 14 years old and over. Ask question 4b for children under 14 years old.

2. When entering conditions in Item C2, record the Doctor Visit Number as the source of the condition in the "DV" box below the condition name.

3. Mark only the first applicable box in the answer space for question 4a/b. For example, *if a person went to a doctor because of "feeling tired" and while there had blood tests and a urinalysis, mark the "Condition" box and enter "feeling tired" in Item C2.*

4. If the respondent mentions a medical procedure, such as receiving a shot, removing a cast, applying a bandage, applying a brace, adjusting a truss, having an X-ray, etc., probe to determine the condition necessitating the procedure by asking, "For what condition did -- have a [shot/cast/bandage/brace]?" **Mark the "Condition" box in 4a/b** and enter the condition in Item C2. If the procedure was not for a condition, mark the "Other" box and specify the procedure on the line.

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

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

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

6. Mark the "Test(s) or examination" box in 4a/b if the person saw or talked to a medical doctor or assistant during the 2-week reference period to get the results of tests or examinations that were performed earlier. Consider a "checkup" to be the same as an examination if a specific condition is not mentioned with it.

7. In asking 4c and 4d, use the appropriate word "test", "tests", or "examination" base on the response to 4a/b.

   a. Mark "Yes" in 4c even if the person was not notified of the condition at the time of this contact.

   b. If no condition was found as a result of the test(s), mark "No" in 4c and ask 4d to determine if the person had a specific condition that was known about prior to the test(s). For example, people may have conditions which require tests or examinations from time to time to monitor the condition. Or, tests or examinations may be performed on persons with newly diagnosed conditions to determine the extent of the condition.

   c. Do not consider a common vision deficiency, such as nearsightedness or farsightedness which is tested from time to time, as a condition unless it is discovered for the first time during this visit. In other cases, probe to determine if a condition, such as glaucoma, cataracts, macular degeneration, etc., is causing the vision deficiency. If not, mark "No" in 4c and 4d.

8. Ask question 4e to determine if the person was sick because of her pregnancy. If the response is "yes," mark the "Yes" box, ask 4f, and record the condition and pregnancy (for example, "Morning sickness-pregnancy") in 4f AND in Item C2. Then, continue with 4g.

9. Use the word "call" in 4g if "Telephone" is marked in question 2. Otherwise, use the word "visit." If a condition was previously reported in 4a, 4f, or 4h, use the parenthetical "other" when asking or reasking 4g.

10. If pregnancy is reported in 4h, mark the "Pregnancy" box and ask 4e. Do not enter pregnancy in Item C2 if reported in 4h. Pregnancy is only recorded in C2 from this page if there is a problem associated with the pregnancy, which is obtained by asking questions 4e and f, as appropriate. For any condition other than pregnancy reported in 4h, enter the name of the condition in 4h AND in Item C2; then reask 4g.

QUESTION 5, SURGERY OR OPERATIONS DURING THIS VISIT

Mark box if "Telephone" in 2.
5a. Did -- have any kind of surgery or operation during this visit, including bone settings and stitches?

b. What was the name of the surgery or operation?
If name of operation not known, describe what was done.

c. Was there any other surgery or operation during this visit?

A. **OBJECTIVE**

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

B. **DEFINITION**

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

C. **INSTRUCTIONS**

1. If the respondent does not know the name of the surgery or operation, ask for a description of the procedure. Enter the description; for example, *"removed cyst from shoulder."* Even if you think you know the technical term, enter only what the respondent says. Also follow this procedure if the respondent does not know if the procedure should be considered as surgery or an operation, for example, *"removed particle from eye."*

2. Record each procedure mentioned by the respondent on a separate line in 5b. For example, if the response is, "Removed broken glass in hand and set broken wrist," enter this in 5b as follows:

5a.	0 ☐ Telephone in 2 *(Next Dr. visit)* 1 ☒ Yes 2 ☐ No *(8)*
b.	(1) REMOVED BROKEN GLASS IN HAND (2) SET BROKEN WRIST
c.	☐ Yes *(Reask 5b and c)* ☒ No

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

QUESTION 6. LOCATION OF HEALTH CARE PROVIDER

Go to next DV if "Home" in 2.
6. In what city (town), county, and State is the *(place in 2)* **located?**

A. **OBJECTIVE**

Recent evidence suggests that health care providers, particularly specialists, have become more widely distributed geographically. Question 6 will provide data to measure the effects of this wider distribution of health care providers and the utilization of their services.

B. INSTRUCTIONS

1. Ask question 6 to determine the city, county, state and zip code where the health care was received. Insert the name of the place marked in question 2; for example, "Doctor's office" or "Emergency room." If the "Overnight patient" box was marked in question 2, insert "hospital" for (place). Do not ask question 6 if "Home" was marked in question 2.

2a. An entry must always be made for the city, (or town) State and ZIP Code. If the county is not known, enter "DK." If the place is not in a city, be sure to enter the county and note that it is not in a city. If possible, try to obtain the name of the post office servicing the area and footnote this also. For example:

6.	City/County	1/ / WASHINGTON
	State/ZIP Code	PA / 15444

1/ *Not in city. Mailing address is "Washington, PA."*

b. If the place is located in an independent city, refer to the instructions on page D4-3. Enter "Independent City" on the city/county line.

* 3. If subsequent visits are to exactly the same place recorded for one visit, you may enter in Item 6 "Same as DV # ___" instead of writing out all the information again.

(*Revised February 1995)

NOTES

CHAPTER 10. HEALTH INDICATOR PAGE

OVERALL OBJECTIVE

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

QUESTION 1, 2-WEEK INJURY PROBE

1a. During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about?

☐ Yes ☐ No *(2)*

b. Who was this? *Mark "Injury" box in person's column.*

c. What was -- injury?
Enter injury(ies) in person's column.

d. Did anyone have any other injuries during that period?

☐ Yes *(Reask 1b, c, and d)* ☐ No

Ask for each injury in 1c:

e. As a result of the *(injury in 1c)* **did [- - /anyone] see or talk to a medical doctor or assistant (about - -) or did - - cut down on - - usual activities for more than half of a day?**

A. OBJECTIVE

* These questions identify injuries occurring to nondeleted/nonexcluded family members in the 2-week reference period which have not been previously reported.

B. DEFINITIONS

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

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

2. Doctor/Medical doctor--Refer to the definition on page D9-6.

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

4. Poisoning--Swallowing, drinking, breathing, or coming in contact with a poisonous substance or gas. Poisoning may also occur from an overdose of a substance that is nonpoisonous when taken in normal doses. Exclude conditions which are diseases or illnesses, such as poison ivy, poison oak, ptomaine or food poisoning.

C. INSTRUCTIONS

1. If the response to question 1 indicates that a family member had an accident with no injury (for example, a minor car accident), consider this a "No" response and make any necessary corrections. Include all conditions mentioned by the respondent except those exclusions stated above.

(*Revised February 1995)

2. Accept the response to 1c as reported by the respondent without probing. For example, enter "multiple fractures," or "multiple cuts," etc., in 1c and ask question 1e using the same terms. However, if the response is, for example, "fractured arm and leg," enter "fractured arm" and "fractured leg" in 1c and ask 1e separately for each.

3. When asking question 1e for persons 14 years old or over, insert the name or relationship of the person. For children under 14 years old, use the word "anyone" in brackets and include the parenthetical "about --."

4. Insert the name of the injury entered in 1c when asking question 1e. If you receive a "Yes" response to 1e, mark the "Yes" box and enter the name of the injury in C2 along with "1" in the "INJ." box as its source. If the response is "No," mark that box and ask 1e for the next injury for this person or for the next person for whom the "Injury" box is marked in 1b.

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

5. In question 1e, if you learn that a person only saw a dentist for the injury and had no restricted activity, consider this a "No" response and footnote "Dentist." Dentists are not considered "medical doctors."

6. Question 1 concerns only injuries not previously reported. If an injury reported in 1c is already recorded in C2 for the person:

   - Do not record "1" as a source in the INJ. box in C2.
   - Delete the injury from 1c.
   - If that was the only injury recorded in 1c for the family, reask 1a, emphasizing "that you have not told me about."
   - If there are other injuries recorded in 1c, complete 1e for each.

Question 2, 12-Month Bed Days

2. During the past 12 months, (that is, since *(12-month date)* a year ago) ABOUT how many days did illness or injury keep -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)

A. OBJECTIVE

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

B. DEFINITIONS

1. Days in bed--Any day during which the person stayed in bed more than half of the day because of illness or injury. "More than half of the day" is defined as more than half of the hours that the person is usually awake. Do not count the hours that the person is usually asleep. Also, do not count a nap as a day in bed unless the person took a nap because of an illness or injury and the nap lasted more than half of the day. Count all days a person spent as an overnight patient in a hospital, sanitarium, nursing home, etc., as days in bed whether or not the patient was actually lying in bed, even if there was no illness or injury. Also include any days reported for a newborn, including days in a hospital.

2. Bed--Anything used for lying down or sleeping, including a sofa, cot, or mattress. For example, a person who stayed on the sofa watching TV because he/she was not feeling well enough to get around would be considered "in bed." The important point is that the person felt ill enough to lie down for more than half of the day.

c. Illness or injury--These terms are respondent-defined.

C. INSTRUCTIONS

1. When asking question 2, use the "12-month date" in Item A1 on the Household Composition Page. Include the phrase, "that is, since (12-month date) a year ago," for the first nondeleted/nonexcluded family member and at any other time you feel it is necessary.

2. If a number is recorded in the person's "HOSP." box in Item C1, read the parenthetical statement, "Include days while an overnight patient in a hospital," as a reminder to the respondent.

3. If the respondent does not know the number of days, attempt to get an estimate by using a probe such as, "Can you give me an estimate of the number of days?" or, "Your best estimate is fine." If you receive a response in terms of a range, such as "15-20 days" or "Less than 7 days," probe to determine a more specific number. If the respondent is unable to provide a more specific number, enter the original response.

4. Do not reconcile the days reported in response to this question with the 2-week bed-days question on the Restricted Activity Page.

Question 3, 12-Month Doctor Visits

3a. During the past 12 months, ABOUT how many times did [- -/anyone] see or talk to a medical doctor or assistant (about - -)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the *(number in 2-WK DV box)* visit(s) you already told me about.)

b. About how long has it been since [- -/anyone] last saw or talked to a medical doctor or assistant (about - -)? Include doctors seen while a patient in a hospital.

A. OBJECTIVE

This question determines the number of 1-year doctor visits for each nondeleted/nonexcluded family member, and how long it has been since such people have received any health care. This will provide estimates of the total number of visits in a year, the number of visits per person, and the distribution of persons according to the interval since their last contact.

B. DEFINITION

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

C. INSTRUCTIONS

1. If a number is recorded in the person's "Hosp" box in Item C1, read the parenthetical statement, "Do not count doctors seen while an overnight patient in a hospital" when asking question 3a. If a number is recorded in the person's "2-WK. DV" box in Item C1 insert the parenthetical statement, "Include the (number in 2-WK. DV box) visit(s) you already told me about" when asking question 3a. Read both statements when asking question 3a for persons with both hospital stays and doctor visits in Item C1.

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

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2. When asking question 3 for persons 14 years old or over, insert the name or relationship of the person. For children under 14 years old, use the word "anyone" in brackets and include the parenthetical "about --."

3. If the response to 3a indicates that the only doctors seen were while the person was an overnight patient in the hospital, mark the "Only when overnight patient in hospital" box. Do not ask 3b for this person since you already know that the person has seen a medical doctor or assistant within the past 12 months.

4. Some respondents may not include regular checkups/physicals/well visits in question 3a because the questions immediately prior to this deal with accidents/injuries/illnesses. Remind respondents to include such visits only if the answer to question 3a or 3b indicates a misunderstanding. Do not automatically assume the respondent will misunderstand.

5. If the response to 3b is a date during interview week, reask 3b to determine how long it has been since the person's last visit before interview week. In this case, mark box 1 and another box in 3b.

6. If the response to 3b is "Less than one year," reask 3a to determine the number of times a medical doctor was seen during the past 12 months and correct the entry in 3a. If the respondent states that the only time a doctor was seen during the past 12 months was while the person was an overnight patient in a hospital, erase the "None" entry in 3a, mark the "Only when overnight patient in hospital" box, and skip to the next person. Do not change your entry in 3b.

Question 4, General Health

4. Would you say - - health in general is excellent, very good, good, fair, or poor?

A. OBJECTIVE

This question obtains the respondent's evaluation of each nondeleted/nonexcluded family member's health.

B. INSTRUCTIONS

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

(*Revised February 1995)

Question 5, Height and Weight

Mark box if under 18.

5a. About how tall is - - without shoes?

b. About how much does - - weigh without shoes?

A. OBJECTIVE

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

B. INSTRUCTIONS

1. Ask question 5 for each nondeleted/nonexcluded adult family member and enter the response verbatim, including fractions; such as, "5 feet, 6-1/2 inches," or "122-1/2 pounds."

2. Record the person's present weight in question 5b, with the following exception:

   If the respondent tells you, or if you know from previous responses that the person is currently pregnant, **determine the person's weight before she became pregnant and record it in 5b.** Footnote "Pregnant" and the person's present weight. Never probe to determine whether a person is pregnant.

3. Many people have trouble specifying another person's height and weight; therefore, indicate any estimated response with "Est."

4. Enter a dash (-) on the inches line for even heights; for example, "6 feet, - inches." Enter a dash (-) on the "Feet" line if the height is reported in total inches; for example, "- feet, 68 inches." Do not attempt to compute the height in feet and inches.

5. If the height and/or weight is reported in the metric measurement system (meters, centimeters, grams, etc.) rather than in feet, inches, or pounds, footnote the exact metric response. Do not enter metric measurements in 5a or b or attempt to convert the response to feet, inches, or pounds.

(*Revised February 1995)

NOTES

CHAPTER 11. CONDITION LISTS

A. OVERALL OBJECTIVE

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

B. GENERAL DEFINITIONS

1. Ever--Present at any time, in the person's life, except during interview week only.

2. Now--Present at any time during the 2-week reference period.

3. Past 12 months--The period beginning with the "12-month date" specified in Item A1 and ending last Sunday night.

C. GENERAL INSTRUCTIONS

1. To determine which Condition List to ask in a household, refer to the number entered on the "Ask Condition List" line in A2 of the Household Composition Page. *(See D5-10 for special instructions.)*

2. Apply the definitions above only if questions arise or if the respondent mentions that the condition started during interview week.

3. Begin the Condition List by asking question "a" inserting the names or relationships of all nondeleted/nonexcluded family members the first time you ask the question, and emphasizing the reference period for the list you are asking. Then start reading the list of conditions.

   a. After reading each condition, wait for a "yes" or "no" reply before going to the next condition. This procedure is necessary in order to be certain the respondent has had time to think about each condition. If two or more respondents are present, wait for each person to reply to a condition before going on to the next condition. As you ask each condition, make a checkmark ( ) in the space to the right of it to keep your place in the list.

   b. When you receive a "yes" response, ask question "b", "Who is (or was) this?" and record the condition in Item C2 for the appropriate person. Also enter the letter of the condition as the source in the "CL LTR" box below the condition entry in C2.

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

   c. Next, ask question "c" to determine if anyone else has/had the condition. If "yes," reask "b" and enter the condition and letter in C2 for that person. Continue reasking "c" and "b" until you receive a final "no" answer for that condition or until all family members are accounted for. Then ask about the next condition, by repeating question "a" to remind the respondent that we are interested in whether anyone in the family has or had the remaining conditions during the specified time period.

   d. Ask questions d through f in lists 1 and 5 in the same manner as questions a through c.

(*Revised February 1995)

4. If the same condition is reported more than once for the same person while asking the Condition List, enter only the letter for the item where it was first reported. Thus, you will have only one letter source specified per condition in Item C2 for a person. *It is extremely important that the letter is entered in C2 so that the correct questions will be asked on the Condition Page.*

5a. If the respondent reports a condition that has already been entered in Item C2 for the person, enter the appropriate letter in the "CL LTR" source box for the condition.

b. If the respondent does not report a condition on the list that has already been entered in Item C2, do <u>not</u> enter the "CL LTR" as a source in Item C2. The Condition List letter should only be entered in C2 if the respondent reports the condition again while asking the Condition List.

6. If a condition is reported out of turn or not in answer to the one you're asking about, probe to determine if this volunteered condition was present during the specified reference period for that list. If so, enter the condition in C2 even if it is not specifically included in the list you are asking, along with the letter of the condition you were asking when this condition was reported. **Then reask part "a" of the question about the listed condition because the respondent has not yet answered "Yes" or "No" for the listed condition.**

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

7. Throughout the lists of conditions, there are "catch-all" groups containing the words, "any other" or "any disease of" with the name of a specific part of body. If the respondent just says "Yes" to a catch-all group without reporting a specific condition, record in C2 the term as it appears in the Condition List; for example "Gallbladder trouble," "Disease of the esophagus." Do not probe to determine if the person had more than one kind of condition for each "catch-all" group. Instead, record the condition in Item C2 and ask if anyone else had a "catch-all" condition.

8. Also, throughout the Condition Lists there are words that are in all capital letters. These capitalized words are qualifying terms for that particular condition. Emphasize these words when asking about these conditions so the respondent is aware of them. Except for "Permanent," do not try to define these words for the respondent. Do not record any of these conditions in Item C2 unless, in the respondent's view, the capitalized qualification is met.

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

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

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

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

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

11. If the respondent tells you that a Condition List condition is the same as one reported earlier, even though the condition names are not the same, enter the letter of the condition in the "CL LTR" box of the condition already in C2. However, do this only if the respondent says they are the same. Never make this determination yourself.

12. If you are asked for the meaning of any of the listed terms, use the definitions printed on the questionnaire above the list such as, "It's a condition affecting the digestive system," for List 3. Do not attempt to explain or define any of the conditions further.

13. In a one-person household, if a "Yes" response is received to one of multiple conditions listed together, *(such as, List 1, Item G "Yes, I had a bone spur")* do not probe to determine if the person also had the other condition(s). In households with more than one family member, ask the next appropriate part of the question (c or f, depending on which list you are asking) about all the conditions listed together, not just the one already reported.

14. The instruction to reask a question above the second column for Condition Lists 1, 2, 3, and 6 is a reminder to repeat the lead-in question. *For example, reask question 1d before Item M in List 1, reask question 2a before Item O in List 2, and so forth.*

CONDITION LIST INTRODUCTION

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

A. OBJECTIVE

This statement informs the respondent that any conditions reported earlier should be mentioned again if they are in the Condition List.

B. INSTRUCTIONS

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

CONDITION LIST 1

1

1a. Does anyone in the family *(read names)* **NOW HAVE —**
If "Yes," ask 1b and c.

b. Who is this?

c. Does anyone else NOW have —
Enter condition and letter in appropriate person's column.

A. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back? *(Permanent stiffness —* **joints will not move at all.)**	
B. Paralysis of any kind?	

1d. DURING THE PAST 12 MONTHS, did anyone in the family have — *If "Yes," ask 1e and f.*

e. Who is this?

f. DURING THE PAST 12 MONTHS, did anyone else have —
Enter condition and letter in appropriate person's column.
C–L are conditions affecting the bone and muscle.
M–W are conditions affecting the skin.

C. Arthritis of any kind or rheumatism?		*Reask 1d.* **M. A tumor, cyst, or growth of the skin?**	
D. Gout?		**N. Skin cancer?**	
E. Lumbago?		**O. Eczema or Psoriasis? (ek'sa-ma) or (so-rye'uh-sis)**	
F. Sciatica?		**P. TROUBLE with dry or itching skin?**	
G. A bone cyst or bone spur?		**Q. TROUBLE with acne?**	
H. Any other disease of the bone or cartilage?		**R. A skin ulcer?**	
I. A slipped or ruptured disc?		**S. Any kind of skin allergy?**	
J. REPEATED trouble with neck, back, or spine?		**T. Dermatitis or any other skin trouble?**	
K. Bursitis?		**U. TROUBLE with ingrown toenails or fingernails?**	
L. Any disease of the muscles or tendons?		**V. TROUBLE with bunions, corns, or calluses?**	
		W. Any disease of the hair or scalp?	

INSTRUCTIONS

1. List 1 is made up of two parts. The first part contains two conditions with "NOW" as the reference period. Conditions C through W, the second part of this list, do not have to be present "NOW," but must have been present at some time "DURING THE PAST 12 MONTHS."

2. Since the reference period for this list changes, it is possible that the respondent may not always be sure which period you are talking about. Therefore, it may be necessary to repeat the lead-in phrase, "DURING THE PAST 12 MONTHS" several times while asking this part of the list.

CONDITION LIST 2

2

2a. Does anyone in the family *(read names)* **NOW HAVE —**
If "Yes," ask 2b and c.

b. Who is this?

c. Does anyone else NOW have —

Enter condition and letter in appropriate person's column.

A–L are conditions affecting { *Hearing* / *Vision* / *Speech* }

Conditions M–AA are impairments.

A. Deafness in one or both ears?		*Reask 2a.* **O. A missing joint?**	
B. Any other trouble hearing with one or both ears?		**P. A missing breast, kidney, or lung?**	
C. Tinnitus or ringing in the ears?		**Q. Palsy or cerebral palsy? (ser'a-bral)**	
D. Blindness in one or both eyes?		**R. Paralysis of any kind?**	
E. Cataracts?		**S. Curvature of the spine?**	
F. Glaucoma?		**T. REPEATED trouble with neck, back, or spine?**	
G. Color blindness?		**U. Any TROUBLE with fallen arches or flatfeet?**	
H. A detached retina or any other condition of the retina?		**V. A clubfoot?**	
I. Any other trouble seeing with one or both eyes EVEN when wearing glasses?		**W. A trick knee?**	
J. A cleft palate or harelip?		**X. PERMANENT stiffness or any deformity of the foot, leg, or back?** *(Permanent stiffness —* **joints will not move at all.)**	
K. Stammering or stuttering?		**Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm?**	
L. Any other speech defect?		**Z. Mental retardation?**	
M. Loss of taste or smell which has lasted 3 months or more?		**AA. Any condition caused by an accident or injury which happened more than 3 months ago?** *If "Yes," ask:* **What is the condition?**	
N. A missing finger, hand, or arm; toe, foot, or leg?			

INSTRUCTIONS

1. If a person has had one of the listed conditions which has been corrected by surgery or some other means and is not present "NOW," do not enter the condition in Item C2. *For example, make no entry if a cataract was removed surgically. Similarly, if a person was temporarily paralyzed as a result of a stroke but is no longer affected, make no entry in Item C2.*

2. A joint is considered missing (Item O) even if it was replaced. If the respondent says that a joint has been replaced, without naming the specific joint, enter "missing joint" in C2. If a specific joint is reported in answer to Item O, enter the response, such as "total hip replacement".

CONDITION LIST 3

3

3a. DURING THE PAST 12 MONTHS, did anyone in the family *(read names)* **have —** *If "Yes," ask 3b and c.*

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have —

Enter condition and letter in appropriate person's column.

Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.

Conditions affecting the digestive system.

A. Gallstones?		*Reask 3a.* **N. Enteritis?**	
B. Any other gallbladder trouble?		**O. Diverticulitis? (Dye-ver-tic-yoo-lye'tis)**	
C. Cirrhosis of the liver?		**P. Colitis?**	
D. Fatty liver?		**Q. A spastic colon?**	
E. Hepatitis?		**R. FREQUENT constipation?**	
F. Yellow jaundice?		**S. Any other bowel trouble?**	
G. Any other liver trouble?		**T. Any other intestinal trouble?**	
H. An ulcer?		**U. Cancer of the stomach, intestines, colon, or rectum?**	
I. A hernia or rupture?			
J. Any disease of the esophagus?		**V. During the past 12 months, did anyone (else) in the family have any other condition of the digestive system?** *If "Yes," ask:* **Who was this? — What was the condition?** *Enter in item C2, THEN reask V.*	
K. Gastritis?			
L. FREQUENT indigestion?			
M. Any other stomach trouble?			

INSTRUCTIONS

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

CONDITION LIST 4

4

4a. DURING THE PAST 12 MONTHS, did anyone in the family *(read names)* **have —**
If "Yes," ask 4b and c.

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have —

Enter condition and letter in appropriate person's column.

A–B are conditions affecting the glandular system.
C is a blood condition.
D–I are conditions affecting the nervous system.
J–Y are conditions affecting the genito-urinary system.

A. A goiter or other thyroid trouble?		*Reask 4a.* **N. Any other kidney trouble?**	
B. Diabetes?		**O. Bladder trouble?**	
C. Anemia of any kind?		**P. Any disease of the genital organs?**	
D. Epilepsy?		**Q. A missing breast?**	
E. REPEATED seizures, convulsions, or blackouts?		**R. Breast cancer?**	
		S. * Cancer of the prostate?	
F. Multiple sclerosis?		**T. * Any other prostate trouble?**	
G. Migraine?		**U. ** Trouble with menstruation?**	
H. FREQUENT headaches?		**V. ** A hysterectomy?** *If "Yes," ask:* **For what condition did – – have a hysterectomy?**	
I. Neuralgia or neuritis?			
J. Nephritis?		**W. ** A tumor, cyst, or growth of the uterus or ovaries?**	
K. Kidney stones?		**X. ** Any other disease of the uterus or ovaries?**	
L. REPEATED kidney infections?		**Y. **Any other female trouble?**	
M. A missing kidney?		**Ask only if males in family.* ***Ask only if females in family.*	

INSTRUCTIONS

1. Do not ask Items S and T in an all-female family.

2. Do not ask Items U through Y in an all-male family.

3. If "Hysterectomy" is reported, ask for the name of the condition requiring the operation and enter it in C2 for that person. If the name of the condition cannot be determined, enter "hysterectomy, dk reason," "Hysterectomy, sterilization," etc.

CONDITION LIST 5

5

5a. Has anyone in the family *(read names)* **EVER had —**

If "Yes," ask 5b and c.

b. Who was this?

c. Has anyone else EVER had —

Enter condition and letter in appropriate person's column.

Conditions affecting the heart and circulatory system.

A. Rheumatic fever?		**G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)**	
B. Rheumatic heart disease?			
C. Hardening of the arteries or arteriosclerosis?		**H. A hemorrhage of the brain?**	
D. Congenital heart disease?		**I. Angina pectoris? (pek'to-ris)**	
E. Coronary heart disease?		**J. A myocardial infarction?**	
F. Hypertension, sometimes called high blood pressure?		**K. Any other heart attack?**	

5d. DURING THE PAST 12 MONTHS, did anyone in the family have —

If "Yes" ask 5e and f.

e. Who was this?

f. DURING THE PAST 12 MONTHS, did anyone else have —

Enter condition and letter in appropriate person's column.

Conditions affecting the heart and circulatory system.

L. Damaged heart valves?		**Q. Any blood clots?**	
M. Tachycardia or rapid heart?		**R. Varicose veins?**	
N. A heart murmur?		**S. Hemorrhoids or piles?**	
O. Any other heart trouble?		**T. Phlebitis or thrombophlebitis?**	
P. An aneurysm? (an yoo-rizm)		**U. Any other condition affecting blood circulation?**	

INSTRUCTIONS

1. List 5 is made up of two parts. The first part, conditions A through K, has a reference period of EVER and the second part of the list, conditions L through U, has a reference period of the PAST 12 MONTHS.

2. Since the reference period for this list changes, it is possible that the respondent may not always be sure which time period you are asking about. Therefore, it may be necessary to repeat the lead-in phrase, "DURING THE PAST 12 MONTHS," several times while asking the second part of the list.

CONDITION LIST 6

6

6a. DURING THE PAST 12 MONTHS, did anyone in the family *(read names)* **have —**

If "Yes," ask 6b and c.

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have —

Enter condition and letter in appropriate person's column.

Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.

Conditions affecting the respiratory system.

A. Bronchitis?		*Reask 6a.* **K. A missing lung?**	
B. Asthma?		**L. Lung cancer?**	
C. Hay fever?		**M. Emphysema?**	
D. Sinus trouble?		**N. Pleurisy?**	
E. A nasal polyp?		**O. Tuberculosis?**	
F. A deflected or deviated nasal septum?		**P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?**	
G. * Tonsillitis or enlargement of the tonsils or adenoids?			
H. * Laryngitis?		**Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition?** *If "Yes," ask:* **Who was this? — What was the condition?** *Enter in item C2, THEN reask Q.*	
I. A tumor or growth of the throat, larynx, or trachea?			
J. A tumor or growth of the bronchial tube or lung?			

** If reported in this list only, ask:*

1. How many times did -- have *(condition)* **in the past 12 months?**

If 2 or more times, enter condition in item C2.

If only 1 time, ask:

2. How long did it last? *If 1 month or longer, enter in item C2.*

If less than 1 month, do not record.

If tonsils or adenoids were removed during past 12 months, enter the condition causing removal in item C2.

INSTRUCTIONS

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

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

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

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

a. Ask question 1, "How many times did -- have tonsillitis in the past 12 months?" If more than once in the past 12 months, record the condition and letter in C2. If only one time during the past 12 months, ask question 2, "How long did it last?" If it lasted 1 month or longer, record the condition and letter in C2. If the condition lasted less than 1 month, do not record it.

b. If a person had his/her tonsils or adenoids removed during the past 12 months, probe to determine the condition causing the operation. Enter the condition in C2 without asking the screening questions or regardless of the answer(s) to the screening questions if they've already been asked. If one of the excluded conditions mentioned in paragraph 1 *(such as "strep throat")* is reported as the condition causing the operation, enter this condition in C2.

c. After asking the screening question(s) for this person, ask 6c for the asterisked condition. If an asterisked condition is reported for another person, follow the same procedures.

d. If an asterisked condition is already entered in C2 for the person, do not ask the screening questions. Enter the Condition List letter (G or H) in the "CL LTR" box beneath the condition in C2.

e. If an asterisked condition is reported while asking Items A through F in List 6, ask the screening questions. If the condition should be entered in C2, enter the condition and letter of the item where the condition was reported.

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

CHAPTER 12. HOSPITAL PAGE

A. OVERALL OBJECTIVE

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

B. GENERAL DEFINITIONS

1. Hospitalization (Hospital stay)--A stay of one or more nights in a hospital. Exclude visits to an emergency room or outpatient clinic, even if they occur at night, unless the person is admitted and stays overnight. Hospitalized persons are referred to as "patients in the hospital." Do not include stays in the hospital during which the person does not spend at least one night, even though surgery may have been performed.

2. Overnight--The person stayed in a hospital for one or more nights. If the person was admitted and released on the same date, do not consider this as an overnight stay.

C. GENERAL INSTRUCTIONS

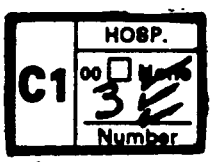
1. Complete a separate hospital stay column for each hospitalization recorded in the "HOSP." box in Item C1 on the Household Composition Page. If these are no hospital stays reported in the C1 "HOSP" box for any family members, go to the Condition Pages. If there are more than four hospitalizations reported for a family, use additional questionnaires. Renumber the columns in the additional questionnaires consecutively, changing "1" to "5," "2" to "6," etc. Beginning with the first person for whom hospitalizations have been reported, complete a column for each of his/her hospitalizations, and continue in the same manner for each succeeding person in the order they are listed on the questionnaire.

2. If there were multiple hospital stays for a person, all of which the respondent says were the same *(e.g., the person spent 2 nights in the hospital every other week for the past 12 months undergoing kidney dialysis)*, fill a separate Hospital Stay column for each. **Do not enter something like, "SAME AS HS #1".** If appropriate, you may verify the answers instead of repeating each question for each stay.

3. If a person was moved (transferred) from one hospital to another, for example, from a general hospital to a veteran's hospital, record each as a separate hospitalization if each lasted overnight or longer.

4. When a hospitalization is for childbirth, fill one column for the mother and another column for the baby. Ask each question separately for the mother and for the baby. Do not assume that all the information will be the same. For example, the mother may have entered the hospital several days before the baby was born or either the mother or the child could have been released before the other.

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



(*Revised February 1995)

ITEM 1, PERSON NUMBER

1. *Refer to C1, "HOSP." box.*	1.	**PERSON NUMBER _____**

INSTRUCTION

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

QUESTION 2, DATE ENTERED HOSPITAL

2. You said earlier that -- was a patient in the hospital since *(13-month hospital date)* a year ago. On what date did -- enter the hospital (the last time/the time before that)?

Record each entry date in a separate Hospital Stay column.

A. OBJECTIVE

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

B. INSTRUCTIONS

1. Read the introductory statement "You said earlier that -- was a patient in the hospital since (13-month hospital date)" the first time you ask question 2 for each person.

2. If the person was in a hospital more than once during the period, add the phrase, "the last time," to the end of question 2. It is desirable, but not mandatory, to record the most recent hospital stay first if the person had more than one stay. For the remaining columns, begin with the question, "On what date did -- enter the hospital the time before that?", and so on, for each subsequent hospitalization. Disregard this parenthetical if there was only one hospitalization for the person.

3. If the respondent cannot furnish the exact date, obtain the best estimate possible. Use the calendars and holidays in your HIS-501.1 Information Booklet to assist the respondent in recalling dates. Examples of appropriate probe questions might be:

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

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

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

QUESTION 3, NUMBER OF NIGHTS IN HOSPITAL

3. How many nights was - - in the hospital?	**3.**	0000 ☐ None *(Next HS)* _____ Nights

A. OBJECTIVE

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

B. INSTRUCTIONS

1. **Do not include any nights in the hospital during interview week.** However, enter all nights in the hospital through "last Sunday night" prior to interview week, including BOTH the beginning and ending dates if appropriate. If the stay continued into interview week, footnote "Int. week." If a hospital stay began prior to the 13-month hospital date, enter all nights for the stay, including those prior to the 13-month hospital date.

2. If the respondent answers in terms of days, repeat the question so that it is understood we are interested only in the number of nights. For example, a first answer of, "I was in for 7 days," might mean 6, 7, or 8 nights. Always follow up such answers by repeating the question, emphasizing the word "nights."

3. If you learn that the person did not remain overnight for this stay in the hospital, mark the "None" box in question 3 and go to the next hospital stay. **Do not make corrections to Item C1 and do not complete questions 4 through 6 in this situation.** Also follow this procedure if the date of admission and the date of discharge are the same, since this should not be included as an overnight hospital stay.

4. If the respondent's answer to the date of hospital entry for Item 2 and the number of nights for Item 3 indicates that none of the nights of hospitalization occurred during the reference period *(that is, since the 13-month hospital date but prior to interview week),* check with the respondent to verify that you have the correct date of entry and number of nights. If the response indicates that the date of entry and number of nights are correct, footnote "date verified" and fill the remainder of the column for this hospitalization. **Make no changes to Item C1 in this situation.**

5. If the entire stay was during interview week, delete this hospitalization by X-ing out the remainder of the column and then correct the number in Item C1. Explain in a footnote that the entire stay was during interview week.

QUESTION 4, CONDITION CAUSING HOSPITALIZATION

4. For what condition did -- enter the hospital?

- *For delivery ask:* **Was this a normal delivery?** *If "No," ask:* **What was the matter?**
- *For newborn ask:* **Was the baby normal at birth?** *If "No," ask:* **What was the matter?**
- *For initial "No condition" ask:* **Why did -- enter the hospital?**
- *For tests, ask:* **What were the results of the tests?** *If no results, ask:* **Why were the tests performed?**

A. OBJECTIVE

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

B. DEFINITION

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

C. INSTRUCTIONS

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

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

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

2. If the respondent answers that the person did not enter the hospital because of a condition, ask **"Why did -- enter the hospital?"** If the respondent then names a condition or mentions any health problem as the reason the person entered the hospital, mark the "Condition" box and enter the condition.

   a. If the person entered the hospital for tests or observations, ask **"What were the results of the (tests/observation)?"** If a condition was discovered as a result of the tests or observation, mark the "Condition" box and enter that condition. If the results of the tests or observation are unknown, probe to determine the condition which made the test or observation necessary and mark the "Condition" box and enter that condition. If no condition prompted the tests, mark the "No condition" box and footnote the situation (see 2c below).

   b. If the person entered the hospital to have an operation *(see D6-5 for definition)*, probe to determine the condition which made the operation necessary. *For example, if the response is "Amputation of one leg above knee," ask for the condition which made the operation necessary, such as "diabetes," "leg injured in accident," etc.* Mark the "Condition" box and enter that condition.

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

c. Mark the "No condition" box **only** if after probing there is no condition associated with the hospitalization. Footnote the reason the "No condition" box was marked, *for example, "Tests negative, no condition."*

3. Record only the first condition reported in question 4 as the reason for entering the hospital (or discovered during hospitalization) for this stay. If more than one condition is reported, footnote the others but do not enter them in question 4.

CHECK ITEM J1

J1	*Refer to questions 2, 3, and 2-week reference period.*	☐ At least one night in 2-week reference period *(Enter condition in C2, THEN 5)* ☐ No nights in 2-week reference period *(5)*

A. OBJECTIVE

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

B. INSTRUCTIONS

1. Refer to questions 2 and 3 to determine if **any** of the nights in question 3 were in the 2-week reference period *(see D5-9)*.

2. If at least one night was during the past 2 weeks *(box 1 marked in J1)*, refer to Item C2 to see if this condition was previously recorded.

   a. If the condition was previously recorded, enter this hospital stay column number in the "HS" box below the condition.

   b. If the condition was not previously recorded, enter it on a separate line in Item C2 and also enter this hospital stay column number in the "HS" box below the condition.

   c. If more than one condition was reported in question 4, enter in C2 only the first condition mentioned. Do not make any entries in C2 for conditions which were footnoted in response to question 4.

3. **Make no entry in C2 if there were no nights during the past 2 weeks** *(box 2 marked in J1)*.

QUESTION 5, OPERATIONS PERFORMED

5a. Did -- have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?

b. What was the name of the surgery or operation?
If name of operation not known, describe what was done.

c. Was there any other surgery or operation during this stay?

A. OBJECTIVE

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

B. DEFINITION

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

C. INSTRUCTIONS

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

5a.	1 ☒ Yes 2 ☐ No *(6)*
b.	(1) GALLSTONE REMOVED (2) APPENDECTOMY (3)

2. If the respondent reports more than three surgeries or operations, enter the first three in 5b and footnote the others.

3. If you are in doubt as to whether to include a response as "surgery or operation," include it and enter all available information in 5b.

QUESTION 6, NAME AND ADDRESS OF HOSPITAL

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

A. OBJECTIVE

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

B. INSTRUCTIONS

1. You must obtain the full and complete name of the hospital.

   a. Be sure that you have the correct name of the hospital. For example, Frederick County may operate a hospital named "Jeremiah Wilson Memorial Hospital." However, if "Frederick County Hospital" was recorded, it would be impossible to identify the hospital for classification. In cases when you judge that the respondent may have given a local name rather than the official, complete name, ask the respondent if that is the complete name of the hospital or if the hospital is known by any other name.

   b. When college infirmaries are reported, find out the name of the university or college and whether the respondent is referring to the student health center (clinic) or the college hospital. For example, "infirmary at Montgomery County Jr. College" would be insufficient; whereas, "Montgomery County Student Health Service," or "Johns Hopkins University Hospital," etc., would be the complete and accurate name.

2. The exact street address is not always required, but the name of the street on which the hospital is located is needed. If the name of the street is not known, enter "DK." If there is no street name, enter a dash (-). If the city is not known, or if the hospital is not in a city, be sure to enter the county. Always enter the state.

3. Be sure that your entries for name, street, and city or county are legible. If the respondent is not sure how to spell any one of the names, spell it phonetically and footnote that it is a phonetic spelling.

4. If the response to question 6 is a name and address identical to one already recorded in another column, or the respondent says it is the same hospital, enter "Same as HS #_" in the "Name" space in question 6.

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

NOTES

CHAPTER 13. CONDITION PAGES

A. OVERALL OBJECTIVE

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

B. GENERAL DEFINITIONS

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

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

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

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

4. Poisoning--Swallowing, drinking, breathing, or coming in contact with a poisonous substance or gas. Poisoning may also occur from an overdose of a substance that is nonpoisonous when taken in normal doses. *Exclude conditions which are diseases or illnesses, such as poison ivy, poison oak, ptomaine or food poisoning.*

C. GENERAL INSTRUCTIONS

1. Complete a Condition Page for each condition recorded in Item C2.

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

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

3. If more than seven conditions are entered in Item C2 for the family, use additional questionnaires. Renumber the Condition Pages in the second questionnaire, changing the preprinted "1" to "8," "2" to "9," etc.

4. Enter in the triangular space to the right of the condition in Item C2 the condition number which appears at the beginning of each Condition Page. By doing this when the condition from Item C2 is transcribed onto the Condition Page, you can keep track of the Condition Pages filled for each person.

5. When two (or more) conditions for a person are the "same condition," complete only one Condition Page for that condition. **Conditions may be considered "the same" only under the following two circumstances:**

   - **The respondent explicitly states that the conditions are the same;**

     AND/OR

   - **The names of the conditions are identical.**

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

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

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

   a. Do not delete any Condition Page entries that you have already made. Enter a footnote on each Condition Page stating that the conditions are the same, referring to the conditions by their number: *for example, for the first condition enter "same as condition 2," and for the second, "same as condition 1."* Do this at the point you discover these are the same.

   b. In most cases a Condition Page will have been filled for the first of the identical conditions. Therefore, you will not need to ask the remaining Condition Page questions for the other condition reported as being "the same." *There is an exception to this rule, described in paragraph c below.*

   c. Conditions with a Condition List Letter in the "CL LTR" box in Item C2 require more questions to be asked on the Condition Page than conditions from other sources. If one of the "same" conditions is a "CL LTR" condition, be sure that on one of the Condition Pages for the identical conditions you have asked all the questions appropriate for a "CL LTR" condition. *(See instructions for check Item K2 on page D13-17.)* If the first of the identical conditions has the "CL LTR" box filled in Item C2, all of the necessary questions will have been asked. When the condition with "CL LTR" as its source is not the first of the identical conditions, mark the appropriate box in K2 and ask questions 10 through 12 as required. Before leaving this Condition Page, enter a footnote that this condition is the same as a previous condition.

6. In asking questions 5 through 17, use the name of the condition in Item 3b. The only exception to this is for the first present effect of a stroke as reported in 3f. For the first present effect of a stroke, use the name of that present effect instead of the entry in 3b for the remainder of the Condition Page.

ITEM 1, PERSON NUMBER AND NAME OF CONDITION

CONDITION 1	PERSON NO. ____
1. Name of condition	

INSTRUCTIONS

1. On the "Person number" line, enter the column number of the person for which this Condition Page is being filled.

2. Fill Item 1 before asking any of the Condition Page questions. Transcribe the "Name of condition" exactly as it appears in Item C2.

3. Enter the condition number in the triangular space in Item C2.

QUESTION 2, WHEN DOCTOR OR ASSISTANT LAST CONSULTED FOR THIS CONDITION

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

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

0 ☐ Interview week *(Reask 2)*	5 ☐ 2 yrs., less than 5 yrs.
1 ☐ 2-wk. reference period	6 ☐ 5 yrs. or more
2 ☐ Over 2 weeks, less than 6 mos.	7 ☐ Dr. seen, DK when
3 ☐ 6 mos., less than 1 yr.	8 ☐ DK if Dr. seen } *(3b)*
4 ☐ 1 yr., less than 2 yrs.	9 ☐ Dr. never seen } *(3b)*

A DEFINITIONS

1. Doctor--The term "doctor" refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). Medical doctors include general practitioners and all types of specialists, such as ophthalmologists, psychiatrists, pediatricians, gynecologists, internists, etc.

2. Doctor's assistant--Any person who provides health care and who works with or for one or more medical doctors. Nurses, nurse practitioners, paramedics, medics, and physical therapists working with or for a medical doctor(s) are some examples of doctor's assistants. Also include chiropractors, chiropodists, podiatrits, naturopaths, opticians, psychologists, etc., **if they work with or for a doctor as defined above.**

B. INSTRUCTIONS

1. Before asking question 2, refer to the source boxes below the condition in Item C2. If there is an entry in the "DV" box and/or the "HS" box for this condition, mark the "2-wk. reference. period" box in question 2 without asking the question.

2. Do not attempt to reconcile discrepancies between question 2 and Item C1 or C2. If the respondent reports that the most recent contact was during the 2-week reference period, but no doctor visits or hospitalizations are recorded for this person in Item C1 (there is no entry in the "DV" or "Hosp" box for this condition in Item C2), verify the date with the respondent. If the date is correct, mark the "2-wk. reference period" box in question 2, footnote "date verified," and continue with question 3a. **Make no changes to Item C1 or C2 and do not attempt to complete a 2-week doctor visit or hospital stay column for the person.** If the date is incorrect, reask question 2.

3. When asking question 2 for persons 14 years old and over, insert the name or relationship of the person in place of the "--" in brackets. For children under 14 years old, use the word "anyone" in brackets.

4. Include as "seeing or talking to a doctor or assistant" any doctor visit as defined in B.2 on page D8-1. Also include hospital visits in which the person stayed overnight or longer and include dentists for dental conditions.

