HIS-100C
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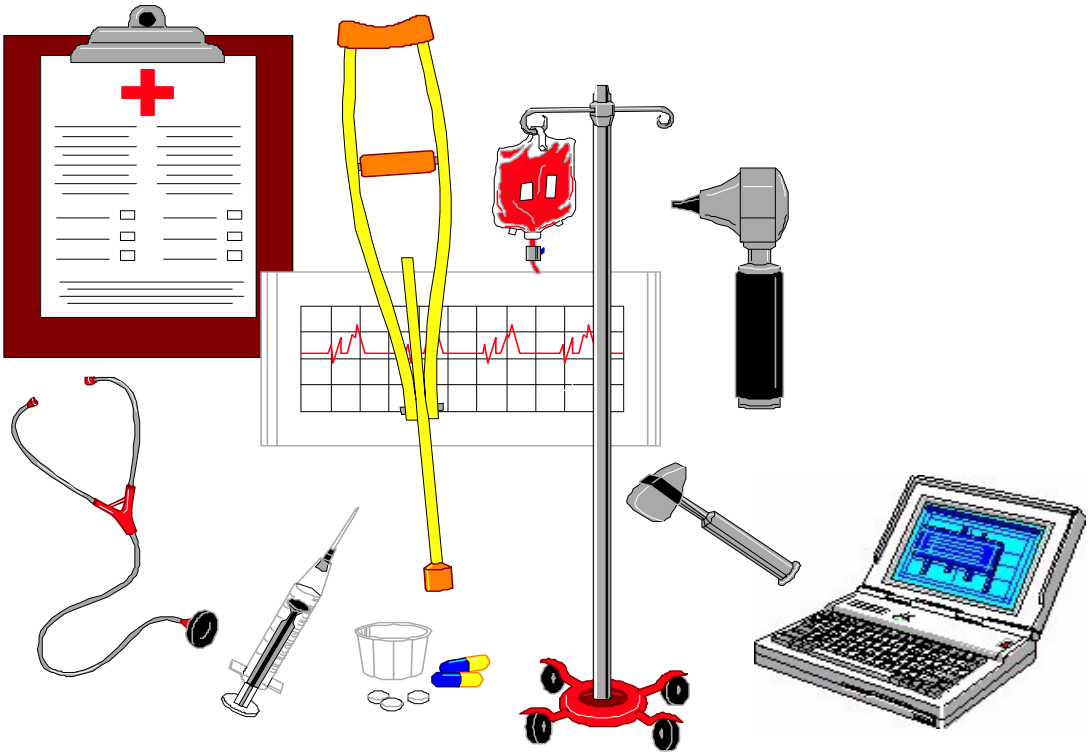
NATIONAL HEALTH INTERVIEW SURVEY



CAPI MANUAL FOR NHIS FIELD REPRESENTATIVES

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United States Census Bureau

TABLE OF CONTENTS

SECTION NUMBER	SECTION NAME	PAGE NUMBER
	PART A - DESCRIPTION OF SURVEY	
Section 1	Description of the Survey	A-1
Section 2	Conducting the NHIS Interview	A-10
Appendix A.1	More Examples of Uses of the Information Gained from the National Health Interview Survey	A-22
Appendix A.2	Confidentiality	A-24
	PART B – CONCEPTS	
Section 1	Respondent Rules	B-1
Section 2	Screening	B-6
Section 3	Household Membership	B-8
Section 4	Families	B-15
Section 5	Definitions and Procedures	B-18
Section 6	Quality Assurance for the NHIS	B-50
Appendix B.1	Group Quarters Type Codes and Descriptions	B-53
Appendix B.2	Distinguishing Group Quarters from Housing Units at the Time of Interview	B-64
Appendix B.3	Mergers	B-68
	PART C – INSTRUMENT	
Section 1	NHIS Instrument General Features	C-1
Section 2	The “Front” and “Coverage” Sections (FRT, COV)	C-11
Section 3	Household Composition and Demographics (HHC, FID)	C-19
Section 4	Family Health Status and Limitations of Activity (FHS)	C-26
Section 5	Family Injuries and Poisonings (FIJ)	C-33
Section 6	Family Health Care Access and Utilization (FAU)	C-36
Section 7	Family Health Insurance (FHI)	C-39

SECTION NUMBER	SECTION NAME	PAGE NUMBER
Section 8	Family Socio-Demographic Background (FSD)	C-46
Section 9	Family Income (FIN)	C-51
Section 10	Sample Child Respondent Identification and Verification (CID)	C-60
Section 11	Sample Child Conditions, Limitations of Activity and Health Status (CHS)	C-62
Section 12	Sample Child Health Care Access and Utilization (CAU)	C-67
Section 13	Sample Adult Identification and Verification (AID)	C-72
Section 14	Sample Adult Socio-Demographic Background (ASD)	C-75
Section 15	Sample Adult Conditions (ACN)	C-82
Section 16	Sample Adult Health Status and Limitations of Activity (AHS)	C-86
Section 17	Sample Adult Health Behaviors (AHB)	C-92
Section 18	Sample Adult Health Care Access and Utilization (AAU)	C-95
Section 19	Recontact (REC)	C-101
Section 20	The Back Section (BCK)	C-103
Section 21	Noninterviews and Quitting out of a Case	C-107
	PART D – 2014 SUPPLEMENTS	
	Household:	
Section 1	Native Hawaiian and Pacific Islander (NHPI)	D-2
	Family:	
Section 2	Family Disability (FDB)	D-5
Section 3	Family Food Security (FFS)	D-7
	Sample Child:	
Section 4	Child Mental Health Brief Questionnaire (CMB)	D-9
Section 5	Child Influenza Immunization (CFI)	D-11
Section 6	National Immunization Provider Record Check Study (IPV)	D-13
	Sample Adult:	
Section 7	Adult Arthritis (ACN)	D-16
Section 8	Adult ABCS of Heart Disease and Stroke Prevention (ACN)	D-18

SECTION NUMBER	SECTION NAME	PAGE NUMBER
Section 9	Adult Tobacco Use (AHB)	D-20
Section 10	Adult Immunization (AAU)	D-23
Section 11	Adult Functioning and Disability (AFD)	D-26
Section 12	Adult Hepatitis B/C Screening (AAU)	D-28
Section 13	Adult Internet and Email Usage Questions (AWB)	D-30
Section 14	Adult Sexual Identity and Lifestyle (ASI)	D-32
	Sample Adult and Sample Child:	
Section 15	Adult and Child Hearing (ACN, CHS)	D-35
	PART E – MODULES OF THE CONTACT HISTORY INSTRUMENT (CHI)	
Section 1	Introduction to the Contact History Instrument (CHI)	E-1
Section 2	Introduction to Household-Level CHI	E-4
Section 3	Introduction to Person-Level CHI	E-12
Section 4	The pCHI Questions	E-14
Section 5	Introduction to the Neighborhood Observation Instrument (NOI)	E-28
	PART F – FREQUENTLY ASKED QUESTIONS (FAQs)	
Section 1	Front and Recontact FAQs	F-2
Section 2	Household Composition and Family Identification FAQs	F-11
Section 3	Family Questionnaire FAQs	F-18
Section 4	Sample Child Questionnaire FAQs	F-28
Section 5	Sample Adult Questionnaire FAQs	F-31
Section 6	NHIS Forms FAQs	F-40
Section 7	Contact History Instrument (CHI), Automated Listing and Mapping Instrument (ALMI) FAQs	F-44
Section 8	Interview Concepts FAQs	F-47
Section 9	Personally Identifiable Information (PII) FAQs	F-50
Section 10	Data Quality FAQs	F-58
Section 11	Sampling & Address FAQs	F-62
Section 12	Miscellaneous FAQs	F-68

PART A

The National Health Interview Survey

DESCRIPTION OF THE SURVEY

PART A
SECTION 1
DESCRIPTION OF THE SURVEY

Topic	See Page
Purpose of the National Health Interview Survey	A-2
Sponsorship of the Survey	A-3
Design of the NHIS Sample	A-4
About the Instrument	A-6

PURPOSE OF THE NATIONAL HEALTH INTERVIEW SURVEY

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

The National Health Interview Survey is part of the National Health Survey, which began in May 1957. Prior to that time, the last nationwide survey of health had been conducted in 1935-1936. Despite extensive research on individual diseases in the years 1937-1957, one important element had been missing. We only had piece-meal information from the people themselves on their illnesses and disabilities, or the medical care they obtained. Many persons, although sick or injured, never became a "health statistic" because requirements for reporting illnesses were limited to hospitalized illnesses and certain contagious diseases.

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

Examples of Uses of the Data

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

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

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

Who Uses the Data

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

SPONSORSHIP OF THE SURVEY

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

The Centers for Disease Control and Prevention (CDC) are comprised of the Office of the Director and its sub-offices, the National Institute for Occupational Safety & Health, and six offices: Office of Public Health Preparedness and Response, Office for State, Tribal, Local and Territorial Support, Office of Noncommunicable Diseases, Injury and Environmental Health, Office of Surveillance, Epidemiology, and Laboratory Services, Office of Infectious Diseases, and the Center for Global Health.

The National Center for Health Statistics, along with the Laboratory Science Policy and Practice Program Office, the Public Health Informatics and Technology Program Office, the Public Health Surveillance Program Office, the Epidemiology and Analysis Program Office, and the Scientific Education and Professional Development Office is a part of the Office of Surveillance, Epidemiology and Laboratory Services.

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

The National Health Interview Survey (NHIS)

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

The National Health Care Survey (NHCS)

The National Health Care Survey is made up of several different surveys, each concerned with a separate part of the Nation's health

care delivery system. The National Home and Hospice Care Survey, and the National Nursing Home Survey collect information from (as their names imply) home and hospice care agencies, and nursing homes. Similarly, the National Survey of Residential Care Facilities collects information on assisted living residences, board and care homes, and other residential care facilities. The National Ambulatory Medical Care Survey produces data from office-based physicians, the National Hospital Ambulatory Medical Care Survey concerns hospital emergency rooms and outpatient clinics, and the National Survey of Ambulatory Surgery collects information from free-standing surgery centers. Altogether, these surveys make up the National Health Care Survey.

DESIGN OF THE NHIS SAMPLE

The National Health Interview Survey is based on a sample of the civilian non-institutionalized population of the United States. Contingent on funding, over the course of a year, a sample of approximately 80,000 is selected and a total of about 51,000 families are interviewed. Data are collected for approximately 127,500 persons. These households are located in the 50 states and the District of Columbia.

Additionally, in response to Executive Order 13515, in February through June 2014, the National Health Interview Survey will be conducted in 4,000 additional households identified as having at least one member of either Native Hawaiian or Pacific Islander descent.

Selection of Sample PSUs

The NHIS sample is designed as follows:

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

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

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

Sample Segments

Within each PSU:

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

- Each segment contains housing units (HUs), which are assigned for interview in one or more quarterly samples (note that any individual HU is interviewed only once). Two types of segments are included in the NHIS. Area Segments, which are the first type, are well defined land areas where housing units may or may not have complete addresses. Permit Segments, which are the second type, are housing units from new construction permits.

Sample Units

For Area Segments, you will interview at units already designated in case management. For Permit Segments, you will list the units at a specific address and interview the unit or units on designated lines of the Unit/Permit Listing sheet. In either Area or Permit Segments, the sample consists of housing units, not persons or families.