5. Do **not** probe to determine if the health practitioner consulted is a doctor or assistant as defined above. If the respondent specifically questions whether a certain type of health practitioner (such as a chiropractor) should be counted, probe to determine if this person works with or for a doctor. If so, count it for question 2. If not, reask question 2 excluding this visit. For example, ask, "Besides your visit to the chiropractor, when did you last see or talk to a doctor or assistant about your back trouble?"

6. There are some conditions which a person might have repeatedly, such as colds, and others which are always present, but only "flare up" periodically, such as arthritis, hay fever, etc. Apply the following instructions only when the respondent asks to which episode of the condition question 2 refers.

   a. For short-term conditions which a person may have repeatedly, *such as colds, flu, and minor injuries,* question 2 refers to the **last time the doctor/assistant was consulted about this particular episode.** The question does not refer to previous episodes. For example, if the person had seen the doctor about a previous sore throat, but not about this sore throat, mark the "Dr. never seen" box.

   b. For long-term conditions, *such as high blood pressure, arteriosclerosis, arthritis, etc.,* question 2 refers to the **last time the doctor/assistant was consulted about the condition,** even though the person may not have consulted a doctor/assistant for the most recent flare-up or attack.

7. If the respondent reports the doctor or assistant was consulted during interview week, mark the "Interview week" box and reask question 2 in the following manner: **"Not counting the visit you just told me about, when did -- last see or talk to...?"** Do not change the original entry. Mark the appropriate box for the new response. The "Interview week" box and any other single box may be marked.

8. Mark Box 7, "Dr. seen, DK when," if the respondent says that a doctor or assistant was consulted about the condition but he/she cannot remember or does not know when the visit took place. Before accepting this response, try to help the respondent recall the approximate date by using the calendar in the HIS-501.1 Information Booklet.

9. Mark Box 8, "DK if Dr. seen," if the respondent does not know if a doctor or assistant was seen, or if it cannot be determined whether the health practitioner seen is a doctor or assistant *as defined on page D13-3.*

10. Mark Box 9, "Dr. never seen," if the respondent says that a doctor or assistant was never consulted prior to interview week for this condition.

QUESTION 3, DESCRIPTION OF CONDITION

A. OBJECTIVES

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

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

1. The respondent's statement of the cause.

2. A specific description of the kind of trouble.

3. The part of the body affected.

4. The type of tissue affected.

5. The type of tumor, cyst, or growth (obtained in question 4).

B. INSTRUCTIONS

1. If any needed information for questions 3b through h has been recorded previously in question 3, it is not necessary to reask the question or to reenter the answer unless otherwise specified. *For example, if you entered "3-day measles" in 3b, it is not necessary to ask 3e or to enter this information again in 3e.*

2. Ask questions 3e through h, as applicable, whenever the words or any form of the words printed above these questions have been entered in 3b through f. *For example, ask 3e if the words, "diseased" or "anemic" are entered in 3b; ask 3f if the word "allergic" is entered in 3b through e; ask 3g and h if the word "infected" is entered in 3b through f.*

QUESTIONS 3a AND 3b, TECHNICAL NAME OF CONDITION

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

1 ☐ Yes 2 ☐ No 9 ☐ DK

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

b. What did he or she call it? _____
(Specify)

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

INSTRUCTIONS

1. Read the statement in parentheses, "Earlier you told me about -- (condition)," whenever you mark Box 1 without asking question 2. *For example, if you have not asked question 2 because there is a 2-week doctor visit or a hospital stay for this condition in Item C2, read the parenthetical statement in order to introduce the specific condition for which you are asking question 3.*

2. Ask question 3a no matter how technical or specific the entry in Item 1 seems to you.

3. If the answer to 3a is "No" or "DK," or if Box 8 or 9 is marked in question 2 ("DK if Dr. seen," "Dr. never seen"), transcribe the condition name from Item 1 to 3b without asking 3b if the entry in Item 1 is adequate (*see 5. below*).

4. If the response to 3a is qualified, such as "Yes, but I don't remember what it was," mark "Yes" and transcribe the Item 1 entry to 3b if the entry is adequate (*See 5. below*). Footnote, "DK name".

5. Refer to Card CP1 in the HIS-501.1 Information Booklet during the interview and during your edit for examples of inadequate entries for question 3b. Do not transcribe inadequate entries from Item 1 to 3b;
- instead, ask the respondent to describe the condition further, *for example, "What's wrong with your nerves?", "Why can't he run?", "In what way is she retarded?"*

6. If the respondent says the doctor only called the condition by a less technical name such as, "he only called it tennis elbow," mark "Yes" in 3a and enter the less specific terminology in 3b if it is adequate (*see 5. above*).

7. If the response to 3a is "Yes," enter in 3b whatever the respondent tells you the doctor called the condition, using the respondent's own words. If the medical name given by the respondent is unfamiliar to you, ask him/her to spell it for you. If the spelling is not known, record it phonetically. In all cases, remember that the entry in question 3b should be as exact and complete as possible (*see 5. above*).

   If the respondent does not know the medical name, knows only the part of the body, or if the answer is vague, *for example, "It's my liver," "I can't run," "Something I ate," "Some kind of ailment,"* **do not accept it**. Instead, ask the person to describe the condition further, *for example, "What's wrong with your liver?", "Why can't you run?", "How does this food affect you?", "What kind of ailment do you have?"* An exception to this is a response of "Sinus" which, although describing a part of the body, is acceptable as a condition because of its wide use and understanding.

8. If the response to 3b is "Old age," **probe** to determine a condition associated with the old age *(for example, ask, "Is there any specific condition associated with -- old age?")*, and enter the condition in 3b. For example, if, after probing, the respondent reports senility as the condition associated with the old age, enter "Senility" in 3b and continue asking the condition questions for senility. If, after probing, no specific condition is associated with the "Old age" entry in Item 1, enter "Old age" in 3b, mark the "Old age" box, and skip to the next condition (NC). **"Old age" should be considered only as a "last resort" entry for Item 3b.**

9. Do not change the entry in 3a even if the response in 3b does not agree with the box marked *(see paragraphs 3 through 8 above)*.

10. If the response to 3b is the name of an operation, ask for the condition that made the operation necessary. Record this condition in 3b even if the person no longer has it. Enter the name of the operation in 3b only if there is no condition that can be associated with it, or the condition is the after effects of the operation. Entries such as "infected incision," "post-surgical pain," etc., should include the name of the operation also. Footnote "DK name of operation" or "DK condition," if appropriate.

11. If the response to 3b is a reaction to drugs, ask for and record: the reaction; the drug; and the reason for taking the drug *(for example, "skin rash--reaction to penicillin--taken for virus")*. Do not, however, consider these as multiple conditions.

12. If more than one condition is recorded in 3b, a separate Condition Page must be completed for each. *For example, the entry in Item 1 could be "pain in stomach" and the response to 3b, "colitis and diarrhea."* After entering both conditions in 3b, enter the second condition, *"diarrhea"* in Item C2 and "3" in the "COND." box as the source of the condition. Finish the remainder of this Condition Page for the first condition, *"colitis."* Then immediately complete a second Condition Page for the *"diarrhea"* before completing Condition Pages for any other conditions.

    Likewise, if the entry in Item 1 was "trouble walking" and the response to 3b was *"pain in back and leg,"* a separate Condition page must be completed for each. Follow the instructions given above. Do NOT confuse these instructions with "present effects." *(See D13-10 and D13-25.)*

13. After entering the condition name in 3b, mark one of the boxes below this space, based on the 3b entry. The remainder of the Condition Page questions will refer to the condition name entered in 3b. (An exception to this rule is for the first present effect of a stroke as listed in Item 3f. *[See page D13-10.]* In this specific case, the remainder of the Condition Page should be filled using the first present effect of the stroke.)

a. Color blindness--If the condition in 3b is "Color blindness," mark this box and continue with the next condition (NC) or go to the Demographic Background Pages if this is the last condition.

b. Cancer--If the condition name in 3b contains the word "cancer," mark this box and go to 3e. **Do not mark this box** if the word "cancer" is **not** in 3b, even if you think the condition name is a form of cancer. Do not probe to determine if the condition entered in Item 3b is a type of cancer.

c. Normal pregnancy, normal delivery, vasectomy--Mark this box only if one of these terms is entered in 3b. **Do not mark this box** if a complication is recorded along with one of these terms.

d. Old age--Mark this box only if "Old age," "Elderly," "Advanced age" or a similar term is entered in both Item 1 and 3b. **(Do not consider a specific condition to be identical to "old age.")** After marking this box, continue with the next condition (NC).

e. Other--Mark this box if the entry in 3b is anything other than "color blindness," "cancer," "normal pregnancy," "normal delivery," "vasectomy," or "old age" and continue with 3c.

QUESTIONS 3c AND 3d, CAUSE OF CONDITION

c. What was the cause of -- *(condition in 3b)*? *(Specify)*

_____

Mark box if accident or injury. 0 ☐ Accident/injury *(Probe, then 5)*

d. Did the *(condition in 3b)* result from an accident or injury?

1 ☐ Yes *(Probe, then 5)*
2 ☐ No

Ask probes as necessary. Record responses in 3c:
(How did the accident happen?)
(What was -- doing at the time of the injury?)

INSTRUCTIONS

1. When asking 3c, insert the name of the condition entered in 3b and enter the verbatim response.

2. Mark the "Accident/injury" box above 3d if the condition in 3b meets the definition of "Injury" on page D13-1 or if the cause reported in 3c meets the definition of "Accident" on page D13-1. If it is not obvious that the condition is an injury that resulted from an accident, ask question 3d.

3. If the respondent does not know whether a condition was caused by an accident or cannot recall such an occurrence when an accident may be indicated, do not mark a box in 3d, but explain the circumstances in a footnote, *such as, "Doctor says possibly a blow on head, but respondent cannot recall"* and go to 3e.

4. Conditions resulting from heavy lifting, a loud noise, or other similar hazards are considered as accidental **only when they are <u>one-time</u> occurrences.** *For example, a punctured eardrum resulting from a loud explosion would be considered as caused by an accident, but continued exposure to loud noises at work resulting in partial deafness would not be considered as having an accidental cause.* For the latter case, mark the "No" box in 3d. Also mark the "No" box in 3d if the cause is <u>repeated</u> heavy lifting, <u>continued</u> strain, etc. A probe may be necessary to determine this.

5. Do not include birth injuries to either the mother or the child as an accident/injury, instead, mark the "No" box in 3d. However, make sure that the injury occurred during the act of delivery, not later. For injuries occurring after birth, mark the "Accident/injury" box or the "Yes" box in 3d. *For example, a head injury caused by the use of forceps during delivery is not an "Accident/injury," but a head injury caused by mis-handling of the child immediately after delivery is an "Accident/injury."*

6. If you mark the "Accident/injury" box above 3d or receive a "Yes" answer to 3d, review your entry in 3c and ask the specific probe questions to make your 3c entry as complete and accurate as possible. Specifically, you need to report the circumstances surrounding the event--how it happened, what objects were involved, and what the person was doing at the time of the accident.

   a. Examples

a.

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

1 ☐ Yes 2 ☒ No 9 ☐ DK

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

b. What did he or she call it? BROKEN ARM *(Specify)*

1 ☐ Color Blindness *(NC)* 2 ☐ Cancer *(3e)*
3 ☐ Normal pregnancy, normal delivery, vasectomy *(5)* 4 ☐ Old age *(NC)* 8 ☒ Other *(3c)*

c. What was the cause of -- *(condition in 3b)*? *(Specify)* Z

ACCIDENT - FELL OFF HORSE IN JUMPING CONTEST

Mark box if accident or injury. 0 ☒ Accident/injury *(Probe, then 5)*

d. Did the *(condition in 3b)* result from an accident or injury?

1 ☐ Yes *(Probe, then 5)*
2 ☐ No

Ask probes as necessary. Record responses in 3c:
(How did the accident happen?)
(What was -- doing at the time of the injury?)

b.

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

1 ☒ Yes 2 ☐ No 9 ☐ DK

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

b. What did he or she call it? CURVATURE OF SPINE *(Specify)*

1 ☐ Color Blindness *(NC)* 2 ☐ Cancer *(3e)*
3 ☐ Normal pregnancy, normal delivery, vasectomy *(5)* 4 ☐ Old age *(NC)* 8 ☒ Other *(3c)*

c. What was the cause of -- *(condition in 3b)*? *(Specify)* Z

SLIPPED DISK - KICKED PLAYING FOOTBALL

Mark box if accident or injury. 0 ☐ Accident/injury *(Probe, then 5)*

d. Did the *(condition in 3b)* result from an accident or injury?

1 ☒ Yes *(Probe, then 5)*
2 ☐ No

Ask probes as necessary. Record responses in 3c:
(How did the accident happen?)
(What was -- doing at the time of the injury?)

   b. Other examples include:

- Cuts from splinters, broken glass, or other sharp objects (name object and what person was doing).
- Falls from porch, down stairs, in bathtub, off curb, etc. (be specific).
- Swallowed or inhaled poisonous substance (name substance, for example, freon gas, overdose of aspirin, smoke).
- Bumped into object or person (be specific).
- Bites and stings from animals or insects (specify).

- Foreign body in eye, windpipe, or other orifice (name object, for example, cinder, bean, coin; describe briefly how it got there).

- Contact with a hot object, substance or flame (specify).

- Hit by car or other motor vehicle, ran off road, hit another object (tree, another car, person - be specific).

It is not necessary to record the response verbatim; unnecessary information may be omitted. Part of body and kind of injury will be obtained in question 17.

QUESTION 3e, KIND OF CONDITION

Ask 3e if the condition name in 3b includes any of the following words:

Ailment	**Attack**	**Condition**	**Disease**	**Measles**	**Trouble**
Anemia	**Bad**	**Cyst**	**Disorder**	**Problem**	**Tumor**
Asthma	**Cancer**	**Defect**	**Growth**	**Rupture**	**Ulcer**

e. What kind of *(condition in 3b)* **is it?** _____
(Specify)

A. OBJECTIVE

The exact kind of condition the person has is not always clear from the entry in question 3b. *For example, "heart trouble," "bad legs," and "stomach disorder" are all general terms which give a specific part or organ of the body*, but not a specific kind of illness or trouble. Heart trouble might be of several different kinds--angina, coronary, rheumatic, leakage, etc.; stomach trouble could refer to any number of digestive disturbances, such as ulcers, appendicitis, intestinal flu, etc. In question 3e, the respondent is asked to provide more specific information.

B. INSTRUCTIONS

1. Ask 3e only if one or more of the terms listed above the question is entered in 3b. Insert the name of the condition entered in 3b when asking 3e.

2. If the entry in 3b consists of one of the terms in 3e along with a specific, descriptive name such as *"sebaceous cyst," "pernicious anemia," "Hodgkins disease," "allergic asthma," etc.*, it is **not** necessary to ask question 3e or to reenter the information. If a part of the body or general site is given in 3b with one of the terms in 3e such as *"ovarian cyst," "back trouble," "heart attack," "skin growth,"* be sure to ask question 3e as these entries do not provide the KIND of cyst, attack, etc. *(NOTE: As with "sinus" in 3b, "bronchial asthma" is acceptable in 3e.)*

3. Use Card CP1 in your HIS-501.1 Information Booklet as a guide for determining inadequate entries for this item during the interview and during your edit.

QUESTION 3f, PRESENT EFFECTS OF ALLERGY OR STROKE

Ask 3f only if allergy or stroke in 3b–e:
f. How does the [allergy/stroke] NOW affect - -? *(Specify)*

_____

_____

For stroke, fill remainder of this condition page for the first present effect. Enter in item C2 and complete a separate condition page for each additional present effect.

A. OBJECTIVE

Allergies and strokes can affect people in many different ways. In order to properly code these conditions, information on how the person is now affected must be obtained.

B. INSTRUCTIONS

1. Ask 3f if "allergy" or "stroke" or any form of these words is entered in 3b, 3c, or 3e. Enter all the present effects of the allergy or stroke mentioned by the respondent *(this is an exception to the general rule that it is not necessary to reenter previously recorded information)*, but do NOT probe for any additional effects. For example, a person with an allergy may be affected by swelling in some part of the body, a rash, hives, itching, sneezing, difficulty breathing, etc. If the respondent says there are no present effects, an entry of "no effects" is acceptable. For example, enter "no effects" if the person is not currently affected by the allergy because he/she is receiving shots or abstaining from something, such as activities, surroundings, etc.

2. For stroke, the present or current manifestations are required, not how the person was affected at the time of the stroke. Present effects might be *"nervous tic on left side of face," "entire right leg and arm paralyzed," "speech difficulty," etc.* An entry that gives only a part of the body without describing how it is affected is not adequate. The part of the body affected may be recorded in 3f; however, in addition, the ways in which the part of the body is now affected must be recorded here. The part of the body affected may also be recorded in 3g.

   If the present effect is vague or ill-defined, *such as "can't use," "trouble," "lame," etc.*, probe to determine a more specific answer. For example, an entry of *"left leg impaired"* or *"leg trouble"* does not describe how the leg is impaired or what the trouble is. Is it painful, paralyzed, etc.?

3. **For stroke**, fill the remainder of this Condition Page for the first present effect entered in 3f. **This is an exception to the general rule that Condition Page questions refer to the condition entered in 3b.** When entering present effects of a stroke, the first one listed should be the one most closely related to the entry in 3b. *For example, if 3b is "speech defect" and the response to 3f is "paralyzed left arm and stammering," list "stammering" first and complete the remainder of this page for it.*

4. If more than one present effect of a **stroke** is given, additional Condition Pages must be filled. Enter each additional present effect (which was not previously recorded) in Item C2 with "3" as the source in the "COND." box. *For example, a response of "paralyzed arm and weak leg" requires an additional Condition Page. On the other hand, a response of "weak arm and leg" does not require an additional page because there is only one present effect, "weak," even though more than one part of body is mentioned.*

5. When filling a Condition Page because of multiple present effects of a stroke reported on a previous Condition Page, **do not reask 3f**. However, you must transcribe the entry in 3b to 3f. *For example, in paragraph 3 above, on the page for "paralyzed left arm," transcribe the entry from 3b to 3f without asking.* Be sure, however, to ask all other appropriate parts of question 3.

QUESTION 3g, PART OF BODY AFFECTED

Ask 3g if there is an impairment (refer to Card CP2) or any of the following entries in 3b–f:

Abscess	**Growth**	**Rupture**
Ache (except head or ear)	**Hemorrhage**	**Sore(ness)**
Bleeding (except menstrual)	**Infection**	**Stiff(ness)**
Blood clot	**Inflammation**	**Tumor**
Boil	**Neuralgia**	**Ulcer**
Cancer	**Neuritis**	**Varicose veins**
Cramps (except menstrual)	**Pain**	**Weak(ness)**
Cyst	**Palsy**	
Damage	**Paralysis**	

g. What part of the body is affected?_____ *(Specify)*

Show the following detail:

Head . . . . . **skull, scalp, face**
Back/spine/vertebrae . . . . . **upper, middle, lower**
Side . . . . . **left or right**
Ear . . . . . **inner or outer; left, right, or both**
Eye . . . . . **left, right, or both**
Arm . . . . . **shoulder, upper, elbow, lower or wrist; left, right, or both**
Hand . . . . . **entire hand or fingers only; left, right, or both**
Leg . . . . . **hip, upper, knee, lower, or ankle; left, right, or both**
Foot . . . . . **entire foot, arch, or toes only; left, right, or both**

A. DEFINITION

Impairment--consider the following as impairments:

* 1. Deafness, trouble hearing, or any other ear condition (except earache) that specifically mentions "ear" or "hearing".

* 2. Blindness, trouble seeing, or any other eye condition that specifically mentions "eye", "vision" or "seeing".

3. Missing hand or arm--all or part of.

4. Missing foot or leg--all or part of.

5. Any mention of any part of body listed below 3g (except for headache or earache).

This list of impairments also appears on Card CP2 in your HIS-501.1 Information Booklet.

B. INSTRUCTIONS

1. Ask 3g for each impairment entered in questions 3b through f, except for earache. Also ask 3g for each condition entered in 3b through f which contains any of the terms listed above or below 3g except for headache or earache. *For example, if the entry in 3b is "deformed arm," and the entry in 3c is "tumor," ask 3g twice to determine (1) the part of the arm which is deformed, and (2) the exact part of the body affected by the tumor.* If you ask 3g for more than one condition, be sure to record both the part of body and the condition it applies to. *For example, enter "lower right arm-deformed" and "left shoulder-tumor."* Otherwise, it would not be possible to identify which part of the arm is deformed or which entry is affected by the tumor.

(*Revised February 1995)

In another example, the entry in 3b is "leg trouble," 3c is "DK," and 3e is "pain and stiffness." Again, you would ask 3g twice to determine which leg and what part of the leg is affected by the (1) pain, and (2) stiffness. For example, "Which leg and what part of the leg is affected by the pain?", and "Which leg and what part of the leg is affected by the stiffness?", and enter the response, such as, "Both lower legs-pain" and "Stiffness in entire left leg."

2. If necessary, rephrase question 3g to obtain the needed information; *for example, "Does your deafness affect the right, left, or both ears?", "What part of the back is affected?"*

3. For impairments as defined previously and for entries containing the specified terms which affect the "head," "back," "spine," "vertebrae," "side," "ear," "eye," "arm," "hand," "leg," or "foot," the entry in question 3g must show the detail specified in the instructions below the question, except for "headache" or "earache." This same detail is not necessary for other parts of the body but may be recorded if provided by the respondent. *For example, "left lung," "entire stomach," etc.*

   a. If the part of the body affected is the eye, ear, side, or any part of the arm, hand, leg, or foot, ask whether the right, left, or both are affected. If an entire arm or leg is affected, this must be shown in the entry, *for example, "entire right arm."* An entry of "arm" or "leg" is not acceptable.

   b. Entries which are more detailed than those specified are acceptable, *for example, "right index finger," "neck."*

4. If the part of body has already been entered in the specified detail in a previous part of question 3, it is not necessary to ask question 3g or to reenter the information. *For example, 3g may be skipped if an earlier entry in question 3 is "Boil on left wrist," "Inflammation of entire right foot," etc.*

QUESTION 3h, TYPE OF TISSUE AFFECTED

Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b–f:

Infection **Sore** **Soreness**

h. What part of the *(part of body in 3b–g)* **is affected by the [infection/sore/soreness] – the skin, muscle, bone, or some other part?**

*(Specify)*_____

A. OBJECTIVE

In order to accurately code conditions involving an "infection," "sore," or "soreness," the type of tissue affected is needed. For example, an "infected finger" could mean an infected bone, infected skin, infected muscle, or it could involve the fingernail.

B. INSTRUCTIONS

1. Ask question 3h if any of the words, "infection," "sore," or "soreness" are entered in 3b through f. When asking the question, insert the part of body entered in 3b through g, as appropriate.

2. Do not ask question 3h if the part of body specified in 3b through g is the eye(s), ear(s), or internal organ(s) such as lungs, stomach, tonsils, throat, kidneys, intestines, etc. If you are unsure whether a part of body is an internal organ or not, assume it is not and ask 3h.

3. If the response to 3h is "Don't know," do not probe. Enter "DK" without attempting to define the terms or to classify the response yourself based on previously reported information.

QUESTION 4, TYPE OF TUMOR, CYST, OR GROWTH

Ask if there are any of the following entries in 3b–f:

Tumor **Cyst** **Growth**

4. Is this [tumor/cyst/growth] malignant or benign?

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

INSTRUCTIONS

1. If any of the words, "tumor," "cyst," or "growth" are entered in 3b through f, ask question 4.

2. If the respondent is not sure whether the tumor, cyst, or growth is/was malignant or benign, mark the "DK" box without probing.

3. Do not define "malignant" or "benign" for the respondent and do not attempt to classify the response yourself, based on previous information. However, if the term "malignant" or "benign" was previously entered in question 3, mark the appropriate box without asking question 4.

NOTE: The rule stating that it is not necessary to reenter previously recorded information applies only to question 3 and not to question 4.

QUESTION 5, ONSET OF CONDITION

5. a. **When was -- (condition in 3b/3f) first noticed?**
   b. **When did -- (name of injury in 3b/f)**

1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks to 3 months
3 ☐ Over 3 months to 1 year
4 ☐ Over 1 year to 5 years
5 ☐ Over 5 years

Ask probes as necessary:

(Was it on or since (first date of 2-week ref. period) or was it before that date?)

(Was it less than 3 months or more than 3 months ago?)

(Was it less than 1 year or more than 1 year ago?)

(Was it less than 5 years or more than 5 years ago?)

A. OBJECTIVE

Question 5 obtains information on the onset of conditions which is used to classify them as "chronic" or "acute." Also, conditions may be analyzed according to how long they were present using the information from this question.

B. DEFINITION

First noticed--When a condition first began to give any trouble, show any symptoms, or was first diagnosed as being present if there were no symptoms or trouble.

C. INSTRUCTIONS

1. There are some conditions which a person might have repeatedly, such as colds, and others which are always present but "flare up" periodically such as arthritis, hay fever, etc. Apply the following instructions only when the respondent asks to which episode of the condition question 5 refers.

   a. For conditions which affect a person in more serious ways from time to time although they are always present, enter the date the condition was first noticed, not the date of the most recent attack or flare-up. *For example, arthritis, lumbago, etc.*

   b. For conditions which are usually of short duration but may recur frequently, *such as a cold, flu, virus, headache, etc.*, the date of onset is the date of the most recent attack prior to interview week *(see paragraph 7 below)*.

2. If several body parts are affected by the same condition, ask question 5 to determine when the condition was first noticed. *For example, if the entry in 3f is "weakness in right arm and leg," ask "When was the weakness first noticed?" If the response indicates the leg weakness was noticed 3 years ago and the arm weakness 6 years ago, mark box 5 to indicate when the weakness was first noticed.* Do not probe for this information. Use this distinction only if the respondent volunteers additional information.

3. When the condition is the present effect of a stroke or the result of an accident, enter the date the present ill-effects were first noticed. This may or may not be the date the accident or stroke occurred.

4. Ask question 5b only when the condition entered in 3b is an injury. In all other cases ask 5a, including conditions that resulted from an accident, but are not injuries, *for example, a nervous stomach due to a car accident.*

5. If you are completing this Condition Page for the present effect of a stroke, insert the condition name entered in 3f when asking 5a. In all other cases, insert the condition name from 3b when asking 5a. When asking 5b, also refer to the injury in 3b, *for example:*

   - *"When did your husband dislocate his shoulder?"*
   - *"When did Johnny lacerate his arm?"*
   - *"When was Mary stung by the hornet?"*

6. If the condition is delivery or a complication of delivery, ask 5a in this way, "When was -- delivery?" For a vasectomy, you would ask, "When was -- vasectomy?"

7. If the respondent reports the date as being during interview week, verify this date with the respondent, using the calendar card.

   If the date is still during interview week, footnote "Interview week" but **do not continue** with the remainder of the Condition Page questions for this condition.

8. If the respondent does not know or cannot remember the date, ask one or more of the probes printed below the question until you have enough information to mark a box. Refer the respondent to the calendar card and Information Booklet calendars as necessary. Also use the appropriate probe printed below question 5 if the response falls on one of the cutoff points in the answer categories. *For example, if the response to 5a is "1 year ago," ask, "Was it less than 1 year or more than 1 year ago?"*

CHECK ITEM K1 THROUGH QUESTION 9, INFORMATION ON RESTRICTED ACTIVITY

OBJECTIVE

Questions 6 through 9 are designed to obtain information on restricted activity days caused by this particular condition.

CHECK ITEM K1

K1	*Refer to RD and C2.* 1 ☐ "Yes" in "RD" box AND more than 1 condition in C2 *(6)* 8 ☐ Other *(K2)*

A. OBJECTIVE

Check Item K1 instructs you to skip questions 6 through 9 if no restricted activity days were previously reported or if only one condition is entered in Item C2 for the person. This information was previously obtained on the Restricted Activity Page.

B. INSTRUCTIONS

If you are filling this Condition Page for a person who has the "Yes" box marked in item "RD" AND has more than one condition entered in Item C2, mark the first box in K1 and continue with question 6. In all other cases, mark the "Other" box and skip to check Item K2.

QUESTION 6, CUT DOWN DAYS

6a. During the 2 weeks outlined in red on that calendar, did -- *(condition)* cause -- to cut down on the things -- usually does?

☐ Yes ☐ No *(K2)*

b. During that period, how many days did -- cut down for more than half of the day?

00 ☐ None *(K2)* _____ Days

A. DEFINITIONS

See pages D7-10 and D7-11 for the definitions of "Things a person usually does" and "Cut-down day."

See page D7-11 for examples of persons cutting down on their usual activities for more than half of the day.

B. INSTRUCTIONS

If you are filling this Condition Page for the present effect of a stroke, insert the present effect entered in 3f in place of the word "condition" when asking question 6a. Otherwise, insert the name of the condition entered in 3b when asking question 6a.

QUESTION 7, BED DAYS

7. During those 2 weeks, how many days did -- stay in bed for more than half of the day because of this condition?

00 ☐ None _____ Days

A. DEFINITIONS

See page D7-8 for definitions of "Days in bed" and "Bed."

B. INSTRUCTIONS

The number of bed days entered in this question cannot be more than the number of cut-down days entered in question 6. Reconcile any inconsistencies with the respondent before making an entry in question 7.

QUESTION 8, WORK-LOSS DAYS

Ask if "Wa/Wb" box marked in C1:

8. During those 2 weeks, how many days did -- miss more than half of the day from -- job or business because of this condition?

00 ☐ None _____ Days

A. DEFINITIONS

See pages D7-3 for the definitions of "Job" and "Business." See page D7-6 for the definition of "Work-loss day."

B. INSTRUCTIONS

1. Ask this question only if the "Wa" or "Wb" box in Item C1 is marked for this person.

2. Since very few people work 7 days a week, **probe** when you receive replies *such as, "The whole 2 weeks," or, "All last week."* Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from work. If the person actually missed 14 days of work during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the person would have worked all 14 days had the condition not prevented it.

3. This question measures work-loss days only. If the person goes to school in addition to working, record only the days lost from work. Disregard any days lost from school for these persons. These days should have been included in the cut-down days measured in question 6b.

4. The number of work-loss days entered in this question cannot be more than the number of cut-down days entered in question 6b. Reconcile any inconsistencies with the respondent before making an entry in question 8.

QUESTION 9, SCHOOL-LOSS DAYS

Ask if age 5–17:

9. During those 2 weeks, how many days did -- miss more than half of the day from school because of this condition?

00 ☐ None _____ Days

A. DEFINITIONS

See page D7-7 for the definitions of "School" and "School-loss day."

B. INSTRUCTIONS

1. Ask this question only if the person is 5 to 17 years old.

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

3. Since few children go to school 7 days a week, **probe** when you receive replies *such as, "The whole 2 weeks," or, "All last week."* Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from school. If the child actually missed 14 days from school during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the child would have gone to school all 14 days had the condition not prevented it.

4. This question measures school-loss days only. If a child in the 5 through 17 year age group works instead of, or in addition to going to school, record only the days lost from school. Disregard any days lost from work for this age group. These days should have been included in the cut-down days measured in question 6b.

5. The number of school-loss days in this question cannot be more than the number of cut-down days entered in question 6b. Reconcile any inconsistencies with the respondent before making an entry in question 9.

CHECK ITEM K2 THROUGH QUESTION 12, INFORMATION ON CHRONIC CONDITIONS

OBJECTIVE

Questions 10 through 12 are designed to obtain additional information on conditions which have one of the Condition Lists as their source.

CHECK ITEM K2

K2	☐ Condition has "CL LTR" in C2 as source *(10)* ☐ Condition does not have "CL LTR" in C2 as source *(K4)*

A. OBJECTIVE

Check Item K2 instructs you to ask questions 10 through 12 only for conditions identified on the Condition Lists.

B. INSTRUCTIONS

If you are filling a Condition Page for a condition with a CL LTR as a source in C2, mark the first box in K2 even though you may not be asking the questions about that particular condition. K2 applies to the original C2 entry, not the 3b or 3f entry which you are asking about in the other questions. *For example:*

C2 and Item 1 - Stroke (with CL LTR as source)

question 3f - paralyzed right arm, drags left leg

K2 - Condition has "CL LTR" in C2 as source

In this example, on the page for "drags left leg," you would mark the second box in K2 because "drags left leg" does not have an entry in the CL LTR box.

QUESTION 10, NUMBER OF BED DAYS IN 12-MONTH PERIOD

10. About how many days since *(12-month date)* a year ago, has this condition kept -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)

000 ☐ None _____ Days

A. DEFINITION

See page D7-8 for the definition of "Days in bed" and "Bed."

B. INSTRUCTIONS

1. "This condition" refers to the entry in 3b or 3f for which you are filling this Condition Page.

2. Read the statement in parentheses, "Include days while an overnight patient in a hospital," if a number is entered in the person's "HOSP." box in Item C1. If respondents ask, include days while a person was in a nursing home, sanitarium, or similar place.

QUESTION 11, HOSPITALIZED FOR THIS CONDITION

11. Was -- ever hospitalized for -- *(condition in 3b)*?

1 ☐ Yes 2 ☐ No

A. DEFINITIONS

1. Ever--At any time in the person's life except during interview week.

2. Hospitalized--Being a patient in a hospital for one or more nights. Exclude visits to an emergency room or outpatient clinic, even if they occur at night, unless the person was admitted and stayed overnight. Stays in the hospital during which the person does not spend at least one night are not included, even though surgery may have been performed.

B. INSTRUCTIONS

Insert the name of the condition entered in 3b, unless you are completing this page for the first present effect of a stroke. In this case, insert the name of the condition entered in 3f.

CHECK ITEM K3

K3	☐ Missing extremity or organ *(K4)* ☐ Other *(12)*

A. DEFINITION

Missing extremity or organ--The absence of any part of the body or extremity *(such as a missing fingertip)* or all or part of any body organ *(such as removal of gallbladder)*. Removal of tonsils, adenoids, and/or appendixes should not be included as missing extremities or organs.

B. INSTRUCTIONS

Mark the first box if the condition is a missing extremity or organ and go to check Item K4. For all other conditions, mark the second box and continue with question 12.

QUESTION 12, CONDITION STILL PRESENT

12a. Does -- still have this condition?

1 ☐ Yes *(K4)* 2 ☐ No

b. Is this condition completely cured or is it under control?

2 ☐ Cured 8 ☐ Other *(Specify)*
3 ☐ Under control *(K4)*

_____ *(K4)*

c. About how long did -- have this condition before it was cured?

000 ☐ Less than 1 month OR _____ Number { 1 ☐ Months 2 ☐ Years

d. Was this condition present at any time during the past 12 months?

1 ☐ Yes 2 ☐ No

A. OBJECTIVE

Question 12 determines whether the condition is still present, cured, or under control, or if it was present during the past 12 months.

B. DEFINITION

"Cured"/"Under control"--These terms are respondent-defined.

C. INSTRUCTIONS

1. In 12b, if the respondent indicates that the condition is neither cured nor under control, do not probe. Mark the "Other" box and record the response verbatim.

2. If the respondent asks, question 12c refers to the time period beginning at the time the person noticed something was wrong (or was advised of the condition) and ending at the time when the condition was considered "cured."

3. Consider the condition present during the past 12 months if the person experienced symptoms of the condition since the 12-month date in A1 on the Household Composition Page.

CHECK ITEM K4

K4	0 ☐ Not an accident/injury *(NC)* 1 ☐ First accident/injury for this person *(14)* 8 ☐ Other *(13)*

A. OBJECTIVE

If the condition in 3b was caused by an accident, a series of questions must be asked about that accident. Complete K4 to determine whether to continue with these questions or not.

B. DEFINITION

Injury--Any condition with the "Accident/injury" box marked above 3d or the "Yes" box marked in 3d.

C. INSTRUCTIONS

1. If the "Accident/injury" box is not marked above 3d and if the "No" box is marked in 3d, mark the "Not an accident/injury" box and go to the next Condition Page (NC).

2. If the condition is an injury, review all of the Condition Pages for this person. If this is the first Condition Page with an accidental cause reported in 3d, mark the second box ("First accident/injury for this person"). If there were other injuries on previous Condition Pages for this person, mark the "Other" box.

QUESTION 13, CONDITION RESULT OF PREVIOUSLY REPORTED ACCIDENT

13. Is this *(condition in 3b)* the result of the same accident you already told me about?

☐ Yes *(Record condition page number where accident questions first completed.)* → _____ *(NC)*
Page No.

☐ No

A. OBJECTIVE

If the respondent has already given information about the same accident or injury on a previous Condition Page (for another condition resulting from that accident or injury), there is no need to ask questions 14 through 17 again.

B. INSTRUCTIONS

1. If the condition was caused by the same accident reported on a previous Condition Page for this person, mark the "Yes" box in question 13 and enter the number of the page on which the details of this accident were reported (that is, where Condition Page questions 14 through 17 were first filled). *For example, if the accident was first described for Condition 1, enter "31" in question 13.* Be sure to enter the questionnaire page number, not the condition number.

   If more than one questionnaire is used for the family, also indicate which "Book of books" contains this accident. *For example, if you are completing Condition 9 for the result of the same accident reported for Condition 7 on page 43 in the first questionnaire, enter "43" on the "Page No. Line" and "Book 1 of 2" in the answer space for question 13.*

   If there were two or more different accidents reported on previous Condition Pages for the person, be sure to determine which accident caused this condition and record the appropriate page number where the accident was described in questions 14 through 17.

2. If the condition resulted from a different accident than any reported on previous Condition Pages for this person, mark the "No" box in question 13 and complete questions 14 through 17, as appropriate, for this accident.

QUESTION 14, WHERE ACCIDENT OCCURRED

14. Where did the accident happen?

1 ☐ At home (inside house)
2 ☐ At home (adjacent premises)
3 ☐ Street and highway (includes roadway and public sidewalk)
4 ☐ Farm
5 ☐ Industrial place (includes premises) *(Specify)* _____
6 ☐ School (includes premises)
7 ☐ Place of recreation and sports, except at school
8 ☐ Other *(Specify)* _____

A. OBJECTIVE

Question 14 is asked to determine the physical environment in which the accident occurred. If you receive a place name in response to this question such as Toledo, Ohio, probe to determine the physical surroundings in Toledo where the accident occurred.

B. DEFINITIONS

1. At home--Includes not only the person's own home but also any other private home, vacant or occupied, in which the person might have been when he/she was injured, as well as homes being remodeled or undergoing repair. A "home" could be a house, apartment, motor home, houseboat, etc. *(Do not consider an accident occurring at a house under construction as occurring "at home." Consider this as an "Industrial place.")*

   a. At home (inside house)--Any room inside the house but not an inside garage. Consider porches, or steps leading directly to porches or entrances, as "inside of house." Falling out of a window or falling off a roof or porch are included as accidents occurring inside the house.

   b. At home (adjacent premises)--The yard, the driveway, private lanes, patios, gardens or walks to the house, or a garage, whether attached or detached. This also includes the common areas of an apartment building, such as hallways, stairs, elevators, walks, etc. On a farm, the "adjacent premises" include the home premises and garage, but not the barn or other buildings (unless used as a garage), and not the land under cultivation.

2. Street and highway--The entire area between property lines of which any part is open for use of the public as a matter of right or custom. This includes more than just the traveled part of the road. "Street and highway" includes the whole right-of-way. Public sidewalks are part of the street but private driveways, private alleys, and private sidewalks are not considered part of the street.

3. Farm--A farm building or land under cultivation but not the farm home or premises. "Farm" includes a ranch.

4. Industrial place--*Examples of industrial places are a factory building, a railway yard, a warehouse, a workshop, a loading platform of a factory or store, etc.* Include construction projects (houses, buildings, bridges, new roads, etc.) as well as buildings undergoing remodeling. ***(Do not classify private homes undergoing remodeling as industrial places, but classify them as "homes.")*** *Other examples of "Industrial places" are logging camps, shipping piers, oil fields, shipyards, sand and gravel pits, canneries, and auto repair garages.*

   Enter the specific type of industrial place on the line provided if you mark this box.

5. School--Either the school buildings or the premises (campus) of the school. Include all types of schools--elementary, high schools, colleges, business schools, etc.

6. Place of recreation and sports--Places designed for sports and recreation, *such as a bowling alley, amusement park, baseball field, skating rink, lake, mountain or beach resort, and stadium.* Exclude places of recreation and sports located on the premises of an industrial place or school. These should be considered part of the industrial place or school. Also exclude places not designed for recreation or sports, *such as a hill used for sledding or a river used for boating or swimming.* These fall into the "Other" category.

7. Other--When none of the locations defined above describes where the accident happened, mark the "Other" box. Specify the exact type of place, such as grocery store, restaurant, office building, church, etc. General entries, such as "Armed Forces" are not satisfactory, since a person can be in the Armed Forces and have an accident in any one of several kinds of places.

   Also mark the "Other" box if you learn that the accident occurred while the person was temporarily working, visiting, or staying in a motel, hotel, or similar place for temporary lodging. For such entries, also specify whether the accident occurred in the lodging quarters or on adjacent premises *(for example, "hotel room," "motel unit," "guest cabin," "motel lobby," "hotel parking garage," etc.).* However, if the person was living in the hotel, motel, or similar place at the time of the accident and he/she had no other usual residence, mark one of the "At home" boxes, as appropriate.

QUESTION 15, AT JOB OR BUSINESS WHEN ACCIDENT HAPPENED

Mark box if under 18. ☐ Under 18 *(16)*

15a. Was -- under 18 when the accident happened?

1 ☐ Yes *(16)* ☐ No

b. Was -- in the Armed Forces when the accident happened?

2 ☐ Yes *(16)* ☐ No

c. Was -- at work at -- job or business when the accident happened?

3 ☐ Yes 4 ☐ No

A. DEFINITIONS

Refer to the definitions of "job" and "business" on page D7-3. However, do not restrict these definitions to the past 2 weeks for question 15c since this question refers to the time when the accident happened.

B. INSTRUCTIONS

1. Question 15a refers to the age of the person at the time of the accident. If the person is currently under 18, mark the "Under 18" box without asking question 15a. If responses to previous questions indicate that the person was under 18 when the accident occurred, you may verify this with the respondent and mark the "Yes" box without asking. However, if there is any doubt, ask question 15a.

2. Mark the "Yes" box in 15b for an accident that occurred while the person was in the Armed Forces, regardless of whether he/she was on duty at the time it occurred. *For example, mark the "Yes" box for a sailor who was away from his ship when he fell on the ice and broke his leg on a downtown street.*

3. In 15c, consider an accident as occurring "at work" if the person was on duty at the time of the accident. Thus, a salesman traveling from town to town would be "at work" if an accident occurred in route between towns, but a person on his way to an office job who had an accident in route would <u>not</u> be considered as having been injured "at work."

QUESTION 16, MOTOR VEHICLE INVOLVED IN ACCIDENT

16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?

1 ☐ Yes 2 ☐ No *(17)*

b. Was more than one vehicle involved?

1 ☐ Yes 2 ☐ No

c. Was [it/either one] moving at the time?

1 ☐ Yes 2 ☐ No

A. DEFINITIONS

1. Motor vehicle--A self-propelled, power-operated vehicle, not on rails, for transporting persons or property, intended for use on a highway, either public or private; or a self-propelled, non-highway vehicle, such as construction equipment, tractor, farm machinery, or tank when operating on a highway. Attached objects, such as trailers or campers are considered as part of the motor vehicle.

2. Non-motor vehicles--Recreational vehicles, such as mini-bikes, mopeds, or snowmobiles are not defined as motor vehicles unless they are in operation on a highway. Do not consider trains, streetcars, or bicycles as motor vehicles.

B. INSTRUCTIONS

1. Mark the "Yes" box in question 16a if the accident involved a motor vehicle in any way at all, regardless of whether or not the vehicle was moving at the time of the accident. *For example, a motor vehicle is "involved" when a pedestrian is hit by a car, a person on a bicycle runs into a parked car, a person is hurt in a collision or some other type of accident while riding in a motor vehicle, etc.*

2. In question 16b, be careful that only accidents involving motor vehicles are included. Exclude non-motor vehicles as defined above.

3. If, when asking 16c, you know that a motor vehicle and a non-motor vehicle were involved *(for example, a bus and train collision)*, substitute the type of motor vehicle (in this example, "bus") for "it" to be sure the respondent understands that question 16c refers to the movement of the motor vehicle and not to the other vehicle. *For example, if the bus was stationary when hit by a moving train, mark the "No" box in 16c since the motor vehicle was not moving.*

QUESTION 17, KIND OF INJURY SUSTAINED AND PRESENT EFFECTS OF ACCIDENT

17a. At the time of the accident what part of the body was hurt?
What kind of injury was it?
Anything else?

Part(s) of body *	Kind of injury

Ask if box 3, 4, or 5 marked in Q. 5:

b. What part of the body is affected now?
How is -- (part of body) affected?
Is -- affected in any other way?

Part(s) of body *	Present effects **

** Enter part of body in same detail as for 3g.*

*** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.*

INSTRUCTIONS

1. Ask the first part of question 17a and record in the space provided the "part(s) of body" which the respondent mentions. Next, ask "What kind of injury was it?", and record in the answer space the kind of injury for each part of the body. Ask, "Anything else?", and record any other "part(s) of body" and "kind of injury" for any other injuries mentioned.

2. The part of the body which was injured must be recorded in the same detail as specified below question 3g.

3. General or vague answers *such as "hit," "crushed," "hurt,"* **are not acceptable** for "kind of injury" because they do not provide sufficient information on the nature of the injury. The following are examples of adequate and inadequate entries for question 17a.

ADEQUATE

Part(s) of Body	Kind of Injury
Left knee	Fractured
Both upper legs	Bruised
Right eye	Cut
Head[1/]	Concussion
Fingers on left hand	Broken
Lower back	Sprained
Nervous system	Shock

[1/] *Part of head is not required for concussion.*

INADEQUATE

Part(s) of Body	Kind of Injury
Left leg	Blood clot
Thumb	Jammed
Knee	Crushed
Legs	Mashed
Eye	Hit with ball
Head	Bumped
One arm	Caught in washing machine
Back	Hurt
Eye	Black and blue

4. Do not enter any conditions reported in question 17a in Item C2 or enter "17" as an additional source if the condition was previously entered in C2. Conditions should be recorded in Item C2 only if they are reported in question 17b. *(See paragraph 7, page D13-28.)*

5. Ask 17b if box 3, 4, or 5 is marked in question 5. Note that question 17a asks about the nature of the injuries incurred at the time of the accident. Question 17b asks about how those injuries affect the person at the present time.

   In 17b, record the same detail as in 3g for the parts of the body which are presently affected. Also, record how that part of body is affected at the present time.

   a. If the present effect has been adequately reported earlier in question 3b, transcribe the entries to 17b from question 3b and ask, "Is -- affected in any other way?", to be sure all additional present effects are picked up. *For example, if the entry in 3b is "missing entire right hand," and the "Yes" box is marked in 3d, transcribe the information to 17b as follows: "Entire right hand" in the "Part(s) of body" space and "missing" in the space for "Present effects," then ask if the person is affected in any other way.*

   b. When the answer to "How is -- (part of body) affected?" is vague or expressed in terms of a limitation, a more adequate description of the present effects must be obtained. The entry in 3b may provide an adequate description of the present effects. If so, enter that in 17b along with the original response. *For example, if the response to 17b is, "He can't bend his left knee all the way," and the entry in 3b is "torn cartilage,"* enter both the original response and the condition recorded in 3b in 17b. If the response to 17b is not adequate and the condition in 3b does not clarify the present effects, you must probe. A suitable probe would be, *"Can you tell me more specifically what is wrong with his knee?"* DO NOT accept responses of "leg trouble," "bad back," "hip problem," etc., without further probing. *(See also Card CP3.)*

   c. It is not necessary that the person be suffering from ill-effects at the time of the interview to report them in 17b. If the person is subject to periodic, recurring attacks of a condition resulting from an old injury, record these effects.

      If a person reports ill-effects of an old injury, record them even though they may not "bother" him/her in a literal sense. *For example, a person may report a stiff left elbow caused by an old football injury. He may say he has gotten used to it and it never bothers him. "Stiff left elbow" would be considered the present ill-effects of the old injury.*

   d. For an injury which happened earlier but has not yet healed, enter the original injury in 17b as the "present effects." *For example, if the person fractured his/her right hip 4 months before the interview, the entry "fractured right hip not yet healed" is appropriate in 17b if the fracture has not yet healed. "Slipped disc," "slipped vertebrae," "dislocated disc," "ruptured disc," or "Torn (ruptured) ligament (cartilage)" are also acceptable "present effects."*

6. **If there is only one present effect in 17b, make no entry in C2.** No additional Condition Page is required regardless of whether this is the same as in Item 1 or 3b or how many body parts are affected. In the examples below, only one present effect is given. No additional Condition Page is required in these examples even though the present effect given is different in some cases than the condition for which it is reported.

Examples:

a.

1. **Name of condition** BACK INJURY

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

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

0 ☐ Interview week *(Recsk 2)*
1 ☐ 2-wk. reference period
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☒ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen
9 ☐ Dr. never seen
} *(3b)*

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

1 ☒ Yes 2 ☐ No 9 ☐ DK

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

b. **What did he or she call it?** SLIPPED DISC *(Specify)*

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3a)*
3 ☐ Normal pregnancy, normal delivery, vasectomy *(5)*
4 ☐ Old age *(NC)*
8 ☒ Other *(3c)*

[illegible] the cause of – – (condition in 3b)?

[illegible] A STED

b.
1 ☐ [illegible]

c. **Was [illegible]**
1 ☐ Yes 2 ☐ No

17a. **At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?**

Part(s) of body *	Kind of injury
TAIL BONE	BRUISED
ANKLE - LEFT	SPRAINED

Ask if box 3, 4, or 5 marked in Q. 5:

b. **What part of the body is affected now? How is – – (part of body) affected? Is – – affected in any other way?**

Part(s) of body *	Present effects **
LOWER BACK	SLIPPED DISC

* *Enter part of body in same detail as for 3g.*

** *If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.*

b.

1. **Name of condition** PAIN IN ARM

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

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

0 ☐ Interview week *(Recsk 2)*
1 ☐ 2-wk. reference period
2 ☐ Over 2 weeks, less than 6 mos.
3 ☒ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen
9 ☐ Dr. never seen
} *(3b)*

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

1 ☒ Yes 2 ☐ No 9 ☐ DK

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

b. **What did he or she call it?** NEURALGIA *(Specify)*

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3a)*
3 ☐ Normal pregnancy, normal delivery, vasectomy *(5)*
4 ☐ Old age *(NC)*
8 ☒ Other *(3c)*

[illegible] the cause of – – (condition in 3b)?

ARM FROM

b. [illegible]
1 ☐ [illegible]

c. **Was [illegible] time?**
1 ☐ Yes 2 ☐ No

17a. **At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?**

Part(s) of body *	Kind of injury
UPPER RIGHT ARM	BROKEN

Ask if box 3, 4, or 5 marked in Q. 5:

b. **What part of the body is affected now? How is – – (part of body) affected? Is – – affected in any other way?**

Part(s) of body *	Present effects **
ENTIRE RIGHT ARM	TENDONITIS

* *Enter part of body in same detail as for 3g.*

** *If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.*

c.

1. Name of condition ARTHRITIS

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

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

0 ☐ Interview week (Reask 2)
1 ☐ 2-wk. reference period
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☒ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen
9 ☐ Dr. never seen
} (3b)

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

1 ☐ Yes 2 ☒ No 9 ☐ DK

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

b. What did he or she call it? ARTHRITIS (Specify)

1 ☐ Color Blindness (NC)
2 ☐ Cancer (3a)
3 ☐ Normal pregnancy, normal delivery, vasectomy (5)
4 ☐ Old age (NC)
8 ☒ Other (3c)

[illegible] the cause of – – (condition in 3b) [illegible]

A CAR WHI[illegible]

b. [illegible]
1 ☐ [illegible]

c. Was [it/e[illegible] [illegible]ame?
1 ☒ Yes ☐ No

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body *	Kind of injury
LOWER RIGHT ARM	BROKEN
BOTH ENTIRE LEGS	SWOLLEN

Ask if box 3, 4, or 5 marked in Q. 5:

b. What part of the body is affected now? How is – – (part of body) affected? Is – – affected in any other way?

Part(s) of body *	Present effects **
FINGERS-RIGHT HAND	SWOLLEN
LEFT KNEE	SWOLLEN

* Enter part of body in same detail as for 3g.

** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

d.

1. Name of condition LEG TROUBLE

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

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

0 ☐ Interview week (Reask 2)
1 ☐ 2-wk. reference period
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☒ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen
9 ☐ Dr. never seen
} (3b)

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

1 ☒ Yes 2 ☐ No 9 ☐ DK

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

b. What did he or she call it? DISPLACED KNEE CAP (Specify)

1 ☐ Color Blindness (NC)
2 ☐ Cancer (3a)
3 ☐ Normal pregnancy, normal delivery, vasectomy (5)
4 ☐ Old age (NC)
8 ☒ Other (3c)

[illegible] the cause of – – (condition in 3b) [illegible]

A [illegible]

b. [illegible]
1 ☐ Yes

c. Was [it/either o[illegible] [illegible]me?
1 ☐ Yes 2 ☐ No

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body *	Kind of injury
RIGHT KNEE	HYPER EXTENDED

Ask if box 3, 4, or 5 marked in Q. 5:

b. What part of the body is affected now? How is – – (part of body) affected? Is – – affected in any other way?

Part(s) of body *	Present effects **
LOWER BACK	PAIN
RIGHT KNEE	PAIN

* Enter part of body in same detail as for 3g.

** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

7. **If there are <u>multiple present effects</u>, an additional Condition Page is required for each one that is not the same as in Item 1 or 3b or is not already entered in C2.** (See the examples below.) Enter "17" in the "COND." box in C2 for each newly reported condition and for each condition in C2 which is reported again in 17b. *(See flow diagram in Item 10 below.)*

<u>Examples</u>:

a. Person number 2 has reported a condition of "leg pain" which is a result of an old accident/injury. The reported present effects of the accident/injury are recorded in Item 17b as "pain and stiffness" and "pain." Two actions are required:

(1) Enter "17" as source in C2 for "leg pain." No additional page is required for "entire left leg pain" or "lower back pain" since the "pain" is one present effect and is part of the entry in Item 1 of this Condition Page.

(2) An additional present effect of "stiffness" has been reported which is not present in Items 1 or 3b or in C2. "Entire left leg stiffness" must be recorded in Item C2 with "17" as the source in the "COND." box. An additional Condition Page must be filled next for this condition.

1. **Name of condition** LEG PAIN

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

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

0 ☐ Interview week *(Recsk 2)*
1 ☐ 2-wk. reference period
2 ☐ Over 2 weeks, less than 6 mos.
3 ☒ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen
9 ☐ Dr. never seen
} *(3b)*

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

1 ☒ Yes 2 ☐ No 9 ☐ DK

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

b. **What did he or she call it?** NEURITIS *(Specify)*

1 ☐ Color Blindness *(NC)*
☐ Normal pregnancy, normal delivery, vasectomy *(5)*
2 ☐ Cancer *(3a)*
4 ☐ Old age *(NC)*
8 ☒ Other *(?)*

– – (condition)

b. Is

1 ☒ Yes 2 ☐ No

c. Was [it/en... ...ving at the time?

1 ☒ Yes 2 ☐ No

17a. **At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?**

Part(s) of body *	Kind of injury
LOWER LEFT LEG	BROKEN

Ask if box 3, 4, or 5 marked in Q. 5:

b. **What part of the body is affected now? How is – – (part of body) affected? Is – – affected in any other way?**

Part(s) of body *	Present effects **
ENTIRE LEFT LEG	PAIN AND STIFFNESS
LOWER BACK	PAIN

* *Enter part of body in same detail as for 3g.*

** *If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.*

C2 LEG PAIN 1

LA	RA	DV	INJ.	CL LTR	HS	COND.
7						17

ENTIRE LEFT LEG STIFFNESS

LA	RA	DV	INJ.	CL LTR	HS	COND.
						17

LA	RA	DV	INJ	CL LTR	HS	COND.

LA	RA	DV	INJ	CL LTR	HS	COND.

LA	RA	DV	INJ	CL LTR	HS	COND.

b. In this example, while filling a Condition Page for "slipped disc," two present effects of the accident/injury are reported.

(1) Record "17" as the source in the "COND." box for "slipped disc" in C2.

(2) "Enter curvature of spine" in C2 as an additional condition with "17" as the source in the "COND." box. The next Condition Page filled in this household is for the "curvature of spine" condition.

1. Name of condition SLIPPED DISC

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

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

0 ☐ Interview week *(Recsk 2)*
1 ☐ 2-wk. reference period
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☒ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen } *(3b)*
9 ☐ Dr. never seen

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

1 ☒ Yes 2 ☐ No 9 ☐ DK

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

b. What did he or she call it? RUPTURED DISC *(Specify)*

1 ☐ Color Blindness *(NC)*
Normal pregnancy, normal ...ery, vasectomy *(5)*
2 ☐ Cancer *(3e)*
4 ☐ Old age *(NC)*
8 ☒ Other *(3c)*

...use of - - (condition in 3b)?

16a.

1 L

b. Was mo.

1 ☐ Yes

c. Was [it/either on... ...ne tin...?

1 ☐ Ye... 2 ☐ No

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body *	Kind of injury
BOTH SHOULDERS	SCRAPED
SPINE - ENTIRE	DISLOCATED

Ask if box 3, 4, or 5 marked in Q. 5:

b. What part of the body is affected now? How is - - (part of body) affected? Is - - affected in any other way?

Part(s) of body *	Present effects **
LOWER BACK	SLIPPED DISC
ENTIRE BACK	CURVATURE of SPINE

** Enter part of body in same detail as for 3g.*

*** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.*

C2 SLIPPED DISC 1

LA	RA	DV	INJ.	CL LTR	HS	COND.
4,7						17

CURVATURE of SPINE

LA	RA	DV	INJ.	CL LTR	HS	COND.
						17

LA	RA	DV	INJ	CL LTR	HS	COND.

LA	RA	DV	INJ	CL LTR	HS	COND.

LA	RA	DV	INJ	CL LTR	HS	COND.

c. Although the part of body is the same, this accident/injury has two present effects, each of which need a Condition Page filled since neither are in Items 1 and 3b and in C2.

(1) Enter "left upper arm shriveled" as a condition in Item C2 with "17" as the source in the "COND." box.

(2) Also enter "left upper arm painful" as a condition in Item C2 with "17" as the source in the "COND." box.

1. Name of condition ARM INJURY

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

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

0 ☐ Interview week *(Recsk 2)*
1 ☒ 2-wk. reference period
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen
9 ☐ Dr. never seen
} *(3b)*

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

1 ☒ Yes 2 ☐ No 9 ☐ DK

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

b. What did he or she call it? SCAR TISSUE ON ARM *(Specify)*

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3a)*
3 ☐ Normal pregnancy, normal delivery, vasectomy *(5)*
4 ☐ Old age *(NC)*
8 ☒ Other *(3c)*

the cause of - - (condition in 3b)? (Specify)

IRON SLIPPER

b. Wa

1 ☐ Y

c. Was [it/e **ne time?**

1 ☐ Yes 2 ☐ No

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body *	Kind of injury
BOTH ENTIRE ARMS	BURNED
BOTH ENTIRE HANDS	BURNED

Ask if box 3, 4, or 5 marked in Q. 5:

b. What part of the body is affected now? How is - - (part of body) affected? Is - - affected in any other way?

Part(s) of body *	Present effects **
LEFT UPPER ARM	SHRIVELED AND
	PAINFUL

** Enter part of body in same detail as for 3g.*

*** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.*

C2 ARM INJURY 1

LA	RA	DV	INJ.	CL	LTR	HS	COND.
4,7		2					

LEFT UPPER ARM SHRIVELED

LA	RA	DV	INJ.	CL	LTR	HS	COND.
							17

LEFT UPPER ARM PAINFUL

LA	RA	DV	INJ.	CL	LTR	HS	COND.
							17

LA	RA	DV	INJ.	CL	LTR	HS	COND.

LA	RA	DV	INJ.	CL	LTR	HS	COND.

d. In this example "arthritis" is already entered in 3b and "fused disc" is already the entry in Items 1 and C2. No additional Condition Pages are required for these present effects; however:

(1) Enter "17" in the "COND." box as a source for the "fused disc" condition.

(2) If "arthritis" is already entered in C2, "17" should be listed as a source in the "COND." box for this condition also. In this example, "arthritis" is not entered in C2; therefore, no other action is required.

1. Name of condition FUSED DISC

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

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

0 ☐ Interview week *(Reask 2)*
1 ☐ 2-wk. reference period
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☒ 2 yrs., less than 5 yrs
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen
9 ☐ Dr. never seen
} *(3b)*

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

1 ☒ Yes 2 ☐ No 9 ☐ DK

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

b. What did he or she call it? ARTHRITIS *(Specify)*

☐ Color Blindness *(NC)*
'ormal pregnancy, normal ·rv, vasectomy *(5)*
2 ☐ Cancer *(3a)*
4 ☐ Old age *(NC)*
8 ☒ Other *(3c)*

"use of – – (condition in 3b)"

b. Is.
1 ☐ Ye

c. Was [injury] the time?
1 ☐ Yes 2 ☐ No

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body *	Kind of injury
MIDDLE BACK	SPRAINED

Ask if box 3, 4, or 5 marked in Q. 5:

b. What part of the body is affected now? How is – – (part of body) affected? Is – – affected in any other way?

Part(s) of body *	Present effects **
MIDDLE BACK	ARTHRITIS, FUSED DISC

* *Enter part of body in same detail as for 3g.*

** *If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it*

C2 FUSED DISC 2

LA	RA	DV	INJ	CL LTR	HS	COND.
4,7						17
LA	RA	DV	INJ.	CL LTR	HS	COND.
LA			INJ	CL LTR	HS	COND.
LA	RA	DV	INJ	CL LTR	HS	COND.
LA	RA	DV	INJ	CL LTR	HS	COND.

8. If the present effect in 17b is part of another condition previously entered in C2 (for which you have filled or will fill a Condition Page), enter "17" in the "COND." source box, rather than filling a separate page. In order to consider conditions the same, the present effect must be included in the entry in C2.

Examples:

a. Two present effects are reported for the accident/injury causing the listed condition. Review Items 1 and 3b and C2 to determine what actions must be taken:

(1) Enter "17" in the "COND" box for "headaches".

(2) Since "stiffness" is already a reported condition, enter "17" in the "COND" box as the source for this condition as well. *Note that the present effect of "stiff" is equated with the condition of "stiffness." "Pain" and "Painful" is another example of two different words that should be considered the same present effect.*

1. **Name of condition** HEADACHES

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

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

0 ☐ Interview week *(Resek 2)*
1 ☐ 2-wk. reference period
2 ☐ Over 2 weeks, less than 6 mos.
3 ☒ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen
9 ☐ Dr. never seen
} *(3b)*

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

1 ☐ Yes 2 ☒ No 9 ☐ DK

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

b. **What did he or she call it?** HEADACHES *(Specify)*

1 ☐ Color Blindness *(NC)*
☐ Normal pregnancy, normal delivery, vasectomy *(5)*
2 ☐ Cancer *(3a)*
4 ☐ Old age *(NC)*
8 ☒ Other *(3c)*

... a cause of -- (condition in ...

b. **Was ...**
1 ☐ Yes

c. **Was [it/either ...] ...g at the time?**
1 ☐ Yes 2 ☐ No

17a. **At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?**

Part(s) of body *	Kind of injury
HEAD	CONCUSSION
LOWER LEFT LEG	SPRAINED

Ask if box 3, 4, or 5 marked in Q. 5:

b. **What part of the body is affected now? How is -- (part of body) affected? Is -- affected in any other way?**

Part(s) of body *	Present effects **
ENTIRE HEAD	HEADACHES
LOWER LEFT LEG	STIFF

* *Enter part of body in same detail as for 3g.*

** *If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.*

C2 FOOT TROUBLE 1

LA	RA	DV	INJ.	CL	LTR	HS	COND.
7		2					

HEADACHES 2

LA	RA	DV	INJ.	CL	LTR	HS	COND.
7	2						17

STIFFNESS

LA	RA	DV	INJ.	CL	LTR	HS	COND.
7							17

LA	RA	DV	INJ.	CL	LTR	HS	COND.

LA	RA	DV	INJ.	CL	LTR	HS	COND.

b. The present effects reported for this accident/injury are "headaches" and "stiff." Two actions must be taken:

(1) Enter "17" in the "COND." box as the source for the "stiffness" already reported in C2. *Note that even though a different part of body is affected, the present effect is all that is considered in this comparison.*

(2) The additional present effect of "headaches" is not reported in any of the items for this condition or in C2. Enter "headaches" as a condition in Item C2 with "17" as the source in the "COND" box.

1. Name of condition STIFFNESS

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

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

0 ☐ Interview week *(Reask 2)*
1 ☐ 2-wk. reference period
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☒ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen
9 ☐ Dr. never seen
} *(3b)*

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

1 ☒ Yes 2 ☐ No 9 ☐ DK

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

b. What did he or she call it? STIFF ARM *(Specify)*

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3a)*
3 ☐ Normal pregnancy, normal vasectomy *(5)*
4 ☐ Old age *(NC)*
8 ☒ Other

b. Was .

1 ☐ Yes

c. Was [it/either one, ...ving at the time?

1 ☐ Yes ☒ No

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body *	Kind of injury
ENTIRE RIGHT ARM	BRUISED
ENTIRE RIGHT LEG	SCRAPED

Ask if box 3, 4, or 5 marked in Q. 5:

b. What part of the body is affected now? How is - - (part of body) affected? Is - - affected in any other way?

Part(s) of body *	Present effects **
WHOLE HEAD	HEADACHES
LOWER LEFT LEG	STIFF

* *Enter part of body in same detail as for 3g.*

** *If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.*

C2 FREQUENT COLDS 1

LA	RA	DV	INJ.	CL LTR	HS	COND.
13						

STIFFNESS 2

LA	RA	DV	INJ.	CL LTR	HS	COND.
	2					17

HEADACHES

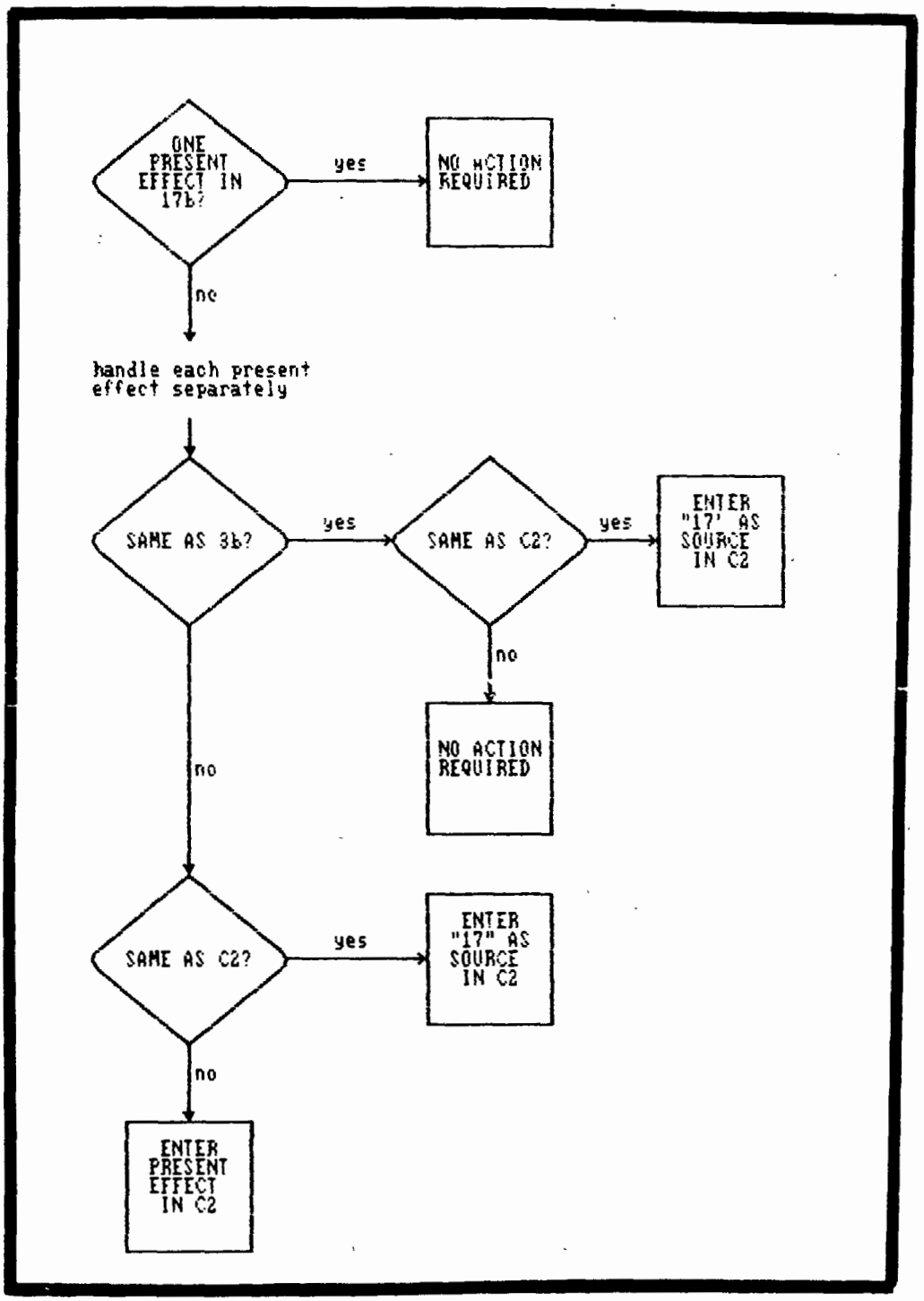
LA	RA	DV	INJ	CL LTR	HS	COND.
						2

LA	RA	DV	INJ	CL LTR	HS	COND.

LA	RA	DV	INJ	CL LTR	HS	COND.

9. Fill a Condition Page for each present effect in the same order as they are listed in 17b before filling Condition Pages for any other conditions listed in C2.

10. The following flow diagram summarizes the procedures to use when reviewing 17b to determine if additional Condition Pages are required.



NOTES

CHAPTER 14. DEMOGRAPHIC BACKGROUND PAGE

OVERALL OBJECTIVE

The Demographic Background Page contains questions about the demographic characteristics of persons and, when combined with the health data obtained earlier in the questionnaire, will provide statistics on the characteristics of people with health problems, as well as those without health problems. These data will enable analysts to compare the health status and use of health services among the different demographic groups in the country.

CHECK ITEM L1

L1	*Refer to age.*	**L1**	☐ Under 5 *(NP)* ☐ 5–17 *(2)* ☐ 18 and over *(1)*

OBJECTIVE

- Check Item L1 directs you to the proper question depending upon the person's age. Do not fill L1 or ask questions 1-2 for deleted or excluded persons.

QUESTION 1, SERVICE IN THE ARMED FORCES

1a. Did -- EVER serve on active duty in the Armed Forces of the United States?

b. When did -- serve?

Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea mark VN.

- Vietnam Era (Aug. '64 to April '75) ..... VN
- Korean War (June '50 to Jan. '55) ..... KW
- World War II (Sept. '40 to July '47) ..... WWII
- World War I (April '17 to Nov. '18) ..... WWI
- Post Vietnam (May '75 to present) ..... PVN
- Other Service (all other periods) ..... OS

c. Was -- EVER an active member of a National Guard or military reserve unit?

d. Was ALL of -- active duty service related to National Guard or military reserve training?

A. DEFINITION

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

Do not count as having served in the U.S. Armed Forces: persons working in civilian positions for the Armed Forces; persons serving in the Merchant Marines; persons in the National Guard whose only "active duty" was while "activated" by Gubernatorial order because of a disaster or civil disorder (flood, riot, etc.). Also, do not include persons in the military service of a foreign nation.

B. INSTRUCTIONS

1. Question 1a--Mark the "Yes" box in 1a if the person received a medical or disability discharge/release, even if this release came during initial training.

(*Revised February 1995)

2. Question 1b

a. If a person served any time during the four major conflicts of this century (Vietnam era, Korean War, World War II, or World War I), mark the code for the most recent wartime service, regardless of any other service. If the person served in more than one of these major wars, mark the code for the most recent war period; for example, mark "VN" for service in both Vietnam and the Korean War; mark "KW" for service in both the Korean War and World War II; mark "WWII" for service in both the second and first world wars. If a person served in the Persian Gulf War and not one of the four major wars, mark PVN - "May 1975 to present."

b. If a person was in a National Guard unit which was activated for a period and later deactivated, disregard the nonactive period and mark the box in 1b corresponding to the period of active duty.

c. If there is any question as to which box to mark, enter the response verbatim in the answer space of 1b, or as a footnote.

d. The "OS" code in 1b includes service prior to World War I and periods of time between the war-time categories listed.

3. Question 1c

a. Entry into the Guard or Reserves may be voluntary (enlisted, joined, signed-up) or it may be as a continued obligation following active duty service. Members may be either "active" or "inactive."

b. Mark the "Yes" box in 1c for persons who were (or are) "active" Reserve or Guard members; that is, they attended (or attend) regularly scheduled periodic meetings, summer camp, and the like.

c. Mark the "No" box for persons who were never members of the Reserve or Guard and for persons who were only "inactive" members; that is, they never had to attend regular meetings, summer camp, etc.

4. Question 1d

a. Mark the "Yes" box if the person's service consisted entirely of National Guard or Reserve duty training; that is, the person was never blanketed into the regular forces by Presidential Order.

b. Consider the activation of Guard members for civil reasons (flood, earthquake, riot, etc.) by Gubernatorial order as service-related to Guard or Reserve "training."

QUESTION 2, EDUCATION

2a. What is the highest grade or year of regular school -- has ever attended?

b. Did -- finish the *(number in 2a)* [grade/year]?

A. DEFINITION

Regular school--For this question, include regular schooling in graded public, private, or parochial schools, or in colleges, universities, or professional schools, whether day school or night school. Regular schooling is that which advances a person toward an elementary or high school diploma, or a college, university, or professional school degree. Count schooling in other than regular schools only if the credits obtained are acceptable in the regular school system.

Do NOT include:

- Education obtained at vocational schools, business schools or colleges, and other trade and specialized schools unless such schools are part of a regular school system.
- Training received by mail from "correspondence" schools, unless the correspondence course counted toward promotion in a regular school.
- Any kind of "on-the-job" training.
- Adult education classes unless such schooling is being counted for credit in a regular school system. If a person is taking adult education classes but not for credit, he/she should not be regarded as enrolled in a regular school. Adult education courses given in a public school building are part of regular schooling only if their completion can advance a person toward an elementary school certificate, a high school diploma, or college degree.
- Government-sponsored training under the Comprehensive Employment and Training Act (CETA) or the Job Training Partnership Act (JTPA). Most of this training more than likely will be courses obtained at private vocational or trade schools or possibly will be in the nature of on-the-job training. In any event, it will not be obtained at a regular school. There may be a few isolated cases where such schooling is given for credit at a regular school; ask to be sure.
- Any type of military basic training.

B. INSTRUCTIONS

1. Determine the specific grade and circle the highest year of school attended in 2a for all persons 5 years old and over.

2. Never Attended Regular School or Attended Kindergarten Only--For persons who have never attended a regular school or for those who have gone (or who are currently going) to kindergarten only, mark the "Never attended or kindergarten" box and go to the next person.

3. 7-Year Elementary System--Some schools have, or used to have, a 7-year elementary course and a 4-year high school course. Circle "7" opposite "Elem" for persons who attended only 7 years in such a system and did not attend high school. Circle "9" to "12," as appropriate, opposite "High" for persons who attended some high school following the 7th grade.

If the respondent says the person completed the 8th grade in such a system, find out whether this was elementary school or the first year of high school. If you are told the person finished the 11th grade, find out whether this was the third or fourth year of high school and circle the appropriate number next to "High."

4. Junior High--If the person's highest grade was in "Junior High," determine the equivalent in elementary grades (1 through 8) or high school grades (9 through 12). Do not assume that junior high grades always consist of "Elem-7" or "Elem-8" or "High-9." In a few systems, junior high starts with "Elem-6" and in some, ends with "High-10."

5. "Post-Graduate" High School--For persons who have attended "post- graduate" high school courses after completing high school, but have not attended college, circle "12" opposite "High."

6. Graduate or Professional School--For persons who have attended more than 4 years of college, or who have attended professional schools (law, medical, dental, etc.) after completion of 4 years of college, circle the number opposite "College" which represents the total number of school years (not calendar years) the person attended college and graduate or professional school. For a person who has attended 6 years or more of college, circle "6+" opposite "College."

7. Credit Year Translation--School years are determined by the number of credits required for completing the requirements for a degree. If necessary, as a general rule of thumb, consider a person as completing one school year for every 24 to 30 credits, regardless of whether the credits are based on quarters or semesters. Do not probe for this information unless the respondent cannot provide a year or grade.

8. Equivalency Tests--For persons who pass a high school equivalency test or finish high school while in the Armed Forces or at any other time, circle "12" opposite "High."

9. Miscellaneous School Systems--Enter the equivalent grade in the regular American school system (8 years of elementary school, 4 years of high school, and 4 years of college) for a person whose formal education was obtained through any of the following methods:

   a. Foreign schools.

   b. Ungraded schools.

   c. Night schools or the instruction by tutors (if such instruction was counted toward promotion in the regular school system).

   d. Level of education measured by "readers"--first reader roughly equivalent to the first grade in elementary school, second reader to the second grade, etc.

   e. "Normal" or professional schools--In some areas, persons enter "normal" schools after completing nothing above elementary school; elsewhere, after 2 years of high school; in other places, after 4 years of high school or even some college. When the respondent answers in terms of "normal" school, obtain the equivalent in terms of the regular school system.

      Also, persons may attend professional schools (law, medicine, dentistry, etc.) after less than 4 years of college. When the respondent answers in terms of these schools, obtain the equivalent in college years. For nurses, determine the exact grade attended. If training was received in a college, determine the grade attended in college. However, if training was received at a nursing school or hospital training school and did not advance the person towards a regular college degree, determine the grade attended at the last regular school.

10. Skipped or Repeated Grades--For persons who skipped or repeated grades, circle the highest grade attended regardless of the number of years it took.

11. Persons Still in School--For persons still attending regular school, the highest grade attended is the one in which they are now enrolled.

12. Summer Status--For persons who are on summer vacation from school, circle the grade or year they were enrolled in during the previous school year, not the grade or year they will attend in the fall. For persons who are enrolled in summer courses, obtain the year or grade that their course work counts toward.

13. Special Schools--For persons enrolled in special schools (such as schools for the handicapped), attempt to obtain a regular school equivalency from the respondent.

14. Level of School Vs. Years Attended--Circle the appropriate number in 2a according to the equivalent level of school the person attended--not necessarily the number of years attended.

Example 1: *The respondent went to night school for 10 years and is still in her sophomore year in college--circle "2" after college, not "6+."*

Example 2: *The respondent explains that he went to college for 2 years, majoring in math. Then he decided he didn't want to major in math so he switched to economics and is now attending his third year in this subject and has one more year to complete before graduation. Because of this change, he is only considered a "Junior." In this case, circle "3" after college, not "5."*

15. Question 2b--For persons who completed only part of the year or grade or failed to "pass" the year or grade, mark the "No" box in 2b. Also mark this box for persons who are currently enrolled in the regular school system.

There are no questions 3 and 4 on the Demographic Background Page

CHECK ITEM L2

L2	*Refer to "Age" and "Wa/Wb" boxes in C1.*	**L2**	0 ☐ Under 18 *(NP)* 1 ☐ Wa box marked *(6a)* 2 ☐ Wb box marked *(5a)* 3 ☐ Neither box marked *(5b)*

A. OBJECTIVE

To determine the employment status of persons 18 years of age or older, different sets of questions are asked based upon the responses to question 1 on the Restricted Activity Page. Check Item L2 distinguishes between: (1) persons who worked during the past 2 weeks (Wa); (2) persons who did not work but had a job or business during the past 2 weeks (Wb); and (3) persons who had no job or business during the past 2 weeks.

* Do not fill Item L2 or ask questions 5 and 6 for deleted or excluded persons.

(*Revised February 1995)

B. INSTRUCTIONS

1. For persons under 18 years of age, mark the "Under 18" box and go on to the next person. The employment questions are asked only for persons 18 years of age or older.

2. For persons 18 years of age or older, refer to the "Wa/Wb" boxes in the "WORK" box of Item C1.

   - If the "Wa" box was marked (i.e., the person worked during the past 2 weeks), mark the second box in Check Item L2 and skip to question 6a.

   - If the "Wb" box was marked (i.e., the person did not work during the past 2 weeks, but did have a job or business), mark the third box in Check Item L2 and ask question 5a next.

   - If neither the "Wa" nor the "Wb" box is marked in C1 (i.e., the person did not work or have a job or business during the past 2 weeks), mark the last box in Check Item L2 and skip to question 5b.

QUESTION 5, WORK STATUS

5a. Earlier you said that -- has a job or business but did not work last week or the week before. Was -- looking for work or on layoff from a job during those 2 weeks?

b. Earlier you said that -- didn't have a job or business last week or the week before. Was -- looking for work or on layoff from a job during those 2 weeks?

c. Which, looking for work or on layoff from a job?

A. OBJECTIVE

Persons who had a job or business but did not work at it in the past 2 weeks may have been absent for any number of reasons. Question 5a determines whether the reason the person was absent was a layoff and/or if the person was looking for work. Question 5b determines this same information for persons who did not have a job or business.

B. DEFINITIONS

1. Layoff--Waiting to be called back to a job from which a person has been temporarily laid-off or furloughed. Layoffs can be due to slack work, plant retooling or remodeling, inventory taking, and the like. Do not consider a person who was not working because of a labor dispute at his/her own place of employment as being on layoff.

2. Looking for work--Any effort to get a job or to establish a business or profession. A person was looking for work if he/she actually tried to find work during the past 2 weeks. *Some examples of looking for work are:*

   - *Registering at a public or private employment office.*

   - *Meeting with or telephoning prospective employers.*

   - *Placing or answering advertisements (NOTE: simply reading want-ads does not qualify as looking for work).*

   - *Writing letters of application.*

   - *Visiting locations where prospective employers pick up temporary help.*

- *Checking with an Armed Forces Recruiting Office about joining any branch of the military service.*

Also, consider persons "on call" at a personnel office, union hiring hall, professional register, etc., as looking for work.

C. INSTRUCTIONS

1. Question 5a

a. Often you may be told that a person was on layoff during the past 2 weeks when you asked question 1b on the Restricted Activity Page. If you remember this response, you may verify it with the respondent and mark "Yes" in question 5a without asking the question. Otherwise, ask question 5a as worded.

b. If, when asking question 5a, you determine that a person did actually work at some time last week or the week before, do not mark an answer box in 5a. In such cases, correct Item C1 and L2. Footnote the reason for the change, both in C1 and L2, for example, "Working in 5a," then go to 6a.

c. If a person missed work during the past 2 weeks because he/she was on layoff, mark "Yes" in 5a. Also, mark "Yes" in 5a if the person was looking for work in the past 2 weeks, regardless of the reason for not working during that period. If the person missed work during the past 2 weeks for such reasons as vacation, illness, jury duty, labor dispute, etc., and was not looking for work or on layoff from a job, mark "No" in question 5a, skip to question 6b, and record the job the person held, but did not work at.

d. Special Situations

(1) Some establishments, such as automobile or boat manufacturers, go through a retooling operation before the new models come out. Consider persons who did not work in the past 2 weeks for this reason as being on layoff.

In some instances, companies may combine a vacation shutdown with the model change-over. If this is the case, do not consider the person to be on layoff. Likewise, if the person is reported as being on vacation, even though the plant is closed for some reason, do not consider him/her to be on layoff.

(2) Do not consider school personnel (teachers, administrators, custodians, etc.) who have a definite arrangement, either written or oral, to return to work in the fall, as being on layoff during the summer. For such persons, mark "No" in 5a unless the person was laid off from a summer job or was looking for work.

(3) Do not consider as on layoff, a person who is on strike, is locked out, or does not wish to cross a picket line, even though he/she is not a member of the group on strike. This applies only when the labor dispute is at the person's place of employment. If a person has been laid off because of a shortage of materials or slack work resulting from a strike in another plant and is not on strike him/herself, mark "Yes" in 5a--this is a layoff.

Example: *Consider as "laid off" an automobile factory worker who is laid off due to steel shortage resulting from a steelworkers' strike.*

(4) If it is volunteered that a person is waiting to begin a new job, either civilian or military, within 30 days of the interview, and was not on layoff during the past 2 weeks, mark "Yes" in 5a, "Looking" in 5c, and describe the person's last full-time job or business lasting 2 consecutive weeks or longer in Item 6. Footnote 5a, "New job to begin within 30 days."

If, in addition to waiting to begin a new job within 30 days, the person was on layoff during the past 2 weeks, mark "Yes" in 5a, "Both" in 5c, and describe the job from which the person was laid off in Item 6. Do not describe the "new" job in 6 but footnote "New job to begin within 30 days."

If it is volunteered that a person is waiting to start a new job which will not begin for 31 or more days from the interview, make no entry in 5a without probing to determine whether the person was temporarily absent or on layoff from a job during the past 2 weeks; then, proceed as follows:

- If the person was temporarily absent or on layoff from a job or was looking for work, reask question 5a excluding the "new" job and mark "Yes" or "No" as appropriate (i.e., layoff and/or looking--"Yes"; temporarily absent--"No").

- If the person was not temporarily absent or on layoff from a job, nor was he/she looking for work, make no entry in 5a. Instead, erase the entry in C1 and correct Check Item L2 by marking the last box and footnote the reason for the change, both in C1 and L2. Then skip to question 5b and mark "No" without asking.

(5) If it is volunteered that a person was waiting to begin his/her own new business, professional practice, or farm, find out if the person spent any time during the past 2 weeks making or completing arrangements for the opening and proceed as follows:

- If time was spent making arrangements, consider the person as working. Make no entry in 5a, correct Item C1 and Check Item L2 and footnote the reason for the change, for example, "Working in own business." Then, complete Item 6 for the new business, professional practice, or farm.

- If no time was spent making arrangements during the past 2 weeks, make no entry in 5a, erase the entry in C1 and correct Check Item L2 by marking the "Neither box marked" box. Footnote the reason for the change both in C1 and L2. Then, ask question 5b without reading the "Earlier you said...", and follow the instructions in 5b based upon the response.

(6) If you find out that a person does not expect to be called back to work for reasons such as the plant closed down, the job was phased out or abolished, or the person was fired, make no entry in 5a. Instead, erase the entry in C1 and correct Check Item L2 by marking the last box and footnote the reason for the change. Then reword question 5b as, "Was -- looking for work during those 2 weeks?", and mark the appropriate answer box. If the person was looking for work, mark "Looking" in 5c without asking.

(7) If a person has more than one job and was absent from both jobs for different reasons, mark "Yes" in 5a if he/she was on layoff from either job or was looking for work regardless of the reason absent from either job.

2. Question 5b

This question is asked only for those persons who were reported as not having a job or business during the past 2 weeks to determine if they may have actually been on layoff or were looking for work. Basically, the same procedures apply to question 5b as 5a.

3. Question 5c

Ask question 5c if "Yes" was answered in either 5a or 5b. If "Looking" is marked in 5c, complete Item 6 for the person's last full-time job lasting 2 weeks or longer by asking question 6c. If "Layoff" or "Both" is marked in 5c, complete Item 6 for the job from which the person was laid off.

QUESTION 6, INDUSTRY, OCCUPATION AND CLASS OF WORKER

6a. Earlier you said that -- worked last week or the week before. *Ask 6b.*

b. For whom did -- work? *Enter name of company, business, organization, or other employer.*

c. For whom did -- work at -- last full-time job or business lasting 2 consecutive weeks or more? *Enter name of company, business, organization, or other employer, or mark "NEV" or "AF" box in person's column.*

d. What kind of business or industry is this? *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.*

If "AF" in 6b/c, mark "AF" box in person's column without asking.

e. What kind of work was -- doing? *For example, electrical engineer, stock clerk, typist, farmer.*

f. What were -- most important activities or duties at that job? *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.*

Complete from entries in 6b–f. If not clear, ask:

g. Was --

An employee of a PRIVATE company, business or individual for wages, salary, or commission?	P
A FEDERAL government employee?	F
A STATE government employee?	S
A LOCAL government employee?	L
Self-employed in OWN business, professional practice, or farm? *Ask:* Is the business incorporated?	
Yes	I
No	SE
Working WITHOUT PAY in family business or farm?	WP
— NEVER WORKED or never worked at a full-time job lasting 2 weeks or more	NEV

A. OBJECTIVES

Questions 6b-g provide a full description of a person's current or most recent job or business. The detail asked for in these questions is necessary to properly and accurately code each occupation and industry. This information can be combined with the various health data collected in the HIS-1 and supplements to compare the relationships between jobs and health, exposure to hazards, time lost from work, and other variables.

B. DEFINITIONS

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

2. Employee of a PRIVATE company, business, or individual for wages, salary, or commission--Working for a private employer for wages, salary, commission, or other compensation such as tips, piece-rates, or pay-in-kind. The employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes paid work for settlement houses, churches, union, and other nonprofit organizations and work for private organizations doing contract work for government agencies.

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

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

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

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

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

C. GENERAL INSTRUCTIONS

1. Question 6 provides a full description of a person's job or business. The item is divided into five separate parts, each of which must be filled:

   6a--**INTRODUCTION**--This leads persons who worked during the past 2 weeks into this set of questions.

   6b/c--**EMPLOYER**--The name of the company, business, organization, government agency, or other employer.

   6d--**KIND OF BUSINESS**--The type of business or industry at the location where the person was working.

   6e--**KIND OF WORK**--The type of work the person was doing. Often stated as a job title.

   6f--**OCCUPATION**--The most important activities or duties associated with the type of work the person was doing.

6g--**CLASS OF WORKER**--Whether the industry and occupation described in 6b/c-f identifies the person as working for:

- A PRIVATE employer (P)
- The FEDERAL Government (F)
- A STATE government (S)
- A LOCAL government (L)
- SELF-EMPLOYED in own business, professional practice, or farm
  - -- INCORPORATED (I)
  - -- UNINCORPORATED (SE)
- WITHOUT PAY in a family enterprise (WP)
- Never worked/never worked full-time (NEV)

2. Ask question 6 in the following situations:

   a. For persons who had a job or business in the past 2 weeks, whether they worked at it or not, including persons on layoff.

   b. For all other persons who were looking for work during the past 2 weeks.