Sample of Newly Constructed Units

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

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

Sample of Group Quarters

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

The Quarterly Sample

For purposes of quarterly tabulations of data, separate samples are

designated for each quarter of the year. Each quarterly sample is then distributed into three monthly samples, of approximately equal size, so that any seasonal factors will not distort the survey results.

Screening

To increase the reliability of certain minority statistics, NCHS required the NHIS to oversample Blacks, Asians, and Hispanics. To accomplish this, certain sample units are designed for "screening." This means the entire NHIS interview will be conducted at oversampled units only if one or more household member is Black, Asian, or Hispanic, and is not in the armed forces. If no one in a "screening" household is Black, Asian, or Hispanic, or only armed forces persons are Black, Asian, or Hispanic, the entire NHIS interview will not be conducted. Asian includes the answer categories of Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and Other Asian from the RACE question in the Household Composition and Demographics Section of the instrument.

Similarly, as part of the 2014 Native Hawaiian or Pacific Islander (NHPI) project, this automated screening process will also be used for cases that have been designated as having at least one household member identified as being of either Native Hawaiian or Pacific Islander descent (NHPI). In these NHPI cases, if no one in the household identifies themselves as Native Hawaiian or Pacific Islander, then the entire case will screen out. You can read more about the NHPI project in Part D of this manual.

Mode of Interviewing

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

ABOUT THE INSTRUMENT

The NHIS instrument has the four major core parts:

Household Composition and Demographics Section

Family Questionnaire

Sample Child Questionnaire

Sample Adult Questionnaire

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

Household Composition and Demographics Section

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

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

Information about the occupant's usual residence and direct access is also covered. This may determine if some or all individuals are included as household members.

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

Family Questionnaire

A family respondent will be needed to answer the Family Questionnaire. The question KNOW2 will ask who could best answer questions about members of the family. The respondent will be able to designate this person, but the person must be listed on the family roster. Only one family respondent can be identified.

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

Throughout this section, it is important to know that many questions are based on age. For example, if a person is age 65 or

older, he or she will receive a Medicare probe; but, if a person is under age 65, he or she will receive a Medicaid probe. The Medicaid probe will be given to persons under age 65 who are not indicated as having any type of health insurance at either the FHICOV or HIKIND screens in the instrument. It is extremely important to pay attention to the reference periods that are mentioned throughout the sections. They can change dramatically and are different from one section to the next. The dates will be calculated for you when necessary, but it is important to receive an accurate date from the respondent. Make sure you pay attention to your error messages and record all information carefully.

Sample Child Questionnaire

A Sample Child is randomly selected by the computer from each family with at least one child 17 years of age or younger, who is not married, widowed, divorced, separated, or living with a partner. An adult respondent who was previously indicated to be knowledgeable about the Sample Child's health will be asked questions about that child. The child topics include conditions, limitations of activities, health status, mental health, access to care, dental care, and health care provider contacts. You will also ask for the last four digits of the Sample Child's Social Security Number.

Sample Adult Questionnaire

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

In order to identify and address disparities in health status and access to health care for certain minority populations, the sponsor requires that elderly persons who consider themselves to be one of the minorities which are oversampled in screener cases (Blacks, Asians, and Hispanics), have a greater chance of being selected as

the Sample Adult than other adults within the family. By obtaining more reliable health data for elderly minority persons, the sponsor can better track progress on these objectives. This does not mean that other adults who do not meet these criteria cannot be selected. It means that those who do meet the criteria will have a greater chance of being selected.

PART A
SECTION 2
CONDUCTING THE NHIS INTERVIEW

Topic	See Page
Explaining the Survey	A-11
Beginning the Interview	A-16
Your Own Manner	A-18
Noninterviews	A-1
Spanish Translation	A-20

EXPLAINING THE SURVEY

How to Introduce the Survey

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

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

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

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

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

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

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

c. Then ask:

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

d. After answering any questions, ask:

"Are you willing to participate in the survey?"

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

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

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

Repeat steps b-d above.

f. If the respondent is **not willing** to participate in the survey, use your judgment as to whether you should attempt to convert this reluctant respondent. If you feel this is a "soft" refusal, try to convince the respondent of the merits of the survey. You may also mention that some interviews take about five minutes to complete but, most interviews will take about an hour to do all parts, depending on the size and health of the respondent's family. If the respondent continues to refuse, or you feel this is a "hard" refusal, thank him or her and end the interview.

Authorization

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

Confidentiality

All information that would permit identification of the individual is held strictly confidential, seen only by persons who work on the National Health Interview Survey (including related studies carried out by the Public Health Service) with a need-to-know, and is not disclosed or released to anyone for any other purpose without the written consent of the respondent.

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

Unauthorized disclosure of individual information collected in the National Health Surveys is punishable by a fine of up to $250,000, or imprisonment up to five years, or both (44 USC 3501 note). Deliberate falsification, by an employee, of any information in this survey is punishable by a fine up to $10,000, or imprisonment up to five years, or both (18 USC 10001). (See Appendix A.2 for a thorough discussion of confidentiality.)

Eligible Household Respondents

Any responsible household member equal to or greater than the age of majority for a given state, is eligible to act as a respondent. In most states this age is 18 years old, but in Alabama and Nebraska this age is 19, and in Mississippi it is 21.

“Responsible” means the respondent must be both mentally and physically able to provide adequate and appropriate responses to the questions.

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

Maintaining Rapport with Respondents

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

Answering Respondent Questions

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

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

- **General Explanation of the Survey**

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

"Most families have or will be affected in the future by health problems. It is extremely important to know about the health of the Nation's people. Unless there is adequate information about the current health situation, government and medical care personnel may fail in their efforts to maintain a health care system that is equipped to handle the present and future medical needs of the people.

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

• How Long Will the Interview Take?

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

• I Don't Have the Time

If the respondent states that he or she has no time to be interviewed, find out when you may come back. **However**, always assume (without asking) that the respondent has the time unless you are told otherwise.

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

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

that personally identifiable information (PII) will be seen only by sworn persons working on the survey who have a need-to-know.

• **Why Are You Interviewing This Household?**

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

The selection was not based on who lives at the address, or whether they have problems with their health. Each person represents approximately 2,500 other persons. Taken as a group, the people living at these sample addresses will represent the total population of the United States in the health statistics produced and published by the U.S. Public Health Service.

• **Why Don't You Go Next Door?**

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

• **I Consider This a Waste of Taxpayers' Money**

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

The Voluntary Nature of the Survey

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

BEGINNING THE INTERVIEW

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

How to Ask Questions

- **Ask Questions Exactly as Worded**

  You must ask questions exactly as worded so they will yield comparable results. Avoid changing words or phrases and adding or dropping words to the question.

- **Ask Every Question**

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

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

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

How to Probe

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

- **Brief Assenting Comments**

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

- **An Expectant Pause**

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

- **Repeating the Question**

  Repeating the question or listing the response categories (when applicable) is useful when the respondent does not understand the question, misinterprets it, seems unable to make up his or her mind, or strays from the subject.

- **Repeating the Respondent's Reply**

  Repeating the respondent's reply is useful in helping to clarify the response and prompting the respondent to provide additional information. Be sure you adhere strictly to the respondent's answer and do not interject your own ideas.

- **Neutral Questions (Probes)**

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

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

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

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

- Know the question's objective thoroughly.
- Know how to probe when the answer is inadequate, while maintaining good rapport.

Importance of Using Neutral Probes

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

Respondent Replies "I Don't Know"

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

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

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

YOUR OWN MANNER

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

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

It is especially important in this survey that you maintain an objective attitude. Do not indicate a personal opinion about replies you receive to questions, even by your facial expression or tone of voice. Since the illness discussed may be of a personal or serious nature, expressions of surprise, disapproval, or even sympathy on your part may cause respondents to give untrue answers or to withhold information. Your own objectivity about the questions will be the best method for putting respondents at ease and making them feel free to tell you the conditions and illnesses in the family.

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

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

NONINTERVIEWS

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

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

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

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

Sample units which are ineligible for interview for other reasons are Type B or Type C noninterviews. A vacant house or an

unoccupied site for a mobile home are examples of Type B noninterviews, while a house located outside the segment boundaries is an example of a Type C noninterview. Refer to Part C, Section 21 for a detailed discussion of noninterview types and procedures.

SPANISH TRANSLATION

Availability and Procedures

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

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

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

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

Similarly, an effort has been made to render the Spanish translation as gender neutral as possible. Many nouns, pronouns and adjectives used to describe persons will have an "(a)" at the end. This indicates to the FR that we are interested in information about both males and females, or that we want to ensure that FRs are asking about interactions with either males or females (for example niños(as), psicólogo(a)). It is left up to the FRs, based on their knowledge of the composition of the household and the response

pattern of the sample adult, whether to use both the masculine and feminine forms or whether to adhere to the default masculine form. A useful approach may be to use both the masculine and feminine forms during the first couple of questions in a section and revert to the masculine form for subsequent questions. Alternatively, an FR may occasionally clarify by saying something like: "enfermero(a) puede ser hombre o mujer."

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

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

1. OCCURRENCE AND SEVERITY OF ILLNESS AND DISABILITY

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

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

2. HEALTH OF THE AGED

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

3. HEALTH EDUCATION AND RESEARCH

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

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

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

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

5. FACTORS RELATED TO VARIOUS DISEASES

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

APPENDIX A.2 CONFIDENTIALITY

1. WHAT IS CONFIDENTIALITY?

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

2. THE GUARANTEE OF CONFIDENTIALITY

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

"Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (44 USC 3501 note)."

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

3. SPECIAL SWORN EMPLOYEES (SSEs)

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

4. AUTHORIZED PERSONS

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

5. HOW TO MAINTAIN CONFIDENTIALITY

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

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

b. **When Conducting Interviews:** Do **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 or she wants to be interviewed privately. If so, make the necessary arrangements to conduct the interview where and/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 (for example, neighbors, friends, other non-"family" members), use your discretion in asking the respondent if he or 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. In a situation where you proceed with the interview, but persons not participating in the survey approach, it is appropriate to close the interviewing laptop or turn it away from view to protect the respondent’s privacy.

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

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

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

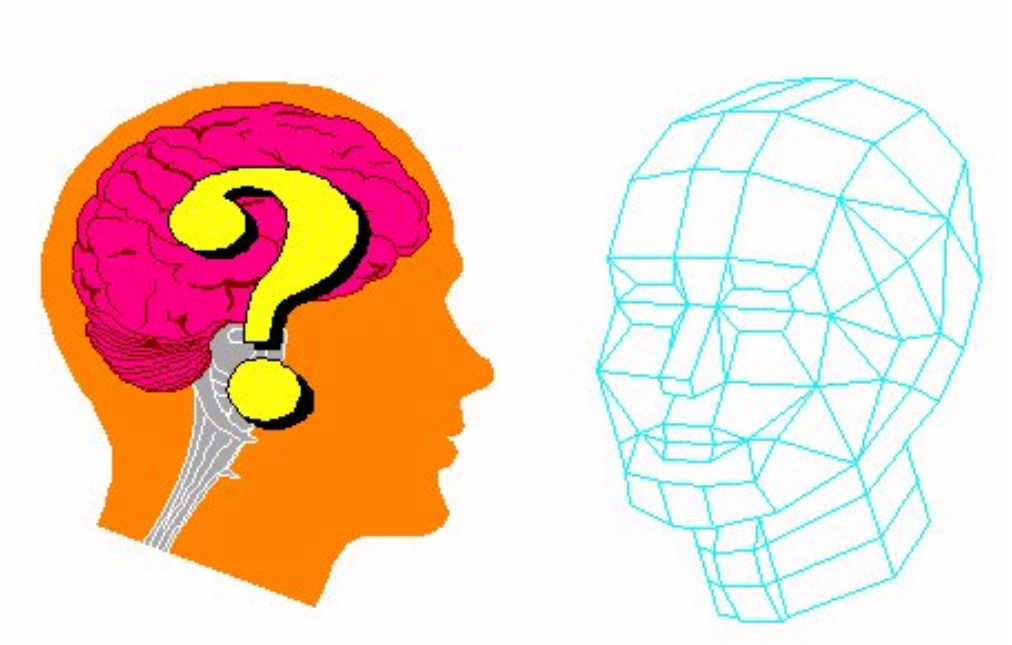
d. **Keeping Forms Secure:** Any forms that contain information about the household must be kept out of view and secure until they are mailed to the appropriate person or office. Keep them in a specially designated place in your home.