3. All entries in question 6 must refer to the <u>same</u> job or business and must present a <u>consistent</u> picture since you are describing only one job, business, or profession. When you get an inconsistency, probe to obtain adequate and consistent entries.

   Example: A respondent reports

   6b/c. Joe's Barber Shop
   d. retail jewelry store
   e. barber
   f. selling jewelry
   g. P

   } *This is obviously inconsistent.*

   Correct entries might be:

6b/c. Joe's Barber Shop		*6b/c. Smith's Jewelry Company*
d. barber shop		*d. retail jewelry store*
e. barber	*OR*	*e. jewelry salesman*
f. cutting hair		*f. selling jewelry*
g. P		*g. P*

4. For persons who <u>worked</u> during the past 2 weeks, describe the job at which they worked.

   a. If a person worked at more than one job during the past 2 weeks, or operated a farm or business and also worked for someone else, describe the one job at which he/she worked the <u>most hours</u>. If the person worked the same number of hours at all jobs, enter the one job at which he/she has been <u>employed the longest</u>. If the person was employed at all jobs the same length of time, enter the one job which the respondent considers the <u>main</u> job.

b. If a person was absent from his/her regular job all of the past 2 weeks, but worked temporarily at another job, describe the job at which the person actually worked, not the job from which he/she was absent.

5. If a person had a job but did not work at all during the past 2 weeks, describe the job he/she held.

   If a person usually works at two or more jobs, but during the past 2 weeks did not work at any of them, enter the job at which he/she usually works the most hours. If the person usually works the same number of hours at all jobs, enter the job at which he/she has been employed the longest. If the person was employed at all jobs the same length of time, enter the one job which the respondent considers the main job.

6. For a person on LAYOFF during the past 2 weeks, enter the job from which he/she was laid off, regardless of whether this is a full- or part-time job.

7. For persons LOOKING FOR WORK, enter the last full-time job which lasted 2 consecutive weeks or more. This may have been for wages or salary, in his/her own business, without pay on a family farm or in a family business or in the armed forces. If the person never worked or never worked at a full-time job lasting 2 weeks or more, mark "Never" in 6b/c and in 6g; leave 6d-f blank.

8. For persons who worked or last worked in a foreign country, enter a description of the foreign job or business. Use the same instructions for completing question 6 for foreign jobs as you do for U.S.-held jobs.

9. Consider persons who are working through an employment contractor to be working for the contractor, not the individual employer to whom they are assigned.

   Example: For a person assigned a job by "Kelly Girls" as a typist for an insurance firm, the question 6 entries could be:

   6b/c. Kelly Girls

   d. temporary help employment contractor

   e. typist

   f. typing

   g. P

10. Distinguish between different types of farm workers. The following table gives examples of the proper entries for various types of farm workers; however, the 6g, Class of Worker, entries are the specific entries to be made for the examples.

Kind of Farm Worker	6b/c	6d	6e	6f	6g
a. Person responsible for operation of farm, as owner, tenant, or sharecropper.	own farm or self	farm	farmer or sharecropper	all farm work	SE or I (as appropriate)
b. Person doing general farm work for wages.	Martin Farm, Inc. or father's farm	farm	farm hand	runs a tractor	P
c. Household relative or farmer doing work on the family farm without pay.	Oliver's Acres or family farm	farm	farm helper	repairing fences	WP
d. Person hired to manage a farm for someone else.	Jones' Plantation	farm	farm manager	keeping records	P
e. Person who goes from farm to farm performing farm operations on a contract basis, using own equipment.	own business	harvesting farm crops	farm service worker	running own combine	SE or I (as appropriate)
f. Person hired to supervise a group of farm hands.	Baker's Farm	farm	farm foreman	supervise farm laborers	P
g. Person hired to do a specific farm job.	Seaview Farm	farm	fruit picker, cotton chopper, etc.	picking fruit, chopping cotton, etc.	P
h. Farm worker on Government-operated farm.	state farm agency	state agric. exper. farm, county farm, etc.	farm manager, farm hand, fruit picker, etc.	keeping records, feeding livestock, picking fruit, etc.	F, S, or L (as apporpriate)

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

11. For persons enrolled in government-sponsored programs, record the specific employer rather than the government program. For example, in the case of JTPA programs, it is possible for an individual to actually work for either the local government or a private employer. If in doubt as to whom the employer is, ask the respondent who pays the wages.

12. Whenever you have difficulty determining who the actual employer is, apply the "who pays" rule of thumb--ask who pays the wages or salary and consider them as the employer.

Example: *A person may say that he/she works for Local #212 of the plumber's union. However, during the past 2 weeks he/she was working on a new construction project and was paid by Acme Contractors. Therefore, "Acme Contractors" would be the employer, not the union.*

D. SPECIFIC INSTRUCTIONS

1. Item 6a--Introduction

Read 6a only for those persons who were reported as having worked at some time in the past 2 weeks.

2. Question 6b/c--Employer

a. Ask 6b if the person worked during the past 2 weeks, had a job or business but did not work, or was on layoff from a job. Ask 6c if the person was only looking for work in the past 2 weeks.

b. Enter the full and exact name of the company, business, government agency, or other employer. Do not use abbreviations unless that is all the respondent can give you for the name of the employer. For persons who work or last worked for employers without company names (such as a farm, dentist's or lawyer's office, etc.), write the name of the owner. For persons who worked for several different employers, like odd-job or domestic workers, day workers, baby-sitters, etc., enter "various persons" in 6b/c.

c. Government--For employees of a government agency, record the specific organization and indicate whether the organization is Federal (U.S.), state, county, etc. For example, U.S. Treasury Department, STATE highway police, CITY tax office, COUNTY highway commission. It is not sufficient to report merely "U.S. Government," "city government," "police department," etc. *NOTE: There are some persons who work full-time for the National Guard. These are considered civilian employees of the State and should have Item 6 completed the same as any other State employee, regardless of whether or not they normally wear a uniform.*

d. Self-Employed--If the person is self-employed, ask if the place of business or establishment has a name (such as Twin City Barber Shop, Capitol Construction, etc.) and write it in 6b/c. If there is no business name, enter "self-employed," "own business," "family farm," etc.

e. Mark the "AF" box in 6c for persons whose last full-time job was while serving in any branch of the Armed Forces, skip to 6e and mark the "AF" box without asking the question. Do NOT mark the "AF" box if the person was a civilian employee of any branch of the Armed Forces. These boxes should be marked only for persons whose last full-time job was military service in the Armed Forces. Do *not consider the "summer obligation" of military reservists as a job in 6c as it is not a full time job.*

f. Although Armed Forces service may be indicated as the last full- time job (6c), it is not considered as "working" for question 1 on the Restricted Activity Page (see 1.b(5) on D7-2) and, therefore, should never be reported as the current job for question 6b. If service in the Armed Forces, including temporary service in the National Guard, is reported in response to question 6b, probe to determine the exact situation and make all necessary corrections.

(1) If the person served on full-time active duty during all of the past 2 weeks, delete the "Work" entry in C1, mark box 3 in L2, and footnote the reason for the correction. Ask 5b without the "Earlier you said ..." lead-in sentence and follow the appropriate skips based on the response. If question 6c is asked, the Armed Forces service may be reported, if appropriate, as instructed in 2.e above.

(2) If the person was serving in the National Guard during all of the past 2 weeks, ask, "Was -- blanketed into the regular forces by Presidential Order for -- service during those 2 weeks, or was -- on duty for training or local service?"

- If blanketed in by Presidential Order, follow the same procedures as for full-time active duty service as explained in (1) above.

- If not blanketed in by Presidential Order, ask if the person had a job or business other than the National Guard service during those 2 weeks and, if necessary, correct C1 and L2 accordingly. Report in 6 the job/ business from which the person was temporarily absent (6b) or the last full-time job/business (6c), depending upon the situation.

g. If the person never worked or never worked full-time 2 weeks or more, mark "Never" in 6b/c, then skip to 6g and mark "NEV."

3. **Question 6d--Kind of Business or Industry**

a. In order to give a clear and exact description of the industry, the entry must indicate both a general and a specific function for the employer; for example, copper mine, fountain pen manufacturer, wholesale grocery, retail bookstore, road construction, shoe repair service. The words "mine," "manufacturer," "wholesale," "retail," "construction," and "repair service" show the general function. The words "fountain pen," "grocery," "bookstore," "road," and "shoe" indicate the specific function.

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

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

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

(2) A few specified activities, when carried on at separate locations, are exceptions to the above. Record the activity of the parent organization for research laboratories, warehouses, repair shops, and storage garages, when these kinds of establishments exist primarily to serve their own parent organizations rather than the public or other organizations. *For example, if a retail department store has a separate ware-house for its own use, the entry for the warehouse employees should be "retail department store" rather than "warehouse."*

d. It is essential to distinguish among manufacturing, wholesale, retail, and service companies. Even though a manufacturing plant sells its products in large lots to other manufacturers, wholesalers, or retailers, report it as a manufacturing company. Use the following as a guide:

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

(2) A retailer sells primarily to individual consumers or users but seldom makes products.

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

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

f. Government Organization: Usually the name of the government agency is adequate, for example, U.S. Census Bureau, Alexandria City Fire Department.

(1) If the activity of the government agency is absolutely clear, the name of the agency is sufficient. In such cases, enter "Same" in 6d. However, sometimes the names of government agencies are not fully descriptive of their business or activity. A correct entry in 6d for a County Highway Commission might be one or any combination of the following: "county road building," "county road repaif," "county contracting for road building (or repair)." For State Liquor Control Board, the correct entry might be "State licensing of liquor sales" or "State liquor retailer."

(2) If the business or main activity of a government employer is not clear, ask in what part of the organization the person works and then report that activity. *For example, for a City Department of Public Works, a correct entry might be one of the following: "city street repair," "city garbage col-lection," "city sewage disposal," or "city water supply."*

g. Persons who do not work at one specific location: Some people's work is done "on the spot" rather than in a specific store, factory, or office. In these cases, report the employer for whom they work in Item 6b and the employer's business or industry in 6d. Among those who normally work at different locations at different times are Census interviewers, building painters, and refrigeration mechanics. Their industry entries might be U.S. Census Bureau, building contractor, or refrigeration repair service.. *For example, a local retail chain is doing remodeling of several stores, one at a time. They have a contract with a building contractor to furnish a small crew each day for the several months needed to do the work. Even though these people report to a retail store each day, they work for the building contractor.*

h. Business in own home: Some people carry on businesses in <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.*

i. Domestic and other private household workers: When the name of a single individual is given as the employer, find out whether the person works at a place of business or in a private home. The proper industry entry for a domestic worker employed in the home of another person is "private home." For a person cleaning a doctor's office which is in the doctor's own home, the proper entry is "doctor's office." This also applies to other types of offices, such as dentists or lawyers.

j. Persons placed on jobs through union hiring halls or other similar registers often report working for the union. In this situation, probe to determine who pays the person--the union or the site employer--and complete Item 6 for the one who pays.

k. Examples of adequate entries for question 6d: The following are examples of inadequate and adequate entries for the kind of business or industry (question 6d). Study them carefully and refer to them periodically to familiarize yourself with the types of entries that are proper and adequate.

Inadequate	Adequate
Agency	Collection agency, advertising agency, real estate agency, employment agency, travel agency, insurance agency.
Aircraft components Aircraft parts	Airplane engine parts factory, propeller manufacturing, electronic instruments factory, wholesale aircraft parts, etc.
Auto or automobile component Auto or automobile parts	Auto clutch manufacturing, wholesale auto accessories, automobile tire manufacturing, retail sales and installation of mufflers, battery factory, etc.
Bakery	Bakery plant *(makes and sells to whole- salers, retail stores, restaurants, or home delivery)*, wholesale bakery *(buys from manufacturer and sells to grocers, restaurants, hotels, etc.)*, retail bakery *(sells only on premises to private individuals but may bake its own goods on premises).*
Box factory	Paper box factory, wooden box factory, metal box factory.
City or city government	City street repair department, City Board of Health, City Board of Education.
Private club	Golf club, fraternal club, night club, residence club.
Coal company	Coal mine, retail coal yard, wholesale coal yard.
Credit company	Credit rating service, loan service, retail clothing store *(sometimes called a credit company).*
Dairy	Dairy farm, dairy depot, dairy bar, <u>wholesale</u> dairy products, <u>retail</u> dairy products, dairy products <u>manufacturing</u>.
Discount house Discount store	Retail drug store, retail electrical appliances, retail general merchandise, retail clothing store, etc.

Inadequate	Adequate
Electrical components manufacturer Electrical parts manufacturer Electronic components manufacturer Electronic parts manufacturer	Electronic tube factory, memory core manufacturing, transistor factory, manufacturer of tape readers, etc.
Engineering company	Engineering consulting firm, general contracting, wholesale heating equipment, construction machinery factory.
Express company	Motor freight, railway express agency, railroad car rental (for Union Tank Car Company, etc.), armored car service.
Factory, mill, or plant	Steel rolling mill, hardware factory, aircraft factory, flour mill, hosiery mill, commercial printing plant, cotton textile mill.
Foundry	Iron foundry, brass foundry, aluminum foundry.
Freight company	Motor freight, air freight, railway, water transportation, etc.
Fur company	Fur dressing plant, fur garment factory, retail fur store, wholesale fur store, fur repair shop.
Laundry	Own home laundry *(for a person doing laundry for pay in own home)*, laundering for private family *(for a person working in the home of a private family)*, commercial laundry *(for a person working in a steam laundry, hand laundry, or similar establishment)*.
Lumber company	Sawmill, retail lumber yard, planing mill, logging camp, wholesale lumber, lumber manufacturer.
Manufacturer's agent Manufacturer's representative	Specify product being sold, such as jewelry manufacturer's representative, lumber manufacturer's agent, electric appliance manufacturer's representative, chemical manufacturer's agent, etc.
Mine	Coal mine, gold mine, bauxite mine, iron mine, copper mine, lead mine, marble quarry, sand and gravel pit.
Nylon or rayon factory	Nylon or rayon chemical factory *(where chemicals are made into fibers)*; nylon or rayon textile mill *(where fibers are made into yarn or woven into cloth)*; women's nylon hosiery factory *(where yarn is made into hosiery)*; rayon dress manufacturing *(where cloth is made into garments)*.
Office	Dentist's office, physician's office, public stenographer's office.

Inadequate	Adequate
Oil company Oil industry Oil plant	Oil drilling, petroleum refinery, retail gasoline station, petroleum pipeline, wholesale oil distributer, retail fuel oil.
Packing house	Meat packing plant, fruit cannery, fruit packing shed *(wholesale packers and shippers)*.
Pipeline	Natural gas pipeline, gasoline pipeline, petroleum pipeline, pipeline construction.
Plastic factory	Plastic materials factory *(where plastic materials are made)*, plastic products plant *(where articles are actually manufactured from plastic materials)*.
Public utility	Electric light and power utility, gas utility, telephone company, water supply utility. *If the company provides more than one service, specify the services; such as gas <u>and</u> electric utility, electric <u>and</u> water utility.*
Railroad car shop	Railroad car factory, diesel railroad repair shop, locomotive manufacturing plant.
Repair shop	Shoe repair shop, radio repair shop, blacksmith shop, welding shop, auto repair shop, machine repair shop.
Research	(1) "Permanent-press dresses" (product of the company for which research is done, when the company or organization does research <u>for its own use</u>), "Brandeis University" (name of university at which research is done for its own use), "St. Elizabeth's Hospital" (name of hospital at which medical research is done for its own use). (2) Commercial research *(if research is the main service which the company sells, and the research is done <u>under contract</u> to another company)*. (3) "National Geographic", "Cancer Association", "Brookings Institution" *(name of the <u>nonprofit</u> organization)*.
School	City elementary school, private kindergarten, private college, state university. *Distinguish between public and private, including parochial, and identify the highest level of instruction provided, such as junior college, senior high school, etc.*
Tailor shop	Dry cleaning shop *(provides valet service)*, custom tailor shop *(makes clothes to customer's order)*, men's retail clothing store.

Inadequate	Adequate
Terminal	Bus terminal, railroad terminal, boat terminal, airport terminal.
Textile mill	Cotton cloth mill, woolen cloth mill, cotton yarn mill, nylon thread mill.
Transportation company	Motor trucking, moving and storage, water transportation, air transporta- tion, airline, taxicab service, subway, elevated railway, railroad, petroleum pipeline, car loading service.
Water company	Water supply irrigation system, water filtration plant.
Well	Oil drilling, oil well, salt well, water well.

4. **Questions 6e and 6f--Kind of Work**

The answer in question 6e should describe clearly and specifically the kind of work or nature of duties performed by the person. The answer in question 6f should tell you the person's most important activities or duties. Often, the response to question 6f, together with the response to question 6e, will give you the information needed to make the person's occupation description complete, and thus, adequate.

a. How to ask: Ask question 6e, record the respondent's answer, and then ask question 6f. When the combination of entries in both questions 6e and 6f does not give you an adequate description of the person's occupation, ask additional probing questions until the total combined information adequately describes the person's job.

b. Examples of combined entries: The following example is provided to help clarify the use of the combined information in 6e and 6f.

Inadequate	Adequate	Adequate
6e - Mechanic 6f - Repairs cars	6e - Mechanic 6f - Fixes dents, replaces fenders, and other repairs to auto bodies	6e - Mechanic, auto body repair 6f - Repairs cars

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

c. Mark the "AF" box in 6e without asking the question for persons whose last full-time job was military service in the Armed Forces regardless of which branch of the military they served, rank, or military occupation specialty. Do NOT complete Items 6f or g for these persons. Do NOT mark the "AF" box for civilian employees of the Armed Forces.

d. Examples of adequate entries for question 6e: The following are examples of inadequate and adequate occupation entries. If the combined entries for questions 6e and 6f provide the kind of infor-mation shown in the listing of adequate examples, accept them as being adequate.

Inadequate	Adequate
Accounting Accounting work	Certified public accountant, accountant, accounting machine operator, tax auditor, accounts-payable clerk, etc.
Adjuster	Brake adjuster, machine adjuster, merchandise complaint adjuster, insurance adjuster.
Agent	Freight agent, insurance agent, sales agent, advertising agent, purchasing agent.
Analyst Analyzer	Cement analyst, food analyst, budget analyst, computer-systems analyst, etc.
Caretaker Custodian	Janitor, guard, building superintendent, gardener, groundskeeper, sexton, property clerk, locker attendant.
Claim examiner Claim investigator Claims adjuster Claims analyst Claims authorizer	Unemployment benefits claims taker, insurance adjuster, right-of-way claims agent, merchandise complaint adjuster, etc.
Clerical Clerical work Clerk	Stock clerk, shipping clerk, sales clerk. *A person who sells goods in a store is a salesperson or sales clerk--do not report them merely as a clerk.*
Data processing	Computer programmer, data typist, keypunch operator, computer operator, coding clerk, card tape converter operator.
Doctor	Physician, dentist, veterinarian, osteopath, chiropractor.
Engineer	Civil engineer, locomotive engineer, mechanical engineer, aeronautical engineer.
Entertainer	Singer, dancer, acrobat, musician.
Equipment operator	Road grader operator, bulldozer operator, trencher operator.
Factory worker	Electric motor assembler, forge heater, turret lathe operator, weaver, loom fixer, knitter, stitcher, punch-press operator, spray painter, riveter.
Farmworker	Farmer: for the owner, operator, tenant or sharecropper who is self-employed. Farm manager: for the person hired to manage a farm for someone else. Farm fore-man/forewoman: for the person who supervises a group of farmhands or helpers. Farmhand or farm helper: for those who do general farmwork for wages. *Fruit picker or cotton chopper are examples of persons who do a particular kind of farmwork.*

Inadequate	Adequate
	When the place of work is a ranch, indicate specifically rancher, ranch manager, ranch foreman/forewoman and ranch hand or helper, as shown above in the case for similar types of farmworkers.
Firefighter	Locomotive fire stoker, city firefighter (city fire department), stationary fire engineer, fire boss.
Foreman/forewoman	Specify the craft or activity involved: foreman/forewoman carpenter, foreman/ forewoman truck driver.
Graphic arts	Illustrator, commercial artist, poster artist, art layout specialist, etc.
Group leader	Group leader on assembly line, harvest crew boss, clerical group leader, labor gang leader, recreation group leader, etc.
Heavy equipment operator	Specify the type of equipment, such as: clam-shovel operator, derrick operator, monorail crane operator, dragline operator, Euclid operator.
Helper	Baker's helper, carpenter's helper, janitor's helper.
IBM clerk IBM machine operator IBM operator	IBM card puncher, IBM tabulator, sorting machine operator, proof machine operator, etc.
Interior decorator	*Be sure that entries in question 6e differentiate between the <u>interior decorator</u> who plans and designs intériors for homes, hotels, etc., and those who paint, paper-hang, etc.*
Investigator	Insurance claim investigator, income tax investigator, financial examiner, detective, social welfare investigator, etc.
Laborer	Sweeper, cleaning person, baggage porter, janitor, stevedore, window washer, car cleaner, section hand, hand trucker.
Layout worker	Pattern-maker, sheet-metal worker, compositor, commercial artist, structural steel worker, boilermaker, draftsperson, coppersmith.
Maintenance worker	Groundskeeper, janitor, carpenter, electrician.
Mechanic	Auto engine mechanic, dental mechanic, radio mechanic, airplane structure mechanic, office machine mechanic.
Nun	Specify the type of work done, if possible, as grammar school teacher, housekeeper, art teacher, organist, cook, laundress, registered nurse.
Nurse Nursing	Registered nurse, nursemaid, practical nurse, nurse's aide, student nurse, professional nurse.

Inadequate	Adequate
Office clerk Office work Office worker	Typist, secretary, receptionist, operator, file clerk, bookkeeper, physician's attendant.
Program analyst	Computer-systems analyst, procedure analyst, vocational director, manufacturing liaison planner, etc.
Program specialist	Program scheduler, data-processing-systems advisor, metal-flow coordinator, etc.
Programmer	Computer programmer, electronics data programmer, radio or TV program director, senior computer programmer, production planner, etc.
Research Research and development Research and testing Research assistant Research associate Research specialist Research work	Specify field of research, as research chemist, research mathematician, research biologist, etc. Also, if associate or assistant, research associate chemist, assistant research physicist, research associate geologist.
Salesperson	Advertising sales, insurance sales, bond sales, canvasser, driver-sales (route-person), fruit peddler, newspaper sales.
Scientist	Specify field, for example, political scientist, physicist, sociologist, home economist, oceanographer, soil scientist, etc.
Specialist	*If the word "specialist" is reported as part of a job title, be sure to include a brief description of the actual duties in question 6f. For example, for a "transportation specialist" the actual duties might be any one of the following: "gives cost estimates of trips," "plans trips or tours," "conducts tours," "schedules trains," or "does economic analyses of transportation industry."*
Shipping department	*What does the worker do?* Shipping and receiving clerk, crater, order picker, typist, wraps parcels, etc.
Supervisor	Typing supervisor, chief bookkeeper, steward, kitchen supervisor, buyer, cutting and sewing foreman/forewoman, sales instructor, route foreman/ forewoman.
Systems analyst Systems specialist	Computer-systems analyst, contract coordinator-manufacturer, production planner, etc.

Inadequate	Adequate
Teacher	*Teacher should report the level of school they teach and the subject. Those below high school who teach many subjects may just report level. College teachers should report title. Following are some illustrations:*

Level	Subject
Preschool	-
Kindergarten	-
Elementary	-
Elementary	Music
Junior High	English
High School	Physical Ed.
College	Mathematics professor

Technician	Medical laboratory technician, dental laboratory technician, X-ray technician.
Tester	Cement tester, instrument tester, engine tester, battery tester.
Trucker	Truck driver, trucking contractor, electric trucker, hand trucker.
Works in stock room, bakery office, etc.	*Names of departments or places of work are unsatisfactory. The entry must specify what the worker does; for example, "shipping clerk" or "truck loader," not "works in shipping department," OR "cost accountant" or "filing clerk," not "works in cost control."*

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

f. Professional, technical, and skilled occupations usually require lengthy periods of training or education which a young person normally cannot achieve. By probing, you may find that the young person is really only a trainee, apprentice, or helper *(for example, accountant trainee, electrician trainee, apprentice electrician, electrician's helper).*

g. You may encounter occupations which sound strange to you. Accept such entries if the respondent is sure the title is correct. *For example, "sand hog" is the title for a certain worker engaged in the construction of underwater tunnels, and "printer's devil" is sometimes used for an apprentice printer.* Where these or any other unusual occupation titles are entered, add a few words of descrip-tion if the combined entries are not sufficiently clear.

h. Some special situations:

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

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

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

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

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

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

(7) Secretary versus official secretary--Use the title "secretary" for secretarial work in an office; report a secretary who is an elected or appointed officer of a business, lodge, or other organization as an "official secretary."

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

i. Importance of question 6f--The responses to the activity question (6f) are very important for coding purposes. Although the question may seem redundant in some cases, the responses often permit more accurate coding of the occupation. We cannot provide you with a complete list showing when an activity response together with the job title is adequate or when additional probing is necessary. However, we would like to stress the importance of the activity question in providing more detail even though it may not appear to. Here are some examples showing the value of question 6f:

6e - Telephone Co. serviceman	*6e - Telephone Co. serviceman*
6f - Installs phones in homes	*6f - Repairs telephone transmission lines*

Each of these examples is an adequate combination of responses. The additional information obtained from question 6f identifies different occupations even though in each example the responses to question 6e are the same. These two telephone company servicemen will be assigned different occupation codes.

6e - Bookkeeping	*6e - Bookkeeper*
6f - Keeping and balancing ledgers	*6f - Operates a bookkeeping machine*

Again, adequate responses are obtained in each example. On the basis of the detail provided by question 6f, these occupations will be coded in different categories.

These two examples illustrate the importance of the activity question (6f) in obtaining adequate responses even though the question may seem repetitive.

5. **Question 6g--Class of Worker**

For each person with entries in question 6, other than "Armed Forces," record the class of worker by marking one of the boxes in question 6g. The information given in answer to question 6d will usually be sufficient for identifying "class of worker." If the information previously supplied is not adequate for this purpose, ask additional questions as necessary, for example, "Was he a local government employee?"

When in doubt, use the "Who pays" criterion, that is, record the class of worker category according to who pays the person's wages or salary. For persons paid by check, the employer's name will usually be printed on the check. Although you are NOT to ask to see a check or salary statement, you may ask, "Do you know the name of the employer that is shown on -- salary check?"

a. If a person has more than one job or business, be sure you mark the box in 6g which applies to the one job or business entered in the previous parts of question 6.

b. Cautions regarding class-of-worker entries:

(1) Corporation employees--Report employees of a corporation as employees of a private employer (except for a few cases of employees of government corporations, such as the Commodity Credit Corporation, who must be properly reported as Federal Government employees). Do not report corporation employees as owning their business even though they may own part or all of the stock of the incorporated business. If a respondent says that a person is self-employed, and you find that the business is incorporated, mark the "I" box.

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

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

(4) Public utility employees--Although public utilities (such as transportation, communication, electric light and power, gas, water, garbage collection, and sewage disposal facilities) are subject to government regulations, they may be owned by either government or private organizations. Distinguish between government-operated and privately-owned organizations in recording class of worker for public utility employees.

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

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

(7) Clergymen and nuns--Mark "P" for preachers, ministers, priests, rabbis, and other clergymen except in the following two cases:

Record clergy working in a civilian government job, such as a prison chaplain, as a government employee--"F," "S," or "L" in question 6g.

Record clergy not attached to a particular congregation or church organization, who conduct religious services in various places on a fee basis, as self-employed in their own professional practice--"SE" in question 6g.

Mark "P" for nuns who receive pay in kind.

(8) Registered and practical nurses--private duty--For nurses who report "private duty" for kind of business, mark "SE."

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

(10) Foster parents and child care in own home--Foster parents and other persons who consider themselves as working for profit and who provide childcare facilities in their own homes are furnishing the shelter and meals for certain time periods and are to be considered as operating their own business; mark "SE."

(11) Boarding house keepers--Record boarding house keepers who consider themselves as working and who perform this work in their own homes as "Own home" for industry with "SE" as class of worker. Record those who dc this work for someone else for wages or salary or pay in kind as "boarding house" fór industry with "P" for class of worker.

(12) Sales or merchandise employees--Report persons who own a sales franchise and are responsible for their own merchandise and personnel as "Retail or Wholesale Sales" for industry with "SE" for class of worker. Report persons who do sales work for someone else *(such as an Avon or Tupperware representa- tive)* as "P" for class of worker. Also for such people, indicate whether they sell door-to-door or use the party plan method.

(13) Post office and TVA employees--Report persons who work for the Postal Service and Tennessee Valley Authority as Federal employees and mark them as "F."

(14) Comsat, Amtrak, and Conrail--Comsat, Amtrak, and Conrail are private companies and you should report the employees of these companies as "P."

(15) Persons who work for public transportation, harbor, airport, housing, etc., Authorities, such as the Chicago Transportation Authority or the New York Port Authority, who got their money from any combination of Federal, state or local funds and user fees, should be reported as "P."

(16) Persons who work full-time for the National Guard are considered as civilian employees of the State. Mark them as "S" in 6g.

(17) For persons who have never worked at all or who have never worked at a full-time job or business lasting 2 consecutive weeks or longer, mark "NEV" in 6g. This situation should only occur for persons who were asked question 6c; that is, persons who did not have a job or business in the past 2 weeks and were not on layoff from a job, but were looking for work.

QUESTION 7, MARITAL STATUS

Mark box if under 14. If "Married" refer to household composition and mark accordingly.

7. Is -- now married, widowed, divorced, separated, or has -- never been married?

INSTRUCTIONS

* 1. Do not complete question 7 for deleted or excluded persons.

2. For persons under 14 years old, mark the "Under 14" box even if the person is married, widowed, divorced, or separated.

* 3. For persons 14 and over, if it is obvious from the relationship entries *(see 6. below for exception)* on the Household Composition Page that two of the household members are husband and wife, mark one of the "Married" boxes without asking the question.

   a. Mark "Married-spouse in HH" for a married person whose spouse is also listed on the questionnaire as a household member. *For example, mark this box for the spouse of an Armed Forces member living at home as well as for a person whose spouse is only temporarily absent.*

   b. Mark "Married-spouse not in HH" for a married person who is not legally "separated," as defined below, and whose husband or wife is not a member of the same household. *For example, mark this box for the spouse of an Armed Forces member not living at home.*

   c. Include as "Married," persons who state they have a common-law marriage, or who are living together as husband and wife, regardless of whether or not they are legally married.

4. Separated persons--Accept a respondent's statement that a person is separated. If, however, the respondent raises a question as to the meaning of "separated," explain that the term refers only to married persons who have a legal separation or who have parted because of marital discord.

   Classify persons who are separated from their spouse because of the circumstances of their employment, service in the Armed Forces, or similar reasons as "Married-spouse not in HH," not "Separated."

5. Annulled Marriage--Consider a legally annulled marriage as never having taken place. For example, mark "Never married" for persons whose only marriage has been annulled; mark "Divorced" for persons whose first marriage ended in divorce and whose second, and most recent, marriage was annulled. *Individuals whose marriage has been annulled only through a religious decree are to be marked according to their legal marital status. Probe for clarification if there is any doubt about whether an annulment was granted through the courts or through religious decree.*

* 6. For persons whose relationships are shown as "same sex spouse", ask 7 to determine their "legal" marital status, not what they consider their marital status. *For example, if such a person is still legally married to someone of the opposite sex, mark either Box 2 "Married - spouse not in HH" or Box 5 "Separated", whichever if more appropriate.*

   If the respondent will say only that they are "married" to each other, footnote the situation and do not mark a box in question 7.

(*Revised February 1995)

QUESTION 8, FAMILY INCOME

8a. Was the total combined FAMILY income during the past 12 months — that is, yours, *(read names, including Armed Forces members living at home)* more or less than $20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.

***Read if necessary:* Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.**

Read parenthetical phrase if Armed Forces member living at home or if necessary.

b. Of those income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours, *(read names, including Armed Forces members living at home)*)? Include wages, salaries, and other items we just talked about.

***Read if necessary:* Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.**

A. OBJECTIVE

Question 8 is asked because differences in income often indicate differences in the ability to obtain adequate health care or differences in the ability to afford food for adequate diets to prevent diseases, such as malnutrition in children. This question will also enable analysts to determine the relationship of family income and family size in order to identify poverty levels and relate this to other health variables, the utilization of health services, etc.

B. DEFINITION

Family Income--The money income before deducting for taxes, retirement, insurance, union dues, etc. This includes the income of the reference person plus that of all his/her relatives who are currently household members, including Armed Forces members living at home and children.

1 **Income includes:**

a. Wages and salaries including tips, commissions, Armed Forces pay and cash bonuses, as well as subsistence allowances.

b. Net income from unincorporated businesses, professional practices, or farms, or from rental property. ("Net" means after deducting business expenses, but before deducting personal taxes.)

c. Social Security, or Supplemental Security Income.

d. Retirement, disability, and survivor pensions.

e. Interest and dividends.

f. Cash public assistance payments (welfare), excluding food stamps.

g. Veteran's payments.

h. Unemployment or workmen's compensation.

i. Alimony and child support.

j. Money regularly received from friends or relatives not living in the household.

k. Other periodic money income.

2. **Income does NOT include:**

a. Income "in kind," *such as the value of room and board, free meals in restaurants, food stamps, free or reduced rent, value of crops produced by a farmer but consumed by his/her family, etc..*

b. Lump sum payments of any kind, *such as insurance payments, inheritances, or retirement.*

c. Occasional gifts of money from persons not living in the household or any exchange of money between relatives living in the same household.

d. Money received from selling one's own house, car, or other personal property.

e. Withdrawals of savings from banks, retirement funds, or loans.

f. Tax refunds or any other refund or rebate.

C. INSTRUCTIONS

1. Be sure the respondent understands that the income questions are for the past 12 months, not for the last calendar year.

2. Ask question 8a once for a family to obtain the total combined income during the past 12 months for all household members related to the reference person. Be sure to include all family members, as even a child could receive income (savings account interest, AFDC payments, etc.). *Do not include the income of unrelated household members as this will be obtained on the questionnaire(s) prepared for each roomer, lodger, or other person not related to the reference person.*

3. After recording the response to question 8a, be sure to hand the respondent the appropriate flashcard when asking question 8b.

4. After you ask these questions, give the respondent enough time to prepare an estimate, then mark the appropriate box. When necessary, help the respondent obtain the total by summing the income of several family members or the income from several sources.

5. If the income is reported in terms of a periodic (weekly, monthly, etc.) paycheck, be sure the respondent understands that we are interested in the amount before taxes and other deductions, not the take-home amount. Help compute the yearly total, if necessary.

6. If the respondent is living alone or with no other relatives, include his/her income only.

7. Include the income of an Armed Forces member who is living at home with the family even though we do not record health information about him/her. If he/she is not living at home, include as family income allotments and other money received by the family from this person. In question 8b, always read the phrase in parenthesis if there is an Armed Forces member living at home. Also read this phrase at any other time you feel it is necessary.

8. "Zero" income, break-even, or loss reported--When no one in the family had income or when a "loss" or "broke even" was reported as the total income for the family, mark box "A" in 8b. Before accepting an answer of "No income," be sure the respondent understands all of the categories counted as income.

9. If the respondent is not sure of the income, try to get the best estimate possible. In difficult cases, you may have to help the respondent. Find out who worked during the past 12 months, how much they made a week, etc.; find out who operated a business or farm; or who received any pension, dividends, etc. If the response is still "Don't know," enter "DK" in 8a or 8b, as appropriate, and skip to Item R.

10. Read the statement printed on the questionnaire if the respondent refuses to answer the income items or questions the need for our collecting income data. After reading this, reask question 8a or 8b, if necessary. If the respondent still will not answer, enter "Ref." in 8a or b, as appropriate, footnote the reason(s) for refusal, and skip to Item R.

ITEM R. Respondent

R	*a. Mark first appropriate box.*	**Ra.**	1 ☐ Present for all questions 2 ☐ Present for some questions 3 ☐ Not present
	b. Enter person number of respondent.	**b.**	_____ Person number(s) of respondent(s)

A. OBJECTIVE

Item R is used to identify the respondents and other persons present (including infants and young children) for questions up to this point. This information is important to analysts in evaluating and interpreting the data obtained from the survey.

B. DEFINITIONS

1. Present--In the same room or within hearing distance.

2. Respondent--A person who provides answers to questions asked.

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

   b. Proxy Respondent--A person who responds to questions about other household members.

C. INSTRUCTIONS

1. Mark the first applicable box in Item Ra for each nondeleted family member (including excluded family members) according to his/her presence or absence during the asking of HIS-1 questions to this point. Mark "Present for some questions," if the person was present during the asking of at least one question, but was absent for one or more of the questions.

2. For each nondeleted family member, enter in Item Rb the person numbers of all respondents for that person. Include the person himself/herself if that is the case (self respondent) as well as all other family members who answered at least one question about the person (proxy respondent). Only enter in Rb the numbers of persons who are eligible respondents *(see page D3-2 and D3-3)*.

3. When an interpreter is involved, consider the person(s) providing the information to the interpreter as the respondent(s). In these cases footnote that an interpreter was involved.

(*Revised February 1995)

Items L3 and L4, Person Number of Parent/Spouse

L3	*Enter person number of first parent listed or mark box.*	**L3**	Person number of parent 00 ☐ None in household

A. DEFINITION

Parent--includes natural, adopted and step parents. Excludes foster, in-laws and grandparents.

B. INSTRUCTIONS

1. Complete for each nondeleted person according to relationships entered on questionnaire and knowledge gained during the interview. If in doubt, verify with the respondent.

2. If both parents are listed on the questionnaire, enter the person number of the first parent listed. *For example, if only person 1, father; person 2, mother; and person 3, son are listed, mark "None" for persons 1 and 2 and enter "1" in person 3's column.*

3. When relationships to the reference person such as father-in-law, grandmother, sister, or niece are given, be sure to determine if a parent/child situation exists. *For example, the sister of the reference person could be the niece's parent.*

L4	*Enter person number of spouse or mark box.*	**L4**	Person number of spouse 00 ☐ None in household

INSTRUCTION

Enter the person number of the spouse for nondeleted persons for whom you have marked the "Married-spouse in HH" box in question 7. For "excluded" persons, base your entry on knowledge gained during the interview and if in doubt, verify the situation with the respondent. Mark "None" for all other persons.

*Revised February 1995)

Item L5, Questions 9-11, Record Matching Information, Items L6, L7 and L8

L5	*Read to respondent:* **In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.**		
L6	*Enter date of birth from question 3 on Household Composition page.*	**L6**	Date of birth: Month / Date / Year
	9a. In what State or country was -- born? *Print the full name of the State or mark the appropriate box if the person was not born in the United States.*	**9a.**	00 ☐ DK (L7) State 01 ☐ Puerto Rico 05 ☐ Cuba 02 ☐ Virgin Islands 06 ☐ Mexico 03 ☐ Guam 99 ☐ All other countries 04 ☐ Canada
	If born in U.S., ask 9b only; if born in foreign country, ask 9c only. **b. Altogether, how many years has -- lived in** *(State of present residence)*?	**b.**	1 ☐ Less than 1 yr. 2 ☐ 1 yr., less than 5 3 ☐ 5 yrs., less than 10 4 ☐ 10 yrs., less than 15 5 ☐ 15 yrs. or more 9 ☐ DK
	c. Altogether, how many years has -- lived in the United States?	**c.**	1 ☐ Less than 1 yr. 2 ☐ 1 yr., less than 5 3 ☐ 5 yrs., less than 10 4 ☐ 10 yrs., less than 15 5 ☐ 15 yrs. or more 9 ☐ DK
L7	*Print full name, including middle initial, from question 1 on Household Composition page.*	**L7**	Last First Middle initial
	Verify for males; ask for females. **10. What is -- father's LAST name?** *Verify spelling. DO NOT write "Same".*	**10.**	Father's LAST name
	Read to respondent: **We also need -- Social Security Number to link with vital statistics and other records of the Department of Health and Human Services to perform health-related research. Providing this information is voluntary and [illegible] under the authority of the Public Health Service Act. There will be no effect on -- benefits if you do provide it, and this number will not be given to any other government or nongovernment agency.** *Read if necessary:* **The Public Health Service Act is title 42, United States Code, Section 242k.** **11. What is -- Social Security Number?**	**11.**	000000000 ☐ DK ☐☐☐-☐☐-☐☐☐ Social Security Number *Mark if number obtained from:* 0 ☐ Does not have SSN 2 ☐ Records 1 ☐ Memory 7 ☐ Refused
L8	*Mark box to indicate how Social Security number was or was not obtained.*	**L8**	1 ☐ Self-personal 2 ☐ Self-telephone 3 ☐ Proxy-personal 4 ☐ Proxy-telephone

A. OBJECTIVE

The purpose of this page is to obtain enough information about each person to be able to match certain statistical records maintained by the Department of Health and Human Services.

B. INSTRUCTIONS

* 1. After you have read Item L5 to the respondents, complete a column for <u>each nondeleted family member</u> except Armed Forces members. *Do not complete a column for Armed Forces members, whether deleted or excluded, or and other deleted persons.*

2. Read the introductory statement in Item L5 to explain the purpose of obtaining the information. If questions arise as to the type of statistical records maintained, say "Information obtained from Vital Statistics records". Then enter the date of birth from question 3 of the Household Composition page in Item L6.

(*Revised February 1995)

3 a. Print the full state name on the line in 9a; do not use abbreviations. If the person was not born in one of the 50 states or the District of Columbia, mark the appropriate box in 9a, leaving the state line blank.

b. For persons born in the United States, ask 9b, inserting the state of residence from the Household Page. For persons born in a foreign country, including Puerto Rico, the Virgin Islands, and Guam, ask 9c.

c. If "DK" is marked in 9a for any reason, skip to Item L7 without asking 9b or 9c.

4. In Item L7, enter the person's full name, including middle initial, from question 1 on the Household Composition Page. If the person has more than one middle initial, enter the first one given. If a first initial and full middle name was entered in question 1, *such as "G. Watson Levi", record this in L7 as "Levi, G. Watson"*. In rare cases where the respondent refused to give the name in question 1, say something like, "I need your full legal name, including middle initial" and enter it in Item L7. Do NOT go back and enter this information in question 1.

5. a. When verifying 10 for males, ask "Was your father's last name _____?" Always ask the question for females, regardless of their marital status or age.

b. Print the father's last name in the answer space, whether it is the same as the person's name or not. Always verify the spelling, even if the names sound alike. If it is volunteered that the person was legally adopted, record the name of the adoptive father.
NOTE: Printing is required for all entries on this page.

6. a. It is required by law that the introduction above question 11 is read. Read it the first time you ask question 11 for a family. Be sure to read it when making a callback for the person's Social Security Number. If you are asked for the legal authority for collecting Social Security Numbers, cite the title and section of the United States Code as printed below the introduction. If you are questioned as to the need for obtaining the number, reread the statement in Item L5.

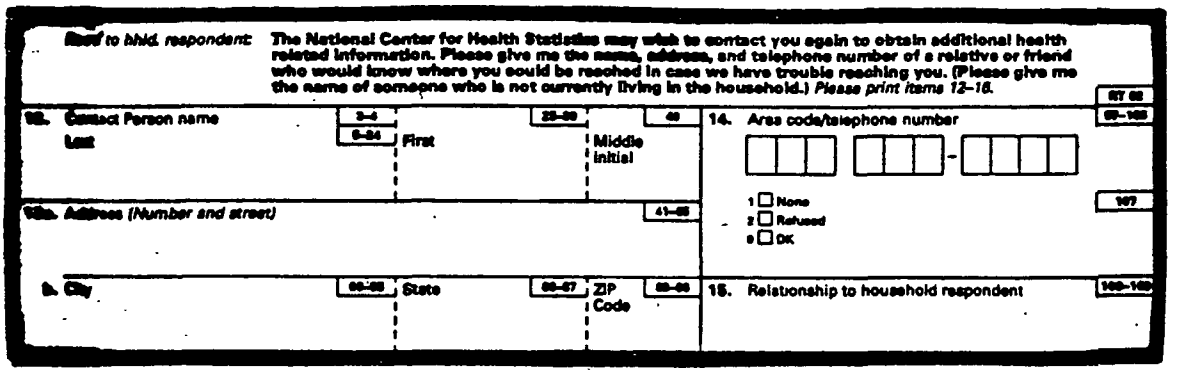
b. If you are given more than one number, record the first 9 digit number the respondent mentions, not the first one issued. If the number has more than 9 digits, record only the first 9 digits. Do not record alphabetic prefixes or suffixes.

7. If the Social Security Number has been recorded, mark the appropriate box indicating whether the number was obtained from memory or records. Also mark the appropriate box if the person has no Social Security Number. If the respondent still refuses to give you a Social Security Number after you have fully explained the importance of this information, mark the "Refused" box. If the respondent doesn't know the Social Security Number of an absent family member, footnote the situation and fill Item 16 of the Household Page.

8. It is of particular importance that each person's Social Security Number is correct, therefore, you should use a reasonable amount of effort to obtain it. If the respondent does not have this information, refuses, or is unsure of the number for another person, ask to call back and indicate this in Item 16 of the Household page. It is not required that you contact the person directly on the callback. In fact, unless the person has to be contacted for some other reason, make arrangements with the household respondent to call him/her back for the number. Fill in the person's name whose number is missing and leave Form HIS-603(SSN) with the respondent for easy reference. If someone other than the household respondent is contacted for missing numbers, use the "Telephone callback introduction" in the HIS-501.1 Information Booklet to introduce yourself.

Mark the correct box in Item L8 to indicate how the number was or was not obtained. *For example, if person 1 refused to give person 2's number and no callback can be made, mark "Refused" in question 11 and mark box 3 or 4 (as appropriate) in Item L8.*

Questions 12-15, Contact Person Information


Read to hhld. respondent: The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of a relative or friend who would know where you could be reached in case we have trouble reaching you. (Please give me the name of someone who is not currently living in the household.) *Please print items 12–16.*

12. Contact Person name
Last | First | Middle initial

13a. Address (Number and street)

b. City | State | ZIP Code

14. Area code/telephone number
1 ☐ None
2 ☐ Refused
8 ☐ DK

15. Relationship to household respondent

A. OBJECTIVE

The data in Items 12 through 15 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.

B. INSTRUCTIONS

1. Read the introductory statement to the family respondent to explain the purpose of the question and complete Items 12 through 15 from the responses.

2. If, when explaining the purpose of the contact person, you are asked when the household will be recontacted, say that NCHS periodically conducts other health surveys with a sample of persons or families who participate in HIS. If asked, just say that you don't know when. **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. Also, refusal to answer these questions will NOT disqualify the person or family from being asked to participate in future surveys.

3. Printing is required in Items 12 through 15.

4. You may complete this section later in the interview if it seems more beneficial to the interview to do so. However, be sure to obtain this information from the respondent before ending the initial interview.

(*Revised February 1995)

Question 16 - Best Time to Call/Visit

16. If you must be contacted again, what is the best time to call or visit?

A. OBJECTIVE

The respondent's assessment of the best time to call or visit may allow for more efficient contacts if this family has to be recontacted for reinterview or another followback survey.

B. INSTRUCTIONS

1. Enter in Item 16 the best time to call or visit the sample household, not the contact person. *Examples of acceptable entries include:*

"Weekday afternoons"	*"Mornings before 10:00 am"*
"Anytime"	*"Anytime except Tuesdays"*
"Weekends only"	*"After 9:00 pm weekdays or anytime on weekends"*
"Anytime after 5:00 pm"	

   Sometimes a respondent will give a specific time, *such as "Monday at 3:30 pm"*, when actually he/she probably can be found at home almost any time. Try to avoid such specific entries in Item 16 as they may confine future contacts. If, however, you receive such a specific response, probe for a more general time or at least one or two alternative times. If specific times are all the respondent will give, record them with an explanation that this was all you could get.

2. Printing is required.

3. As with the contact person information (12-15), complete question 16 later in the interview if it seems more beneficial to do so.

Questions 17 and 18, Telephone Coverage

17. During the past 12 months, has your household been without telephone service for more than one week? *If no phone, mark "Yes".*
18. For how long was your household without telephone service in the past 12 months?

A. OBJECTIVE

The NCHS is considering several different random digit dialing (RDD) telephone surveys to augment the HIS. Question 12b on the Household Page *(see D4-10)* was added to determine the number of sample units that have working telephones in the unit and the number that do not. Even though a sample unit currently has a working telephone, this may not have been the case over the past 12 months. For example, the unit may have been without telephone service because of downed lines, computer errors, delinquent payments, only recently beginning service, and the like.

B. INSTRUCTIONS

* 1. We are interested **ONLY** in telephone service in the sample unit for the current occupants, **NOT** previous occupants (if any) or previous residences of the current occupants. The reference period is the past 12 months **OR** the time at least one person from the current household lived in the unit if less than 12 months.

   a. If none of the current occupants lived in the sample unit for the entire past 12 months, questions 17 and 18 apply only to the time at least one has been an occupant. Footnote the situation.

   b. If the current occupants recently moved into the sample unit and do not yet have telephone service, mark "Yes" in 17 if this situation has existed for one week or longer; otherwise, mark "No". In either case, footnote the situation.

   c. If the respondent volunteers that they never "really" were without service because they had access to a telephone elsewhere, such as at work, at a neighbor's, etc., mark "Yes" in 17 and ask question 18 to determine how long the sample unit was without service. *(NOTE: If the time without service was less than a week, change the "Yes" in 17 to "No". See instruction 3 below.)*

2. If you learned in question 12 on the Household Page that the sample unit does not have a working telephone, mark "Yes" in 17 without asking and ask question 18.

3. Enter in 18 the total amount of time the sample unit was without telephone service during the past 12 months.

   a. If telephone service was interrupted more than once for at least a week each time in the past 12 months, add each period and enter the total in question 18. Do not count periods when the unit was without telephone service for less than a week.

      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 bill on time, and 6 hours while the telephone company reprogrammed their computers, enter "8" on the line and mark the "Days" box.*

(*Revised February 1995)

b. If the sample unit did not have a working telephone for the entire 12-month period, mark box "0123"

Example: *If a working telephone was first installed during interview week, mark box "0123" and footnote the situation.*

4. Complete questions 17 and 18 immediately after question 12 on the Household Page if it seems more beneficial to do so. Otherwise, complete questions 17 and 18 at the same time as the "Contact Person" and "Best Time to Call/Visit" items.

CHAPTER 15. TABLE X (HIS-1 QUESTIONNAIRE)

TABLE X – DETERMINING IF AN ADDITIONAL LIVING QUARTERS QUALIFIES AS AN EXTRA UNIT

ADDRESS OF ADDITIONAL LIVING QUARTERS	AREA SEGMENT		PERMIT SEGMENT	SEPARATENESS		NUMBER OF EXTRA UNITS
Check the listing sheet. **Is the address already listed?** (1)	**Are the additional living quarters within the area segment boundaries?** (2)	**Are the additional living quarters in a Group Quarters (GQ)?** (3)	**Are the additional living quarters within the same structure and within the same space 1/ occupied by the original sample unit?** (4)	**Do the occupants or intended occupants of the additional living quarters live and eat separately from all other persons on the property?** (5)	**Do the occupants or intended occupants of the additional living quarters have direct access from the outside or through a common hall?** (6)	**Have you found more than 3 EXTRA units?** (7)
☐ Yes – *Enter sheet and line no.: Stop Table X* } Sheet ____ Line ____ ☐ No – *Enter address or description, then go to column (2) or (4) depending on Seg.* _____	☐ Yes – *Go to column (3)* ☐ No – *Do not interview*	☐ Yes – *Do not interview* ☐ No – *Skip to column (5)*	☐ Yes – *Go to column (5)* ☐ No – *Do not interview*	☐ Yes – *Go to column (6)* ☐ No – *Not a separate unit. Stop Table X. Include quarters with original unit.*	☐ Yes – *An EXTRA unit. Go to column (7)* ☐ No – *Not a separate unit. Stop Table X. Include quarters with original unit.*	☐ Yes – *Call your office for instructions on which units to interview.* 1/ ☐ No – *Enter address on listing sheet. Interview parent and EXTRA units.*
☐ Yes – *Enter sheet and line no.: Stop Table X* } Sheet ____ Line ____ ☐ No – *Enter address or description, then go to column (2) or (4) depending on Seg.* _____	☐ Yes – *Go to column (3)* ☐ No – *Do not interview*	☐ Yes – *Do not interview* ☐ No – *Skip to column (5)*	☐ Yes – *Go to column (5)* ☐ No – *Do not interview*	☐ Yes – *Go to column (6)* ☐ No – *Not a separate unit. Stop Table X. Include quarters with original unit.*	☐ Yes – *An EXTRA unit. Go to column (7)* ☐ No – *Not a separate unit. Stop Table X. Include quarters with original unit.*	☐ Yes – *Call your office for instructions on which units to interview.* 1/ ☐ No – *Enter address on listing sheet. Interview parent and EXTRA units.*
☐ Yes – *Enter sheet and line no.: Stop Table X* } Sheet ____ Line ____ ☐ No – *Enter address or description, then go to column (2) or (4) depending on Seg.* _____	☐ Yes – *Go to column (3)* ☐ No – *Do not interview*	☐ Yes – *Do not interview* ☐ No – *Skip to column (5)*	☐ Yes – *Go to column (5)* ☐ No – *Do not interview* 1/ *Occupation of the same space occurs if a housing unit has been split into two or more separate housing units.*	☐ Yes – *Go to column (6)* ☐ No – *Not a separate unit. Stop Table X. Include quarters with original unit.*	☐ Yes – *An EXTRA unit. Go to column (7)* ☐ No – *Not a separate unit. Stop Table X. Include quarters with original unit.*	☐ Yes – *Call your office for instructions on which units to interview.* 1/ ☐ No – *Enter address on listing sheet. Interview parent and EXTRA units.* 1/ *When your RO has determined which units to [illegible] unit, enter the address on the listing [illegible] and proceed to [illegible] Interview*

A. OBJECTIVE

Use Table X to record information to help determine whether the reported living quarters is a part of the unit being interviewed or should be interviewed as an EXTRA unit.

B. DEFINITIONS

1. EXTRA Unit--Any unlisted separate living quarters that is discovered by chance during an interview or when asking the household coverage questions (Item 9 on the Household Page). In addition to meeting the housing unit definition, each EXTRA unit must meet the following requirements:

   - In Area Segments - the EXTRA unit must be within the segment boundaries and either in the same structure or on the same property as the associated sample unit.

   - In Permit Segments - the EXTRA unit must be within the same structure and use the same house number and street name as the associated sample unit. Also, the EXTRA unit must be within the same space occupied by the associated sample unit.

   - In Group Quarters - (Area Segments) By definitions, there are no EXTRA units in Group Quarters. *NOTE: If you find more units than expected when interviewing in a GQ, note this in the "Footnotes" section of the listing sheet. These will be added to the listing during the next updating.*

2. Same Space--Occupation of the "same space" occurs when a housing unit has been split into two or more separate housing units. Units do not occupy the same space if the additional unit adjoins or is separate from the original units's space.

3. Structure--A separate building that either has open space on all sides *(i.e., no other building attached to it)* or is separated from other structures by dividing walls that extend from ground to roof. *NOTE: sheds, garages, and so forth attached to houses are not considered as separate structures because they are not intended for occupancy as separate living quarters.*

C. INSTRUCTIONS

Use a separate line of Table X for each additional living quarters discovered. If you have more than three additional living quarters, enter the information in the notes space under Table X.

1. Column (1)

Check the additional living quarters against the segment listing sheets.

- If the additional living quarters is already listed, mark "Yes", enter the sheet and line number on which it is listed, and stop Table X - you do **NOT** have an EXTRA unit.
- If the additional living quarters is not listed, mark "No", enter the address or description of the space, and continue filling Table X by going to column (2) for Area Segments or column (4) for Permit Segments.

2. Column (2)

Fill column (2) for Area Segments only. Check the additional living quarters against the segment map.

- If the additional living quarters is within the Area Segment boundaries, mark "Yes" and continue with column (3).
- If the additional living quarters is not within the Area Segment boundaries, mark "No" and stop Table X - you do **NOT** have an EXTRA unit.

3. Column (3)

Mark "Yes" or "No" in column (3) to indicate whether or not the additional living quarters is in a Group Quarters (GQ).

- If it is, mark "Yes" and stop Table X - you do **NOT** have an EXTRA unit. *(Note the additional living quarters on the GQ listing sheet so that they can be added to the listing during the next updating.)*
- If it is not in a GQ, mark "No" and continue filling Table X with column (5).

4. Column (4)

Fill column (4) for Permit Segments only. Determine if the additional living quarters is within the same structure and within the same space occupied by the original sample unit.

- If the additional living quarters meets both of these requirements, mark "Yes" and continue filling Table X with column (5).
- If the additional living quarters does not meet both requirements, mark "No" and stop Table X - you do **NOT** have an EXTRA unit.

5. Column (5) and (6)

Apply the housing unit definition by completing columns (5) and (6). *(See definition on D4-8)*

a. Inquire as necessary to determine if the occupants or intended occupants of the additional living quarters live and eat separately from all others on the property.

- If so, mark "Yes" in column (5) and continue Table X with column (6).

- If they don't/won't, mark "No" in column (5) and stop Table X - you do **NOT** have an EXTRA unit. If there are current occupants in the additional living quarters, be sure to count them as household members in the original sample unit.

b. Inquire as necessary to determine if the occupants or intended occupants of the additional living quarters have direct access.

- If so, mark "Yes" in column (6) - you have an EXTRA unit. However, before interviewing the original sample unit or the EXTRA unit, complete Table X for all additional living quarters associated with the original sample unit. Then go to column (7).

- If they don't/won't, mark "No" in column (6) and stop Table X - you do **NOT** have an EXTRA unit. If there are current occupants in the additional living quarters, be sure to count them as household members in the original sample unit.

6. Column (7)

After completing a line in Table X for each additional living quarters associated with the original sample unit, fill column (7).

a. If you have more than 3 EXTRA units *(that is, additional living quarters with "Yes" marked in column (6))*, mark "Yes" in column (7) and call your office for instructions before beginning any interviewing, including that of the original sample unit. Your office may need to subsample all the associated units in order to keep your assignment from becoming too large.

If you are currently interviewing the original sample unit, explain to your respondent why you have to discontinue the interview at this time and make an appointment to continue after contacting your office. If your office instructs you to not continue the original sample unit interview, recontact the respondent and cancel the appointment.

When your office instructs you on which units you are to interview, enter the basic addresses and unit designations (if any) on the listing sheet and proceed with the specified interviews.

b. If you have 3 or fewer EXTRA units *(that is, additional living quarters with "Yes" marked in column (6))*, mark "No" in column 7). Enter the basic addresses and unit designations (if any) on the listing sheet and proceed with the interviews of the original sample unit and the EXTRA units.

CHAPTER 16. EXTRAS, MERGERS AND REPLACEMENTS

A. DEFINITIONS

1. EXTRA Unit--Any unlisted separate living quarters discovered by chance during an interview or when asking the household coverage question(s) (Item 9 on the Household Page). *For a more detailed discussion of EXTRA Units, refer to page 7-15 in your 11-8, Listing and Coverage Manual.*

2. Merged Unit--A unit that results from combining two or more units to form one unit. A merger could involve two single-family homes or two or more apartments in a multi-unit structure. *For a more detailed discussion of Merged Units, refer to page 7-21 in your 11-8, Listing and Coverage Manual.*

3. Unit Address--For single units, this is the house number and street name, or a description of the unit. For multi-units, this is the house number, street name, and apartment designation or description.

4. Replacement--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.

B. INSTRUCTIONS

EXTRA Units

1. In Area Segments, list the EXTRA unit on the "EXTRA Unit" line for the original sample unit in column (c) of the Area Segment Listing Sheet. If the original sample unit has more than one EXTRA unit, enter the additional EXTRA units in the "Footnotes" section of the Area Segment Listing Sheet, along with the sheet and line number of the original sample unit.

2. In Permit Segments, list the EXTRA unit on the same line of the Unit/Permit Listing Sheet as the original sample unit.

3. In both Area and Permit Segments, if the original sample unit has more than 3 EXTRA units, call your office for instructions **BEFORE** continuing the interview at the original sample unit and any EXTRA units. Your office will advise you of which units to prepare HIS-1 questionnaires and which units to interview.

4. If the original sample unit has 3 or fewer EXTRA units, prepare an HIS-1 questionnaire for each EXTRA unit, whether occupied or vacant. Also prepare HIS-1 questionnaires for EXTRA units as instructed by your office.

   a. Transcribe heading and identification Items 1-6 from the HIS-1 for the original sample unit.

      - To the serial number in Item 5, add the suffix A on the questionnaire for the first EXTRA unit, B on the questionnaire for the second EXTRA unit, and so forth.

      EXAMPLE: *If the original sample unit is serial number 04, enter "04A" for the serial number of the first EXTRA unit, "04B" for the second EXTRA unit, and "04C" for the third EXTRA unit.*

      - In Item 6, mark the same box (S or I) as marked on the HIS-1 for the original sample unit or printed on the label on the HIS-1 for the original sample unit.

   b. If any or all of the address for the EXTRA unit is known, enter it in Item 7a. Otherwise, obtain the exact address during the interview.

   c. Item 8, YEAR BUILT--Mark the "Ask" or "Do Not Ask" box the same as for the original sample unit.

d. Item 10, LAND USE--Mark the "Urban" or "Rural" box the same as for the original sample unit.

e. If the EXTRA unit is occupied (and you were not instructed by your office to take it as a noninterview), complete the interview in the usual fashion; otherwise, fill the HIS-1 as you would for any noninterview.

See page E1-17 for the items which must be filled on the HIS-1 prior to shipment to your office.

MERGED Units

1. Refer to the following chart to determine how to handle mergers.

IF:	THEN:
♦ A single unit address **IN** the current sample merges with a single-unit address **NOT IN** the current sample and the resulting unit uses the **SAME** address as the unit in the current sample,	Interview the resulting merged unit.
♦ A single unit address **IN** the current sample merges with a single-unit address **NOT IN** the current sample and the resulting unit uses a **DIFFERENT** address than the unit in the current sample,	In Permit Segments, call your office for interviewing instructions. In Area Segments, check the listing sheets: • If the address of the resulting merged unit is on the listing sheet, Type C "Merged" the current sample unit involved in the merger. • If the address of the resulting merged unit is not on the listing sheet, correct the address of the "first" *(the unit that appears first on the listing sheet; has the lowest line number)* unit involved in the merger. - If this unit with the new corrected address is in the current sample, interview the merged unit. - If this unit with the now corrected address is not in the current sample, Type C "Merged" the current sample unit involved in the merger.
♦ A unit at a multi-unit address, **IN** the current sample merges with a unit at a multi-unit address, **NOT IN** the current sample and the resulting unit uses the **SAME** unit address as the unit in the current sample,	Interview the resulting merged unit.

IF:	THEN:
♦ A unit at a multi-unit address **IN** the current sample merges with a unit at a multi-unit address **NOT IN** the current sample and the resulting unit uses a **DIFFERENT** unit address from the unit in the current sample,	Check the listing sheets: • If the unit address of the resulting merged unit is on the listing sheet, Type C "Merged" the current sample unit involved in the merger. • If the unit address of the resulting merged unit is <u>not</u> on the listing sheet, correct the address of the "first" *(the unit that appears first on the listing sheet; has the lowest line number)* unit involved in the merger. - If this unit with the new corrected address is in the current sample, interview the merged unit. - If this unit with the now corrected address is <u>not</u> in the current sample, Type C "Merged" the current sample unit involved in the merger.
♦ A unit **IN** the current sample merges with another unit **IN** the current sample and the resulting unit uses the **SAME** unit address as one of these current sample units,	Interview the resulting merged unit on the HIS-1 prepared for the current sample unit with the same address. Type C "Merged" the other current sample unit involved in the merger.
♦ A unit **IN** the current sample merges with another unit **IN** the current sample and the resulting unit uses a unit address **DIFFERENT** from both current sample units,	Check the listing sheets: • If the unit address of the resulting merged unit is on the listing sheet, Type C "Merged" <u>both</u> current sample units involved in the merger. • If the unit address of the resulting merged unit is <u>not</u> on the listing sheet, correct the address of the "first" *(the unit that appears first on the listing sheet; has the lowest line number)* current sample unit involved in the merger. - Interview the resulting merged unit on the HIS-1 prepared for the current sample unit with the now corrected address. - Type C "Merged" the current sample unit involved in the merger whose unit address was not corrected.
♦ You encounter a merger situation not described above,	Call your office.

2. For each merger, indicate which units were involved in the Remarks or Footnotes section of the Listing Sheet.

REPLACEMENTS

1. In Area Segments

   a. If the originally listed structure or mobile home is replaced by a newly built structure:

      - In the remarks column on the Area Segment Listing Sheet for the originally listed structure/mobile home, note what happened to the unit and the date you discovered it.

      - If the segment is in a non-permit issuing area (NPA), interview the current sample units at the address.

      - If the segment is in a permit issuing area (PA), do not interview at the sample address. Type C "Demolished" or "Moved" (as appropriate) the current sample unit(s) that has been replaced.

   b. If the originally listed structure or mobile home is replaced by another structure or mobile home moved in and using the same location or address:

      - Interview at the sample address.

      - Do not annotate the Area Segment Listing Sheet, unless the original structure or mobile home was listed by description only. In this case, line through the previous description and enter the new description on the same line of the Area Segment Listing Sheet. Also, correct the description in Item 7a (or on the label) on the Household Page of the HIS-1 prepared for this sample unit.

2. In Permit Segments

   If the structure for which the original permit was issued has been replaced by a new structure, determine from the builder or permit office if the new structure was authorized by the same or a different permit. *(NOTE: Obtain permission from your office before contacting a permit office.)*

   a. If the new structure was authorized by the same permit number, conduct the interview(s) as usual.

   b. If the new structure was authorized by a different permit number, do not list or interview at the address.

      - Type C "Other" the current sample unit(s) at the basic address.

      - Fill an INTER-COMM with the following information and place it in the Segment Folder before returning it to your office:

        - The address used by the new structure;

        - The type of replacement, such as "Replaced by single-family house;"

        - The number of units in the new structure;

        - The permit office, permit number, and date of issue of the different permit for the new structure;

        - RO, Sample, Week, PSU, Segment, Serial Number(s) and Survey (HIS).

CHAPTER 17. 1995 HIS-2 SUPPLEMENT BOOKLET

A. OVERALL OBJECTIVE

Because of the length and complexity of the 1995 supplements, they were split between two booklets--the HIS-2 and the HIS-3. This chapter provides instructions on the HIS-2. See Part D, Chapter 18 for instructions on the HIS-3.

The 1995 HIS-2 contains sections on Immunization and Disability. The Immunization Supplement will be asked for one sample child under 6 years of age and all children 19-35 months of age. These data will be used to monitor the President's Immunization Initiative. The Disability Supplement (or "Phase 1" of the Disability Survey) identifies noninstitutionalized persons with limitations or restrictions for the "Phase 2" Disability Followback Survey (DFS).

B. GENERAL INSTRUCTIONS

1. a. Complete a separate HIS-2 Supplement Booklet for each interviewed family, including partial HIS-1 interviews.

   b. Additional HIS-2 Supplement Booklets will be required when:

   - There are more than five persons in a family
   - There are two or more additional 19-35 month olds requiring the Immunization Supplement
   - There are more than four therapists reported in the Disability Supplement
   - There are more than four new conditions reported in the Disability Supplement
   - There is more than one interviewed family in the household

   * c. If an additional HIS-2 is required for other than an unrelated person or family, be sure to fill all appropriate parts/items in the original booklet as long as there is room.

   For example, an additional HIS-2 will be required for a family of six or more persons; however, fill all four Condition Pages in the Disability Supplement in the original HIS-2 before using the Condition Pages in the additional booklet.

   * - On an additional HIS-2 for the family, fill only Cover Page items 1-6. (The other front and back cover page items should be filled only on the original booklet.)

   * - Try to use the same additional HIS-2 for the family, regardless of the reasons an additional booklet was needed. *For example, if you need an additional booklet to record Immunization for a second 19-35 month old, use this same booklet also to record Disability Condition Pages for the fifth through eighth new conditions.*

   * d. If an additional HIS-2 is required for an unrelated person or family, complete all appropriate items on the front and back covers, as well as in the Immunization (if required) and Disability sections. Be sure to change the person numbers in the disability sections to match those in the HIS-1 for this unrelated person or family.

   e. Complete a separate HIS-2A Provider/Permission form for each 19-35 month old child with any immunizations reported in the Immunization Supplement.

(*Revised February 1995)

2. Check Items

There are numerous check items throughout the HIS-2. These provide special instructions, usually based on earlier answers. With each check item, directions are given on what to refer to fill the check item. Mark the appropriate box and then follow the instructions for that box.

3. Symbols and Print Type

The design conventions used in the HIS-2 are the same as those used in the HIS-1 questionnaire. Refer to Part D, Chapter 2 of this manual for detailed explanations.

4. Reference Dates

Unless otherwise specified, use the reference dates, as appropriate, entered in item A1 on the Household Composition Page of the HIS-1, even if all or part of the HIS-2 interview is conducted in a later week.

5. Verification

Answers to some questions may have been reported earlier in the interview. If you are sure you remember the original response, use the regular verification procedures (see E.1c on page E1-10 of this manual) before recording an answer. If in doubt, ask the question as worded.

6. Correcting the HIS-1

Do NOT make ANY changes to the HIS-1 because of information received while completing the HIS-2. If inconsistencies are discovered, footnote them.

7. Correcting the HIS-2

Refer to page E1-16 in this manual for instructions on how to make corrections within the HIS-2.

* 8. Most of Section II, Disability is designed in five person-column format the same as the HIS-1. Also, there are several references to items in the HIS-1. Because of these, you should place the HIS-2 inside the HIS-1 while conducting the HIS-2 interview so that the columns in both forms match. If you use an additional HIS-2 for more than 5 persons in the family or for unrelated persons in the household, change the person numbers in Section II to agree with the person numbers in the additional HIS-1 (see D5-3).

9. Upon Completion

Insert all HIS-2A forms for the family between pages 2 and 3 of the first corresponding HIS-2 for the family.

Insert all HIS-1 questionnaires and all HIS-3 booklets inside the first HIS-1 for the household.

* Stack the HIS-2 booklet(s) on top of the "stuffed" HIS-1 and bind with a large rubber band.

Before returning the forms to the regional office, verify that all appropriate materials are included for each interviewed family.

(*Revised February 1995)

C. RESPONDENT/CALLBACK RULES

The household respondent or any other eligible respondent may answer questions in both the Immunization and Disability supplements. If the household respondent cannot or will not answer the questions in either or both of the supplements in the HIS-2, try to complete the section(s) with another eligible respondent. Make telephone or personal visit callbacks as necessary to continue the HIS-2 interview with another eligible respondent.

If a child's immunization record is not available during the initial interview and the respondent can get it before your closeout, make arrangements to complete the Immunization Supplement on a callback. Note this in item 18 on the Household Page of the HIS-1.

1. Either telephone or personal visit callbacks are acceptable, but personal visits are preferred so that you can transcribe the appropriate information from the child's immunization record. However, you should make a special visit to complete this supplement only if you will be returning to the area for some other reason, or if there is no phone or a telephone interview is unacceptable to the respondent.

2. If the child's immunization record still is not available at the time of your callback, make additional telephone callbacks up to your closeout if the respondent can get it. Do not make arrangements for additional personal visits. Instead, mark "No" in question 1 (or question 13, if appropriate) and continue the Immunization Supplement interview at that time.

3. If the child's immunization record still is not available on your last callback before closeout, mark "No" in question 1 (or question 13 if appropriate) and continue the Immunization Supplement interview at that time.

D. SAMPLE CHILD SELECTION

The HIS-2 requires selection of a sample child for the Immunization Supplement. Do this by completing items I1 and I2 on the Cover Page of the HIS-2 before asking any questions in the HIS-2.

1. Refer to the Household Composition Page in the HIS-1. If there are no non-deleted family members under 6 years of age, mark "No" in item I1 and go to Section II, Disability in the HIS-2. If, however, there is one or more non-deleted family member under 6 years of age, mark "Yes" and complete the Sample Child List.

2. List each child under 6 in age order, oldest to youngest.

   a. The order of listing children in item I1 may not be the order in which they were listed in the HIS-1. Complete the table in the specified order and do NOT change the HIS-1.

   b. In the case of twins, triplets, etc., assume the order they are listed on the HIS-1 is the rank order by age. That is, consider the first one listed to be the oldest, and so on.

   c. If childrens' ages were refused during the HIS-1 interview, say something like, "I need the children's ages so that I can list them in the correct order." If the ages are still refused, ask which is oldest, next oldest, and so forth and list them as accurately as possible.

3. For each listed child, enter the person number, age, sex, and name. Record the last name for the first child listed. Then enter a dash (-) for all other children listed with the same last name. Enter each child's first name as recorded on the HIS-1.

- If two children have the same names *(e.g., cousins both named "Mary Greene")*, enter also the middle initials to distinguish them.

- If a child's first name is an initial, include the middle name also *(e.g., "J. Frank")*.

4. If there are more than nine children under 6 in a family, list only the first (oldest) nine.

5. Refer to the label affixed in the footnotes space on page 55 of the HIS-1 to select the sample child. There are two parts on each label--one for selecting the adult sample person for the HIS-3 (see Part D, Chapter 18) and one for selecting the sample child for the Immunization supplement.

	1995 NHIS	3Y
FAM MEMB 18+:	1 2 3 4 5 6 7 8 9+	
SELECT THE	1 2 3 2 5 5 2 1 4	
FAM MEMB 0-5 :	1 2 3 4 5 6 7 8 9+	
SELECT THE	1 1 1 3 5 5 2 1 4	

   a. Count the number of persons listed in item I1 on the HIS-2. Circle the number that corresponds to that count on the "FAM MEM 0-5" line of the label. Also circle the number on the line immediately below that number. (Use one large circle or circle each number separately.)

   b. The circled number on the "SELECT THE" line of the label refers to the ranked order by age and corresponds to the "Line No." column in the item I1 table. "1" on the label means the oldest (line 1), "2" the next oldest (line 2), "3" the third oldest (line 3), and so forth.

   c. Mark the box in the "SC" column in item I1 for the selected Sample Child.

6. All children 19-35 months of age in the family must also have an Immunization Supplement completed. After selecting the one Sample Child in Item I1, complete Item I2. *NOTE: Do not include the selected Sample Child in I2A or I2B, regardless of his/her age.*

   a. Complete I2A by referring to the age of each nonselected child listed in I1.

      - If one or more child *(other than the selected Sample Child)* is 2 years old, mark "Yes" in I2A and mark the box in the "19-35 months" I1 column for each 2 year old *(other than the Sample Child)*. Then go to I2B.

      - If no child *(other than the selected Sample Child)* is 2 years old, mark "No" in I2A and go to I2B.

   b. Complete I2B by referring to the age of each nonselected child listed in I1.

      - If one or more child *(other than the selected Sample Child)* is 1 year old, mark "Yes" in I2B and compare the date of birth *(month and year)* in the HIS-1 for each 1 year old *(other than the selected Sample Child)* to the "Eligibility Chart" on the HIS-2. If the child's date of birth falls in the range for the specific month of interview, mark the box in the "19-35 month" I1 column. Continue this check for each 1 year old *(other than the selected Sample Child)*.

      - If no child *(other than the selected Sample Child)* is 1 year old, mark "No" in I2B and continue with Section I, Immunization for the selected Sample Child.

Note: The 1995 sample person selection labels are exactly the same as the 1994 labels. Do not destroy any 1994 labels you may have, but instead, continue to use them in 1995 until the supply is exhausted.

(*Revised February 1995)

E. EXAMPLES

Following are examples of sample child selections in different situations. In each case, assume that the sample person label was affixed in the HIS-1 and the interview is conducted in January 1995.

	1	2	3	4	5
1. First name	MILFORD	Sabrina	Luther	HOWARD	
Mid int	W	V	W	G	
Age	29	31	1	6	
Last name	Sims	—	—	Storm	
Sex	1 ☒ M 2 ☐ F	1 ☐ M 2 ☒ F	1 ☒ M 2 ☐ F	1 ☒ M 2 ☐ F	1 ☐ M 2 ☐ F
2. Relationship	REFERENCE PERSON	Wife	SON	Nephew	
3. Date of birth Month	02	04	03	10	
Date	23	22	02	21	
Year	1965	1963	1993	1988	
C1 HOSP	00 ☐ None 1 Number	00 ☒ None Number	00 ☒ None Number	00 ☐ None 2 Number	00 ☐ None Number
C1 WORK	1 ☒ Wa 2 ☐ Wb	1 ☐ Wa 2 ☒ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb
C1 RD	1 ☐ Yes 2 ☒ No	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
C1 2-WK DV	00 ☒ None Number	00 ☐ None 2 Number	00 ☒ None Number	00 ☐ None 1 Number	00 ☐ None Number

SAMPLE CHILD LIST

ITEM I1	Are there any nondeleted persons under 6 years old in this family?	☒ Yes *(List by age, oldest to youngest)* ☐ No *(Section II on page 12)*

RT III Line No.	3-4 Person No.	5-6 Age	7 Sex	Last name	First name	8 SC	9 19-35 months	10 List No.
1	3	1	☒ M 2 ☐ F	SIMS	Luther	1 ☒	2 ☐	1
2			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1
3			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1
4			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1
5			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1
6			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1
7			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1
8			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1
9			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1

Refer to the sample child selection label and circle as applicable. THEN, mark (X) the "SC" box in the column above for the selected sample child under 6.

ITEM I2A	Are there any non-selected 2 year olds in the above list?	☐ Yes *(Mark (X) box in "19-35 months" column for EACH, then I2B)* ☒ No *(I2B)*
ITEM I2B	Are there any non-selected 1 year olds in the above list?	☐ Yes *(Refer to Eligibility Chart below for EACH 1 year old)* ☒ No *(Section I)*

1995 NHIS 3Y

FAM MEMB 18+:	1 2 3 4 5 6 7 8 9+
SELECT THE	1 2 3 2 5 5 2 1 4
FAM MEMB 0-5 :	(1) 2 3 4 5 6 7 8 9+
SELECT THE	(1) 1 1 3 5 5 2 1 4

	1	2	3	4	5
1. First name	RANDALL	Joyce	Roger	Jerome	Regina
Mid. int.	K	K	K	M	P
Age	32	34	5	3	2
Last name	WRight	—	—	—	—
Sex	1 [X] M 2 [ ] F	1 [ ] M 2 [X] F	1 [X] M 2 [ ] F	1 [X] M 2 [ ] F	1 [ ] M 2 [X] F
2. Relationship	REFERENCE PERSON	WIFE	SON	SON	DAUGHTER
3. Date of birth Month	12	11	10	11	01
Date	14	22	22	30	01
Year	1962	1960	1989	1991	1993
C1 HOSP	00 [X] None	00 [X] None	00 [X] None	00 [X] None	00 [X] None
Number					
C1 WORK	1 [X] We 2 [ ] Wb	1 [X] We 2 [ ] Wb	1 [ ] We 2 [ ] Wb	1 [ ] We 2 [ ] Wb	1 [ ] We 2 [ ] Wb
C1 RD	1 [ ] Yes 2 [X] No	1 [X] Yes 2 [ ] No	1 [ ] Yes 2 [X] No	1 [ ] Yes 2 [X] No	1 [ ] Yes 2 [X] No
C1 2-WK DV	00 [X] None	00 [ ] None	00 [X] None	00 [X] None	00 [X] None
Number					

SAMPLE CHILD LIST

ITEM I1 — Are there any nonelected persons under 6 years old in this family? [X] Yes (List by age, oldest to youngest) [ ] No (Section II on page 12)

RT SE Line No.	3-4 Person No.	5-6 Age	7 Sex	Last name	First name	8 SC	9 18-35 months	10 List No.
1	3	5	1 [X] M 2 [ ] F	WRIGHT	ROGER	1 [X]	2 [ ]	1
2	4	3	1 [X] M 2 [ ] F	—	JEROME	1 [ ]	2 [ ]	1
3	5	2	1 [ ] M 2 [X] F	—	REGINA	1 [ ]	2 [X]	1
4			1 [ ] M 2 [ ] F			1 [ ]	2 [ ]	1
5			1 [ ] M 2 [ ] F			1 [ ]	2 [ ]	1
6			1 [ ] M 2 [ ] F			1 [ ]	2 [ ]	1
7			1 [ ] M 2 [ ] F			1 [ ]	2 [ ]	1
8			1 [ ] M 2 [ ] F			1 [ ]	2 [ ]	1
9			1 [ ] M 2 [ ] F			1 [ ]	2 [ ]	1

Refer to the sample child selection label and circle as applicable. THEN, mark (X) the "SC" box in the column above for the selected sample child under 6.

ITEM I2A — Are there any non-selected 2 year olds in the above list? [X] Yes (Mark (X) box in "18-35 months" column for EACH, then I2B) [ ] No (I2B)

ITEM I2B — Are there any non-selected 1 year olds in the above list? [ ] Yes (Refer to Eligibility Chart below for EACH 1 year old) [X] No (Section I)

1995 NHIS 2A

FAM MEMB 18+:	1	2	3	4	5	6	7	8	9+
SELECT THE	1	2	1	2	2	5	2	1	4
FAM MEMB 0-5:	1	2	3	4	5	6	7	8	9+
SELECT THE	1	2	1	1	3	4	5	1	5

	1	2	3	4	5
1. First name	Renee	Reginald	Renata	MANSfield	
Mid. int.	A	K	V		
Age	26	8	3	1	
Last name	JACKSON	—	—	—	
Sex	2 F	1 M	2 F	1 M	
2. Relationship	REFERENCE PERSON	SON	DAUGHTER	SON	
3. Date of birth Month	09	06	03	06	
Date	14	15	24	17	
Year	1968	1986	1991	1995	
C1 HOSP.	00 None	00 None	00 None	00 None	00 None
WORK	1 Wa / 2 Wb	1 Wa / 2 Wb	1 Wa / 2 Wb	1 Wa / 2 Wb	1 Wa / 2 Wb
RD	1 Yes / 2 No	1 Yes / 2 No	1 Yes / 2 No	1 Yes / 2 No	1 Yes / 2 No
2-WK DV	00 None	00 None	00 None	00 None	00 None
Number					

SAMPLE CHILD LIST

ITEM I1	Are there any nonadopted persons under 6 years old in this family?	☒ Yes (List by age, oldest to youngest) ☐ No (Section II on page 12)

Line No.	Person No.	Age	Sex	Last name	First name	SC	18-35 months	List No.
1	3	3	1 M 2 ☒ F	JACKSON	RENATA	☒	2	1
2	4	1	1 ☒ M 2 F	—	MANSFIELD	1	2	1
3			1 M 2 F			1	2	1
4			1 M 2 F			1	2	1
5			1 M 2 F			1	2	1
6			1 M 2 F			1	2	1
7			1 M 2 F			1	2	1
8			1 M 2 F			1	2	1
9			1 M 2 F			1	2	1

Refer to the sample child selection label and circle as applicable. THEN, mark (X) the "SC" box in the column above for the selected sample child under 6.

ITEM I2A	Are there any non-selected 2 year olds in the above list?	☐ Yes (Mark (X) box in "18-35 months" column for EACH, then I2B) ☒ No (I2B)
ITEM I2B	Are there any non-selected 1 year olds in the above list?	☒ Yes (Refer to Eligibility Chart below for EACH 1 year old) ☐ No (Section II)

1995 NHIS 1Y

FAM MEMB 18+: 1 2 3 4 5 6 7 8 9+
SELECT THE 1 2 1 2 1 2 4 5 7

FAM MEMB 0-5: 1 2 3 4 5 6 7 8 9+
SELECT THE 1 1 2 2 4 2 6 5 1

PURPOSE: To record identifying and interview status information which will link the HIS-2 Supplement Booklet with the HIS-1 filled for the same family.

SPECIFIC INSTRUCTIONS

ITEM	INSTRUCTION
1 - 5	For each case in an assignment, your office will provide you with a set of labels with all required identification information. Place an appropriate label over items 1, 2, 3 and 5 on the HIS-2 before asking any questions in the HIS-2. If for some reason you cannot affix a label to an HIS-2 questionnaire, transcribe items 1, 2, 3 and 5 from the corresponding HIS-1. Verify that you have transcribed this identifying information completely and accurately.
4	Indicate how many HIS-2 booklets were completed for the household. This will not necessarily be the same as a similar item on the HIS-1 since fewer or additional supplement booklets may be filled for different reasons than are the HIS-1 questionnaires. *Example:* *If you have a household with two unrelated persons and one is a noninterview, the HIS-1 questionnaires will be marked "1 of 2" and "2 of 2", while the only required HIS-2 will be marked "1 of 1".*
6	Enter the number for the family corresponding to this HIS-2: • Reference Person's Family = 1 • First Unrelated Person/Family = 2 • Second Unrelated Person/Family = 3 • And so forth for each unrelated person/family in the household
8-9	Record the beginning and ending times for this HIS-2 during the initial interview. Record hours and minutes in 2-digit numeral each, and mark the "a.m." or "p.m." box as appropriate. *For example, record 5 minutes after 7 in the evening as: "07:05 p.m."* • Enter in 8 the time you start this HIS-2; that is, when you begin by affixing the ID label or transcribing items 1, 2, 3, and 5. • Enter in 9 the time you finish with the HIS-2 during the initial interview, disregarding any callbacks. • Record all callbacks for the HIS-2 in Items 18 and 19 on the Household Page of the HIS-1.

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ITEM	INSTRUCTION
10	Fill both parts of item 10 on the back cover to indicate the response status for the Immunization and Disability supplements. Entries are required in both parts, even if the interview was terminated before completing either supplement. The rule of thumb is: **If you fill the front cover of the HIS-2, item 10 on the back cover also is required.**

- Mark "Complete" interview if all appropriate questions in a section were completed. (A "DK" or "REF" response to only some questions does not make it a "partial" interview.)

- Mark "Partial" interview if some but not all appropriate questions in a section were completed. Also mark "Partial" if:

  - Immunization was completed for some but not all designated children.

  - Some but not all of the required parts of Section II, Disability were completed.

  Explain the reason for partial interviews in the Notes space.

- Mark the appropriate noninterview reason for each section not interviewed and explain it in the Notes space.

- If you mark either "Complete" or "Partial", also mark one box under "MODE" to indicate how the majority of the interview for that section was conducted-personal visit or telephone.

NOTE: Do not take into consideration the status of any required HIS-2A forms when determining the status of the Immunization supplement.

SECTION I. IMMUNIZATION

RESPONDENT(S)	Knowledgeable adult family member, preferably a parent or guardian of the selected child(ren)
SPONSOR(S)	Center for Disease Control and Prevention: National Immunization Program, National Center for Prevention Services
PURPOSE	To monitor childhood immunizations nationwide
USES	To estimate immunization requirements for the National Immunization Initiative; to plan programs and evaluate public health education and health promotions with regard to childhood immunizations

---

GENERAL INSTRUCTIONS

1. Complete the appropriate immunization questions for each child designated in item I1 on the cover of the HIS-2. This includes the randomly selected Sample Child and each 19-35 month old child in the family.

2. If there are two or more 19-35 month old children in the family, use additional HIS-2 Supplement Booklets for the second, third, and so forth, such child.

   a. Complete the first set of questions (I3 through I7) in the original HIS-2 for the selected Sample Child.

   b. Complete the second set of questions (I8 through I11) in the original HIS-2 for the first 19-35 month old child.

   c. Complete the second set of questions (I8 through I11) in a second HIS-2 for the second 19-35 month old child.

   d. Complete the second set of questions (I8 through I11) in additional, separate HIS-2s for the third, fourth, etc., 19-35 month old children.

3. The respondent for this section may be any adult family member who is knowledgeable about each child's immunizations. Complete these questions with the family respondent you have been interviewing unless you are told that this person is not knowledgeable enough to answer. In this case, arrange a callback to interview a more knowledgeable person, preferably a parent or guardian of the child(ren).

4. Emphasize to the respondent the importance of using the child's shot record to complete these questions. If the child has one, encourage the respondent to provide it to you during the initial contact; otherwise, arrange a callback to complete this section when the shot record can be made available. If the child does not have an up-to-date shot record, encourage the respondent to obtain it from the child's physician, if possible, and arrange a callback to complete this section when the shot record is obtained. **Do not complete Section I from the respondent's memory if there is any chance of having the up-to-date shot record before your closeout for the week.**

GENERAL INSTRUCTIONS

5. If the HIS-2A is required, any knowledgeable respondent can answer the Provider questions on the front of the form, but only a child's parent or guardian can sign the Permission Form on the back. If the respondent is not a parent or guardian, note this on the HIS-2A and mark box 3 "Other" in the "Permission" column of item I7 (or I11 if appropriate) on the HIS-2, explaining the situation in the notes. If possible, get the Permission Form signed by a parent or guardian if you have to make a personal visit callback for some other reason also. If you do get it signed, correct I7 (or I11) to reflect the final status.

6. If the Section I interview is conducted by telephone and an HIS-2A is required, complete the Provider questions on the front of the form, but do not attempt to complete the Permission Form on the back. In this case, note the situation on the HIS-2A and mark box 3 "Other" in the "Permission" column of item I7 (or I11 if appropriate) on the HIS-2, explaining the situation in the notes. If possible, get the Permission Form signed by a parent or guardian if you have to make a personal visit callback for some other reason also. If you do get it signed, correct I7 (or I11) to reflect the final status.