6. SUBPOENA OF RECORDS

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

PART B

National Health Interview Survey



CONCEPTS

PART B
SECTION 1
RESPONDENT RULES

Topic	See Page
Purpose	B-2
Instructions	B-2
Important Terms	B-3

PURPOSE

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

INSTRUCTIONS

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

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

It is necessary before asking these questions to determine whether the person to whom you are speaking is a household member. Use the "Household Membership" rules on page 2 of your HIS-501C Field Representative's Flashcard and Information Booklet.

Who May Respond to the Family Questionnaire

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

Who May Respond to the Sample Adult Questionnaire

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

Who May Respond to the Sample Child Questionnaire

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

Exceptions to Eligible Respondent Rules

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

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

Persons Not Related to the Reference Person

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

Return Visits May Be Necessary

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

IMPORTANT TERMS

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

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

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

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

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

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

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

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

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

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

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

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

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

PART B
SECTION 2
SCREENING

Topic	See Page
Purpose	B-7
Instructions	B-7

PURPOSE

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

Similarly, as part of the 2014 Native Hawaiian or Pacific Islander (NHPI) project, the instrument has been modified to identify cases as NHPI if at least one person in the household identified himself/herself as Native Hawaiian or Pacific Islander. Thus, if no one in the household identifies themselves as Native Hawaiian or Pacific Islander, the entire case will be classified as a noninterview. You can read more about the NHPI project in Part D of this manual.

The procedure for determining whether to interview a household based on the race and ethnicity of the occupants is called "screening."

INSTRUCTIONS

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

PART B
SECTION 3
HOUSEHOLD MEMBERSHIP

Topic	See Page
Purpose	B-9
Instructions	B-9

PURPOSE

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

INSTRUCTIONS

Names

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

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

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

Filling in the Household Roster

Name

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

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

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

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

- Reference person.
    - Should be 18 years of age or older and the person who owns or rents the sample unit.
    - If two or more persons own or rent the sample unit, enter the oldest of these persons first.
    - If no occupant owns or rents the unit, enter the first household member 18 years of age or older.
    - If no household members are 18 years of age or older, the first household member should be:
        - The household member who owns or rents the sample unit.
        - The oldest household member who owns or rents the sample unit if two or more persons own or rent the sample unit.
        - The oldest household member if no one owns or rents the sample unit.
- Spouse or unmarried partner of the reference person.
- Unmarried children of the reference person or spouse in order of their ages, beginning with the oldest.
- Married sons and daughters (in order of age) and their families in order: husband, wife, children.
- Other relatives.
- Lodgers and other nonrelated persons.
- If, among the persons not related to the reference person, there are married couples or persons otherwise related among themselves, list them in the above prescribed order.

If you obtain the names in an order not described above, **do not** attempt to correct your entries. However, to avoid entering names out of order you may ask, "Which of the children is the oldest?" or

"Begin with the oldest unmarried child," or some similar probe.

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

How to Enter Names

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

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

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

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

spawn a new case and is interviewed separately. You will be asked whether you can continue with family number 1. If not, you will be taken to a callback screen to set up a callback and then out of the case. You can then select the case for one of the other families to interview.

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

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

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

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

- **Persons who work at sea**
  Consider crew members of a vessel (such as, crews and officers on freighters, ferries, and cruise ships, fishermen,

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

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

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

  - Do **not** interview citizens of foreign countries and other persons who are living on the premises of an embassy, ministry, legation, chancellery, or consulate.

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

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

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

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

- **Inmates of specified institutions**
  Persons who are inmates of certain types of institutions at

the **time of interview** are not household members of the sample unit. They are usual residents at the institution. (See Group Quarter Tables in Appendix B.1 and Appendix B.2 for more information.)

Establishing Relationships

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

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

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

Remember, we are interested in the relationship to the reference person and not the relationship to the respondent. The reference person will be selected at screen HHREF_A. The computer will select the first non-military person, age 18 or older, to be the reference person, and you will be given the option of accepting this person, or selecting another person. Select an Armed Forces member to be the reference person only when there is no other eligible person, or if the respondent insists on his or her selection.

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

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

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

PART B
SECTION 4
FAMILIES

Topic	See Page
Purpose	B-16
Household Roster	B-16

PURPOSE

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

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

HOUSEHOLD ROSTER

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

HOUSEHOLD ROSTER

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

Note: Refer to the Household Composition and Demographics portion of Part C of this manual for more information regarding the Household Roster.

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

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

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

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

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

PART B
SECTION 5
DEFINITIONS AND PROCEDURES

Topic	See Page
Important Terms	B-19
Instructions	B-32

IMPORTANT TERMS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A Active Duty Armed Forces Member
B Family Health Respondent (Family Questionnaire)
C Sample Child

D Deleted (Non-household Member)
E Emancipated Minor
F Family Reference Person
G Family Demographics Respondent (HHC & FID)
P Household Reference Person
R Household Respondent
S Sample Adult

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

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

SHIFT-F1 **Show HH--**Shows the list of all persons in the household roster, household and family phone numbers
SHIFT-F2 **FAQ**--Frequently Asked Questions and answers
SHIFT-F3 Not used "within instrument" in the NHIS
SHIFT-F4 Not used "within instrument" in the NHIS
SHIFT-F5 **Language**--Toggle to Spanish instrument
SHIFT-F6 Not used "within instrument" in the NHIS
SHIFT-F7 **Show Notes/Remarks** that were entered for specific question
SHIFT-F8 Not used "within instrument" in the NHIS
SHIFT-F9 Not used "within instrument" in the NHIS
SHIFT-F10 **Show Function Keys**
SHIFT-F11 **Show Standard Abbreviations**

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

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

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

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

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

If a person was moved (transferred) from one hospital to another; for example, from a general hospital to a veteran's hospital, record each move as a separate hospital stay if each lasted overnight or

longer. When a hospitalization is for childbirth, record one hospital stay for the mother and one for the baby.

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

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

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

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

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

The **Interview Month** is the monthly period for which you have been given an assignment.

The **Interview Period** is the month-long span which the Field Representatives have to complete their NHIS assignment. The interview period will begin on the first day of the month and end on the last day of the month, regardless of what day of the week these days fall on. For example, the interview period for January

2014 starts on January 1, 2014 and closes out January 31, 2014.

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

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

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

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

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

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

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

Listing is writing down on a listing sheet or entering into a laptop computer either the addresses or descriptions of living quarters where people live, or could live, within an address or Census

block.

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

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

1) The unit is occupied but an interview was not possible.
2) The unit is occupied entirely by persons not eligible for interview.
3) The unit is not occupied or not eligible for interview.

You must classify noninterview households as either Type A, Type B, or Type C (see Part C for detailed information concerning each noninterview type).

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

Probing is a technique used to get more information from a respondent when he or she has given an incomplete or inappropriate answer. See Part A, Section 2, for more information about probing.

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

Last Week - This is the week (seven days) just prior to the date the first question is asked in each core section (Family, Sample Adult, and Sample Child) of the interview. This reference period does not include any days during the interview if a section is completed over more than one day. For example, if the family interview begins on February 12, 2014, the last week reference period is from February 5, 2014 to February 11, 2014. For this same household, if the Sample Adult interview did not begin until February 22, 2014, the last week reference period is from February 15, 2014 to February 21, 2014. The interview period does not include any days during the actual interview; therefore, if the Sample Adult interview is conducted over a three day period from February 22, 2014 through February 24, 2014, the last week

reference period remains the same, from February 15-21, 2014.

Two-Week Reference Period - The two-week reference period is the two weeks (14 days) just prior to the start date of the first question asked in each core section of the interview. The two-week reference period does not include any days during the interview if a section is completed over more than one day. For example, if the Family core interview begins on February 12, 2014, the two week reference period is from January 29, 2014 to February 11, 2014. For this same family, if the Sample Adult interview also began on February 12, 2014, the two-week reference period for the Sample Adult section is from January 29, 2014 to February 11, 2014.

30 Day Reference Period - This is the period 30 days just prior to the start date of the first question asked in each core section of the interview. The 30 day reference period does not include any days during the interview if a section is completed over more than one day. For example, if the Family core interview begins on February 12, 2014, the 30 day reference period is from January 13, 2014 to February 11, 2014. For the same family, if the Sample Child interview began on February 21, 2014, the 30 day reference period for the Sample Child Questionnaire is from January 22, 2014 to February 20, 2014.

Three Month Reference Period - This is defined as 91 days prior to the **day the injury screener question was asked.** In most questions that use this reference period the computer will calculate the day that the period begins and include that in the question. For example, if you are interviewing on May 14, 2014, question FINJ3M in the Family Section will read as follows: "During the past three months, that is, since February 12, 2014, was anyone in the family..." Once this question appears on your laptop screen (whether or not the question is actually answered), the reference period will not change for the case. Any questions that use the three month reference period but do not have a hardcoded date in them will utilize the same reference period that is used for the injury and poisoning questions.

Twelve Month Reference Period - This is defined as the 12 months prior to the start date of the first question asked in each core section of the interview. The twelve month reference period does not include any days during the interview if a section is completed over more than one day. For example, if the Family core interview begins on February 12, 2014, the twelve month reference period is from February 11, 2014 to February 11, 2014.

For the same family, if the Sample Adult core interview begins on February 25, 2014, the twelve month reference period is from February 24, 2014 to February 24, 2014.

The **Reference Person (Family)** is the person or one of the persons in a family, 18 years of age or older, and is generally the **first** person mentioned by the household respondent in the family roster. In single-family households the family reference person is the same person as the household reference person. If it is not obvious who is a responsible adult in a family in multiple unit households, designate the oldest family member as the reference person. If no family member is 18 years of age or older, designate the oldest person remaining as the reference person.

The **Reference Person (Household)** is the person or one of the persons, 18 years of age or older, who owns or rents the sample unit, and who is generally the **first** person mentioned by the respondent in the household roster. If more than one household member owns or rents the sample unit, or if none of the household members owns or rents the sample unit, designate the oldest household member as the reference person. If no household member is 18 years of age or older, designate the oldest person that owns or rents the sample unit as the reference person. If none of the household members owns or rents the sample unit, designate the oldest remaining person as the reference person.

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

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

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

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

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

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

The **Roster (Household/Family Roster)** for questions within the

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

The **Sample Adult** is the one randomly selected adult, equal to or greater than the age of majority for a given state, chosen from each family.

The **Sample Child** is the one randomly selected child, 17 years of age or younger, chosen from each family with one or more children.

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

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

Similarly, as part of the 2014 Native Hawaiian or Pacific Islander (NHPI) project, this automated screening process will also be used for cases that have been designated as having at least one household member identified as being of either Native Hawaiian or Pacific Islander descent (NHPI). In these NHPI cases, if no one in the household identifies themselves as Native Hawaiian or Pacific Islander, then the entire case will screen out. You can read more about the NHPI project in Part D of this manual.

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

built since the 2000 Census. There are two types of segments for the NHIS:

> A **Permit Segment** contains one or more addresses for residential structures (single or multi-unit) built or completed after April 2000. Addresses are obtained from permit offices throughout the country from the monthly Permit Address Listing (PAL) operation. These addresses are sampled for the NHIS.
>
> An **Area Segment** is a land area with well-defined boundaries, such as streets, rivers, or railroad tracks, which may or may not be visible. Both HUs and GQs are included in Area Segments. For NHIS, both rural and urban areas can comprise area segments. Blocks are canvassed and housing units and group quarters are listed independently. The housing units and group quarters are then sampled for the NHIS.

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

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

Work includes the following:

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

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

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

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

Do **not** include the following as work:

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

- Unpaid work for a related household member who is a salaried employee and does not operate a farm or business (for example, typing for a wife who is a lawyer for a corporation).

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

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

- Temporary duty with the National Guard or Reserves.

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

- Jury duty.

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

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

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

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

- All exterior windows and doors have been installed.

- The usable floors are finished.

- The unit is ready for occupancy.

Year Built does not apply to:

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

INSTRUCTIONS

Locating the Address

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

- Use the first resource for locating a sample unit in the "Time of Interview Mode" of the Automated Listing and Mapping Instrument (ALMI). For more information on using ALMI to locate addresses, see the ALMI 5.5 Mapping Application User Guide or Form 11-837 ALMI TOI Quick Reference Guide.
- Ask for help from a knowledgeable person. For example, post office employees are familiar with the locations of addresses and are the best sources of information on the locations of "rural route" mail delivery addresses. However, obtain postal help from the Post Office itself. Do not ask postal carriers for information.
- Ask for help from police, fire, and other local government officials, such as assessors, building inspectors, and zoning officials.
- Ask for help from local business persons who deal with people in the area as they may be able to give you the location of an address.
- Ask for help from utilities, such as electric companies and telephone companies, because they service most households in an area and may be helpful in locating many addresses.

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

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

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

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

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

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

Contacting the Household

After you locate an address, list or update at that address if necessary. Since the **NHIS is a personal visit survey and not a telephone survey**, visit the household at the sample unit and introduce yourself using an introduction similar to the one shown in Part A, Section 2 of this manual.

No One Home on First Visit

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

Try to find out from neighbors, janitors, or other knowledgeable persons when the occupants will be home; however, do not identify the specific name of the survey.

Note the time in the Case Level Notes in Case Management, and call back at that time.

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

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

If you are able to determine that the occupants are temporarily absent (according to the conditions listed in Part C, Section 21 under Type A Noninterviews), follow the instructions under Type A Noninterviews in Part C, Section 21.

No One Home on the Second and Subsequent Visits

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

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

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

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

Number of Callbacks to Obtain an Interview

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

Two-Week Doctor Visits

Include as doctor visits:

- A visit by or for the person to the doctor or doctor's assistant for the purpose of obtaining medical advice, treatment, testing, or examination. For example, if a mother visits the doctor about her child, count this as a doctor visit for the child.

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

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

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

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

- Laboratory visits.

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

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

Exclude as doctor visits:

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

- Visits for shots or examinations (such as X-rays) administered on a mass basis. If it is reported that the person went to a clinic, a mobile unit, or some similar place to receive an immunization, a chest X-ray, or a certain diagnostic procedure that was being administered identically to all persons who were at the place for this purpose, do not count this as a doctor visit.

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

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

- Visits to dentists or oral surgeons.

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

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

Special Situations

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

1. **Two or more doctors seen on the same visit**--If two or more doctors are seen on the **same** visit, each doctor seen counts as a separate doctor visit. Indicate this type of situation in an F7 note. Situations of this kind may occur when a person visits a clinic where he or 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 or her family doctor, who, in the course of the visit, calls in a specialist to examine or treat the person.

2. **Doctors and assistants seen on the same visit**--A visit in which the person sees both a doctor and one or more of the doctor's assistants who work under **this** doctor's supervision should be counted as only **one** doctor visit.

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

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

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

Industry and Occupation

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

Definitions

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

Employee of a PRIVATE company, business, or individual for wages, salary, or commission--Working for a private employer for wages, salary, commission, or other compensation such as tips, piece-rates, or pay-in-kind. The employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes **paid** work for settlement houses, churches, union, and other nonprofit organizations and work for private organizations doing contract work for government agencies.

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

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

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

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

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

General Instructions

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

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

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

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

the **most hours**.

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

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

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

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

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

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

*Were you-

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

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

Determining Employer

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

Government--For employees of a government agency, record the specific organization and indicate whether the organization is federal (U.S.), state, county, and the like. 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," and so on. **Note**: There are some persons who work full-time for the National Guard. These are considered civilian employees of the State, and should have this item completed as any other State employee, regardless of whether they normally wear a uniform.

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

Kind of Business or Industry

In order to give a clear and exact description of the industry, the entry must indicate both a general and a specific function for the employer; for example, copper mine, fountain pen manufacturer, wholesale grocery, retail bookstore, road construction, or 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.

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

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

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

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

  For example, if a retail department store has a separate warehouse for its own use, the entry for the warehouse employees should be "retail department store" rather than "warehouse."

It is essential to distinguish among manufacturing, wholesale, retail, and service companies. Even though a manufacturing plant sells its products in large lots to other manufacturers, wholesalers, or retailers, report it as a manufacturing company. Use the following as a guide:

- A wholesale establishment buys, rather than makes,

products in large quantities for resale to retailers, industrial users, or to other wholesalers.

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

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

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

- Business in own home: Some people carry on business in **their own** 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).

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

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

- Persons placed on jobs through union hiring halls or other similar registers often report working for the union. In this situation, probe to determine who pays the person--the union or the site employer--and complete this item for the one who pays.

Kind of Work and Work Activities

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

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

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

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

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

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

You may encounter occupations which sound strange to you. Accept such entries if the respondent is sure the title is correct. For example, "sand hog" is the title for a certain worker engaged in the construction of underwater tunnels and "printer's devil" is sometimes used for an apprentice printer. When these or any other unusual occupation titles are entered, add a few words of description if the combined entries are not sufficiently clear.

Some special situations

- 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."

- 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."

- 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 or her own tools as a carpenter, plasterer, plumber, electrician, and the like, even though he or she hires others to work for him or her.

- 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.

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

- 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, and so on).

- 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."

- 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," or "works in cost control." The occupation entry must tell what the **worker** does, not what the department does.

Importance of the Work Activity Question

The responses to the activity question are very important for coding purposes. Although some questions may seem redundant, the responses often permit more accurate coding of the occupation.

Class of Worker

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

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

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

Cautions regarding class of worker entries:

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

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

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

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

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

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

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

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

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

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

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

Registered and practical nurses--private duty--For nurses who report "private duty" for kind of business, enter "5."

Post exchange (PX), officer's club, Non-Commissioned Officer (NCO) club employees, and the like-- Record persons working in a PX, officer's club, NCO club, or similar organization which is usually located on a government reservation as "1." Such nonprofit organizations are controlled by private individuals elected

by some form of membership.

Foster parents and child care in own home—For foster parents and other persons who consider themselves as working for profit and who provide child care 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, enter "5."

Boardinghouse keepers--For boardinghouse keepers who consider themselves as working and who perform this work in their **own homes**, enter "Own home" for industry, and enter "5" for class of worker. Record "boarding house" for industry with "1" for class of worker for those who do this work for someone else for wages or salary or pay "in kind."

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 "5" for class of worker. Report persons who do sales work for someone else as "1" for class of worker. Also for such people, indicate whether they sell door-to-door or use the party plan method.

Post office employees--Report persons who work for the Postal Service as Federal employees and enter "2" for class of worker.

Persons who work for public transportation, harbor, airport, housing, and the like, authorities--such as the XYZ Transportation Authority or the XYZ Port Authority, who get their money from any combination of Federal, State or Local funds and user fees, should be reported as "1."

Persons who work full-time for the National Guard--are considered civilian employees of the State and, therefore, should be recorded as "3."

PART B
SECTION 6
QUALITY ASSURANCE FOR THE NHIS

Topic	See Page
Purpose	B-51
Important Terms	B-51

PURPOSE

Quality Assurance is an issue that is at the heart of the basic mission of both the National Center for Health Statistics and the U.S. Census Bureau. The NCHS developed a set of indicators to measure the quality of the National Health Interview Survey data and the performance of the field interviewing staff who collect the data. The development of these indicators reflects the commitment of both the NCHS and the Census Bureau to produce accurate, quality data for use by the public.

IMPORTANT TERMS

PANDA stands for **P**erformance **AN**d **D**ata **A**nalysis tool. It is a web-based tool used to track the progress and performance of each FR during a survey and to provide an early indication of the quality of specific data items. This tool provides critical and time sensitive data to Headquarters and Regional Office (RO) staff to see if the FRs are having difficulty with concepts or are falsifying data so action can be taken to correct the problem quickly. RO staff can use PANDA to make comparisons between FRs within their own RO, as well as across all ROs at the national level. ROs can also monitor FR performance on an individual case level.

Paradata are data (information) about the survey process and data collection process, such as response rates, keystrokes, interview times and number of contact attempts. Analysis of paradata is very useful for quality assurance and improving FS/FR performance, as well as understanding how the data collection process may affect the survey results.

An **outlier** is any data point that falls outside of a normal range of RO or national level results.

An **indicator flag** is set for a given measure (or indicator) of paradata (for example, Interview Time) to distinguish that data as falling outside of a normal range of RO or national level results (for example, Short Interview Time Flag). An indicator flag can be set either for a specific case (Case Level Flags) or for an FS's entire workload (FR Level Flags). Each month for follow-up, Field Division at Headquarters identifies FS/FRs in each RO who have the most significant outlier data, as determined by the setting of specific indicator flags.

- Individual cases receive a **case level indicator flag** if the case data meet the criteria for a given indicator. For example, a case will receive a case level Partial Rate indicator flag if that case was a partial case (OUTCOME = 203). Cases that receive a given number of distinct case level indicator flags are identified for follow-up by Field

Division at Headquarters. Case level indicator flags provide a picture of what happened in a specific case. The only case level indicator flags that are assigned by comparing a specific case outcome to national level results are the case level Interview Time flags. For example, a case will receive a case level Sample Adult Interview Time flag if the completion time for the Sample Adult Questionnaire for that specific case is extremely low when compared to all other cases completed nationally. Cases that have Excessive Don't Know/Refused entries are also flagged for follow-up on the case level.

- FSs receive **FR level indicator flags** if there are characteristics in their work as a whole, over a given time period, that are unusual in comparison with the RO or national level results for a given indicator or measure of paradata. For example, FRs will receive an FR level Partial Rate indicator flag if their partial interview rate is extremely high when compared to other FRs on a national level.

APPENDIX B.1 GROUP QUARTERS TYPE CODES AND DESCRIPTIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Living Situation	GQs	HUs	Comments
YWCAs	✓		

APPENDIX B.3 MERGERS

1. AREA SEGMENT MERGERS

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

If you discover a merger, do the following:

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

2. PERMIT SEGMENT MERGERS

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

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

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

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

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

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

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

1.