DEFINITIONS

Item	
4,10(1), 16,22(1)	DTP shot -- This refers to the Diphtheria - Tetanus - Pertussis vaccine. A total of 5 doses is recommended to be given at ages 2 months, 4 months, 6 months, 15-18 months, and 4-6 years. It sometimes may be referred to as a DT (without Pertussis) shot or DPT shot.
5,10(2), 17,22(2)	Polio vaccine -- This includes both orally administered vaccine and shots/injections. A total of 4 doses is recommended to be given at ages 2 months, 4 months, 15-18 months, and 4-6 years.
6,10(3), 18,22(3)	Measles/MMR shot -- This is usually given as a combination shot called MMR (Measles, Mumps, and Rubella) and is usually given once at 15 months of age. However, there has been a recent effort to have all school-age children revaccinated. Consider a single shot for German measles only as a "Measles shot".
7,10(4), 19,22(4)	Hemophilus influenzae vaccine -- This relatively new vaccine protects against a certain type of bacterial meningitis that affects young children. It may be known also as the "H-I-B" or "Hib" (rhymes with crib) or "H.Flu" vaccine. It currently is given at 2, 4, and 6 months of age and in the past was given between 15 and 24 months of age.
8,10(5), 20,22(5)	Hepatitis B shot -- This relatively new vaccine protects against a certain type of viral liver infection (hepatitis) which affects many adolescents to young adults. It is usually given as a series of 3 injections in the first two years of life, beginning between birth and 2 months of age.

SPECIFIC INSTRUCTION (HIS-2)

Item	If:	Then:
14,19	You are making a callback,	Correct the entry in this check item, if appropriate, to reflect the situation at the time of the callback.
1,13	1) The respondent can have the child's shot record available before closeout,	Arrange a callback to complete Section I.
1,13	2) You are making a callback at the time when the shot record should be available,	Mark box 1 in item 14/19 if it is available. If still not available, mark "No" in question 1/13 without asking, and complete Section I without the shot record.
2,14	1) You are completing Section I by personal visit,	Transcribe the number of shots and the dates of all shots from the shot record to the appropriate columns.
	2) You are completing Section I by telephone,	Have the respondent refer to the shot record. Then ask for the number of times and the dates the child received each vaccine. (These questions are preprinted in items 2/14). Record the information in the appropriate columns.
	3) The child did not receive a particular immunization,	Mark the "None" box for that vaccine and skip to the next vaccine.
	4) The shot record shows multiple vaccines administered in one shot,	Record the information for each of the vaccines separately. *(For example, record ""DTaP" as DTP/DT; record "DTP/Hib" as DTP/DT and HIB, and record "DTP/HepB" as DTP/DT and Hepatitis B.)*
	5) The shot record is not clear about the number of shots,	Mark the "DK" box for that vaccine.
	6) The shot record does not contain the complete date for an immunization,	Enter as much of the date as possible and leave the rest blank. *(For example, enter "12/ /1992" if all the shot record has a "December 1992".)*
	7) The shot record contains no date for a known immunization,	Enter "DK" for month, day, and year.
10b,22b	1) The respondent does not know the number of immunizations the child received,	Mark "DK" for the specific type. Do not enter "up-to-date" or any other notes in this situation.
	2) Oral polio vaccine is reported,	Do not include the word "shots" when asking 10b(2) or 22b(2).

SPECIFIC INSTRUCTIONS (HIS-2)

Item	If:	Then:
I6,I10	1) Questions 2-10 or 14-22 are blank because a callback will be made when the shot record becomes avalable,	Mark box 1 "Callback Required" and administer the HIS-2A if required during the initial visit.
	2) Any immunizations are reported for the child in 2-10 or 14-22,	Mark Box 2 "Any immunizations" and administer the HIS-2A.
I7	The child is not 19-35 months old,	Do not complete the HIS-2A. Instead, mark box 0 "Not Required" in both columns of item I7.
I7,I11	No providers are reported on the HIS-2A,	Mark box 0 "Not Required" in the Permission column of I7 or I11, as appropriate.
I11		After completing item I11, return to page 6 and complete items I6 and I7.

SPECIFIC INSTRUCTIONS (HIS-2A)

Item	If:	Then:
---	The child is not 19-35 months old,	Do not complete an HIS-2A.
	The respondent asks why you want the information on the HIS-2A,	Explain that a sample of immunization providers may be contacted and asked to provide additional information on immunizations.
		Clearly print all entries on the HIS-2A. While all other entries may be in pencil, the parent/guardian must sign the Permission Form in ink *(blue or black)*.
1,3,4	1) The respondent refuses to give the provider's name, address, and telephone number,	Mark the "Refused" box in part a, footnote why this identification was refused, and then ask the b part of the item.
	2) The respondent doesn't know the name, address and telephone number of the provider,	Mark the "Don't Know" box in part a, footnote why this information is not known, and then ask part b of the item.
	3) The respondent refuses or doesn't know part of the provider's name, address, and telephone number,	Enter the information that is known and enter "REF" or "DK" as appropriate for the missing pieces. After the interview, refer to local directories for the complete names and addresses.
2b	1) Only one other place is reported,	Ask question 3, excluding the parentheticals, and then present the Permission Form.
	2) Two or more other places are reported,	Ask both question 3 and 4 (including the parenthetical in 3) before presenting the Permission Form. Report only the names and addresses for providers two and three. No identification is required for providers four, five, etc.

Revised February 1995)

SPECIFIC INSTRUCTIONS (HIS-2A)

Item	If:	Then:
Permission Form	1) No providers' names and addresses are reported on the front of the HIS-2A (for whatever reason),	Do not present or complete the Permission Form on the back of the HIS-2A. Instead, report this status in HIS-2 item I7 or I11: • Mark box 2 or 3 as appropriate in the "Provider" column. • Mark box 3 in the "Permission" column. • Explain the situation in a note on the HIS-2.
	2) ----	Before presenting the Permission Form to the parent/guardian, transcribe items 1-3 on the bottom of the form from the HIS-1.
	3) ----	While presenting the Permission Form to the parent/guardian, say something like: **The Centers for Disease Control and Prevention want to contact some immunization providers to obtain additional information on immunizations. To do this, however, they need your permission. Please read and sign this Permission Form.**
	4) The parent/guardian does not print his/her name and enter today's date after signing the form,	Fill these items yourself immediately.
	5) The parent/guardian is unable to read the Permission Form,	Read it to him/her, then show the parent/guardian where to sign.
	6) The parent/guardian is unable to sign the Permission Form,	Ask that he/she make his/her official mark on the signature line, then print the name and enter the date yourself. If the person is completely unable to make any mark, leave the form blank and report the status in HIS-2 item I7 or I11 by marking box 3 and footnoting the situation.
	7) After explaining the need for the signature, the parent/guardian still refuses to sign the Permission Form,	Write "REFUSED" across the form and report this status in HIS-2 item I7 or I11 by marking box 2 "Refused" in the "Permission" column and explaining in the notes exactly why the person refused to sign.

NOTES

SECTION II. DISABILITY

RESPONDENT(S)	Any eligible household respondent.
SPONSOR(S)	Department of Transportation (DT), Department of Education (DE), Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE), Social Security Administration (SSA), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDCP), and Health Care Financing Administration (HCFA)
PURPOSE	To collect national data about disability that are objective, descriptive and as inclusive as possible.
USES	To understand disabilities and to develop public health policy as necessary. To provide supplementary information needed to implement the Americans With Disabilities Act. To understand how impairments affect the lives of individuals; what the level of impairment is in the population, and what measures people adopt to cope with physical, mental and emotional impairments. The 1995 Disability supplement will be administered in two phases. Phase 1, which constitutes Section II in the HIS-2, is being conducted as a "screening" for Phase 2. That is, persons determined to have certain impairments and limitations in the Disability Section are included in the Phase 2 sample where additional detailed information is being collected. (The Phase 2 interviews are being conducted as a separate survey called the Disability Followback Survey (DFS), and are not covered in this manual.)

GENERAL INSTRUCTIONS

1. Most questions in the Disability supplement are asked family-style about all persons in a specific age range. If a person is reported as having the problem, various questions are asked about the problem.

2a. For all questions which ask for a "condition," record the name of the condition as it is reported by the respondent in Item X1. Enter in the box below the condition the question number from the section of the questionnaire where it was reported.

b. Record the name of the condition in X1, not the symptoms. If the respondent says they had difficulty breathing due to asthma, the condition is the asthma. However, if the respondent reports a condition that is similar to one already recorded in X1 for the person, probe to determine if they are the same. (See 2d below.)

c. With the exception of question 4m in Part A which allows you to pick up two conditions, enter only <u>one</u> "MAIN" condition in X1 for each condition question. If the respondent reports more than one condition, probe for the one "main" condition. If the respondent still cannot report only one main condition, enter in X1 the first one mentioned.

d. Check to determine if the condition just entered in X1 was previously reported in C2 of the HIS-1. If you are unsure about whether or not it is the same condition, probe by asking, "Is this condition the same as the condition you told me about earlier?" Mark the "In C2" or "Not in C2" box in the appropriate person's column to indicate whether the condition was reported in the HIS-1. For conditions in X1 that also are in C2, transcribe the Condition Number from the triangular space in C2 to the triangular space in X1.

SECTION II, Part A - Sensory, Communication and Mobility

OBJECTIVE To identify persons with sensory, communication, or mobility limitations.

DEFINITIONS

Item	
1,4	**Serious difficulty**--Respondent-defined.
1d	**Legally blind**--Refers to visual acuity as measured on the Snellen Chart (eye chart) of 20/200 or less in the better eye, WITH THE BEST POSSIBLE CORRECTION. Field of vision of 20 degrees or less.
1f	**Readers**--Persons who read to others.
	Telescopic lens--A lens used for distance viewing.
2d	**Trouble hearing what is said in a normal conversation**--Respondent-defined.
3	**TDD**--Telecommunications devices for the deaf. A telephone for deaf people in which a keyboard is used to send printed messages.
	TTY or Teletype--A trademark for a kind of telegraph. A communicating typewriter that can be used by the deaf to send and receive messages.
	Assistive listening device--Includes a loop, FM systems, and direct input devices that connect to a TV.
	Assistive signaling devices--Indicates that a door, telephone or fire bells are ringing.
	Interpreter--Provides assistance to hearing impaired, not for language difficulty.
4a	**Communicating**--Includes oral, written, and/or sign language. Exclude foreign language problems.
8a,d	**Problems with dizziness/Problems with balance**--A sensation of unsteadiness, a feeling of movement within the head, a disturbed sense of relationship to space (which can cause a person to often run into things only on his right side, for example) often called vertigo. Dizziness/balance problems may be intermittent, not necessarily constant for 3 months.
11	**Tastes in the mouth that shouldn't be there**--Bitter, salty, sour, sweet, metallic, or medicinal tastes that impair the ability to experience actual tastes.

SPECIFIC INSTRUCTIONS

Item	If:	Then:
5	The respondent volunteers that a walking stick is carried for fashion,	Disregard this as an aid for getting around.

SPECIFIC INSTRUCTIONS

Item	If:	Then:
5	The respondent reports "orthopedic shoes."	Probe to determine if they were medically prescribed. Accept them only if they were medically prescribed.
	The response indicates that the scooter is a child's toy or small motorcycle.	Disregard this as an aid for getting around.
	The respondent reports owning an aid, but not using it.	Consider this the same as NOT using the aid.
	The respondent reports using the aid "sometimes" or "only when --".	Consider this the same as using the aid.
6	The respondent reports having a brace, but not using it.	Consider this the same as NOT using the brace.
	The respondent reports using the brace "sometimes", "only when necessary", or "only when doing (something specific)",	Consider this the same as using the brace.
7	The respondent reports having an artificial limb, but not using it.	Consider this the same as NOT using the limb
	The respondent reports using the limb "sometimes" or "only when necessary", or "only when doing (something specific)",	Consider this the same as using the limb.

SECTION II, Part B - Conditions

OBJECTIVE To identify conditions that cause limitations in a person's mental or physical development.

DEFINITIONS

If necessary, explain that all conditions in Part B are associated with mental and/or physical development. Do not try to define any individual one.

GENERAL INSTRUCTIONS

Complete this section in the same manner as the Condition List in the HIS-1 core interview, with the following exceptions:

- Do not accept volunteered conditions. If a different condition is volunteered, repeat the question, emphasizing the specific condition being asked about.
- Do not enter any conditions reported in Part B in X1 (or C2).

SECTION II, Part C - ADL/IADL

OBJECTIVE To identify persons with limitations in their Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

DEFINITIONS

Problem--The respondent's perception of a departure from physical, mental, or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health-related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc.. For the purposes of Part C, do not consider the onset nor severity of the problem, but instead how the problem affects ADLs and/or IADLs.

Special Equipment--Any device, tool, utensil, instrument, implement, etc. used as an aid in performing an activity because of a physical, mental, or emotional problem. This includes the use of adult "diapers" for incontinence. *For example, a spoon is not normally considered as "special equipment"; however, a uniquely designed or functioning one used for eating by a person because of a physical, mental, or emotional problem, is considered as "special equipment."*

Difficulty: Any/How much--Respondent-defined.

Help from another person--Hands-on assistance in performing an activity.

Reminder/Someone Close by/Supervision from another person--Instruction and/or oversight in performing an activity. This includes situations where someone needs to be nearby to insure the activity is performed safely or to give hands-on help if needed, and reminding a person to perform the activity, such as bathing or turning off the stove after cooking.

Light Housework--Chores or work around the home of a more routine nature, requiring little extra effort in normal conditions, such as washing dishes, dusting and vacuuming, etc.

Heavy Housework--Chores or work around the home that requires more effort than "light housework", such as scrubbing floors or walls, washing windows, digging in the garden, etc.

Child(ren)--As helpers, this includes only the persons own natural step, or adopted child(ren), regardless of age or whether or not they live in the sample unit, and grandchild(ren), regardless of age, that live in the sample unit.

GENERAL INSTRUCTIONS

1. The questions in Part C apply to two age groups:

   - Ask the ADL questions (1 - 9) for family members 5 years of age or older.
   - Ask the IADL questions (10 - 16) for family members 18 years of age or older.

GENERAL INSTRUCTIONS

2. Insert the names of all appropriate family members when asking the family-style questions. Insert the name of the person in individual-style questions.

3. When instructed to make an entry in X2 or X3, mark the limitation column next to the appropriate activity. For example, if the respondent reports that a family member needs someone close by when getting in and out of bed or chairs and uses special equipment for getting around inside the home, mark X2 for this person as follows:

	X2	Help/ Remind	Spec. equip.	Difficulty/ Doesn't do
X2	Bathing			
	Dressing			
	Eating			
	Bed/chair	X		
	Toilet			
	Getting around		X	

4. Fill a separate ADL Table (questions 6 - 9) for each person with one or more boxes marked in X2. Fill ADL Table 1 for the first appropriate person, ADL Table 2 for the next. and so forth. If more than four persons in the family have limitations with Activities of Daily Living (ADL), use additional HIS-2 booklets. Cross out number 1 in "ADL TABLE 1" in the additional booklet and insert "5" for the fifth person; on the next ADL Table in the additional booklet, cross out "2" and insert "6", and so on.

5. Fill a separate IADL Table (questions 13 - 16) for each person with one or more boxes marked in X3. Fill IADL Table 1 for the first appropriate person, IADL Table 2 for the next, and so forth. If more than four persons in the family have limitations with Instrumental Activities of Daily Living (IADL), use additional HIS-2 booklets. Cross out number 1 in "IADL TABLE 1" in the additional booklet and insert "5" for the fifth person; on the next IADL Table in the additional booklet, cross out "2" and insert "6", and so on.

NOTE: If an additional HIS-2 has already been used for another reason, such as to complete the Immunization questions in Section I for a third eligible child, use that HIS-2 for the additional ADL and/or IADL Tables if necessary.

* 6. The order in which you complete the applicable ADL Table question 8 (or IADL question 15) is not important. Just be sure to complete question 8 (or 15) for <u>each</u> ADL marked in X2 (and IADL marked in X3) for the person.

SPECIFIC INSTRUCTIONS

Item(s)	If:	Then:
1,10	"Yes" to any ADL/IADL,	Ask b. "Who is this?", mark the box corresponding to the activity that received the "Yes" answer in the person's column, and also mark the activity/limitation box in X2 (ADL) or X3 (IADL). Then, continue asking 1a or 10a.

(*Revised February 1995)

SPECIFIC INSTRUCTIONS

Item(s)	If:	Then:
4,11	A limitation with a specific activity is already marked in X2 or X3,	Mark box 0 "(activity) in X2" or "(activity) in X3" without asking, and skip to the next activity question.
4,5 11,12	The respondent reports that a person doesn't do a particular activity,	Ask "Is this because of a physical, mental, or emotional problem?" • If the response to this probe is "Yes", mark the "Doesn't Do/Health" box in the person's column. • If the response to this probe is "No", mark the "No" box in the person's column.
6,13	1) The help reported in 6a (13a) is from a parent, spouse, and/or the person's own child(ren) (or grandchildren living in the household) only,	Mark box 0 "spouse/child(ren)/parent only" in 6b or 13b without asking.
	2) Any help is given by someone other than the spouse/child(ren)/parent,	Ask 6b or 13b to determine if any of the help is paid for, including that given by the spouse/child(ren)/parent, if appropriate.
	3) Necessary to complete 6a and/or to ask 6b (or 13a and b),	Probe to determine if the helper is a parent, spouse, and/or the person's own children.
7a,c,e,g,i,k	No difficulty is reported for the activity,	Write in "No difficulty."
8a,15a	1) Onset of the problem is reported to have been at under 1 year of age, but not since birth,	Enter "0" (zero) on the "Years old" line.
	2) The respondent reports that the person has always had the problem with the activity,	Mark the "At birth" box.

(*Revised February 1995)

SPECIFIC INSTRUCTIONS

Item(s)	If:	Then:
8d,15d	Based on the respondent's explanations of the problem, it is obvious that the problem is very short-term or something that will last many years if not for life.	Mark the appropriate box without asking. However, if it is not obvious or there is any doubt, ask the question of the respondent. For example: • If the problem is due to the amputation of a leg, mark "Yes" since this is obviously permanent. • If the respondent explains that the problem is only temporary and should be resolved within a month or two, mark "No". Always verify the entry with the respondent when you do not ask the question as worded.

*Revised February 1995)

SECTION II, Part D - Functional Limitation

OBJECTIVE To determine the degree of difficulty persons 18+ may have in performing functional activities of daily living.

DEFINITIONS

Difficulty--Respondent-defined.

Motor Vehicle Accident--When a pedestrian is hit by a car, a person on a bicycle runs into a parked car, a person is hurt in a collision or some other type of accident involving a motor vehicle.

SPECIFIC INSTRUCTIONS

Item	If:	Then:
1e,2e,3e, 4e,5e,6e, 7e,8e	1) The respondent cannot report even an approximate age at which the person first "had difficulty" with the activity because the limitation has always been there, the person was never able, etc.,	Mark one of the boxes, "Always Had Difficulty" or "Never Able", as appropriate, instead of entering DK. Mark "DK" only if the respondent has no idea about the onset of the limitation.
	2) The respondent reports an age under 1 year, but not since birth,	Enter "0" (zero) on the years old line.
	3) The respondent reports onset as being since birth,	Mark "Always Had Difficulty" or "Never Able", whichever is more appropriate to the situation.
D2	The person is under 18,	"Mark Box 2 "No limitation" and go to the next person.
D3	The person is 18+,	Refer to questions 2 and 5 in the Limitation of Activities section of the HIS-1.
10	1) The respondent cannot report a number of months or years because the person has never been able to work or has always been limited in work,	Mark box 3 "Never able".
	2) The respondent reports that the cause of the limitation was present before the person was sixteen years of age,	Mark box 3 "Never able".

(*Revised February 1995)

SECTION II, Part E - Mental Health

OBJECTIVE To identify persons with mental or emotional problems that interfere with the ability to manage day-to-day activities.

DEFINITIONS

Item	
All	**Frequently/lot of trouble/serious difficulty**--Respondent-defined.
5a	**Stress**--Respondent-defined.
7	**Unreasonably Strong Fear**--Respondent-defined; however, if asked, it is not an unreasonably strong fear if the person can do the activity or accomplish the task in spite of the fear.
8	**During the past 12 months**--Since the 12-month date a year ago.
9a(2)	**Paranoid**--Refers to unreasonable suspicion and/or distrust of others.
	Delusional--Having persistent beliefs not in keeping with reality.
9a(3)	**Manic**--Excessive, unreasonable excitement or irritation.
9a(5)	**Severe Personality Disorders**--Includes obsessive - compulsive, schizoid, schizotypal, histrionic, narcissistic, avoidant dependent, and passive-agressive behavior.
10a	**Mental and Emotional Problems**--Respondent-defined.
11a	**Prescription Medication**--(1) Any medicine obtained on a doctor's written prescription, (2) any medicine prepared on the basis of a doctor's telephone call to a pharmacist, or (3) any medicine including injections given by the doctor (or nurse) to the person to take at home or administered in the office, hospital, or clinic. Exclude medicine only recommended by a doctor, if no prescription is necessary.
12	**Unable to work/limited in kind or amount**--A person is "limited" in the activity if he/she can only partially perform the activity, or can do it fully only part of the time, or cannot do it at all.

GENERAL INSTRUCTIONS

1. Ask questions 1-7 ask about CURRENT experience with various mental/emotional symptoms and social/behavioral difficulties. Ask questions 8-11 about the past 12 months.

2. Do not try to define any disorders beyond the definitions provided either with the question or in the above definitions.

3. The respondent is unsure whether a family member has one disorder or another, e.g., schizophrenia or manic depression, probe by asking "What has a mental health professional most recently called the disorder?"

4 When instructed, enter the reported condition in X1 with the question number as the source in E.

(*Revised February 1995)

SECTION II, Part F - Services and Benefits

OBJECTIVE To determine participation in various programs.

DEFINITIONS

Item

1 **Sheltered workshop**--A work setting operated by a non-profit organization for persons with severe disabilities who are unable to enter, or are not ready for, competive employment.

Transitional training--Any training for paid employment that students with disabilities receive in a school or school-like setting.

Supported Employment--Services designed to help persons with severe disabilties find competitive employment in integrated work settings. This typically includes also ongoing services to help such persons retain the job, such as the assistance of a "job catch".

2 **Day activity center**--Programs provided for persons with disabilities at an adult day care center, senior center, or similar facility or within an institution for the mentally retarded where services include; (a) vocational activities (b) leisure activities (hobbies, exercise, trips, adult education classes) and/or (c) supportive services (health services, nutrition, transportation, and social work.)

3 **Physical therapy**--Refers to therapy to develop or work on gross motor movements, such as walking. This does not include visits to a chiropractor.

4 **Occupational therapy**--Refers to therapy to develop fine motor skills and usually involves the use of hands or arms. It may involve things like dressing, feeding, and writing. It differs from physical therapy in that physical therapy deals with gross motor movements such as walking.

5 **Vocational rehabilitation services**--Vocational rehabilitation is a process of restoring persons with disabilities to the highest level of economic functioning of which they are capable. The process involves the delivery of a wide variety of goods and services needed by such individuals to make them employable.

6,7 **Case manager**--An individual who coordinates personal care and social or medical services for persons with special needs.

8 **Court-appointed legal guardian**--An individual appointed by a court to act on behalf of a person deemed to be incompetent in managing his/her own affairs, such as someone with a mental handicap or other development disability. Guardianship may be awarded to cover all major aspects of the individual's affairs or it may be issue-specific and time-limited.

GENERAL INSTRUCTIONS

1. Ask the questions in Part F only for family members 18+ years of age.

2. Enter conditions reported in response to questions 3d or 4d in X1 with "3" or "4", as appropriate, as the source in "F".

(*Revised February 1995)

SECTION II, Part G - Special Health Needs of Children

OBJECTIVE To identify special health needs of children under 18.

DEFINITIONS

Items

1 **Medical doctor or specialist**--A physician or surgeon licensed to practice medicine or a medical specialty.

2 **Delay**--A child who is a year or more behind other children his or her age in large and small motor capabilities. Not a child who is just "slow" or a little behind other children his or her age.

3 **Regularly take prescription medicine**--Do not count medicine that they are taking for a short term illness, such as taking antibiotics for ten days for an infections.

Prescription Medication--(1) Any medicine obtained on a doctor's written prescription, (2) any medicine prepared on the basis of a doctor's telephone call to a pharmacist, or (3) any medicine including injections given by the doctor (or nurse) to the person to take at home or administered in the office, hospital, or clinic. Exclude medicine only recommended by a doctor, even if written as a prescription, if the medicine could have been obtained without the prescription.

5 **Life-threatening allergic reaction to food**--A severe bodily reaction, such as part of the body starts to swell or fails to function properly. It requires immediate medical attention.

6 **Special diet**--A diet ordered by a doctor that strictly limits or excludes certain foods, food additives, chemicals, or substances such as sugar, salt, or dairy products.

7 **Special medical equipment**--Anything that most people don't have to use in order to breathe, including inhalers for conditions such as asthma.

8 **Counselor/psychiatrist/psychologist/social worker**--Professionally trained persons who are paid to listen to your problems and help you with them.

9 **Physical therapy**--Therapy to develop or work on gross motor movements, such as walking.

10 **Occupational therapy**--Therapy to develop fine motor skills and usually involves the use of hands or arms. It may involve working on things like dressing, feeding, and writing. It differs from physical therapy in that physical therapy deals with gross motor movements such as walking.

11 **Therapy**--Refers to physical and occupational therapy. Also includes activities parents are taught to do with their child, such as playing and getting dressed, but excludes self-administered therapy.

11f **Paid employee of an organization or business**--Refers to fee for service that is paid to an organization or business. The therapist, in turn, is paid by the organization or business.

Paid employee of yours--Fee for service is paid directly by the recipient (or family of recipient) to the provider.

DEFINITIONS

Items

11i **Pay for therapy during the past 2 weeks**--Refers to what the family paid or will pay for the therapy the child received during the past 2 weeks, regardless of when the payments have or will be made.

14 **Medical or health procedures**--Include procedures such as (but not limited to) cauterization, changing bandages, cleaning trache tubes, care of a colostomy bag, use of breathing devices, or getting injections.

15.16 **Delay**--A child who is a year or more behind other children his or her age. Not
17 a child who is just "slow" or a little behind other children his or her age.

Understanding things--The child is able to figure out what things mean, appropriate for his/her age. For example, a fifteen month old child knows that when you wave goodbye and say "bye bye" you are leaving. When you say "no" the child knows what you mean.

Emotional and behavioral development--Concerns actions and behaviors appropriate for his/her age, for example, a baby might cry when he/she is hungry; however, a four year old child would probably ask for something to eat.

20 **Difficulty chewing, swallowing, or digesting**--Includes liquid diets for medical reasons such as tube feeding due to incompetency, but excludes getting food to the mouth.

21a **Special equipment to assist with eating**--A special utensil, for example, to raise food to the mouth.

Special medical equipment to assist with toileting--Use of a special seat (other than toilet training) or use of a special bar to get on or off the toilet, or equipment to extract bodily waste products.

GENERAL INSTRUCTIONS

1. The question in Part G apply to 4 age groups:

   - Ask questions (1-14) for family members under 18 years of age.
   - Ask questions (15-17) for family members 1-17 years of age.
   - Ask questions (18-19) for family members 2-17 years of age.
   - Ask questions (20-21) for family members under 5 years of age.

2. Enter the condition in X1 only if it has or is expected to go on for 12 months or longer.

(*Revised February 1995)

SPECIFIC INSTRUCTIONS

Item	If:	Then:
11	1) Therapy is given at home,	List the child's name and person number in Table T, along with the name or desciption of each person who provides therapy in the home. **List no more than four therapists per child.**
	2) You list exactly four therapists for a child,	Ask question 11c and if necessary, 11d before completing Table T for each therapist.
	3) More than four therapists are reported for the family,	Use an additional HIS-2 to list the additional ones.
	4) An agency or organization provides services through a staff of therapist,	Enter the name of the agency in Table T, instead of the names of each individual therapist.
	5) More than one therapist for a child,	Complete 11e-l for the first before completing 11e-l for the next, and so on.
	6) The respondent appears confused about "paying" in 11g,	Read the 11h answer categories as examples of who can pay for therapy.
	7) Asked,	The payment referenced in 11i is for **therapy performed in the past 2 weeks**, regardless of when the payment was or will be made.

SECTION II, Part H - Early Child Development

OBJECTIVE To measure the development of children under five.

GENERAL INSTRUCTIONS

1. Refer to the "Monthly Conversion Chart" which begins on page 10 of your HIS-501.1 1995 Information Booklet to determine the child's age in months for Items H2 and H3:

   a. Locate the row for the child's month and year of birth.

   b. Locate the column for the month of interview.

   c. If the child's day of birth (1-31) is **on or before** the day of interview, the correct age in months will be shown in the "Yes" column.

   d. If the child's day of birth (1-31) is **after** the day of interview, the correct age in months will be shown in the "No" column.

2. Enter the correct age in months in Item H2, mark the corresponding box in Item H3, and ask the specified set of questions for the child's age group.

(*Revised February 1995)

SECTION II, Part J - Education

OBJECTIVE To determine the use and need of special educational services by children.

DEFINITIONS

Item

1a **Vacation from school**--Includes both short-term vacations such as holidays and "spring break" and longer vacations such as summer vacation as long as the child intends to return to school at the end of the vacation. A child who graduated from high school and intends to continue school, such as in college, should also be considered to be "on vacation from school."

School--Public or private institutions at which students receive a formal, graded education. Also include special schools for the handicapped or mentally retarded where students are not working toward a degree or diploma.

1b **Quit school**--Dropped out. Left school without obtaining or completing the qualifications needed for graduation or certification.

3 **Special Education**--A special program designed to meet the individual needs of a child with special needs. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital. It is a formal program and does not include only special classes or tutoring for a slow learner, for example.

4 **Individual Education Plan (IEP)**--A written plan for a child with special needs, describing what that child will learn.

5,8 **Day camp**--Include only schools/camps that provide special needs programs exclusively.

6 **Early Intervention Services**--Services designed to meet the needs of very young children with special needs. They are provided by the State or school system at no cost to the parent.

7 **Individual Family Service Plan (IFSP)**--A written plan of goals and services for young children with special needs and their families.

SECTION II, Part K - Relationships To Respondent

OBJECTIVE To determine respondent(s) relationship to child(ren) under 18.

GENERAL INSTRUCTIONS

1. Enter in K1 the number of the person who responded for each family member. If there are multiple respondents, enter the person number of the one who answered the most questions in Section II for that person.

2. Always write the complete name of the most knowledgeable person in 2b. DO NOT substitute with "same as person 2" or the like.

SECTION II, Part L - Perceived Disability

OBJECTIVE To determine the respondents perception of disability.

DEFINITIONS

Disability--Respondent-defined.

GENERAL INSTRUCTIONS

Before going to Part M, enter in L1 the person numbers of all respondents to Section II. Separate each with a comma, such as "1, 2, 6".

SECTION II, Part M - Condition Pages

OBJECTIVE Coders at NCHS will assign standard medical codes to the conditions reported by the respondent throughout Section II based on information obtained on the Condition Pages in the HIS-2, as well as those in the HIS-1.

DEFINITIONS

Refer to Chapter D13 for all definitions applicable to the Part M Condition Pages.

GENERAL INSTRUCTIONS

1. Upon completion of Part L, review the conditions reported in X1 for each person and compare them to item C2 in the HIS-1.

   a. If the name of a condition in X1 is exactly the same as a condition for the person in C2, transcribe the condition number from the triangular space to the right of the condition in C2 to the triangular space to the right of the condition in X1.

   b. If the names of a condition in X1 and C2 are similar, but not exactly the same, you may probe to determine if they are the same condition.

      - If the respondent says they are the same, transcribe the condition number from C2 to the triangular space to the right of the condition in X1.

      - If the respondent says they are not the same conditions, do not transcribe the condition number from C2 to X1. Instead, complete a Part M Condition Page for the condition in X1.

   c. If a condition in X1 is not in C2, complete a Part M Condition page for the condition.

2. Complete the Part M Condition Pages for the conditions in the order they are listed in X1. However, do not complete a Part M Condition Page for any condition in X1 that has a condition number from C2 in the triangular space to the right of the condition name in X1.

3. If more than four conditions in X1 for the family require Part M Condition Pages, use additional HIS-2 supplement booklets. Reassign the letters for the Condition Pages in the second HIS-2 from "A" to "E", "B" to "F", and so forth.

4. Enter in the triangular space to the right of the condition in X1, the condition letter from the Part M Condition Page. Do this when you first begin to complete a Part M Condition Page for a condition.

GENERAL INSTRUCTIONS

5. If while filling a Part M Condition Page, the respondent explicitly states that this condition is the same as one previously reported either in the HIS-1 Condition Pages or on another Part M Condition Page, stop filling this Part M Condition Page and enter a note stating which previous condition it is the same as. For example, *"Same as Condition 3"* or *"Same as Condition A."*

6. Other than for questions 2 and 3a, the name of the condition to insert when completing a Part M Condition Page will always be your entry in 3b. This is a little different from asking the questions on an HIS-1 Condition Page where the first present effect of a stroke reported in 3f becomes your condition for the remainder of the page.

7. Refer to Chapter D13 for specific instructions on completing the questions in Part M Condition Pages. The questions in Part M are filled the same as on Condition Pages in the HIS-1 with three exceptions:

   - Do not pick up or fill pages for multiple present effects of a stroke reported in Part M Condition Page question 3f.

   - Do not determine if accidents reported in Part M Condition Pages are the same as previously reported accidents. Instead, ask or verif questions 14-17 for each Part M condition caused b an accident.

   - Do not pick up or fill pages for multiple present effects of an old accident reported in Part M Condition Page question 17b.

CHAPTER 18. 1995 HIS-3 SUPPLEMENT BOOKLET

A. OVERALL OBJECTIVE

Because of the length and complexity of the 1995 supplements, they were split between two booklets--the HIS-2 and the HIS-3. This chapter provides instructions on the HIS-3. See Part D, Chapter 17 for instructions on the HIS-2.

The 1995 HIS-3 contains sections on Family Resources, Year 2000 Objectives, and AIDS Knowledge and Attitudes. The Family Resources supplement contains parts on "Access to Care", "Health Care Coverage", "Private Plan Coverage Detail", and "Income and Assets" and should be asked of the household respondent for the entire family. The Year 2000 Objectives and AIDS Knowledge and Attitudes are sample person supplements, only one of which will be asked of each adult sample person. In general, the data from the HIS-3 will be used by Public Health Service agencies to develop and monitor health policy and health education programs.

B. GENERAL INSTRUCTIONS

1. a. Complete a separate HIS-3 Supplement Booklet for each interviewed family, including partial HIS-1 interviews, regardless of the completion status of the HIS-2 Supplement Booklet.

   b. Additional HIS-3 Supplement Booklets will be required when:

   - There are more than five persons in a family
   - There is more than one interviewed family in the household

   c. For an additional HIS-3 filled because there are more than five persons in the family, complete only Cover Page items 1-5 and the appropriate persons' columns in Section III, Family Resources. (The other front and back cover page items and either Year 2000 Objectives or AIDS Knowledge and Attitudes should be filled only on the original booklet.) Complete the entire HIS-3 for unrelated persons/groups in the household.

2. Check Items

   There are numerous check items throughout the HIS-3. These provide special instructions, usually based on earlier answers. With each check item, directions are given on what to refer to to fill the check item. Mark the appropriate box and then follow the instructions for that box.

3. Symbols and Print Type

   The design conventions used in the HIS-3 are the same as those used in the HIS-1 questionnaire. Refer to Part D, Chapter 2 of this manual for detailed explanations.

4. Reference Dates

   Unless otherwise specified, use the reference dates, as appropriate, entered in item A1 on the Household Composition Page of the HIS-1, even if all or part of the HIS-3 interview is conducted in a later week.

5. Verification

Answers to some questions may have been reported earlier in the interview. If you are sure you remember the original response, use the regular verification procedures (see E.1c on page E1-11 of this manual) before recording an answer. If in doubt, ask the question as worded.

6. Correcting the HIS-1

Do NOT make ANY changes to the HIS-1 because of information received while completing the HIS-3. If inconsistencies are discovered, footnote them.

7. Correcting the HIS-3

Refer to page E1-18 in this manual for instructions on how to make corrections within the HIS-3.

8. Most of Section III, Family Resources is designed in five person-column format the same as the HIS-1. You should place the HIS-3 inside the HIS-1 so that the columns in both forms match while completing the HIS-3 interview. If you use an additional HIS-3 for more than 5 persons in the family or for unrelated persons in the household, change the person numbers in Section III to agree with the person numbers in the additional HIS-1 (see D5-3).

9. Upon Completion

Insert all HIS-3 Supplement Booklets behind the HIS-2s between pages 2 and 3 of the first corresponding HIS-1 completed for the family.

Before returning the forms to the regional office, verify that all appropriate materials are included for each interviewed family.

C. RESPONDENT/CALLBACK RULES

The household respondent or any other eligible respondent may answer questions in the Family Resources supplement. If the household respondent cannot or will not answer the questions in this supplement, try to complete the section with another eligible respondent. Make telephone or personal visit callbacks as necessary to complete this section with another eligible respondent.

The adult sample person must answer the questions in the Year 2000 Objectives or AIDS Knowledge and Attitudes supplement for him/herself. No proxy respondents are allowed for the adult sample person.

1. If the sample person is not available during the initial interview, make arrangements for a callback interview.

2. Either telephone or personal visit callbacks are acceptable; however, make no more than two personal visit callbacks at the times arranged, unless you will be returning to the area for some other reason.

D. SAMPLE PERSON SELECTION*

The HIS-3 requires selection of an adult sample person for either the Year 2000 Objectives or AIDS Knowledge and Attitudes supplement. Do this by completing item IV1 on the Cover Page of the HIS-3 before asking any questions in the HIS-3.

(*Revised February 1995)

1. Refer to the Household Page in the HIS-1. If there are no non-deleted and non-excluded family members 18 years of age or older, mark "No" in item IV1 and go to Section III, Family Resources. If, however, there is one or more non-deleted or non-excluded family member 18+ years of age, mark "Yes" and complete the Sample Person List.

2. List each non-deleted and non-excluded family member 18+ years of age, oldest to youngest.

   a. The order of listing persons in item IV1 may not be the order in which they were listed in the HIS-1. Complete the table in the specified order and do NOT change the HIS-1.

   b. In the case of twins, triplets, or others with exactly the same birthdate, assume the order they are listed on the HIS-1 is the rank order by age. That is, consider the first one listed to be the oldest, and so on.

   c. If any ages were refused during the HIS-1 interview, say something like, "I need (names') ages so that I can list them in the correct order." If the ages are still refused, ask which is oldest, next oldest, and so forth and list them as accurately as possible.

3. For each listed person, also enter the person number, age, sex, and name. Record the last name for the first person listed. Then enter a dash (-) for all other persons listed with the same last name. Enter each person's first name as recorded on the HIS-1.

   - If two persons have the same names *(e.g., father and son both named "JOHN BROWN")*, enter also the middle initials if different or other indicators to distinguish them *(such as "Sr.", "Jr.", "III")*.

   - If a person's first name is an initial, include the middle name also *(e.g., "P. ELLEN")*.

4. If there are more than nine non-deleted and non-excluded persons 18+ in a family, list only the first (oldest) nine.

5. Refer to the label affixed in the footnotes space on page 55 of the HIS-1 to select the sample person. There are two parts on each label--one for selecting the adult sample person and one for selecting the sample child for the Immunization Supplement in the HIS-2 (see Part D, Chapter 17).

1995 NHIS	2A
FAM MEMB 18+:	1 2 3 4 5 6 7 8 9+
SELECT THE	1 1 2 2 5 4 3 7 9
FAM MEMB 0-5:	1 2 3 4 5 6 7 8 9+
SELECT THE	1 2 1 3 3 5 5 7 4

   a. Count the number of persons listed in item IV1 on the HIS-3. Circle the number that corresponds to that count on the "FAM MEMB 18+" line of the label. Also circle the number on the line immediately below that number. (Use one large circle or circle each number separately.)

(*Revised February 1995)

b. The circled number on the "SELECT THE" line of the label refers to the ranked order by age and corresponds to the "Line No." column in the item IV1 table. "1" on the label means the oldest (line 1), "2" the next oldest (line 2), "3" the third oldest (line 3), and so forth.

c. Mark the box in the "SP" column in item IV1 for the selected sample person.

E. EXAMPLES

Following are examples of sample person selections in different situations.

1	2	3	4	5
Israel Y, 30	1. June L, 28	Jacob R, 61	1. Nora L, 57	Samuel J, 84
Fein	Fein	Melcher	Melcher	Rosen
Reference Person	2. Wife	Father-in-law	Mother-in-law	Grandfather
Date of birth 02 19 1964	3. Date of birth 10 13 1966	03 26 1933	08 30 1937	01 31 1910
1	C1		C1	

SAMPLE PERSON LIST

ITEM IV1 — Are there any nondeleted persons 18+ years old in this family? ☒ Yes *(List by age, oldest to youngest)* ☐ No *(Section III)*

RT 85 Line No.	3-4 Person No.	5-6 Age	7 Sex	Last name	First name	8 SP	9 List No.
1	5	84	1☒M 2☐F	Rosen	Samuel	1☐	1
2	3	61	1☒M 2☐F	Melcher	Jacob	1☐	1
3	4	57	1☐M 2☒F	—	Nora	1☐	1
4	1	30	1☒M 2☐F	Fein	Israel	1☐	1
5	2	28	1☐M 2☒F	—	June	1☒	1
6			1☐M 2☐F			1☐	1
7			1☐M 2☐F			1☐	1
8			1☐M 2☐F			1☐	1
9			1☐M 2☐F			1☐	1

1995 NHIS 2A

FAM MEMB 18+:	1 2 3 4 5 6 7 8 9+
SELECT THE	1 1 2 2 5 4 3 7 9
FAM MEMB 0-5:	1 2 3 4 5 6 7 8 9+
SELECT THE	1 2 1 3 3 5 5 7 4

1	2	3	4	5
1. First name: Mark, Mid. Init.: L, Age: 52	1. First name: Cindy, Mid. Init.: A, Age: 44	First name: Eric, Mid. Init.: D, Age: 30	1. First name: Carol, Mid. Int.: A, Age: 19	First name: Dan, Mid. Int.: M, Age: 6
Last name: Price, Sex: 1☐M 2☒F	Last name: Price, Sex: 1☐M 2☒F	Last name: Price, Sex: 1☒M 2☐F	Last name: Price, Sex: 1☐M 2☒F	Last name: Waters, Sex: 1☒M 2☐F
2. Relationship:	2. Relationship: Wife	Relationship: Son	2. Relationship: Daughter	Relationship: Stepson
2. Date of birth: Month 06, Date 21, Year 1942	3. Date of birth: Month 09, Date 25, Year 1950	Date of birth: Month 04, Date 02, Year 1964	3. Date of birth: Month 07, Date 11, Year 1975	Date of birth: Month 12, Date 04, Year 1988
C1 HOSP. 00☒ None; WORK 1☐ Wa 2☐ Wb; RD 1☐ Yes 2☒ No; 2-WK. DV 00☐ None; Number 1	C1 HOSP. 00☒ None; WORK 1☐ Wa 2☐ Wb; RD 1☐ Yes 2☒ No; 2-WK. DV 00☐ None; Number 2	HOSP. 00☒ None; WORK 1☒ Wa 2☐ Wb; RD 1☐ Yes 2☒ No; 2-WK. DV 00☒ None; Number	C1 HOSP. 00☒ None; WORK 1☐ Wa 2☐ Wb; RD 1☐ Yes 2☒ No; 2-WK. DV 00☒ None; Number	HOSP. 00☐ None; WORK 1☐ Wa 2☐ Wb; RD 1☒ Yes 2☐ No; 2-WK. DV 00☒ None; Number 2

SAMPLE PERSON LIST

ITEM IV1 Are there any nondeleted persons 18+ years old in this family? ☒ Yes *(List by age, oldest to youngest)* ☐ No *(Section III)*

INT 03 Line No.	3-4 Person No.	5-6 Age	7 Sex	Last name	First name	8 SP	9 List No.
1	1	52	1☒M 2☐F	Price	Mark	1☐	1
2	2.	44	1☐M 2☒F	—	Cindy	1☒	1
3	3	30	1☒M 2☐F	—	Eric	1☐	1
4	4	19	1☐M 2☒F	—	Carol	1☐	1
5			1☐M 2☐F			1☐	1
6			1☐M 2☐F			1☐	1
7			1☐M 2☐F			1☐	1
8			1☐M 2☐F			1☐	1
9			1☐M 2☐F			1☐	1

1995 NHIS 5Y

FAM MEMB 18+:	1	2	3	4	5	6	7	8	9+
SELECT THE	1	2	1	2	2	6	3	2	8

FAM MEMB 0-5:	1	2	3	4	5	6	7	8	9+
SELECT THE	1	1	1	4	3	1	6	7	8

HIS-3 - Front and Back COVER PAGES

PURPOSE: To record identifying and interview status information which will link the HIS-3 Supplement Booklet with the HIS-1 filled for the same family.