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

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

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

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

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

1. Check the listing sheet.

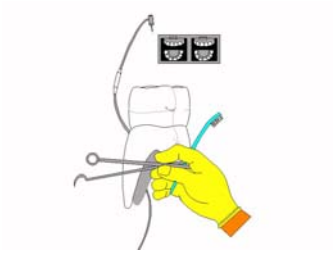
If…	Then…
The first line on the listing sheet is in the current sample	Interview the resulting merged unit.
The first line on the listing sheet is not in the current sample	Do not interview the merged unit.

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

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

PART C

National Health Interview Survey



INSTRUMENT

PART C
SECTION 1
NHIS INSTRUMENT GENERAL FEATURES

Topic	See Page
Screen Layout	C-2
Components of a Screen	C-2
Info Pane	C-2
Form Pane	C-3
Two Level Screen Interaction	C-3
Cursor	C-4
Variable Name	C-4
Case ID	C-4
Text Color and Shading	C-4
Navigation and Special Keys	C-5
Mouse or Keyboard	C-5
Arrow Keys	C-5
Page Up/Page Down Keys	C-6
Function Keys	C-6
F12 (Copy Down) Key	C-6
Don’t Know and Refused	C-6
Error Messages	C-9
Hard Errors	C-9
Soft Errors	C-9
Help Screens	C-9
Making Corrections	C-10

SCREEN LAYOUT

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

COMPONENTS OF A SCREEN

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

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

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

Look at the **Info Pane**:

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

Look at the **Form Pane** to make the appropriate answer entry.

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

INFO PANE

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

It includes the following elements:

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

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

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

FORM PANE

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

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

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

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

- Table format
- Column format

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

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

TWO LEVEL SCREEN INTERACTION

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

CURSOR

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

VARIABLE NAME

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

Each data entry point in the Form Pane has a corresponding variable name, which is unique throughout the instrument (unlike the column headings and other item labels in the Form Pane). Because each one is unique, the variable name is the one place marker you should always include whenever you have to describe your location in the instrument.

This is especially true when you need to report any instrument problems to your RO. When reporting problems, make sure you use the variable name. **Do not** use the column heading in a Form Pane with grid formatting, nor the descriptive label preceding the cursor in a Form Pane with column formatting.

CASE ID

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

TEXT COLOR AND SHADING

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

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

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

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

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

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

NAVIGATION AND SPECIAL KEYS

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

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

MOUSE OR KEYBOARD

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

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

ARROW KEYS

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

PAGE UP/PAGE DOWN KEYS

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

FUNCTION KEYS

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

F12 (COPY DOWN) KEY

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

DON'T KNOW AND REFUSED

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

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

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

Consult the guidelines below for the proper use of Ctrl-D for Don't Know responses and Ctrl-R for Refused responses.

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

When to use the F9 and F10 Function Keys
If you reach a point in the interview where the respondent refuses to answer any more questions, **do not** refuse the rest of the questions in that section or the remainder of the interview by entering Ctrl-R for each question. Also, do not use Ctrl-D as a means to complete a section or to exit the interview. You must follow the appropriate procedure for exiting a case as follows:

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

  1. Callback
  2. No Callback
  3. Cancel Callback

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

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

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

Special Instructions for Using the F10 Key in the Recontact Section of the Instrument

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

Option to Refuse the Entire Questionnaire using Ctrl-R

As a reminder, there is an option to refuse an entire section by pressing Ctrl-R at the beginning of the Family, Sample Child and Sample Adult Questionnaires as explained below.

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

- **Sample Child** – In the Sample Child Questionnaire, you can press Ctrl-R at the CSPAVAIL OR KNOAVAIL screens, which ask if a family member who knows about the Sample Child's health is available to answer questions about him or her. Depending on the situation, this will take you to the Sample Adult Questionnaire, the Recontact section, or the Back section of the instrument. If no callback is set up for the Sample Child, this will result in a Sufficient Partial interview, no follow-up (Outcome Code 203).

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

Keeping a Case Active on Your Laptop

If you want to make sure a case does not transmit off of your laptop, set up a callback. If you have a case that would normally wrap up as a 201, but want to keep it on your laptop in order to go back to get more information a respondent didn't know at the time, make sure you do not answer the last question in the Sample Adult or Sample Child Questionnaires and set up a callback. This way you

can go back into the case and press CTRL-M to see a list of screens with Don't Know and Refused answers. Then you can pick the screen or screens you want to go back to in order to enter in good information.

ERROR MESSAGES

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

- Hard error messages
- Soft error messages

HARD ERRORS

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

SOFT ERRORS

"Soft" errors are those that do not require corrections to the entry in question. However, you must stop and carefully read the error message, as well as re-read the question, to see if the respondent provided and/or you entered incorrect information. If so, you can choose the "Go to" box to change the problem entry, or you may "Close" the message and take the proper action. If you correctly entered the reported information and the respondent would like to continue reporting on the topic, you may "Suppress" the message and continue with the interview.

HELP SCREENS

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

MAKING CORRECTIONS

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

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

PART C
SECTION 2
THE "FRONT" AND "COVERAGE" SECTIONS
(FRT, COV)

Topic	See Page
Purpose	C-12
Instructions	C-12
Important Terms	C-16

PURPOSE

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

The purpose of the cell phone questions is to track over time the prevalence and demographic characteristics of families that have substituted wireless telephone service for their home telephones. This data is especially useful to improve the quality of telephone surveys. Due to new wireless pricing plans and new prepaid and pay-as-you-go wireless plans, more persons are substituting wireless phones for their home telephones. Men are more likely than women to be living in households with only wireless telephones. Adults living in poverty and adults living near poverty are more likely than higher income adults to be living in households with only wireless telephones. These cell phone questions will help researchers understand wireless telephone use and the impact it is having on telephone surveys.

INSTRUCTIONS

Front Section

The START screen introduces you to the sample case by displaying the Control Number and status of the case. For Permit Segments, compare the Control Number (Sample, PSU, Segment, and Serial number) to the listing sheet in the segment folder to verify that you are at the correct sample unit. If you are not, enter "**2**" to quit this case.

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

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

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

Household Reached
You contacted the household, but only asked some or all of the questions prior to obtaining the household roster information (names, and the like).

Partial
You at least started the Household Composition Section,

but did not complete all of the remaining appropriate sections yet.

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

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

If you are unable to continue the interview at this time (for example, no eligible respondent is available or the respondent has no time and asks you to come back later), enter "**2.**" The instrument will take you to the closing screen where you can exit and enter notes about the case.

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

Coverage Section

Address Fields and Information

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

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

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

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

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

Year Built Determination

In area segments located in permit-issuing areas, each newly constructed unit (built after April 1, 2000) must be excluded from the sample or it could have a chance of coming in sample more than once. Determining year built during the interview is required only when it was not determined at the time of listing or updating.

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

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

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

EXTRA Units

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

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

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

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

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

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

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

You can make an appointment to continue the interview at the sample unit if necessary.

Telephone Number Issues

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

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

If you are given a number for a telephone not in the household (such as a neighbor's number, a work number, a common phone in the hall or lobby), press **F7** and note the location of the telephone. Also press **F7** to note anything else about the telephone (such as an unlisted number, only operational during certain hours). If a respondent offers both a cell phone number and a landline number, he or she should give whichever he or she feels most comfortable giving, and the additional number can be listed in an **F7** note.

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

(if any).

- If none of the current occupants lived in the sample unit for the entire past 12 months, these questions apply only to the time at least one has been an occupant.

- If the current occupants recently moved into the sample unit and do not yet have telephone service, these questions apply to the time they have resided in the sample unit without telephone service.

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

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

IMPORTANT TERMS

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

A **Separate Living Quarters** is one in which the occupants:

- Live separately from all other persons on the property.

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

Direct Access exists when the occupants of a living quarters can enter and leave either directly from the outside of the structure or from a common hall or lobby used by other occupants of the structure.

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

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

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

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

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

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

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

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

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

A Housing unit - permanent in transient hotel, motel, includes all separate living quarters in a hotel, motel, transient hotel, motor court, and the like, and occupied or intended for occupancy by permanent guests or resident employees.

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

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

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

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

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

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

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

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

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

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

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

Topic	See Page
Purpose	C-20
Instructions	C-21
Important Terms	C-23

PURPOSE

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

- Name
- Sex
- Age
- Date of birth
- Ethnic background
- Race
- Military status
- Relationship to reference person
- Marital status
- Legal guardians

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

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

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

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

families identified in a “spawned” household. However, spawning will not occur beyond a “spawn of a spawn.”

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

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

INSTRUCTIONS

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

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

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

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

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

When making entries at the SEX screen, be sure to ask for every person's sex, including the respondent, and code the person's sex correctly as the respondent reports it. **Do not assume that you know this information from appearance alone.** There are many NHIS questions that are dependent upon the sex of the household members. Therefore, be sure to code in the correct information so that our data will not be compromised.

If a person refuses to give his or her age and date of birth, the instrument takes you to a screen that asks you to estimate whether you think the person is 18 years old or older or less than 18 years old. Then, the instrument asks you to provide your best estimate of the person's age. It is important that you try to give your **best estimate** of this person's age, as some skip patterns later in the instrument will be determined by your estimate.

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

Screening is a procedure used to "oversample" Blacks, Asians, and Hispanics in order to increase the reliability of health statistics for these groups. In most sample segments, some units will be designated for screening and you will complete the entire NHIS interview only if such a unit contains at least one Black, Asian, or Hispanic member who is not in the armed forces. If such a sample unit contains no Black, Asian, or Hispanic residents or only ones who are in the armed forces, the instrument will classify the unit as a Type B noninterview with an outcome of 236 – Screened Out.

Similarly, as part of the 2014 Native Hawaiian or Pacific Islander (NHPI) project, this automated screening process will also be used for cases that have been designated as having at least one household member identified as being of either Native Hawaiian or Pacific Islander descent (NHPI). In these NHPI cases, if no one in the household identifies themselves as Native Hawaiian or Pacific Islander, then the entire case will screen out. You can read more about the NHPI project in Part D of this manual.

It is very important that you make contact with the household and ask the race and ethnicity questions as worded to determine whether or not a case will "screen out."

If a child under the age of 18 is entered as the “Ward” of the Reference Person, or both his or her mother and father are not present in the household, the instrument will ask if the child has a legal guardian. If so, the instrument will ask if the child’s legal guardian is a member of the household. If the person has a legal guardian living in the household, enter the person number that corresponds to the guardian reported by the respondent. If the legal guardian is not a household member enter '0' at LGGUARD2.

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

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

Please note that after you reach the ROSTERCK screen, which reminds you that you cannot change any demographic information (for example, sex, relationships, age) after proceeding to the SAID screen by pressing ‘1’ to continue, you are locked out of the Coverage, Household Composition, and Family Identification sections.

IMPORTANT TERMS

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

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

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

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

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

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

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

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

Screening is a procedure used to "oversample" Blacks, Asians, and Hispanics in order to increase the reliability of health statistics for these groups. In most sample segments, some units will be designated for screening and you will complete the entire NHIS interview only if such a unit contains at least one Black, Asian, or Hispanic member who is not in the armed forces. If such a sample unit contains no Black, Asian, or Hispanic residents or only ones who are in the armed forces, the instrument will classify the unit as a Type B noninterview with an outcome of 236.

Similarly, as part of the 2014 Native Hawaiian or Pacific Islander (NHPI) project, this automated screening process will also be used for cases that have been designated as having at least one household member identified as being of either Native Hawaiian or Pacific Islander descent (NHPI). In these NHPI cases, if no one in the household identifies themselves as Native Hawaiian or Pacific Islander, then the entire case will screen out. You can read more about the NHPI project in Part D of this manual.

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 or she is free to return at any time.

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

Topic	See Page
Purpose	C-27
Instructions	C-27
Important Terms	C-27
Specific Questions	C-29

PURPOSE

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

- Whether a person is limited in his or her activities.
- The way in which the person is limited.
- The condition that causes the limitation.
- How long the person has had the condition that causes the limitation.

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

INSTRUCTIONS

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

IMPORTANT TERMS

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

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

interested in whether the respondent thinks the person is limited in the specific activity or not.

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

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

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

Help from another person is considered hands-on assistance while performing an activity. An “other person” may be a friend, relative, paid helper, volunteer from an agency or organization, or anyone else who helps the family member in the activity mentioned. He or she can be a household or a non-household member.

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

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

of any kind.

SPECIFIC QUESTIONS

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

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

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

Conditions listed in bold are printed on the flashcard and on the children's condition screen.

Children's Conditions Screen:

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

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

These conditions listed in bold are printed on the flashcard and on the screen.

Adult Conditions Screen:

1. **Vision/ problem seeing** includes:
   "blindness"
   "cataracts"
   "glaucoma"
2. **Hearing problem** includes:
   "deafness"
   "tinnitus"
3. **Arthritis/rheumatism** includes:
   "osteoarthritis"
   "degenerative joint disease"
4. **Back or neck problem** includes:
   "degenerative disc disease"

"herniated disc(s)"
"sciatica"
"scoliosis"
"spinal stenosis"

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

17. **Depression/anxiety/emotional problem** includes
    "post traumatic stress disorder (PTSD)"
    "nervousness"
    "stress"
18. **Weight problem** includes "overweight" and "obesity."

These conditions are not printed on the flashcard.

Do not read them.

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

PART C
SECTION 5
FAMILY INJURIES AND POISONINGS
(FIJ)

Topic	See Page
Purpose	C-34
Instructions	C-34
Important Terms	C-35

PURPOSE

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

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

INSTRUCTIONS

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

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

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

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

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

A verbatim response may cause you to probe for more detail, including specifically what the injured/poisoned person was doing at the time and all circumstances surrounding the event. Entries such as “sports injury” and “auto accident” are insufficient. For a sports injury, determine whether there was a collision with another person or object, or if a fall, what caused the fall. For an auto accident, determine whether the vehicle was moving or stopped, and if a collision, what it collided with.

IMPORTANT TERMS

Injuries include such things as cuts, bruises, burns, sprains, fractures, insect stings, animal bites, and anything else the respondent considers an injury. Injuries can result from accidental causes, such as falls or motor vehicle collisions, or from intentional incidents, such as stabbing, gunshot wounds, or other assaults.

Poisonings include coming into contact with harmful substances, and/or an overdose or wrong use of any drug or medication.

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

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

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

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

Topic	See Page
Purpose	C-37
Instructions	C-37
Important Terms	C-37

PURPOSE

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

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

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

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

INSTRUCTIONS

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

If a respondent reports that he or she saw two or more doctors on the same visit, each doctor seen counts as a separate doctor visit. Situations like this might occur when a person visits a clinic where he or 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 or her family doctor who, in the course of the same visit, calls in a specialist to examine or treat the person.

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

IMPORTANT TERMS

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

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

emergency rooms or outpatient clinics, unless that person was admitted and stayed overnight. Also, exclude stays for non-medical reasons such as staying with a sick family member.

PART C
SECTION 7
FAMILY HEALTH INSURANCE
(FHI)

Topic	See Page
Purpose	C-40
Instructions	C-40
Important Terms	C-42

PURPOSE

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

INSTRUCTIONS

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

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

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

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

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

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

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

When recording the health insurance plan name, probe and record only the specific name of the plan. Do not record the type of plan (for example, family plan, high-option). Do not record abbreviations for plan names. (The exception here is Blue Cross and Blue Shield, for which you may use the abbreviation BC/BS.)

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

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

Beginning in 2011, and continuing for 2014, new questions have been embedded into the FHI section in order to address the following:

- New, expanded health coverage rules for young adults
- New health plan requirements
- Affordability of care
- Continuity of care

Most of the questions will be asked about private health insurance plans or persons currently without any coverage.

IMPORTANT TERMS

Private Health Insurance Plan is any type of health insurance, including Health Maintenance Organizations (HMOs), other than the programs in categories (2) and (4)-(10). These plans may be provided in part or full by the person's employer or union or may be purchased directly by an individual.

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

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

Medicaid refers to a medical assistance program that provides health care coverage to low income and disabled persons. The Medicaid program is a joint federal-state program, which is administered by the states. The state names for Medicaid can be found on Flashcard F14 with the corresponding state name.

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

Military Health Care/VA

Military health care includes:

TRICARE - regionally managed health care programs for active duty and retired members of the uniformed services, their families, and survivors. TRICARE offers eligible beneficiaries four choices for their health care: TRICARE Prime, TRICARE Extra, TRICARE Standard and TRICARE for life. TRICARE Standard is the new name

for traditional CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services).

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

CHAMP-VA (Comprehensive Health and Medical Plan of the Veterans Administration) - provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.

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

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

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

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

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

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

Preferred Provider Organizations (**PPOs**) are a form of managed care, although not a "traditional" HMO. Enrollees in PPOs are encouraged to use designated or preferred health care providers. Financial incentives for individuals include lower payments or co-insurance and maximum limits on out-of-pocket costs for in-network use. PPOs are less restrictive than HMOs in that visits to specialists are not dependent upon authorization by a

member's primary care physician. Unlike HMOs, out of network usage is allowed by PPOs, although at a higher cost to the enrollee. Please consider Exclusive Provider Organizations (EPOs) as PPOs for the purpose of this survey.

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

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

A **Health Savings Account** (**HSA**) is an account that is used to pay for medical expenses not covered by one's insurance plan. HSAs require a companion high deductible insurance policy. They may be funded by the employer or the employee and balances may rollover from year to year. Features of a HSA include: tax-deductible deposits, tax deferred interest earned on the account, tax-free withdrawals for qualified medical expenses, carryover of unused funds and interest from year to year, and portability. An HSA qualified insurance policy must have a deductible of at least $1200 for individuals and $2400 for families.

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

Flexible Spending Accounts (FSAs) are employer-established benefit plans that reimburse employees for specified medical expenses as they are incurred. These accounts are allowed under section 125 of the Internal Revenue Code. The employee contributes funds to the account through a salary reduction

agreement and is able to withdraw the funds set aside to pay for medical bills. The salary reduction agreement means that any funds set aside in a FSA escape both income tax and Social Security tax. Employers may contribute to these accounts as well. Once the amount of contribution has been designated during an open enrollment period that occurs once each year, the employee is not allowed to change the amount or drop out of the FSA during the year unless he or she experiences a change in family status. By law, the employee forfeits any unspent funds in the account at the end of the year other than the 2.5 month grace period. There is no requirement to have a private health insurance plan with a FSA.

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

Topic	See Page
Purpose	C-47
Instructions	C-47
Important Terms	C-48

PURPOSE

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

- Birthplace
- Citizenship (for some respondents)
- Education level
- Employment status
- Earnings

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

INSTRUCTIONS

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

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

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

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

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

If an individual within the family is on active duty, the respondent will be asked several questions to determine the following:

- Verification of active duty
- Service in a foreign country
- When tour of duty was served

IMPORTANT TERMS

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

A **job** exists when there is all of the following:

- A definite arrangement for regular work.
- The arrangement is on a continuing basis.
- The person holding the job receives pay or other compensation for his or her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

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

- Machinery or equipment of substantial value is used in conducting the business.
- An office, store, or other place of business is maintained.
- The business is advertised to the public.

Examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion that publicizes the type of work or services offered.

An individual is **working for pay** if he or she has done any of the following:

- Worked for wages, salary, commission, tips, piece-rates.
- Received pay-in-kind (for example, room-and-board).
- Worked for profit in his or her own business, practice or farm.
- Worked as a civilian for the National Guard or Department of Defense.

- Performed exchange or share work on a farm.

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

- Annual leave or vacation (paid or unpaid).
- Maternity or family leave (paid or unpaid).
- Jury duty.
- Seasonal employment (with a contract to work, for example, teachers).
- Involvement in a labor dispute that is taking place at his or her place of employment.
- Sick leave (paid or unpaid).
- A temporary lay-off (lasting less than 30 days), where the person expects to be called back within that time period.

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

- Filling out applications or sending out resumes.
- Placing or answering classified ads.
- Checking union/professional registers.
- Bidding on a contract or auditioning for a part in a Play.
- Contacting friends or relatives about possible jobs.
- Contacting school/college university employment offices.
- Contacting prospective employers directly.
- Contacting public or private employment offices.

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

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

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

Taking care of house or family includes any type of work around the house such as cleaning, cooking, maintaining the yard, caring

for children or family, and the like.

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

Temporarily unable to work for health reasons, disabled, and **retired** are respondent defined.

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

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

Earnings include:

- Wages and salaries including tips, commissions, Armed Forces pay, cash bonuses, and subsistence allowances.

- Net income from unincorporated businesses, professional practices, farms, or rental property ("Net" means after deducting business expenses, but before deducting personal taxes).

- Unemployment or worker's compensation.

PART C
SECTION 9
FAMILY INCOME
(FIN)

Topic	See Page
Purpose	C-52
Instructions	C-53
Important Terms	C-53

PURPOSE

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

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

If the family respondent refuses to provide the total family income amount or answers “don’t know,” a series of follow-up questions that attempt to place the total family income into a broad income interval will be asked. Included, but not asked of all, are questions that attempt to ascertain a family income in relation to the poverty threshold and 200% of the poverty threshold for that family size.

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

- Non-cash welfare assistance (for example, help getting a job, job training, transportation, or child care)
- Government housing assistance
- Supplemental Nutrition Assistance Program (SNAP)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

INSTRUCTIONS

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

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

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

IMPORTANT TERMS

Types of Income

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

Self-employment includes income from businesses and farm income.

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

- Workers who have reached 62 or 65 years of age
- The severely disabled
- Dependents or survivors of workers

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

parent (or guardian) of the child.

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

Disability Pension includes the following:

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

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

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

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

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

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

- Black Lung miner's disability--received by miners who from black lung disease. These payments come from the

U.S. Government.

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

Other Retirement or Survivor Pension includes:

- Company or union pension (including profit-sharing)--received by retired workers from a retirement or pension plan established by their previous employer or union.

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

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

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

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

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

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

Supplemental Security Income is for low-income persons age 65 years old or over, blind, or disabled. The Social Security Administration administers SSI, however SSI is **NOT** the same as Social Security. A person can get SSI in addition to Social Security. Depending on the requirements set up by each state, a

person may receive an SSI check from the federal government with "Supplemental Security Income" printed on the check, a supplementary SSI check from the state or local welfare office, or both.

Most SSI recipients receive one monthly SSI check from the federal government. Federal SSI checks arrive on the first of the month in a blue envelope or are electronically deposited into the recipient's account on the first of the month.