SPECIFIC INSTRUCTIONS

ITEM	INSTRUCTION
1-3,5	For each case in an assignment, your office will provide you with a set of labels with all required identification information. Place an appropriate label over items 1-3 and 5 on the HIS-3 before asking any questions in the HIS-3. If for some reason you cannot affix a label to an HIS-3 questionnaire, transcribe items 1-3 and 5 from the corresponding HIS-1. Verify that you have transcribed this identifying information completely and accurately.
4	Indicate how many HIS-3 booklets were completed for the household. This will not necessarily be the same as a similar item on the HIS-1 since fewer or additional supplement booklets may be filled for different reasons than are HIS-1 questionnaires. *Example:* *If you have a household with two unrelated persons and one is a noninterview, the HIS-1 questionnaires will be marked "1 of 2" and "2 of 2", while the only required HIS-3 will be marked "1 of 1".*
6	Enter the number for the family corresponding to this HIS-3: • Reference Person's Family = 1 • First Unrelated Person/Family = 2 • Second Unrelated Person/Family = 3 • And so forth for each unrelated person/family in the household
8-9	Record the beginning and ending times for this HIS-3 during the initial interview. Record hours and minutes in 2-digit numerals each, and mark "a.m." or "p.m." as appropriate. *For example, record three minutes after nine in the morning as: "09:03 a.m."*. • Enter in 8 the time you start the HIS-3; that is, when you begin by affixing the ID label or transcribing items 1-3 and 5. • Enter in 9 the time you finish with the HIS-3 during the initial interview, disregarding any callbacks. • Record all callbacks for the HIS-3 in items 18 and 19 on the Household Page of the HIS-1.

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ITEM	INSTRUCTION
10	Fill all parts of item 10 on the back cover to indicate the response status for each of the sections in the HIS-3. Entries are required in all parts, even if the interview was terminated before completing any supplements.

- Either "Year 2000 Objectives" or "AIDS Knowledge and Attitudes" is required for each adult sample person. Mark "Not Required" for the section excluded from the interview.
- Mark "Complete" interview if all appropriate questions in a section were completed. (A "DK" or "REF" response to only some questions does not make it a "partial" interview.)
- Mark "Partial" interview if some but not all appropriate questions in a section were completed. Also mark "Partial" if some but not all required parts of a section were completed. Explain the reason for each partial interview in the Notes space.
- Mark the appropriate noninterview reason for each section not interviewed and explain it in the Notes space.
- If you mark either "Complete" or "Partial", also mark one box under "MODE" to indicate how the majority of the interview for that section was conducted -- personal visit or telephone.

NOTE: For Section III, Family Resources, report the status for Part A, Access to Care separately from Parts B-D.

NOTES

SECTION III FAMILY RESOURCES

PART A - ACCESS TO CARE

RESPONDENT(S)	Any eligible household respondent
SPONSOR(S)	Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, and the Robert Wood Johnson Foundation.
USES	To analyze health care utilization according to the type of health care coverage and to assess the relationship between coverage and need.

DEFINITIONS

Item	
1a	**Doctor**--See definition B.1 on page D8-1.
3b	**Routine or Preventive Care**--A health procedure, or series of health procedures, which is done (usually on a regular basis, such as every year) to help a person avoid illness or to detect problems early.
	General Physical Exam or Check-up--An examination not for a specific condition or problem. This may include the following: a periodic health examination, a complete medical examination, an annual health check-up, or a comprehensive physical examination. It does, however, exclude dental exams and vision tests.
4b,5a	**HMO/Prepaid Group**--This refers to the clinic or health center operated by the HMO or prepaid group practice.
	Clinic--Respondent defined.
	Health Center--Respondent defined.
5b	**Particular Person**--The one doctor or assistant usually seen. This does not include anyone, such as a receptionist, who does not give medical care.
6a	**Nurse Practitioner**--A registered nurse who has completed a program of study leading to an expanded role in health care. Nurse practitioners function under the supervision of a doctor, but not necessarily in the presence of the doctor. Nurse practitioners often perform duties similar to those of a physician's assistance.
	Chiropractor--A licensed professional, but not a medical doctor, who uses manipulation of the body joints, especially of the spine, to restore normal nerve function.
6b	**Obstetrician/Gynecologist**--A medical doctor who treats women, pregnancy, and diseases of the female reproductive system, including the breasts.
11e	**Lack of Insurance or Money**--Includes all types of financial limitations that prevented the person from getting medical care.
12a	**Delayed**--Assumes medical care has been or will be eventually received.
14a	**Prescription Medicines**--Medication which can only be obtained with the approval of a licensed health care professional. The medication is usually obtained through a pharmacy using a written note or telephoned instructions from the health care professional to the pharmacy.

(*Revised February 1995)

Item	
15a	**Eye Glasses**--Does not include contact lenses, but does include glasses for special conditions, such as cataracts. Does not include non-prescription glasses, such as sunglasses or safety glasses.
16a	**Mental Health Care**--Respondent-defined.

SPECIFIC INSTRUCTIONS

Item	If:	Then:
1		Ask 1a and if applicable, 1b for each family member before marking Check Item A1 for the first family member.
2	The respondent reports he/she has moved,	Mark "09", which concerns the family member moving. NOTE: "Moved" in 05 refers to the doctor moving, not the family member.
4b,5a	The respondent reports "hospital,"	Probe to determine if this was a "Hospital Emergency Room" or a "Hospital Outpatient Clinic."
	The respondent reports HMO membership or gives the name of a known HMO such as Kaiser, Group Health, etc.,	Do not mark 07 "HMO" automatically in this situation. Repeat the question to determine the kind of PLACE the person goes to, i.e., Doctor's office, Clinic, Health Center or HMO facility. Some HMOs permit visits to primary care physicians in private practices, i.e., "Doctor's office." In this case, mark 03 "Doctor's office", not 07.
	The person saw a doctor, but the respondent is unable to classify the place as a doctor's office clinic or health center,	Probe to determine how many doctors work out of this "place." • If 3 or less doctors, mark box 3 "Doctors office." • Mark box 4 "Clinic" or box 5 "Health Center" based on the respondent's definitions of these terms.
4d	The respondent reports he/she has moved,	Mark 01 - "Changed residence/moved". Mark 04 - "Former usual source not available" to indicate that the health care provider has moved.
5a	Only one person in the family,	Read question 5a as worded.
	More than one person in the family,	Insert the appropriate person's name when asking 5a. For example: *"What kind of place is it that Mr. Smith goes to - a clinic ...?"*

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Item	If:	Then:
6b	The respondent reports that the doctor treats a variety of illnesses, but does not know what kind of doctor is seen,	Mark Box 1 - "Family doctor/general practitioner/internist/pediatrician".
	The respondent reports an obstetrician or gynecologist,	Mark Box 2.
	The respondent reports any type of doctor or specialist, other than an obstetrician or gynecologist, who treats only one kind of health problem (ex: cardiologist, dermotologist, oncologist),	Mark Box 3 - "Other specialist".
7	Necessary,	Read the parenthetical so the respondent knows exactly which place you are asking about.
	The person is considered to have a source of medical care, but has not yet needed or visited the person or place,	Mark Box 0 "Hasn't been there yet/Never."
10a	Asked,	"Change ... place" does not include a change of address by the health care provider. Instead, it means a change of health care providers.
11,13,14, 15,16	Reported,	Accept anything as a valid response. For these questions, include any reasons for the inability to get a service.
A3,A4	The respondent can see your entries in the questionnaire,	Complete items A3 and A4 after leaving the household.
A5		Enter the person number of the respondent. If more than one respondent contributed to the interview, record the number of the person who answered the most questions in Section III, Part A.

(*Revised February 1995)

SECTION III FAMILY RESOURCES

PARTS B-D - HEALTH CARE/INCOME AND ASSETS

RESPONDENT(S)	Any eligible household respondent
SPONSOR(S)	Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE)
PURPOSE	Income is often the most critical information needed for policy analysis since programs to a large degree are targeted on the basis of income. Detailed questions on health insurance coverage and income by source will permit analysis of the relationship between the types of resources individuals have available, their health care problem, the type of health care they receive, whether they can afford the health care and medicine that they need, and eligibility for federal program participation.
USES	• To determine the degree to which health problems vary by the levels and kinds of resources available to families and individuals. • To examine the characteristics of persons with different types of health insurance, including persons with no health insurance, by employment status and types of health problems. • To study the extent of multiple Federal program participation by persons and families with varying health problems. • To determine the health status of persons who are eligible, but currently not participating in Federal income transfer programs. • To study the economic and health status of persons with disabilities.

GENERAL INSTRUCTIONS

1. <u>Reasons Income Tax Returns Alone Do Not Provide Adequate Data</u>

A question frequently asked by respondents concerning the collection of income data is "Why can't this information be obtained from income tax returns?" This cannot be done for several reasons. First, by law, tax records cannot be linked with any other information; second, not all income is reported on income tax returns (e.g., Social Security, Veterans Administration (VA) payments, worker's or unemployment compensation, and public assistance payments), and third, not everyone files an income tax return (e.g., some persons receive such small amounts of income that they are not required to file an income tax return). In addition, important information on age, race, sex, level of education, and other items needed to understand differences in income are not available from tax returns. Finally, for the purpose of analysis, the sponsor needs income data for the calendar month prior to interview; whereas, income tax returns are usually filed annually or quarterly.

2. Respondent Reluctant to Answer

If the respondent is reluctant to give this information, use the following explanations:

a. Stress Confidentiality

If the respondent is afraid that the income data will be reported to the IRS or disclosed in some other way, explain that you and all other Census and NCHS employees are sworn to keep the answers confidential. The law provides heavy penalties of imprisonment and fine for disclosures.

b. Explain Need for Data

If the respondent questions the need for the data, explain the uses of the data described on page D18-III4.

3. Refusals/DKs

Make every effort to obtain answers to all appropriate questions. However, if a respondent refuses to answer, enter "Ref" for that item and note the situation. Try not to let a refusal to one question affect the asking of other items. Always probe for an estimate before accepting a "DK" response.

4. Reference Period

The reference to "(month)" in the questions refers to the calendar month prior to the month of the HIS-1 interview. Insert the name of this previous month in all of these questions. For example, if the interview takes place in September, insert "August" for the (month) reference period.

5. Recording Dollars and Cents

When recording dollar amounts, enter only whole dollars and do not record the cents. If 50 cents or more, round up to the next whole dollar. If the total amount is less than 50 cents, enter a dash (-) on the amount line. Record nonspecific estimates, such as "less than $10" or "more than $100" as the whole number only if, after probing, the respondent cannot give a more exact amount. Even a range estimate, such as "5-9" is a more accurate entry than "less than $10." If net income is reported as "broke even" or $0, enter a dash (-) on the amount line.

6. Non-Monthly Income

For income from a job or business, benefit payments, and the like, we are interested in the amount actually received last month. However, if only an annual, quarterly, or other amount can be reported, determine the monthly estimate by dividing the amount by the number of months it was received. Always verify the computed estimate with the respondent before recording it.

For income from other sources, such as dividends, alimony, etc., we are interested in what was available on a monthly basis. Handle such sources of income as follows:

- If payment **for last month** was received last month, record that amount.
- If payment **for last month** was combined with payments for other months, record only the amount for last month.
- If payment **for last month** has not yet been received, ask for an estimate of the amount that will apply to last month. If no payment for last month is expected, enter a dash (-) for $0.

GENERAL INSTRUCTIONS

7. Armed Forces Members Living at Home

We are interested in health care coverage, program participation, monthly income and assets for all family members, including Armed Forces members living at home. Even though such persons are not considered for the Part A-Access to Care questions, include them as family members for Parts B, C and D.

8. Joint Income

Some married couples and/or parent(s) and children receive joint payments (e.g., Social Security, AFDC) in a single check. If the respondent can tell you how much is for each member, report these amounts separately for each person. Only in the cases where the respondent cannot separate the amounts received by each, report the total amount in the first recipient's column and mark "Already Included" for the other recipient(s) column(s).

In the case of joint ownership of interest or dividend sources, or other assets, separate the amount, if possible, and record the amounts separately. If the respondent cannot separate the amount, include the entire amount for the first of the joint owners and mark the "Already Included" box for all other joint owners.

- Be sure to report total amounts
  and
- Be sure to report each amount only once.

DEFINITIONS

Part	Item	
B	1a	Medicare--Refers to the Federal health insurance coverage most common for persons 65 years and over. In certain situations people under 65 may be covered.
	B3	Medicare Managed Care Plan--A strategy for controlling costs by constraining the patient's choices of providers and the providers' choices of treatments. Such plans focus on improving access to primary care with a prepayment for services rather than the traditional fee-for-service.
	2a	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 administrated by the States.
	5a	Military Health Care--Refers to health care available to active duty personnel and their dependents; in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.
		CHAMPUS--(Comprehensive Health and Medical Plan for the Uniformed Services) provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability.
		CHAMPVA--(Pronounced ChampV-A) (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.

(*Revised February 1995)

DEFINITIONS

Part	Item	
B	7	**Health Insurance Plan**--any type of health insurance (other than the public programs in Items 1-6), including coverage by a health maintenance organization (HMO) AND single service plans.
	7b	**Name of Plan**--Refers to the specific name of the insurance plan, for example, John Hancock, Aetna, Blue Cross/Blue Shield, etc. Also, record the specific name of a Health Maintenance Organization (HMO) or Individual Practice Association (IPA), such as Kaiser, Group Health, etc. Do not record the type of plan, such as family plan, major medical, high or low option. These plan names will be matched against a master list and coded, so it is important that they be as complete as possible.
C	2	**In Name**--Refers to (1) the person who purchased the policy, or (2) the person whose employment or membership in a particular group makes the person or the family eligible for coverage under the health insurance plan.
	4	**Premiums**--The costs of the health plan which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.
	5a	**One Service Plans**--This is a plan designed to provide insurance coverage for a specific type of service/care. This plan is usually limited to one type of service or treatment for a specific condition and is frequently obtained to supplement a comprehensive plan that may not provide that type of coverage.
	6a	**Health Maintenance Organization (HMO)**--A health care plan that delivers comprehensive, coordinated medical services to enrolled members on a prepaid basis.

There are three basic types of HMOs:

- **A Group/Staff HMO**--Delivers services at one or more locations through a group of physicians that contracts with the HMO to provide care or through its own physicians who are employees of the HMO.
- **An Individual Practice Association (IPA)**--Makes contractual arrangements with doctors in the community, who treat HMO members out of their own offices.
- **Network HMO**--Contracts with two or more group practices to provide health services.

An HMO differs from other health insurance because it directly provides its members with most or all of their health care while traditional health insurers simply process the claims. An HMO assumes responsibility for providing the treatment as well as paying the bills.

	8a	**Denied/Restricted/Limited Coverage**--A health insurance company refuses to cover some or all health-related services for a particular person because that person has or had a particular health problem.

Preexisting Condition--Refers to an injury that occurred, a disease that was contracted, or a health problem or condition that existed prior to the issuance of a particular health insurance plan. Health care costs resulting from a preexisting condition may be excluded from coverage under the health plan.

DEFINITIONS

Part	Item	
D	1a	Job or Business--See definitions on page D7-3.
	1b	Employee or Self-Employed--See definitions on page D14-10.
	2a	Main job--Refers to the job which is the primary source of a person's income.
	2c,2f, 4d,4i	Wage or Salary Income--Wage or salary income is the money paid to a person working at a job. It is the gross income or the amount before any deductions for withholding tax, Social Security, union dues, bonds, savings accounts, loan payments, health insurance, uniforms, etc.
	2c,2f, 4d,4i	Any income received from an incorporated business is considered wage or salary income. Even if someone is the sole employee of a corporation, it is the corporation that makes the profit or loss, not the person.
		Do NOT include housing allowance for military personnel as income.
		When computing total monthly wage or salary income from a job, also include the following items if they were received as part of the pay from that job: piece-rate payments, commissions, tips, bonuses, Armed Forces and National Guard or Reserve pay, assistantships and teaching fellowships, sick pay, jury duty compensation, board of director's fees, severance pay, and earnings for on-the-job training.
	3a	Main business--Refers to the business which is the primary source of a person's income
	3b,3c, 4e,4h	Self-Employment Income--Income from one's own nonfarm business, partnership, or professional practice is the NET income received by a person from the operation of her/his own unincorporated nonfarm business. In the case of a partnership, income from her/his own nonfarm unincorporated business is the share of NET income a person receives as a partner. Unincorporated nonfarm businesses may vary from a home babysitting service to a large factory. Income from her/his own farm is the NET income a person received as a direct result of 1) owning and operating a farm, 2) renting a farm and operating this farm, 3) operating a farm on shares, 4) performing custom farm work, 5) owning a farm and sharing in the profit or loss from the farm even though she/he did not actively participate in operating the farm, or 6) receiving crop disaster payments from the Federal government.
	6,7	Social Security or Railroad Retirement--Money paid by the U.S. Government to persons who are retired, severely disabled, or are dependents or survivors of workers. Record the amount received, regardless of any prior deductions.
	8,9	Supplemental Security Income or SSI--A program administered by the Social Security Administration that makes assistance payments to low income, aged, blind, and disabled persons. Some states also may have their own SSI programs. Include these also if reported.
	10	Disability Pension--The following are the most common types of disability pensions: Company or union disability, Federal Government (Civil Service) disability, U.S. military retirement disability, State or local government employee disability, accident or disability insurance annuities, and Black Lung miner's disability.
*	11	Other Retirement or Survivor Pension--This includes retirement or pension income other than disability pensions, Social Security, and Railroad Retirement. Include in this item regular income from annuities or paid-up life insurance policies, as well as IRA or KEOGH (individual) accounts.

(*Revised February 1995)

Part	Item	
D	12	**Public Assistance or Welfare**--Money received from the State or Local welfare agency under the Aid to Families with Dependent Children Program (AFDC, ADC) or other assistance programs such as 1) general assistance, 2) emergency assistance, 3) Refugee Assistance, or Indian Assistance (on reservations or Indian lands).
	13	**Food Stamps**--Government-issued coupons or vouchers that can be used to purchase food. Instead of coupons, some states now issue a special card that can be used like a credit card to purchase food in grocery stores. The food stamp program is a joint Federal-State program which is administered by State and Local governments.
	14,15	**Dividends**--Some people make investments by purchasing shares of stock in corporations. The corporation then distributes some of the profits to shareholders in the form of dividends. Mutual funds are corporations consisting of investors who pool their money and purchase shares of stocks in corporations. Dividends are distributed to mutual fund shareholders based on the profits of these corporations. Dividends credited to accounts should be included as income. **Net Rental Income**--The total money received from the rental of land, buildings, or real estate, or from roomers or boarders, less all rental expenses. **Net Royalties**--The total cash from royalties less expenses. In certain cases, royalties could be earned primarily from a person's major occupational activity; this would be considered self-employment income. Also royalties include income from oil, gas, or other mineral rights and income from patents, copyrights on literary works, trademarks, or formulas, etc. **Estates or Trusts**--Periodic payments from an estate or trust fund. However, exclude lump-sum one-time receipts from these sources.
	16	**Other Income:** **Child Support**--Money received from parents for the support of their children. In some cases, child support payments may be paid through a welfare agency or a court. **Alimony**--Money received periodically from a former spouse following a divorce or separation. **Education Benefits**--Scholarships, grants, fellowships, and any other source of funds received for educational purposes. **Other Regular Financial Assistance**--Money received regularly from persons outside the household, such as voluntary contributions by relatives or friends, money received by parents from children not living with them and voluntary allotment checks sent by armed forces members.
	17	**Own**--Includes vehicles owned outright and those on which a lending institution holds a lien, but excludes leased/rented one.
	18d	**Mortgage Payment**--Total paid each month, including principal, interest, taxes, and insurance if applicable. This includes automatic withdrawal or transfer of funds, as well as direct payments.
	18e	**Monthly Rent**--The amount of money paid each month for rental of living quarters or to maintain living quarters at a particular place.

(*Revised February 1995)

SPECIFIC INSTRUCTIONS

Part	Item	If:	Then:
B	1a	A Medicare recipient has turned the Medicare card over to an HMO or some other plan for managed care.	Consider him/her as covered by Medicare for question 1. Also include this plan as private health insurance for question 7 and Table H.1.
	1b,2b, 4b,5c, 5f,6b	The person is covered,	Mark the "COV" box above each applicable person's column on the HIS-1 Household Composition Page.
	1d	1) The respondent is frail or has trouble getting around,	Do not insist that he/she go upstairs or to a different room to get the card(s). Mark "CARD NA" and ask 1e and 1f.
		2) The Medicare card is available for you to see,	Record the coverage information from the card by filling the Health Insurance Claim (HIC) number and indicating whether the person has coverage for "Hospital", "Medical", or "Both".
		3) The Medicare card is visible, but the respondent will not give it to you,	Ask him/her to read the HIC number and coverage information to you.
		4) Conducting a telephone interview,	Mark "CARD NA" and ask 1e and f. Do not ask 1d. Do not record an HIC number if one is given to you.
		5) The Medicare card is not available for you to see,	Mark"CARD NA" and ask 1e and f. Do not record the HIC number.
		6) The respondent reports the HIC number from memory, or gives you something other than a Medicare card,	Mark "CARD NA" and ask 1e and f. Do not record the reported HIC number.
		7) Recording the HIC number in question 1d,	Enter any alphabetics (letters) in the parentheses on the right side of the 1d answer space, regardless of whether such alphabetics appear before or after the number on the card.
	1e,f	The respondent doesn't know the type of coverage but knows that a certain amount is paid each month for Medicare.	Mark "DK" in 1e and "Yes" in 1f.
	B3	The person is covered by Medicare and resides in a state listed on the "States with Medicare Managed Care Plans" card,	Ask question 1h and, if applicable, 1i to determine if he/she belongs to a managed care plan paid for by Medicaid.

(*Revised February 1995)

SPECIFIC INSTRUCTIONS

Part	Item	If:	Then:
B	1i	1) Appropriate,	Probe for and record only the full specific, name of the plan. Do not record the type of plan (e.g., family plan, high-option, etc.).
		2) The respondent does not know the complete plan name,	Ask if you can see a membership card or other document with the complete name. If nothing with the complete name is available, record as much of the name as the respondent knows and note that the full name is unknown.
	2	1) Appropriate,	Refer to the "State Names" card on page 14 of the HIS-501.1 Information Booklet for the State name to insert in the parenthetical.
		2) A Medicaid recipient has turned over the Medicaid card to an HMO or some other plan for managed care,	Consider this person as covered by Medicaid for question 2. Also include this plan as private health insurance for question 7 and Table H.I..
		3) The person is covered by Medicaid,	Mark the "Cov" box above each applicable person's column on the HIS-1 Household Composition Page.
	B4	A Medicaid recipient resides in a "Group A Medicaid State" as found on the "State Names for Medicaid" information card,	Ask question 2e, and if applicable, 2f to determine if he/she belongs to a managed care plan paid for by Medicaid.
	2e	The person was assigned a doctor by the program,	Mark box 2.
	4	1) Use of Public/free clinics is volunteered,	Read the second parenthetical. Do not count this as a public assistance program.
		2) The respondent reports use of a prescription card issued by the State or local government,	Include this as an "Other Public Assistance Program" for question 4.
	5	It is volunteered that a family member was eligible for VA or military health care, but did not use it last month,	Mark "Yes" in 5a.

(*Revised February 1995)

SPECIFIC INSTRUCTIONS

Part	Item	If:	Then:
B	7	1) A generic name is reported such as family plan, major medical, or high or low option,	Probe for and record only the full specific name of the insurance plan. For instance, John Hancock, Aetna, Blue Cross/Blue Shield, etc. Also, record the specific name of a Health Maintenance Organization, like Kaiser, Group Health, etc. Do not abbreviate, (except for Blue Cross/Blue Shield which may be recorded as "BC/BS" or American Association of Retired Persons as "AARP"), unless that is all the respondent can report, in which case note that the full name is unknown.
		2) A plan is reported twice; for example two policies with the same company for separate family members,	Record both plans separately.
		3) More than four plans are named,	Record in Table H.I. only the first four mentioned. After recording the names of these four plans, mark Box 2 - "No" in question 7c.
		4) If the respondent does not know the name of the plan,	Ask if you may see a membership card or policy.
		5) A membership card or policy is not available, but the respondent tells you the plan is provided through a union, fraternal group, employer, etc.,	Enter the name of the group and indicate "DK name" of the plan. (eg.,"Plumbers Union - DK name").
		6) If the respondent indicates he/she has a Blue Cross plan and a separate Blue plan,	Consider it as one plan and enter Blue Cross/Blue Shield (or BC/BS). However, do not add Blue Shield (BS) to the name if only Blue Cross is reported.
C	1a	A person is covered under the plan,	Mark private insurance in that person's column and the "COV" box above the applicable person's column on the HIS-1 Household Composition Page.
	2	The coverage was obtained by a person not living in household,	Mark the "Person not in household" box; otherwise, mark the "In name" box in the appropriate person's column and above the person's column on the Household Comp. page of the HIS-1.
	3a	1) Asked,	Explain that this question refers to when the plan was FIRST obtained.

(*Revised February 1995)

SPECIFIC INSTRUCTIONS

Part	Item	If:	Then:
C		2) A self-employed person originally obtained the insurance through a professional association,	Mark Box 3 "Through workplace..."
	3b	Asked,	Explain that this question refers to the coverage during the previous month, but not necessarily when the premium was paid. For example, mark "ALL" if the employer or union pays the entire premium annually, semi-annually, etc.
	5a	The plan pays for a variety of services for some family members, but only one type for others,	Consider these two separate plans. Verify the plan name and enter it in the next available Table H.I. Continue with the current table, correcting it to reflect only those family members with the same coverage as the policy holder. Complete the additional Table H.I. for the family members with the same plan, but different coverage. If there are separate premiums for each type of coverage, record the amounts for each in the appropriate Table H.I.. If there are not separate premiums, record the entire premium amount for the part that covers the variety of services, and in Table H.I. for the single-service plan, mark "DK" in question 4.
	5b	1) Appropriate,	Mark the single service most closely associated with the response. For example, if the respondent reports "glasses," "contacts," or "vision prescriptions," mark box 11 - Vision care.
		2) Respondent mentions a service plan that is not included in the answer category,	Mark the "Other" box and specify.
		3) The respondent reports more than one type of service,	Do not mark 5b. Instead, change 5a from Box 2 to Box 1 and skip to 6.
	6a	1) Asked to explain what is meant by an HMO or IPA,	Read the definition printed on the questionnaire.
		2) The respondent reports the plan as being a "Preferred Provider Organ ization" (PPO), and doesn't know if it is an HMO or IPA,	Mark Box 2 "Other".
	7b	1) There are no persons under 18 in the family,	Mark Box 0 and do not ask 7b.

(*Revised February 1995)

SPECIFIC INSTRUCTIONS

Part	Item	If:	Then:
C	7b	2) Appropriate.	Persons under 18 in the family do not have to be covered by the specific plan for question 7b to apply.
	8,9	Asked,	Question 8 applies only to the plan or plans listed in Tables H.I. Question 9 concerns any health insurance applied for, but denied in the past 2 years.
	9d	---	Mark the appropriate box(es) based on the response. The answers are in five categories: 1. Pre-existing condition 2. Health risks 3. Type of work 4. Cost of premiums 9. Everything else Mark Box 9 and specify the response if it does not fit one of the first four categories.
	11	Asked,	Consider only plans offered by the employer for which the person was eligible for enrollment.
	12a	If a person had coverage under a plan which did not get recorded in a Table H.I.,	Mark box 11, "Covered by some other plan" if that is reported. Do not mark it automatically, however, if additional plans were volunteered with question 7.
		The person is 65+ and not covered by any health insurance,	Include the parenthetical "or Medicare" when asking 12a and b.
	14	Asked,	Include only medical expenditures which could be counted as itemized deductions on income tax forms, such as dental care, mental health care, eye exams and glasses, and prescription medicines. Health insurance premiums, and reimbursable expenses should NOT be included.
	C4,C5	The respondent can see your entries in the questionnaire,	Complete items C4 and C5 after leaving the household. These check items refer to Parts B and C in Section III.
	C6		Enter the person number of the respondent. If more than one respondent contributed to the interview, record the number of the person who answered the most questions.

(*Revised February 1995)

SPECIFIC INSTRUCTIONS

Part	Item	If:	Then:
* D	2a,3a	The person has more than one job or business,	Report hours only for the one job or business the respondent considers to to be be the main job or business.
		Fractions of hours are reported,	Round to the nearest whole hour.
*	2c,4d	The person worked last month, but did not get paid or receive any income in that month from the job or business,	Enter a "-" (dash) on the dollars line.
	6a	Social Security is received by a child,	Record this in the child's column even if the check is made out to an adult for the child.
*	7a	1) Any family members have "Yes" marked in 6g,	Exclude them from 7a by inserting their names after "Besides ___."
		2) All family members have "Yes" marked in 6g,	Mark "No" in 7a without asking.
*	9a	1) Any family members have "SSI" marked in 8b,	Exclude them from 9a by inserting their names after "Besides ___".
		2) All family members have "SSI" marked in 8b,	Mark "No" in 9a without asking.
	10a	"SS/RR" is marked in 6b for one or more persons,	Include the parenthetical "Other than ..." when asking 10a.
*	11a	"SS/RR" is marked in 6b and/or "Disability" is marked in 10b for one or more persons,	Include the parenthetical, "Other than ..." with the appropriate phrase when asking 11a and 11d.
*	12	1) AFDC (or ADC) is volunteered in 12a or reported in 12d,	Mark the "Welfare" box in 12b and the "AFDC" box in 12d for both the adult and child(ren). In 12f, record the amount received last month in the column for the person in whose name the check is issued. (Mark "Already included" in the other appropriate column(s).)
		2) Either the parent or the child receiving AFDC is not a household member,	Make all appropriate entries in the remaining person's column and footnote the situation.
		3) If income from the "Women, Infants, and Children" (WIC) program is volunteered,	Record it in question 16, not in question 12.

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D	13b	The value of the food purchased is reported,	Probe for the total face value of the food stamps received last month, regardless of what was actually used.
	14,15, 16	"DK" for amount,	Mark "DK" and ask the printed additional questions. Do not change the original entry based on responses to the additional questions.
	15	1) The respondent reports stocks that accumulated dividends,	Mark "Yes" in 15a.
		2) Volunteered that dividends are automatically reinvested,	Include as income.
		3) Capital gains are reported as dividends,	DO NOT include them as these are usually received as a lump-sum payment.
	16	Questions arise,	Include only money received from a regular source. Do not include lump sum or "one-time only" receipts. *For example, a one-time lottery winning of $500 should not be included in question 16, but a regular lottery payout of $50,000 per year for 20 years should be. In this example, divide the $50,000 by 12 to determine how much was for last month.*
	17b,18b		Record the current market value of the house and property, excluding the contents such as furniture. Do not subtract any outstanding debts, such as mortgages, liens, and so forth from the value.
	17-22		Be sure to include the value of each asset only one time. For example, the other property reported in 20 should be excluded from 21.
	18a		Include homes owned or being bought by unrelated household members also.
	18b,21a		Business space should be considered as part of the value of the house in 18b. However, the value of the business itself and its associated equipment and supplies, should be recorded in 21a.

SPECIFIC INSTRUCTIONS

Part	Item	If:	Then:
D	18c-d	A home equity loan payment is included in the total mortgage payment,	Enter only the amount of a first or second mortgage taken as a direct result of the purchase of the home. Home equity loans taken to make improvements to the home, or for any reason not involved with the purchase of the home should not be included in the mortgage payment.
	18e	Two or more unrelated people share the rent,	Enter only the share of the rent paid per related household, not the total rent for the housing unit.
	18f	At least one major utility (e.g., electricity or gas) is included in the rent,	Mark "Yes". (Do not include water, sewage, or telephone as "major" utilities.)
	19	1) Other assets are reported in questions 17 and/or 18,	You may preface question 19 with "Not counting the [motor vehicles/boat/home] I just asked about, ..." to clarify to the respondent what question 19 concerns.
		2) Dividends from stocks or bonds were reported in 15,	Question 19 should be "Yes", with the value of the stocks or bonds (not the income) recorded in question 22.

(*Revised February 1995)

NOTES

SECTION IV, YEAR 2000 OBJECTIVES

The primary purpose of this section is to measure progress toward reaching the objectives for the health of the Nation as determined by the Department of Health and Human Services for the Year 2000.

IV	1)	"Y" is on the sample person selection label,	Mark Box "1" in IV2 and complete this section.
	2)	"A" is on the sample person selection label,	Mark Box "2" and skip to Section V. Do not complete Section IV.

PART A. TOBACCO

RESPONDENT(S)	Sample person only.
SPONSOR(S)	Office on Smoking and Health, Centers for Disease Control
PURPOSE	To obtain data on current smoking habits and quitting intent.
USES	To assess the effectiveness of health promotion campaigns designed to reduce smoking.

DEFINITIONS

Item	
1	**Cigarette**--Whatever the respondent reports, except cigars of any kind or marijuana.
5	**Past 12 Months**--Since the 12-month date a year ago.
6	**Past 30 Days**--Thirty days ago from the date of the interview.

SPECIFIC INSTRUCTIONS

Item	If:	Then:
1b,c	The response includes a fraction of a year,	Round down to the nearest whole year.
	The respondent is unsure exactly when he/she began to smoke,	Enter an estimate on the age line and footnote the situation.
4,6b	The response is given in packs rather than as the number of cigarettes,	Multiply the number of packs by 20, verify the result with the sample person and enter the number of cigarettes per day. Some brands have 25 cigarettes to a pack.

PART B - NUTRITION

RESPONDENT(S)	Sample person only.
SPONSOR(S)	Division of Nutrition Research Coordination, National Institutes of Health
PURPOSE	To obtain baseline data on weight control and nutrition for the "Year 2000 Objectives".
USES	These data will be used by leading Public Health Service agencies to increase public health education programs throughout the country.

DEFINITIONS

Item	
2	**Diet Pills**--Include prescriptions and over-the-counter brands.
	Laxatives--Include prescriptions and over the counter liquid, tablets, gels, or suppositories.
	Water Pills or Diuretics--Include prescriptions and over the counter brands, especially for, but not limited to, temporary weight gain due to water retention.
6a	**Meals on Wheels**--An organization (usually with a religious affiliation) that delivers meals to senior citizens' or invalids' homes for a small fee.

SPECIFIC INSTRUCTIONS

Item	If:	Then:
3	Questions arise,	Refer to page D10-5 and fill this item exactly as you would for question 5 on the Health Indicator Page of the HIS-1.
6b	The sample person says he/she would like to have or prefer to have meals delivered,	Probe to see if he/she NEEDS meals delivered to the home.
7b,8b	The respondent reports taking multiple classes,	Probe for the location of the most recent one.

PART C. CLINICAL AND PREVENTIVE SERVICES

RESPONDENT(S)	Sample person only.
SPONSOR(S)	Centers for Disease Control and Prevention, National Immunization Program
PURPOSE	To provide current data on people with one or more high risk conditions which may compromise the immune system who should get influenza and/or pneumococcal vaccinations.
USES	To plan and evaluate programs, public health education and health promotion campaigns, and epidemiological research.

GENERAL INSTRUCTIONS

For questions 1, 2, and 3, make sure the respondent is aware of the changes in the reference periods from 12 months, to 10 years, to EVER.

DEFINITIONS

Item	
4	**Diabetes**--For females, this excludes diabetes during pregnancy only (gestational diabetes).
8	**Fatigue**--Weariness that may include Chronic Fatigue Syndrome, but usually will be less rigorous than a diagnoses of Chronic Fatigue Syndrome. It does not need to be diagnosed by a doctor.
9	**Currently ... Treated**--Include take prescribed medication regularly, as well as other periodic treatments, such as radiation or chemotherapy.

SPECIFIC INSTRUCTIONS

Item	If:	Then:
4	The respondent developed diabetes only during pregnancy,	Mark "No".
9	1) The Sample Person had cancer over 5 years ago and goes now only for an annual check-up, including special tests such as a mammogram, cystoscopy, etc.,	Consider him/her "cured" and no longer being treated.
	2) The Sample Person had cancer within the past 5 years, and goes now only for annual check-ups (including special tests,)	Consider him/her as currently being treated and mark "Yes".

PART D. MENTAL HEALTH

OBJECTIVE To identify persons with mental or emotional problems that interfere with the ability to manage day-to-day activities.

DEFINITIONS

Item

1a **Stress**--Respondent-defined.

1b **During the past 12 months**--Since the 12-month date a year ago.

5 **Personal and Emotional Problems**--Respondent-defined.

Counselor--Professionally trained person who is paid to listen to your problems and help you with them.

PART E - PHYSICAL ACTIVITY AND FITNESS

RESPONDENT(S)	Sample person only.
SPONSOR(S)	Center for Chronic Disease Control and Health Promotion, Centers for Disease Control and Prevention
PURPOSE	To obtain baseline data on physical activity for the "Year 2000 Objectives of the Nation."
USES	To increase the proportion of people who participate in physical activity and to increase the proportion of health professionals who counsel their patients regarding physical activity practices.

DEFINITIONS

Item	
E1	**Physically Handicapped**--Interpret this term in each individual situation. What may be a physical handicap to one person may not be to another. Obviously, "confined to a wheelchair" or "bedridden" are physical handicaps. Also include conditions that may make it impossible to participate in one or more of the activities listed in question 2. Enter in the "notes" whatever it is about the person that makes you consider him/her to be physically handicapped.
1a	**Exercises, Sports, or Physically Active Hobbies**--These terms are respondent defined.
2a(4)	**Exercises to Increase Muscle Strength**--Pertains to activities that require strenuous muscular contractions, such as weight-lifting, resistance training, push-ups, sit-ups, etc.
2a(6)	**Aerobic Type Exercise**--Pertains to activities that tend to require increased work of the heart, lungs, and rhythmically contracting muscle groups, other than walking, jogging, swimming laps, biking, etc.
2c	**Minutes Actually Spent Doing (Activity in 2a)**--Pertains to the duration of time "in motion" rather than simply the total time devoted to the pursuit of a particular activity.
3	**Medical Check-up**--An examination not for a specific condition or problem. This may include the following: a periodic health examination, a complete medical examination, an annual health check-up, or a comprehensive physical examination.

SPECIFIC INSTRUCTIONS

Item	If:	Then:
2a(1) (8)	The sample person gets his/her physical exercise from normal daily walking or using stairs instead of taking the elevator,	Mark "No" for (1) and/or (8) as appropriate.
	The SP reports walking on a treadmill,	Mark "Yes" for (1).

SPECIFIC INSTRUCTIONS

Item	If:	Then:
2a(5)	The SP reports jogging on a treadmill,	Mark "Yes" for (5).
2a(15)	The SP reports using a Norditrack or other similar skiing machine,	Mark "Yes" for (15)(b).
2c	1) The sample person reports different amounts of time on different occasions,	Emphasize "On the average" when reasking the questions.
	2) The response is given in hours,	Convert to minutes.
	3) A RANGE is given,	Reask the question, emphasizing "about how many minutes?"
	4) The sample person reports that he/she plays/does the activity for more than 180 minutes (3 hours) each time,	Verify by asking "Did you actually play/do (activity in 2a) for more than 3 hours each time?" Enter the appropriate amount in minutes.
2c(8)	The SP reports climbing stairs in flights instead of minutes,	Convert to minutes allowing 1/2 minute per flight.
2d	1) The sample person reports increased heart rate or breathing due to excitement rather than physical factors,	Do NOT accept this response as it is based on something other than physical factors. Explain the situation and reask the question.
	2) The sample person reports aerobic activities, such as jogging, aerobics, biking, swimming, tennis, cross-country skiing, or basketball produced no increase in breathing or heart rate,	Verify by asking him/her to explain this before marking the answer. Footnote such explanations.

SECTION V. AIDS KNOWLEDGE AND ATTITUDES

RESPONDENT(S)	Sample person only.
SPONSOR(S)	Centers for Disease Control and Prevention (CDC/P)
PURPOSE	To monitor the public's knowledge about Acquired Immune Deficiency Syndrome (AIDS) and to obtain information about blood testing for the AIDS virus infection and possible discrimination toward those with Human Immunodeficiency Virus (HIV).
USES	The data will be used to help assess educational and public informational programs and to determine the general population's acceptance and practice of blood testing for the AIDS virus infection.

DEFINITIONS

Item	
6	Don't Know How Effective--The sample person is aware of the method, but not how effective it is.
6,35, 36	Don't Know Method--The sample person has never heard of the method and, therefore, cannot judge its effectiveness.
7,8,9	Child(ren)--Biological, step, adopted, foster child(ren), and wards of the sample person, regardless of where he/she/they live, as well as children for whom the sample person is a guardian.
19,28	STD clinic--Sexually Transmitted Disease clinic.
35,36	Birth Control Methods--All are respondent defined. Do not attempt to define or explain any of the specific methods.

GENERAL INSTRUCTIONS

Provide the following telephone numbers to respondents who are interested in information about AIDS:

- AIDS HOTLINE - general information, one-on-one questions, and may provide some materials.

  1-800-342-AIDS *English, 24 hours, 7 days*
  1-800-344-6432 *Spanish, 8 a.m. - 2 a.m. EST, 7 days*
  1-800-243-7889 *For deaf, 10 a.m. - 10 p.m. EST, 7 days*

- NATIONAL AIDS CLEARINGHOUSE - information, catalogue, specialists on materials.

  1-800-458-5231 *9 a.m. - 7 p.m. EST, Monday-Friday*

(*Revised February 1995)

SPECIFIC INSTRUCTIONS

Item	If:	Then:
5c	Questions arise,	"Sharing plates, forks, or glasses" means without washing these utensils.
5d	Questions arise,	Explain that "Drug Use" includes sharing needles for injection of any kind, both legal (such as insulin) and illegal (such as heroin), as well as "Gray Area" drugs such as steroids.
15	Asked,	The question concerns testing in the U.S. only.
16	1) The SP had only one blood test,	Mark the "one time" box in 16a and ask 16b to determine if that one test was in the past 12 months.
	2) The SP had 2+ blood tests,	Enter the number in 16a and ask 16c to determine how many were in the past 12 months.
29	The sample person volunteers that he/she has the AIDS virus him/herself,	Reask the question as worded.
31	1) The interview is by personal visit,	Hand Card A6 to the sample person and DO NOT read the parenthetical statement, nor statements a-e. DO NOT probe for which of the statements apply if the answer is "Yes."
	2) The interview is by telephone,	Read the introduction within the parentheses and All of the statements in this question before accepting a response. DO NOT probe for which of the statements apply if the answer is "Yes."
35,36	1) The interview is by telephone,	Skip questions 35 and 36.
	2) Asked,	These questions are concerned only with the listed methods. Explain this to the respondent if he/she says that something not on the list (e.g., abstinence) is the best method.

(*Revised February 1995)

PART E

INTERVIEWING TECHNIQUES AND ADMINISTRATION

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CHAPTER 1. INTERVIEWING TECHNIQUES

A. Your Role as a Field Representative

You must play two roles as a field representative.

1. Technician

You are a technician who applies standard techniques to each interview. The standard techniques, detailed in your 11-8, Listing and Coverage Manual and Part D of your HIS-100 Manual, ensure that the data collected by all HIS field representatives are accurate and reliable. Since all of you apply the same techniques, the results of the interviews from across the country can be combined to provide valid statistical totals on the health of the Nation's population.

2. Diplomat

You should show a sincere understanding and interest in the respondent, and create a friendly but businesslike atmosphere in which the respondent can talk truthfully and fully. You should begin building a harmonious relationship with the respondent when he or she first answers the door. Maintain the rapport throughout the interview to ensure full and valid information.

During an interview, if rapport is broken because the respondent finds a particular question "too personal," you would be wise to take a little time to reassure the respondent regarding the impersonal and confidential nature of the survey. Through restating the survey (or question) objectives and showing the respondent a report from a past survey you will be able to illustrate how one respondent's answers are grouped with answers from other respondents as an impersonal statistic.

B. Locating the Address and Contacting the Household

1. Locating the Address

Most addresses in your assignment can be easily located based on your general knowledge of your interviewing area. If you have difficulty locating an address, use the suggestions below to find the address.

- Maps of your interview area may be available from various sources, such as the Chamber of Commerce, local government offices, automobile clubs, private firms that sell maps, some service stations, and local or state highway departments. Ask your supervisor before purchasing any maps, since you may be reimbursed for the cost of maps.

- Post Office employees are familiar with the locations of addresses, and are the best sources of information on the locations of "rural route" mail delivery addresses.

- The segment folder may contain maps, sketches, or notes on the locations of the addresses in that segment.

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

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

- Utilities such as electric companies and telephone companies service most households and would have a knowledge of the locations of most addresses.

- Chapter 3 in your 11-8 Listing and Coverage Manual discusses locating addresses in permit segments.

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

2. Contacting the Household

After you locate an assigned address, list or update at that address if applicable. Then, visit the household at the sample unit and introduce yourself using an introduction similar to the one discussed in paragraph C1b on page E1-4. Area segments are prelisted and preupdated; therefore, you will only have to visit the household at the sample unit and introduce yourself using the suggested introduction.

a. No one Home on First Visit

If no one is home on your first visit, find out from neighbors, janitors, etc., whether the occupants are temporarily absent.

- If the occupants are temporarily absent (according to the conditions listed on page D4-14), follow the instructions on page D4-14 for temporarily absent households.