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

"STATE PAYMENT INCLUDED"

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

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

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

Temporary Assistance for Needy Families (TANF) is a public assistance program. Generally, TANF is administered at the state level and the type of benefits available differs by state. Each state has the authority to determine the eligibility criteria, and the benefits and services families will receive. TANF contains strong work requirements and provides support to families moving from

welfare to work. This support can be in the form of cash. Generally, cash assistance from a state or county welfare program comes in the form of a check, but some states give welfare recipients a debit card that is linked to an account containing their welfare monies. In other states, welfare recipients work at a job, and the monies for their paycheck come from the state or county welfare program. Debit card and welfare-subsidized wages are also considered cash assistance.

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

In recording which persons in the family are receiving TANF cash assistance, enter the line number as given by the respondent. In this case, the respondent defines which persons are receiving this assistance.

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

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

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

Total earnings are the sum of the individual earnings that were previously recorded

Program Participation

Non-cash Welfare Assistance can be part of some TANF

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

Government Assistance for Housing can come from federal, state or local governments and may take many forms. Government housing assistance may come in the form of monetary assistance to help pay rent, a program called "Section 8," direct payment to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.

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

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

Eligibility for WIC is based on the following four criteria:

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

- The participant's household income must be below 185 percent of the poverty line.

- WIC participants must be certified by a health professional to be at nutritional risk, which can include problems such

as: inadequate diet, abnormal weight gain during pregnancy, a history of high-risk pregnancy, child growth problems such as stunting, underweight, or anemia, and homelessness or migration.

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

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

Topic	See Page
Purpose	C-61
Instructions	C-61

PURPOSE

The purpose of the Sample Child Identification and Verification section is to identify the person you are speaking to and verify that he or she is knowledgeable about the Sample Child's health. If the person you are speaking to is not knowledgeable about the Sample Child's health, then this section is designed to help identify a respondent who is knowledgeable, based upon the responses given at KNOWSC2, "Who in the family would you say knows about and is responsible for the health of [Sample Child]?" near the end of the Household Composition section.

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

- The Sample Child's sex
- The Sample Child's age
- The Sample Child's date of birth

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

INSTRUCTIONS

If, while verifying the age of the Sample Child, it is determined that this person really should not have been selected as a Sample Child, the instrument will skip the entire Sample Child section. The instrument will **not** select another child as the Sample Child.

At the end of the Sample Child Questionnaire, you will ask for the last four digits of the child's Social Security Number. This number is useful for matching certain statistical records maintained by other government agencies.

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

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

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

Topic	See Page
Purpose	C-63
Instructions	C-63
Important Terms	C-64

PURPOSE

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

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

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

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

The general health status of the child is also recorded by asking about conditions, such as:

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

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

INSTRUCTIONS

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

Ask questions exactly as worded and correctly record the response. This attention to detail will assure that follow up questions make sense in the context of previously recorded information.

Some of the questions make reference to a specific time period, such as the PAST 12 MONTHS, the PAST THREE MONTHS, the PAST TWO MONTHS, the PAST 30 DAYS, or the PAST TWO WEEKS. Other questions refer to the child's entire life by asking if the child EVER had these conditions or limitations. For example, notice that for the questions related to head and chest colds, and intestinal illnesses, we are interested only in conditions that occurred during the PAST TWO WEEKS.

With regard to the questions about children's behavioral and emotional health, please note that there are two sets of questions, dependent upon the age of the Sample Child: one set for children age 2-3 years that is part of the Sample Child Conditions, Limitations of Activity and Health Status section and one set for children age 4-17 years that is part of the Child Mental Health Brief Questionnaire. It is important that you make sure you are showing the respondent the correct flashcard for the questions. Flashcard C3 (with the categories 0. NOT TRUE, 1. SOMETIMES TRUE, or 2. OFTEN TRUE) is used for 2-3 year olds. Flashcard C8 (with the categories 1. No, 2. Yes, minor difficulties, 3. Yes, definite difficulties, 4. Yes, severe difficulties) is used for 4-17 year olds.

IMPORTANT TERMS

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

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

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

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

Autism is pronounced (aw-tizm) and is a developmental disability affecting verbal and nonverbal communication as well as social interaction, including abnormal speech patterns or loss of speech; lack of eye contact; a restricted range of interests; resistance to change of any kind; obsessive, repetitive body movements, such as

hand flapping or spinning; a lack of awareness of the existence or feelings of others; or social isolation. Symptoms can range from mild to severe.

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

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

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

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

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

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

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

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

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

Intellectual disability, also known as mental retardation, refers to someone who is significantly below average in intellectual functioning, in addition to having problems with adaptive behavior.

Learning disability refers to a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written. It may be evident by an inability to listen, think, speak, read, write, spell, or do mathematical calculations. It includes conditions such as brain injury, minimal brain dysfunction, dyslexia, or aphasia. It does not apply to children who have difficulty learning as a result of visual, hearing, or motor problems, intellectual disability, also known as mental retardation, or emotional disturbance.

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

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

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

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

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

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

PART C
SECTION 12
SAMPLE CHILD HEALTH CARE ACCESS AND UTILIZATION (CAU)

Topic	See Page
Purpose	C-68
Instructions	C-68
Important Terms	C-69

PURPOSE

The purpose of the Sample Child Health Care Access and Utilization section is to identify all contacts the Sample Child had with medical doctors or their assistants during a specific period of time. The information from this section provides measures of how the country's health care system is being utilized for children under age 18. Whereas the Family Access and Utilization section asks about hospital stays and doctor visits for each person in the family, the Sample Child Access and Utilization section asks more detailed questions about the Sample Child's access to and utilization of care, including:

- When a medical doctor was last seen
- Where the Sample Child usually goes for health care
- Whether the Sample Child has different places of health care because of specific needs
- Recent (past 12 months) changes in where the Sample Child gets health care
- Types of physicians seen in past 12 months
- Emergency room visits
- Monetary burden of care
- Doctor's or other health care professional's "house calls"
- Number of doctor visits in the last 12 months
- Surgeries in the past 12 months

Beginning in 2011, and continuing for 2014, additional questions about health care access and utilization were added throughout this section, including:

- Whether trouble was experienced finding a doctor who would see the Sample Child
- If doctor’s office/clinic did not accept the Sample Child’s health care coverage
- Emergency room visits

INSTRUCTIONS

When asking about the place where the Sample Child **usually** goes when he or she is sick, note that this may or may not be the doctor or clinic most recently contacted. (For example, the most recent contact may be with a specialist never seen before.) Also, it need not be a doctor or clinic the respondent has ever contacted before on behalf of the Sample Child. In this case, the question refers to the doctor or place the respondent **would** contact if the Sample Child is sick or needs advice about his or her health.

If the Sample Child is less than two years old, some questions will not be asked, such as those about not getting mental health care,

dental care and eyeglasses because of cost.
As with all questions that ask the respondent to give a specific length of time, always probe for an exact number. If the respondent reports a range or an interval, assist the respondent in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"

Be sure to notice if a question refers to a designated time period. For example, the questions recording information about health care provider contacts begin with the phrase "DURING THE PAST 12 MONTHS." The health care provider contact set of questions really contains two different types of questions. The first asks "[Has anyone in the family/Have you] seen or talked to ... about [Sample Child's] health?" The second set of questions in this section asks, "How many times did [Sample Child's name] see...?"

Seeing different types of health care providers all on one visit should be reported separately. For example, if the Sample Child saw a physician's assistant for a physical exam before seeing the general practitioner (physician) for further diagnosis, count this as both "a general practitioner" and as "a physician's assistant."

Do not include someone who prescribes eyeglasses as an optician.

When recording emergency room visits, **do not** include visits to outpatient clinics and urgent care facilities.

IMPORTANT TERMS

An **audiologist** is a person skilled in working with hearing problems. These services include: identifying a hearing problem, determining the range and nature of the hearing problem, training the individual to deal with the problem (for example, lip-reading), and counseling the family members on how to deal with the problem.

At home refers to the Sample Child's own home and anyone else's home (like the home of family friends or relatives, a hotel, or any other place in which the Sample Child was staying at the time of the health care professional's visit). This could be a house, apartment, motor home, houseboat, trailer, or other dwelling. Do not include visits by a doctor while the Sample Child was in a hospital or institution.

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

A **chiropractor** is a licensed professional, but not a medical

doctor, who uses manipulation of the body joints (especially the spine) to restore normal nerve function.

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

A **foot doctor** is someone who treats diseases of the foot and is commonly known as a podiatrist.

A **general physical exam or check-up** is an examination not for a specific condition or problem. This may include the following:

- A periodic health examination
- A complete medical examination
- An annual health check-up
- A comprehensive physical examination

It does not include dental exams and vision tests.

A **hospital emergency room** is an emergency care facility at a hospital. It is also sometimes referred to as an **emergency department**. **Do not** include emergency care received at a clinic or HMO. Include emergency room visits that resulted in admission for inpatient care. **Do not** include visits to outpatient clinics, urgent care facilities and the like.

Medical doctor refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s) including general practitioners, all types of specialists, and their assistants. Do not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists or psychologists.

Mental Health Care is respondent defined.

A **nurse practitioner** is a registered nurse who has completed a program of study leading to an expanded role in health care. Nurse practitioners generally function under the supervision of a doctor, but not necessarily in the presence of a doctor. Nurse practitioners often perform duties similar to those of a physician's assistant.

An **obstetrician/gynecologist** is a medical doctor who treats women, pregnancy, and disease of the female reproductive system including the breasts.

An **occupational therapist** is a health professional who works to

develop, improve, or restore fine motor skills, which usually involves the use of the fingers, hands or arms. It may involve working on activities like dressing, feeding and writing.

A **physical therapist** is a health professional who administers therapy to develop, improve, or restore gross motor skill movements, such as walking.

A **Physician Assistant (PA)** is a health care professional licensed to practice medicine with physician supervision. What a Physician Assistant does varies with training, experience and state law. The scope of a PA's practice corresponds to the supervising physician's practice. In general, the PA sees many of the same types of patients as does the physician, but the more complicated or non-routine cases are referred to a physician as appropriate. Physician Assistants **always** work in the context of a supervising physician.

Prescription Medicines are medications that can only be obtained through a doctor or dentist. The medication is usually obtained from a pharmacy or mail order pharmacy using a written note or telephoned instruction from a doctor or dentist.

A **Respiratory Therapist** is a person who provides services prescribed by a physician for the assessment, diagnostic evaluation, treatment, management, and monitoring of patients with deficiencies and abnormalities of cardiopulmonary function.

Routine or Preventive care is a doctor's visit or health procedure to prevent illness or to detect problems early, such as immunizations and physical exams.

A **Speech Therapist** is a person who works to improve speech or oral communication for problems such as stuttering, impaired articulation, or language or voice impairment.

Surgery is any cutting of the skin including stitching of cuts or wounds. Include both major surgery and minor procedures such as cutting or piercing of other tissue, scraping of internal parts of the body and setting of fractures and dislocations.

Waiting time to see the doctor includes only the time from arrival until the health care provider is seen.

PART C
SECTION 13
SAMPLE ADULT IDENTIFICATION AND VERIFICATION (AID)

Topic	See Page
Purpose	C-73
Instructions	C-73

PURPOSE

The purpose of the Sample Adult Identification and Verification section is to identify the Sample Adult and verify some information about him or her. It also allows a proxy respondent if the Sample Adult has a physical or mental problem that prohibits him or her from responding.