- If the occupants are not temporarily absent, fill a Request for Appointment (Form 11-38 or 11-38a) indicating when you plan to call back. Enter your name and telephone number in the space provided. Also, enter the date and time you said you would call back in a footnote on the Household Page. Do not leave this form where it is easily visible from the street as this may anger the respondent.

- Try to find out from neighbors, janitors, or other knowledgeable persons when the occupants will be home; however, do not identify the specific name of the survey. Note the time in a footnote on the Household Page and call back at that time.

b. No One Home on the Second and Subsequent Visits

If no one is home on the second and subsequent visits, use the suggestions below as an aid in establishing contact with the household.

NOTE: For households designated for Screening, follow the instructions in Chapter 3B.

- 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.)

Remember when inquiring of neighbors or other persons about the occupants, say that you are a representative of the Bureau of the Census and 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 Survey, but you must not mention the particular name of the survey.

c. Number of Callbacks to Make in an Attempt to Obtain an Interview

It is important to obtain as many interviews as possible; therefore, we are not prescribing a specific number of callbacks. In some cases, you may have to make many callbacks before you are able to interview the respondent. For most cases, however, one or two visits will be sufficient to obtain the interview. See also L4 on page E1-23 for additional instructions for telephone interviews.

Your office will designate a closing date for completing your assignment.

C. How to Begin the Interview

1. Introduce Yourself to the Respondent

a. The first step in an interview is to introduce yourself, including these six points:

(1) Your name.

(2) The U.S. Bureau of the Census.

(3) Your Identification (ID) Card.

(4) The fact that you are taking a health survey.

(5) The National Center for Health Statistics of the U.S. Public Health Service.

(6) The "Advance" letter.

b. A suggested introduction is:

"I am _____ from the United States Bureau of the Census. Here is my identification card. We are conducting a health survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service. Did you receive a letter explaining this survey?"

c. If you are not invited in immediately after your introduction, you may add, "May I come in?"

2. <u>The Privacy Act of 1974 and the "Advance" Letter</u>

a. The Privacy Act passed by Congress in 1974 seeks to ensure that personal information about individuals collected by Federal agencies is maintained in a manner which prevents unwarranted intrusions on individual privacy.

Among other things, the provisions of the Privacy Act call for Federal agencies to provide individuals with the following information about requests for information:

- The authority under which the information is being collected and whether compliance is mandatory or voluntary.

- The principal purpose or purposes for which the information is intended to be used.

- The various uses which may be made of the information.

- The effects on the respondent, if any, of not providing all or any part of the requested information.

b. The information listed above, along with a general explanation of the HIS, is contained in the advance letter which is sent from the regional office on Monday preceding the week of interview. The letter is sent only to those households for which the office has a specific street address or mailing address.

c. It will be necessary for you to inquire if respondents received the "Advance" letter. It is not necessary to ask if they have read it. If the "Advance" letter was not received or if the respondent does not know if it was received, provide him/her with a copy. If the respondent wishes to read the letter prior to the interview, allow sufficient time for that purpose. If the respondent inquires about the purpose of the survey, even though a copy of the "Advance" letter had been provided, you should offer an explanation such as:

"The Bureau of the Census is conducting the National Health Interview Survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service, because of the urgent need for up-to-date statistics on the health of the people. The survey is authorized by title 42, United States Code, section 242k. The information collected is confidential and will be used only for statistical purposes. Participation in this survey is voluntary and there are no penalties for refusing to answer any question. However, your cooperation is extremely

important in obtaining much needed information to ensure the completeness and accuracy of the data."

At households where two or more members are interviewed at different times, it is not necessary to give the second person a letter; however, include the statement, **"Your household has been provided with a letter explaining this survey,"** in your introduction.

d. After inquiring about the "Advance" letter and seating yourself, begin immediately with the first question of the interview: "What is your exact address?" The sooner the respondent begins to participate in the interview, the better. *(NOTE: If a listing of the address is required, verify the listing before beginning the HIS-1 interview.)* Starting the actual interview is much more desirable than describing the types of questions you plan to ask.

e. If persons who are not members of the immediate family are present, before continuing suggest to the respondent that it might be preferable to talk in a more private place. Even though a respondent might not refuse to be interviewed under these circumstances, the presence of outsiders might cause a reluctance to talk about certain types of illnesses which could result in a loss of information and cause a bias in the data. This may also help to assure respondents that the information they provide is confidential. Allow the respondent to make this determination.

3. Background of the National Health Interview Survey

a. The National Health Survey, of which the National Health Interview Survey is a part, is authorized by title 42, United States Code, section 242k.

b. The National Health Survey is a fact-finding survey only. Everyone realizes the importance of information about people's health and medical care, and they trust the survey to be concerned only with gathering facts about these health problems--and not with how the problems should be solved. Actually, when there are questions about how to solve a health problem, health administrators turn to the National Health Interview Survey for the facts on the situation because they trust the survey results to be accurate.

c. If the respondent confuses this survey with other census work, or the 10-year decennial census, explain that this is one of the many special surveys that the Census Bureau is asked to carry out because of its function as an objective fact-finding agency and because of its broad experience in conducting surveys.

4. Reluctant Respondents

You will find that most respondents will accept your introduction as the reason you are taking the survey. However, there will be a few who want more information about the survey and you should be prepared to answer their questions. There also may be a few respondents who are reluctant to give information, or who refuse to be interviewed because they do not want to be bothered or because they do not believe the survey has any real value.

It is your responsibility, as a Census Bureau representative, to "sell" the HIS program to a reluctant respondent. A good selling job at the beginning of the interview should gain you the cooperation needed to complete the HIS interview.

To convert reluctant respondents, you must decide how much explanation is needed and the best approach. Explain the survey in your own words, in a manner that the respondent can understand. A thorough understanding of the survey by you is the key to an appropriate explanation.

a. General Explanation of Survey

If a respondent mentions specific reasons why he/she does not want to participate, refer to the topics listed in section 4b below for handling specific points. 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."

You may also refer to the "Advance" letter, the explanation on the last page of the Information Booklet, and the material in Part A, Chapter 1, of this manual for assistance in explaining the survey to the respondents.

b. Specific Reasons for Reluctance

If a respondent gives specific reason(s) for her/his reluctance to be interviewed, you may use the general explanation in section 4a above, but you should also respond to the reason(s) mentioned. Shown below are some reasons a person may give for being reluctant to participate, and the responses you should give.

(1) How long will the interview take?

Mention that the length of the interview depends largely on the number of persons in the family. Do not say the interview will take only a few minutes.

(2) I don't have the time.

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

(3) I don't want to tell you about myself and my family.

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

(4) Why are you interviewing this household?

Explain that it would be too costly and time-consuming to interview everyone in the United States and therefore a sample of addresses was selected. The respondent happens to live at one of the representative addresses picked. Say that the selection was not based on who lives at the address, nor whether they have problems with their health. Each person represents approximately 1,600 persons. Taken as a group, the people living at these sample addresses will represent the total population of the United States in the health statistics produced and published by the U.S. Public Health Service.

(5) Why don't you go next door?

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

(6) I consider this a waste of taxpayer's money.

We are conducting the National Health Interview Survey for the U.S. Public Health Service to provide needed information on the health of the Nation's people. This information is useful when public or private health care programs are proposed or evaluated. The cost of conducting this survey is modest in comparison to the cost of health care in the United States. The information obtained from this survey helps ensure a more efficient allocation of funds for health care programs.

(7) How can you say that the survey is confidential but yet the data will be published?

All information gathered in this survey is held in strict confidence by law, unless we specifically request a respondent to sign a release form. There are severe penalties for revealing any information gathered in the survey that would identify any individual. Data are produced in such a way that no individual person can be identified. Both NCHS and the Census Bureau have outstanding records in this area.

(8) Why don't you get this information from doctors or the American Medical Association?

Doctors and the American Medical Association only have records on contacts with health care facilities. They do not have information on illnesses or injuries for which persons do not contact medical persons, and on persons without health problems.

The HIS also collects information on the effects of health on the person's lifestyle. This information is not available from medical records.

(9) What have you done with the data collected in the past?

From previous surveys a number of detailed reports on the following subjects have been published.

- Medical Care of Acute Conditions
- Hospital and Surgical Insurance Coverage
- Personal Out-of-Pocket Health Expenses
- Characteristics of Persons with Hypertension
- Information on Hospitalizations

Provide the respondent with a copy of the most recent "Fact Sheet" provided by NCHS.

(10) I gave information in the decennial census.

The last decennial census was conducted in April 1990. Some respondents may question why you are interviewing them when they completed a census questionnaire. Explain that the decennial census does not collect information on the health of the Nation's people. The information in the National Health Interview Survey is very important to collect this needed health information.

(11) Isn't participation in the survey voluntary?

Although participation in the National Health Interview Survey is voluntary, it is very important that we obtain the cooperation of all households selected in this relatively small sample to assure that we will continue to produce valid and representative information on the health of the population.

(12) Will this be the end of it?

Do not tell respondents they will be interviewed only once, since they may be reinterviewed by your supervisor, included in a followback survey based on information provided in the HIS, or interviewed again for some other survey at a later time. If asked about additional interviews, tell the person that the

household may be contacted at a later date to obtain additional health related information. This is also stated in the "Advance" letter.

(13) I think this is a waste of time. Who can I complain to?

Read the agencies and addresses from the burden statement in the "Notice" on the Household Page of the HIS-1 (or Supplement Booklet if that is where the complaint was made).

(14) Not convinced of need for information on health.

Other approaches may be used for persons who are not convinced that it is important to have information on health.

- For example, a respondent with children may be interested that data are sometimes collected on the immunization of children, dental care, or other topics specific to children.

- For example, a respondent who is concerned with the "high" cost of health care may be interested in the fact that HIS data may be useful for more efficiently directing government health care expenditures and for formulating government programs to assist persons with their payments for health care.

c. Refusals

Occasionally, a household may refuse to give any information. You should make every effort to obtain cooperation from each household assigned to you for interview. Use the explanations provided in this part of the Manual to demonstrate to the respondent the need for this information and to overcome any objections he/she has.

If all attempts at obtaining cooperation have failed, follow the instructions for refusals on page D4-13.

D. Your Own Manner

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

2. It is especially important in this survey that you maintain an objective attitude. Do not indicate a personal opinion about replies you receive to questions, even by your facial expression or tone of voice. Since the illness discussed may be of a personal or serious nature, expressions of surprise, disapproval, or even sympathy on your part may cause respondents to give untrue answers or to withhold information. Your own objectivity about the questions will be the best method for putting respondents at ease and making them feel free to tell you the conditions and illnesses in the family.

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

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

E. How to Ask the Questions

1. Ask Each Question as Instructed--The uniformity and value of the final results depend on all interviewers asking the questions in the same order and with the same wording.

   a. If you change the order, it is likely that both you and the respondent will become confused. This is especially true of the health questions, which refer to different periods of time. Asking the questions out of order would invite confusion.

   b. Speak clearly and read the entire question as it appears on the questionnaire. If you change the wording of a question, the respondent may answer differently than if you asked the question with the proper wording. This would mean the information obtained in the interview is not reliable, because it is not comparable to the information obtained in all interviews where the question was asked properly.

   c. It may appear to be bad manners to ask a question when the respondent has already provided you with the specific answer. It may confuse the respondent, or even cause antagonism, and may result in loss of information for later questions in the interview. If you are sure of the specific answer, you may make the appropriate entry without asking the question. However, you should verify the answer by saying something like: **"I believe you told me earlier that a motor vehicle was involved in the accident, is this correct?"**

2. Listen to the respondent until the statement is finished. Failure to do so can result in your putting down incorrect or incomplete entries.

   The two most common types of errors made in this regard are:

   a. Failure to listen to the last half of the sentence because you are busy recording the first half.

   b. Interrupting before the respondent has finished, especially if the person hesitates. A respondent often hesitates when trying to recollect some fact, and you should allow sufficient time for this to be done. Also, people will sometimes answer "I don't know" at first, when actually they are merely considering a question. When you think that this may be the situation, wait for the respondent to finish the statement before repeating the question or asking an additional question.

3. Repeat the Question if Not Understood--The respondent may not always understand the question when it is first asked, and sometimes you can tell from the answer that the

question has not been understood. In this case, repeat the question using the same phrasing as used originally. This should not prove to be embarrassing since what you said the first time was not heard or understood. Frequently the respondent is capable of understanding the question but has missed a word or two. If you think it is helpful, preface the repetition of the question by a phrase, such as "I see," "Oh, yes," and the like, and then repeat the actual question. If the respondent still does not understand the question, follow the instructions for probing in paragraph F on page E1-12.

4. Repeat the Answer--Sometimes it is helpful to repeat the respondent's answer and then pause expectantly. Often this will bring out additional information on the subject. It is also helpful as a check on your understanding of what has been said, especially if the statements or comments given have not been entirely clear. For example, "Including your doctor visit last week, that makes three times during the past 2 weeks?"

5. Avoid Influencing the Respondent

   a. Experiences in other studies have shown that respondents tend to agree with what they think you expect them to say, even though the facts in the case may be different. Therefore, avoid "leading" the respondent by adding words or making slight changes in questions that might indicate an answer you expect to hear.

   b. Even slight changes which may seem to make no apparent difference can prove harmful and should be avoided. For example, the question, "During those 2 weeks did you stay in bed because of illness or injury?" is greatly changed in meaning when changed to, "You didn't stay in bed during those 2 weeks because of illness or injury, did you?" The question, "Did the doctor or assistant call the eye trouble by a more technical or specific name?" would have a different meaning if changed to "Did the doctor say you had glaucoma?"

   c. Changes in question wording such as these suggest answers to the respondent and must be avoided. In an effort to be helpful the respondent may say, "Yes, that was it," or "That is true," or "That sounds about right"; whereas, the facts may have been quite different.

   d. Sometimes the respondent may not know the answers to the questions, and if this is the case, record the fact that the information is not known. (See page D2-9, paragraph 4, for instructions on recording "Don't know" responses.)

6. Information Given Out of Turn--Sometimes respondents will start describing the health of the family in answer to the very first question and will cover their own illnesses and those of other family members in such a way that is difficult to know which person has which condition. When this happens, you should explain that you cannot keep up in recording the information and ask them to permit you to ask the questions as they appear so that the information needed will not be given more than once.

   If you find it helpful, you may footnote conditions which are reported in questions not designed to pick up conditions for your reference in verifying these conditions later on the same page. For example, if the response to 2b on the Restricted Activity Page is, "He missed 3 days from work because of sinus trouble," you may wish to footnote "Sinus trouble" for verifying this condition when asking 7a. Do NOT attempt to verify conditions reported on a previous page.

Do not enter conditions in C2 unless they are verified or reported in response to questions designed to obtain conditions so that you will be sure to enter the proper source.

7. Do Not "Practice Medicine"

   a. Do not try to decide yourself whether or not any member of the household is ill. If the respondent mentions a condition but makes light of it or expresses doubt that the person was "ill," enter the condition on the questionnaire and ask the appropriate question(s) about it.

   b. Do not attempt to diagnose an illness from the symptoms, or to substitute names of diseases for the respondent's own description of the trouble. If an answer to a question is not specific or detailed enough, ask additional questions in accordance with instructions in section F below. However, the final entry must always represent what the respondent said, in his or her own words.

   c. If respondents ask for any information regarding health, explain that you are not knowledgeable enough to give health information and refer them to their physician or to the local medical society.

8. Pacing the Interview

   a. Try to avoid hurrying the interview even under trying circumstances. If respondents sense that you are in a rush to complete the questions and get out of the house, they will probably cooperate by omitting important health information which they might feel would take too much time to explain and record.

   b. Maintaining a calm, unhurried manner and asking all the questions in an objective and deliberate way will do much to promote an attitude of relaxed attention on the part of the respondent.

   c. Do not, however, unnecessarily "drag" the interview by allowing the respondent to present extraneous information after each question.

F. Probing

1. When to Probe

   a. Sometimes a person will give you an answer which does not furnish the kind of information you need or one which is not complete. It will be necessary to ask additional questions to obtain the required information, being careful to encourage the respondent to do the explaining without suggesting what the explanation might be. Ask as many questions as necessary to satisfy yourself that you have obtained complete and accurate information insofar as the respondent is able to give it to you.

   b. Be sure to keep asking additional questions until you have a complete picture and all the pertinent details. In some cases, the actual probe to use is printed on the questionnaire.

c. However, do not "over-probe." If the respondent does not know the answer to a question, do not try to insist that an answer be given. This might cause irritation and also cause concern about our interest in accurate responses.

2. How to Probe

a. Ask additional questions in such a way that you obtain the information required without suggesting specific answers. For example, "Please explain that a little more," "Please describe what you mean," or "What was the operation for?" Fit the question to the information which has already been given.

b. Ask probes in a neutral tone of voice. A sharp demanding voice may damage rapport. Also, it is sometimes a good technique to appear slightly bewildered by the respondent's answer and suggest in your probe that it was you who failed to understand. (For example, "I'm not sure what you mean by that--could you tell me a little more?") This technique can arouse the respondent's desire to cooperate with you since he or she can see that you are conscientiously trying to do a good job. However, do not overplay this technique. The respondent should not feel that you do not know when a question is properly answered.

c. In some instances you may need to suggest specific alternatives when general phrases have not been successful in obtaining the information. This is also an acceptable method of asking additional questions, provided the respondent is never given a single choice. Any items specifically suggested must always consist of two or more choices. The examples below illustrate both acceptable and unacceptable methods for asking additional questions.

Acceptable	Not Acceptable
(1) **Can you tell me the approximate number of days?**	*Would you say it was 6 days?*
(2) **You said you first noticed the condition about a year ago. Was it more than 12 months ago or less than 12 months ago?**	*Was it more than a year ago?*
(3) **Do you all live and eat together?**	*Are you all one household?*
(4) **Does she live the greater part of the year here or at her sister's home?**	*Is she a member of this household?*
(5) **What kind of asthma is it?**	*Is it bronchial asthma?*

d. The "Not acceptable" questions in examples (3) and (4) show an interviewer who is unable to apply Census rules for determining the composition of a household, and expects the respondent (who doesn't know the Census rules) to make the decision.

e. The "Not acceptable" questions in examples (1) and (5) illustrate an invitation to the respondent to just say "Yes" without giving any thought to the question.

f. The "Acceptable" question in example (2) illustrates a proper way to give the respondent an opportunity to tie an event to a particular period of time. The "Not acceptable" question is again an invitation to the respondent to say "Yes."

g. We have stressed the fact that you need to "stimulate" discussion. This does not mean that you should influence the respondent's answer or unnecessarily prolong the interview. Probing should always be neutral so that the respondent's answers are not distorted. When a neutral question is asked of all respondents, we have comparability between all the interviewers in the survey. If each interviewer asked a leading probe, the replies would no longer be responses to the original question but would vary from interviewer to interviewer, depending upon the probe. This thoroughly defeats the objective of standardization, and dilutes the respondent's answer with interviewer ideas.

h. Your thorough knowledge of the objectives of the questions will alert you to those times when probing is necessary for clearer, more complete, answers. Do not accept vague or partial answers which a respondent gives; this may lead to inaccurate data. The following example illustrates a faulty knowledge of a question objective:

Question:	What were you doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?
Answer:	Well, last week I was doing something else.
Probe:	Then you were doing something other than working, keeping house, or going to school. Is that right?
Answer:	Yes, that's correct.

In this example, notice that the question asks what the respondent was doing during most of the past 12 months. However, the respondent answered in terms of last week and the interviewer failed to catch this. The mere fact that the respondent said something doesn't mean that the question was answered according to the question objective. You must be able to separate the facts wanted from the respondent's answers. The basic procedure is:

- to know the question objective thoroughly.
- to know how to probe when the answer is inadequate while, at the same time, maintaining good rapport.

i. Sometimes a respondent may answer, "I don't know." This answer may mean:

- The respondent doesn't understand the question, and answers "I don't know" to avoid saying that he/she didn't understand.

- The respondent is thinking and says, "I don't know" as a filler to give him/her time to think.

- The respondent may be trying to evade the issue, so he/she begs off with the "I don't know" response.

- The respondent may actually not know.

Do not immediately record "DK" for "Don't know" if that is the respondent's first answer. Probe if it appears the respondent answered "I don't know" only because he/she did not understand the question, needs additional time to think of an answer, or is attempting to evade the question.

G. Recording Information Correctly

Recording information correctly is just as important a part of the interview as asking the questions correctly. This involves printing clearly in the space allotted for descriptive entries. If an additional description is required, make free use of the footnote space. Be careful not to leave blank spaces where they should be filled in.

1. Use a black lead pencil so that you can erase incorrect entries.

2. Make sure all entries are legible. Printing is required in some cases, but is highly recommended for all.

3. Use "DK" for "don't know" only to indicate that the respondent does not know the answer to a particular question. Do not use it to fill answers for questions that you may have overlooked at the time of interview.

4. If, after an interview, you discover blanks in the questionnaire for questions which should have been asked, and you are unable to call back for the information, leave the items blank.

H. Making Corrections

1. HIS "Core" Questions

   a. The HIS core questions are separated by topic into "Pages"--Limitation of Activities, Restricted Activity, etc. through the Demographic Background Page. Generally, it is not necessary to go back and make corrections to information recorded on previously completed "Pages" when inconsistencies are discovered later during the interview. For example, you need not change the Restricted Activity Page because of answers received to questions 5 and 6 on the Demographic Background Page. For these cases, footnote the situation.

   b. However, you should make any necessary corrections when inconsistencies with information are discovered on the "Page" you are currently completing. For example, correct the entries in Limitation of Activities Page questions 2-6 if an inconsistency is discovered when asking question 14.

c. The above rules apply to inconsistencies discovered during the interview. If you discover errors or omissions in any "core" pages during your edit after the interview, call the respondent and reask only the appropriate questions, that is, the ones missed or in error. Do not try to fill answers or make corrections from memory.

d. Make corrections to item C1 on the HIS-1 as necessary: Correct item C1 and footnote the reason if the number of Doctor Visit columns completed for a person differs from the entry in the 2-Wk. Dr. Visit box (D9-3) or the number of Hospital columns completed for a person differs from the entry in the Hospital box (D12-3).

e. If, when completing the Demographic Background Page, there is an inconsistency between the response to question 5 or 6 and the entry in item L2, correct item L2 and the "Work" box in C1 (D14-5), footnoting the reason for the change.

f. If, when completing the Condition Page, you learn that a condition started during "interview week," do not delete the condition from item C2. Footnote the situation and do NOT ask any further questions for this condition (D13-14). For example, if the response to question 5 is "this week," verify the information, footnote "during interview week," and stop asking further questions on this Condition Page. However, do not delete or correct any previously recorded information for this condition.

NOTE: Make NO changes to the HIS-1 pages because of information received while completing the supplements. Footnote any inconsistencies on the appropriate pages of the supplement.

2. Supplemental Topics

Additional supplemental topics may be contained in the HIS-1 or may be contained in a separate booklet.

a. Do not make any corrections when inconsistencies are discovered from one supplement "section" to another, but do make corrections within the "section." For example, do not correct the entries in Section I based on later information provided in Section III. However, do footnote the situation.

b. The above rules apply to inconsistencies discovered during the interview. If you discover errors or omissions in any of the sections during your edit after the interview, call the respondent and reask only the appropriate questions, that is, the ones missed or in error. Do not try to fill answers or make corrections from memory.

3. Correcting the Sample Person Selected

a. If you discover during the interview that a wrong sample person was selected, stop the interview, make any necessary corrections and interview the correct sample person. Call back, if necessary, to interview the correct sample person.

b. If you discover after the interview that a wrong sample person was selected, note this information on the Cover page of the HIS supplement booklet. Do NOT try to correct this or interview the correct person.

I. Review of Work

1. At Close of Interview--Look over the questionnaires while you are in the house so that you can ask any missing items or clarify any questions you might have. Check to be sure you have completed:

   a. The Limitation of Activities Page.

   b. A Restricted Activity Page for each person.

   c. A 2-week doctor visit column for each visit recorded in item C1.

   d. The Health Indicator Page.

   e. A hospital stay column for each hospitalization recorded in item C1.

   f. A Condition Page for each condition listed in item C2.

   g. The Demographic Background Page.

   h. The Cover Page of the Supplement Booklet(s).

   i. The Supplement Booklet(s) and any accompanying questionnaires, if appropriate, or made arrangements for a callback, if required.

   Also check to be sure you have entered dates and times for callbacks on the Household Page.

2. Prior to Transmittal

   Review the Household Pages for completeness. Verify that you have correctly filled the following items:

   a. EXTRA UNITS

      1 through 6
      7
      12 through 19

   b. Nonrelated Household Members

      1 through 6
      7b
      12 through 19

   c. More Than One Questionnaire for Related Household Members

      1 through 6
      14

d. Noninterviews

Items must be completed as specified in Household Page item 16.

J. "Thank You" Letters

The "Thank You" letters are signed by the Director of the National Center for Health Statistics of the U.S. Public Health Service. Leave one of these at each household after the interview has been completed. The letter thanks the respondent briefly for his/her cooperation and can be shown by the person interviewed to other members of the household who were not a home at the time of your call.

In leaving the letter, say something such as: "Here is a letter of appreciation from the U.S. Public Health Service," or "Here is a letter from the U.S. Public Health Service thanking you for your cooperation in this survey."

K. Pamphlets

Occasionally you may be provided with pamphlets which contain answers to questions frequently asked by respondents during or after the interview. There is also a toll-free telephone number for those persons who would like more information about the subject matter. Leave one of these brochures with the sample person if the interview is completed during a personal visit; mail it if the supplement is completed by telephone. Do not leave or mail the brochure until an interview is conducted, either complete or partial.

L. Use of Telephone

1. When to Use the Telephone

Use the telephone only:

a. To make appointments.

b. To obtain a few items of information missed in the personal interview.

c. To obtain information that was not available to the respondent during the personal interview.

d. To conduct interviews in special situations that otherwise would be unattainable.

e. To conduct certain supplemental interviews with persons not available during the initial interview. (See the appropriate chapter(s) for specific callback procedures.)

2. General Guidelines

The guidelines appearing in this section should be kept in mind any time you contact respondents on the telephone.

a. Principles of Using the Telephone

Successful telephone communication is not dependent on visual techniques. Physical means of communication, such as gestures, posture, etc., which can be a factor in creating a favorable impression during a personal visit are not a factor in telephone interviewing. Vocal expression, through the use of language, grammar, voice quality, rate of speech, and effective enunciation is the key for creating a favorable impression over the telephone.

When you are talking to a respondent on the telephone, he/she forms a mental picture of you. Therefore, it is important to convey a positive image over the telephone. To do that, you must maintain a businesslike attitude and positive frame of mind at all times. There will be occasions when respondents will give you a very difficult time on the telephone. At these times, it is especially important that you maintain a professional attitude. Do not allow a respondent to upset or excite you and, by all means, be certain that you do not say anything to upset or excite the respondent.

b. General Rules

You obviously want to create a favorable impression over the telephone. Experienced interviewers will impress the respondent as being confident, easy to understand, polite, and businesslike. The following general rules should help you to project this image when interviewing by telephone.

- CLARITY

  Avoid talking with anything in your mouth, such as a cigarette, food, chewing gum, or pencils. Speak directly into the mouthpiece with your mouth about one inch from the telephone.

- ENUNCIATION

  The English language is full of similarities, "T" and "D," "P" and "B," and "E" and "P." Clear enunciation will help avoid misunderstandings and the need to repeat yourself.

- COURTESY

  Common everyday courtesy is just as important on the telephone as it is in personal interviews. For telephoning, it may be even more important because you can't see the person to whom you are speaking, and it may be more difficult to gain his/her confidence and trust.

- RATE

  The basic rate of speech is 120 words per minute. If you speak too rapidly, people start listening to how fast you're talking, instead of what you are saying. If you speak too slowly, it can be irritating to a listener because he or she is kept hanging on every word and tends to anticipate what you are going to say. Take a paragraph from a magazine or newspaper, count out 120 words, and practice reading it aloud, timing yourself to see how close you can come to the standard rate.

- PITCH

  Speech experts say low pitch is desirable because it projects and carries better. Also, it is more pleasant. Try lowering your head, since this technique helps to lower the pitch of your voice.

- INFLECTION

  Don't talk in a monotone. Use the full range of your voice to make the conversation interesting. Rising inflection toward the end of a sentence is very helpful. As in personal interviews, stress those words or phrases that need to be emphasized. These are USUALLY shown in capital letters.

c. Keys to Good Listening

A good interviewer does much more than ask questions. In order to interview properly, he/she must be a good listener. This is especially important during a telephone call, where verbal communication is the only form of contact. During a personal interview, where you can see the respondent, gestures, facial expressions, etc., may tell you that a respondent is pausing to gather his/her thoughts. Since we lose this advantage when using the telephone, interviewers must be especially aware of the proper listening techniques described below:

- LIMIT YOUR OWN TALKING

  You can't talk and listen at the same time.

- ASK QUESTIONS

  If you don't understand something, or feel you may have missed a point, clear it up immediately. If you don't, it can confuse the interview and may embarrass both you and the respondent.

- DON'T INTERRUPT

  A pause, even a long pause, doesn't always mean the respondent is finished saying everything he/she wants to say. When telephoning, you may find it is necessary to probe more often than usual.

- CONCENTRATE

  Focus your mind on what the respondent is saying. Practice shutting out distractions.

- INTERJECTIONS

  An occasional "Yes," "I see," etc., shows the respondent you're still with him/her, but don't overdo it or use comments that might bias the interview an any way, such as "That's good," or "That's too bad."

- AVOID REACTIONS

  Don't allow your irritation at things the respondent may say, or allow his/her manner, to distract you.

- DON'T JUMP TO CONCLUSIONS

  Avoid making assumptions about what the respondent is going to say, or mentally trying to complete a sentence for him/her. Such conclusions "lead" the respondent, and bias the interview.

d. Telephone Techniques

Every interviewing situation is unique and should be treated as such. It is important that you adapt to each new respondent. Don't allow a difficult interview or sharp refusal to shake your confidence or affect subsequent interviews. There is nothing mechanical about interviewing either in person or by telephone, but there are some basic techniques for a telephone contact that will help to make telephone interviewing easier.

- SELECT GOOD WORKING PLACE

  When contacting a respondent on the telephone, select a quiet place where you have adequate working space, and where interviews may be conducted confidentially.

- BE PREPARED

  Always have enough paper, pens, pencils, and forms, as well as your Manual and aids within arm's reach when you are on the telephone. Excuse yourself in the unlikely event that you have to leave the telephone and never leave the telephone for more than 30 seconds.

- KEEP INTRODUCTION BRIEF

  Avoid lengthy introductions. Keep them brief and to the point, and begin interviewing as soon as possible. A recommended telephone callback introduction is printed in your Information Card Booklet.

- BE COURTEOUS

  Never slam the receiver down. Explain all lengthy pauses which delay the interview; for example, "Please excuse the slight delay but I'm writing down the information you gave me. Is this correct (repeat your entry)?"

- MAINTAIN YOUR CONFIDENCE

  Do not allow a "tough" interview or refusal to affect the next call. Remember, you are speaking to a different person each time and your attitude will be easily betrayed by your telephone voice.

- DO NOT RUSH THE INTERVIEW

  Speak deliberately and distinctly and ask all questions as worded. Speak clearly and pronounce each word.

- ENDING THE INTERVIEW

  When you are finished interviewing a respondent, express your thanks, and when the time comes, always let the respondent hang up first.

e. Telephone Expenses

You will be reimbursed each month for the actual expenses you incur in making telephone calls. See instructions in your 11-55, Administrative Handbook.

3. Specific Rules for HIS Telephone Interviews

a. Local and Long Distance Calls

Use a local telephone whenever practical. (Consult your Administrative Handbook or supervisor on the use of long distance calls.)

b. Make your telephone calls at the time which will maximize your chances of contacting the desired household members you need to interview. Avoid calling very early in the morning (before 8:00 a.m.) or very late in the evening (after 9:00 p.m.) unless the respondent specifically requested that you call at such times.

c. Once you have contacted the household by phone, ask to speak to the desired respondent(s). If they are not available, determine when they will be available and record this in a footnote on the Household Page of the HIS questionnaire.

d. If the desired respondent is available and you have spoken to this person previously, introduce yourself and explain your reason for calling. (For example, "I am calling for the information which you were unsure of during my visit.")

e. If the desired respondent is available and you have not spoken to this person previously, you will need to introduce yourself and explain your reason for calling in more detail.

Use the following introduction:

"I am _____ from the United States Bureau of the Census. I spoke with -- (previous respondent) during a visit to your household concerning a health survey we are taking across the Nation. I arranged with -- (previous respondent) to call today to ask you some questions. Your answers are confidential. The survey is voluntary and you may discontinue participation at any time. Your household has been provided with a letter explaining this survey."

f. If the respondent is unable to provide certain information during the HIS-1 interview, arrange a telephone callback to obtain this information from a more knowledgeable respondent. For example, if the respondent is unable to provide information on the

2-Week Doctor Visits Probe Page about his 19-year-old cousin, arrange a telephone callback to speak with the cousin and complete all appropriate questions which the previous respondent was unable to answer. If the cousin now reports one doctor visit during the 2-week period, also complete a 2-Week Doctor Visits column. Do NOT, however, verify or change information previously reported by the original respondent. For example, if you are calling the cousin to ask questions 2 and 3 on the Health Indicator Page, do not reask questions 1, 4, or 5 on this page for the cousin. Again, if the family does not have a telephone, make personal callbacks for missing information if you have other work to do in the same general area.

Keep in mind that the above callback procedures apply only if a few items are missing. If most of the interview cannot be completed for one or more family members or the household in general, a personal callback is required to interview a more knowledgeable respondent.

g. After the interview is completed, thank the respondent for his/her cooperation. If necessary, ask to speak with any other persons you need to interview.

4. Special Situations

a. It is becoming more difficult and costly to conduct all HIS-1 core interviews by personal visit. It is important, however, to obtain as many interviews by personal visit as possible, but a limited number of interviews may be conducted by telephone in the following situations:

- Where it is simply too expensive to continue to make additional personal visits to the segment. For example, there may be only 1 or 2 households not yet interviewed in the area or an unrelated individual who can never be found at home. This would be especially beneficial in per diem areas or for segments requiring a lot of travel time.

- In instances when the respondent simply will not allow strangers to enter their home, but agrees to participate in a telephone interview.

- In cases where the respondent requests the interview be done by telephone because of time schedules; too busy, leaving town, and so forth, but only after repeated calls have been made to set up an appointment.

- In language problem situations where you cannot conduct the interview but there is a supervisor, SFR or other HIS FR who is available to conduct the interview by telephone. Notify the office of these situations to get permission before transferring the case.

Call your regional office to request permission to conduct a telephone interview in any other type of situation.

b. Document on an INTER-COMM why you conducted the HIS-1 interview by telephone and send it to the regional office.

c. Because of the importance of the use of calendar cards, flashcards and so forth in the interview, use the telephone only as a last resort. The following points should be made clear to the respondent when conducting the interview by telephone: 1) ask the respondent if there is a calendar available, and request that he/she refer to it during the interview; 2) some rewording may be necessary, for example when asking 8b, Income, you should say "Now I am going to read a list of income groups. Of these groups which best represents ...?"; 3) the reference periods should be repeated more frequently than printed in the HIS-1; and 4) all answer categories should be read for questions which normally use a flashcard.

CHAPTER 2. ADMINISTRATION

A. Transmittal of Materials

1. If possible, transmit all "materials" for a segment to the regional office together, in the same package. These include all questionnaires (completed interviews and final noninterviews) and the Segment Folder. However, do not delay your transmittal for one or two outstanding cases.

2. Insert any supplement booklet(s) for a household inside the HIS-1 questionnaire for that household, unless instructed differently. *(For the 1994 and 1995 HIS, insert all materials except the HIS-2 inside the HIS-1. Place the HIS-2 under the HIS-1 and band together.)*

3. Mail the materials on the day you make your last call, that is, the day you complete your last interview in the segment, but no later than Saturday of interview week.

4. If you feel you will not be able to complete your assignment by Saturday of the interview week but can complete it by Monday or Tuesday of the following week, contact your office by Friday for instructions.

5. Enter the date you are mailing all "materials" for the segment on the Segment Folder in the "Date of Shipment" column opposite serial number "01." If only some questionnaires are being mailed, enter the date after each appropriate serial number.

6. If you have permission to complete any questionnaires after interview week, enter the following notation in the lower left-hand corner of the mailing envelope: "Late transmittal for Week ___" (enter the appropriate interview week number, for example, 01, 02, etc.). If you have permission to complete any supplement booklet interviews after interview week, make a note in your transmittal of HIS-1 questionnaires of which booklet you are retaining. You may need to transcribe telephone number and other appropriate information from the HIS-1 before you transmit it in this situation.

CONFIDENTIALITY

1. WHAT IS CONFIDENTIALITY?

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

2. THE GUARANTEE OF CONFIDENTIALITY

The U.S. Public Health Service provides the guarantee of confidentiality for the National Health Interview Survey. This guarantee is contained in the "Notice" statement printed the HIS-1 Household Page and on the cover page of all supplement booklets:

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

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

3. SPECIAL SWORN EMPLOYEES (SSEs)

The Bureau of the Census has the authority to use temporary staff in performing its work as long as such staff is sworn to preserve the confidentiality of the data. These temporary staff members are called Special Sworn Employees (SSEs). SSEs are subject to the same restrictions and penalties as you regarding the treatment of confidential data. Staff from the sponsoring agency for this survey are made SSEs to allow them to observe interviewing. 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 HIS 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 any 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. USING THE GUARANTEE OF CONFIDENTIALITY WITH RELUCTANT RESPONDENTS

Use the information in Part A and Part E, when a respondent is reluctant to participate because he/she thinks the data will be open for public inspection. Also show the respondent a copy of published data from this survey, if available.

6. PENALTIES FOR DISCLOSING CONFIDENTIAL INFORMATION

Unauthorized disclosure of individual information collected in the National Health Surveys is punishable by a fine of up to $1,000, or imprisonment up to 1 year, or both (18 USC 1905). Deliberate falsification, by an employee, of any information in this survey is punishable by a fine up to $10,000, or imprisonment up to 5 years, or both (18 USC 10001).

7. HOW TO MAINTAIN CONFIDENTIALITY

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

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

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

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

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

(3) When conducting an interview in which an interpreter is required, ask the respondent if he/she is willing to have another person act as interpreter. If the respondent objects to the interpreter and a more suitable one cannot be located at the time of the

interview, call the office to see if another interviewer who speaks the respondent's language can conduct the interview.

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

c. When Discussing Your Job with Family, Friends, Others: You must not reveal any information which you obtained during an interview or identify any persons who participated in the survey to unauthorized persons in conversation or by allowing them to look at completed questionnaires.

d. When "Storing" Completed Questionnaires: If it becomes necessary to leave completed questionnaires around your home, motel room, or other nonsecure place when you will not be there, put them "out-of-sight" so that unauthorized persons will not be tempted to look at them if they cannot be more securely stored.

8. SUBPOENA OF RECORDS

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

APPENDIX B

DIAGNOSTIC ERROR CODES

Code	Page/Item	Situation
01	Limitation of Activities/2	Limitations are reported, but conditions causing the limitations are not entered in C2 with "LA" as source.
02	Restricted Activity/2 through 7	Restricted activity days are reported, but no condition entered in C2 with "RA" as source. --- Code 02 is not assigned if: "Normal birth", "immunization/vaccination with no side effects", or "tests/exams-no condition" is footnoted as the cause of the restricted activity.
03	2-Week Doctor Visits/Column	Doctor visit recorded in C1 but a doctor visit column is not completed for it.
04	2-Week Doctor Visits/4	• "Condition" box is marked in 4a/b, AND/OR an entry appears in 4f and/or 4h, BUT no condition entered in C2 with "DV" as source. • "Other" box is marked in 4a/b, AND the name of a condition is entered in 4a/b but not in C2, OR an operation or surgery is reported in 4a/b but the condition causing the operation or surgery, or the name of the operation or surgery if condition cannot be determined, is not entered in C2.

Code	Page/Item	Situation
05	Hospital/Column	Hospital stay recorded in C1 but a hospital column is not completed for it.
06	Hospital/4 and J1	• Nights during 2-week reference period but condition in 4 is entered in C2 with "HS" as source. • "No condition" box is marked in 4. AND the name of a condition is entered in 4 but not in C2, OR an operation or surgery is reported in 4 but the condition causing the operation or surgery, or the name of the operation or surgery if condition cannot be determined, is not entered in C2.
07	Condition/Page	Condition entered in C2 but a Condition Page is not completed for it.
08	Condition/3b	Double entries appear, but a separate Condition Page is not completed for each entry.

Code	Page/Item	Situation
09	Condition/3f and 17b	Condition, or additional present effect(s), not and 17b entered in C2 when more than one present effect is reported in 3f (for stroke only). Examples--3f: ● "Paralyzed arm and leg"--requires one Condition Page. ● "Paralyzed arm and stiff leg"--requires two Condition Pages. Multiple present effects reported in 17b but not entered in C2. Examples--17b: ● "Lower left arm stiff and sore"--requires two Condition Pages. ● "Lower left arm stiff, upper right leg sore"--requires two Condition Pages. ● "Upper left arm and lower right leg stiff"--requires one Condition Page. ---------- <u>Code 09 is not assigned if</u>: Present effects in 3f (for stroke only) or in 17b are the same as the entry in item C2 or question 3b on the same Condition Page.
10	2-Week Doctor Visits/1	Date entered is impossible. OR Date is outside the reference period. OR Date is omitted. ---------- <u>Code 10 is not assigned if</u>: Date is blank but "Last week" or "Week before" box is marked.

Code	Page/Item	Situation
11	Hospital/2	Date entered is impossible. OR Date is omitted. OR Date and number of nights indicates entire stay during interview week.
12	Condition/3b	"Effects of operation", "after-effects", ill effects", "recuperating", or "convalescing" is entered, but not the condition causing the operation, or the name of the operation if no condition. ---------- <u>Code 12 is not assigned if</u>: Condition causing the operation is given as "cause."
13	Condition/3b	Only part of body is entered. OR "DK" entered. OR An obviously vague description, such as "lame", "retarded", "gastric stomach", "impaired", "crippled", "heart failure", "tubes in ear", etc., is entered, AND a more complete description is not recorded in any succeeding question. OR No entry is recorded.
14	Condition/3c	Cause not entered for any condition other than color blindness, cancer, normal pregnancy, normal delivery, vasectomy, or old age. OR Accident/injury is given as "cause" and a complete or adequate description of the accident is not given.

Code	Page/Item	Situation
15	Condition/3d	Neither "Accident/injury" box nor "Yes/No" box marked, as appropriate.
16	Condition/3e	Kind or manifestation is not given, for the terms or conditions listed. OR Entry describes only site, part of body, or surface. Example: "flesh tumor", "bone cyst", "skin ulcer." ---------- Code 16 is not assigned if: • Entry includes term "disease", when commonly used as part of the name of a specific disease. Example: "Parkinson's Disease." • Entry of "skin cancer." • "Birth defect" entered as cause. • Entry of "trouble sleeping." • Entry indicates doubt that the condition exists, or respondent is not sure what condition is. Example: "Swelling on neck-DK, cyst or boil", or "chest congestion, may be asthma, DK."
17	Condition/3f	Effects or manifestation of allergy or stroke is not entered OR is inadequate, such as "lame", "impaired", "no use of", "deformed", etc.

Code	Page/Item	Situation
18	Condition/3g	Part of body entered OR is inadequate, for (1) the terms or conditions specified, OR (2) an impairment, OR (3) for the parts of the body shown. OR "Internal" is entered without any reference to specific areas. Example: "internal pain." --- <u>Code 18 is not assigned if</u>: • Specific part of body is not entered in 3g for terms entered in item 1 but not 3b. Example: "Ear infection" is entered in item 1 and "otitis media" is entered in 3b, no error is charged if 3g is blank. • "Headache", "earache", "eye strain", or "female organs" entered. • Part of body is adequately described in previous part of 3.
19	Condition/13 through 17	Accident questions not complete for an injury or condition due to an accident. --- <u>Code 19 is not assigned if</u>: • Code 15 was previously assigned for question 3d on this Condition Page. • Birth injuries to mother or child entered. • There is a footnote indicating "same as for condition 1" or something similar. • There is doubt as to whether or not an accidental injury happened, or the respondent does not remember the accident, even though a doctor believed it was the cause of the condition.

Code	Page/Item	Situation
20	Condition/17	Part of body not entered OR is inadequate. ---------- Code 20 is not assigned if: Part of body is not entered for "whiplash" (neck injury).
21	Condition/17a	"Kind of injury" is inadequate. OR "Kind of injury" is not specified when injury is described as internal but not site or organ is entered. Example: "internal bleeding" or "broken blood vessel." OR Entry consists of only a general description. Example: "nerve injury", "nerve damaged", etc.
22	Condition/17b	Present effects are not entered or are inadequate for accidents or injuries which happened more than 3 months ago. OR Entry such as "no use of", "can't bend", "lack of mobility", "difficulty", etc., i.e., a limitation rather than a condition. ---------- Code 22 is not assigned if: Entry of "slipped disc", "slipped vertebra", "disclosed disc", or "ruptured disc", which may indicate continuing conditions (present effects).

PART F

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