We collect a proxy respondent's relationship to the Sample Adult and his or her availability to conduct the interview. If the Sample Adult is not the person who acted as the respondent to the Household Composition section, or this is a proxy respondent, the instrument will ask you to verify:

- The Sample Adult's sex
- The Sample Adult's age
- The Sample Adult's date of birth

INSTRUCTIONS

If, while verifying the age of the Sample Adult, it is determined that this person really should not have been selected as a Sample Adult, the instrument will skip this section. The instrument will **not** select another person as the Sample Adult.

If a cultural situation arises, for instance, a female Sample Adult is selected but the respondent's culture does not allow women to speak to the FR, the following guidelines should be followed: If the gender or cultural background of the FR is the issue, another FR of a different gender or cultural background could be sent to conduct the interview. Also, the FR could ask whether the interview would be allowed if the spouse were present during the interview. Similarly, an offer could be made to conduct the interview over the telephone. For major cultural or religious issues where no options are acceptable, the FR should call the Regional Office (RO) for permission to conduct a proxy interview.

All instances of such proxy interviews should be well documented in the interviewer notes for the case. FRs should take special care in entering the appropriate information into PROX1, "Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves. Is a family member or caregiver that is knowledgeable about [Sample Adult]'s health available?" in the Sample Adult Questionnaire, and NONRES, "Did a non-household member act as a respondent for this survey?" in the Back section.

At the end of the Sample Adult Questionnaire, we will ask for the last four digits of the Sample Adult's Social Security Number and the last four digits and any letters of the Medicare Number. This

information is useful for matching certain statistical records maintained by other government agencies.

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

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

PART C
SECTION 14
SAMPLE ADULT SOCIO-DEMOGRAPHIC BACKGROUND (ASD)

Topic	See Page
Purpose	C-76
Instructions	C-76
Important Terms	C-77

PURPOSE

The purpose of the Sample Adult Socio-Demographic Background section is to verify the Sample Adult's working status and, if he or she is currently employed, or has ever been employed, to collect additional information, including:

- Where he or she works(ed)
- Kind of business or industry
- Kind of work performed
- Most important activities
- Other questions about his or her job (or most recent job)

INSTRUCTIONS

To be considered looking for work, a person has to have conducted an active job search.

When describing the kind of business or industry the Sample Adult is or was employed by, indicate both a general and specific function for employers and businesses. For example, in "copper mine," the word "mine" is general, while the word "copper" indicates the specific kind of mine.

- **For Government Agencies**: If the title clearly designates the main function of the agency, enter the name of the agency. If the main function is not clear from the title, ask for and report the division or branch for which the person works.

- **For Firms with more than one business**: If activities are carried on in separate places, describe the business in which the person actually worked. If activities are carried on in the same place, describe the main activity.

- **For household or domestic workers**: Determine if the person works or worked for a business or private home. If it is a business, enter the name of the business. If it is a private home, enter "private home."

- **Manufacturing**: Makes and sells its products in large lots to other manufacturers, wholesalers, or retailers.

- **Wholesale trade**: Buys products in large quantities for resale to retailers, industrial users, or to other wholesalers.

- **Retail trade**: Sells primarily to individual consumers.

- **Some other kinds of business**: Any other type of establishment, which renders a service to individuals

or organizations. Examples are hotels, dry cleaners, advertising agencies, restaurants, and automobile repair shops.

When entering the kind of work the person was doing at his or her main job or business, remember that the entry should clearly state the kind of work or nature of duties performed by the person. The occupation entry should describe what the person does (for example, shipping department supervisor, inventory clerk). One word occupational descriptions are usually not adequate. For example, we need to know what type of nurse, engineer, clerk, or teacher the person is or was.

For example:

Inadequate	Adequate
Adjuster	Claims adjuster, brake adjuster, machine adjuster, merchandise adjuster, complaint adjuster, insurance adjuster
Engineer	Civil engineer, locomotive engineer, mechanical engineer, aeronautical engineer
Scientist	Political scientist, physicist, sociologist, oceanographer, home economist

When describing the kind of work or duties the person performs/performed at his or her main job or business, be sure to detail the kind of work the person does/did. The entry to this item must include enough additional information for a precise occupational classification. Usually a few words telling what the respondent's job activities are, or the tools he or she uses, will suffice. For example, two people with the same job title, "Telephone Co. serviceman," may have different activities such as installing phones in homes or repairing telephone transmission lines.

IMPORTANT TERMS

Main job or business refers to the job or business that is the **primary** source of a person's income.

A **Job** exists when there is all of the following:

- A definite arrangement for regular work.
- The arrangement is on a continuing basis.
- A person receives pay or other compensation for his or her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

A **business** exists when one or more of the following conditions is met:

- Machinery or equipment of substantial value is used in conducting the business.
- An office, store, or other place of business is maintained.
- The business is advertised to the public.

Examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.

Examples of what to include as a business:

- Sewing performed in the sewer's house using his or her own equipment.
- Operation of a farm by a person who has his or her own farm machinery, other farm equipment, or his or her own farm.

Examples of what are **not** businesses:

- Yard sales; the sale of personal property is not a business or work.
- Seasonal activity during the off-season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
- Distributing products such as newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

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

- Works for wages, salary, commission, tips, piece-rates, or pay-in-kind (for example, room-and-board).
- Works for profit in his or her own business, practice or farm.
- Works as a civilian for the National Guard or

Department of Defense.
- Performed exchange or share work on a farm.

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

- Annual leave or vacation (paid or unpaid).
- Maternity or family leave (paid or unpaid).
- Jury duty.
- Seasonal employment (with a contract to work, for example, teachers).
- Involvement in a labor dispute that is taking place at his or her place of employment.
- Sick leave (paid or unpaid).
- A temporary lay-off (lasting less than 30 days), **and** the person expects to be called back within that time period.

Active job search means a person took the steps necessary to put himself or herself in a position to be hired for a job and would include any of the following:

- Filling out applications or sending out resumes.
- Placing or answering classified ads.
- Checking union/professional registers.
- Bidding on a contract or auditioning for a part in a play.
- Contacting friends or relatives about possible jobs.
- Contacting school/college university employment office.
- Contacting prospective employers directly.
- Contacting public or private employment offices.

Job search methods are **not** active if the job seeker looks at ads but does not respond to them or picks up job applications but does not fill them out.

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

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

Taking care of house or family includes any type of work around the house such as cleaning, cooking, maintaining the yard, caring for children or family, and the like.

Unable to work because of health reasons, **disabled**, and **retired** are respondent defined**.**

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

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

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

A person has **ever worked** if they have held any sort of job or worked at a business, with or without pay. Again, unpaid work consists of at least 15 hours of work per week without pay in a business or farm operated by a related household member. Volunteer efforts and unpaid internships should not be considered as working.

Private company or business: This employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes work for private organizations doing contract work for government agencies.

Federal government includes persons working for any branch of the federal government including persons who were elected to paid federal offices, civilian employees of the Armed Forces, and some members of the National Guard. Include employees of international organizations such as the United Nations and employees of foreign governments such as persons employed by the French consulate.

State government includes employees of State governments, such as paid state officials, state police, and employees of state universities and colleges.

Local government employees are employees of counties, cities,

towns, and other local areas. City-owned bus lines, electrical power companies, water and sewage services, and the like, should be included as local government employees. Employees of public elementary and secondary schools that are part of the local government should be included as local government workers.

Self-employed persons includes any person working for profit or fees in their own business, shop, office, farm, and so on. Include persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators, or independent truckers.

Working without pay includes working on a farm or in a business operated by a related member of a household, without receiving wages or salary for work performed.

PART C
SECTION 15
SAMPLE ADULT CONDITIONS
(ACN)

Topic	See Page
Purpose	C-83
Instructions	C-83
Important Terms	C-84

PURPOSE

The main purpose of the Sample Adult Conditions section is to record any conditions the person may have, including:

- Chronic physical conditions such as hypertension, heart problems, asthma, ulcers, cancer, diabetes, or arthritis.
- Temporary conditions such as recent neck pain, back pain, headaches, facial pain, colds, intestinal illnesses.

This section also records the general conditions of the person by asking about things like:

- Pregnancy (women only)
- Vision
- Tooth loss
- General feelings/emotional health

All of this information about the Sample Adult creates a framework of data against which other things can be measured; for example, how an individual's basic health condition is related to the utilization of health care, or to the propensity for injury, as well as to other information collected earlier in the survey.

INSTRUCTIONS

Some of the questions in this section are dependent upon the answers to previous questions within the instrument. You may notice specifically, that if the respondent indicates that he or she has asthma, then a series of follow up questions will be asked about asthma attacks, and asthma related visits to the emergency room. Similarly, if the Sample Adult indicates he or she has cancer, this triggers a series of questions about kinds of cancer and age when cancer was first diagnosed.

Some of the questions make reference to a specific time period, such as the PAST 12 MONTHS, the PAST THREE MONTHS, and the PAST 30 DAYS, or the PAST TWO WEEKS. Other questions refer to the person's entire life by asking if he or she EVER had these conditions or limitations. Notice that for the questions relating to head and chest colds, and intestinal illnesses, for example, we are interested only in conditions that occurred during the last two weeks.

When asking about hypertension, remember to only include reports of hypertension/high blood pressure that were diagnosed by a doctor or other health care professional. Do not include home blood pressure testing or testing by a machine in the mall or other commercial establishment.

Beginning for 2012, and continuing for 2014, a question on Chronic Obstructive Pulmonary Disease (COPD) was added as a core question in ACN. In prior years, the NHIS collected data on chronic bronchitis and emphysema (items from which a measure of COPD can be developed), but did not address COPD directly.

Beginning for 2012, and continuing for 2014, there will be one supplement question in ACN asked of female Sample Adults 18-49 years of age who are not currently pregnant or who don't know if they are currently pregnant and are interviewed during the months of April through July. This pregnancy question is related to the questions added to the Adult Health Care Access and Utilization (AAU) section for 2014 that aim to better monitor influenza vaccination coverage among pregnant women. The National Center for Immunization and Respiratory Diseases (NCIRD) is sponsoring these questions.

Also continuing is the embedded Heart Disease and Stroke Prevention supplement, and new questions about Asthma and Epilepsy. Please see Part D for more information about these embedded supplements.

IMPORTANT TERMS

Hypertension, also called high blood pressure, is elevated blood pressure resulting from an increase in the amount of blood pumped by the heart or from increased resistance to the flow of blood through the small arterial blood vessels (arterioles).

A **Stroke** is a cerebral hemorrhage or embolism of the cerebral blood vessels.

Emphysema is an abnormal enlargement or distension of the air sacs of the lungs, causing difficulty in breathing. Usually chronic and progressive, the condition is associated with heredity, smoking, and long-standing respiratory ailments such as chronic bronchitis.

Chronic Obstructive Pulmonary Disease (COPD) refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema, chronic bronchitis, and in some cases asthma.

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

Sinusitis is an inflammation of a sinus.

Bronchitis is an inflammation of the bronchial tubes caused by viral or bacterial infection or by the inhalation of irritating fumes (for example, tobacco smoke, air pollutants). Symptoms include cough, fever, and chest pains.

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

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

Prediabetes describes a state of impaired carbohydrate metabolism that places a person at risk for later developing diabetes. Blood glucose levels that are higher than normal but not high enough for a diagnosis of diabetes characterize this condition. The two forms of prediabetes are **Impaired Fasting Glucose** and **Impaired Glucose Tolerance.**

Borderline Diabetes is a former term used for type 2 diabetes or impaired glucose tolerance.

High Blood Sugar is an excessive amount of glucose found in the blood, also called hyperglycemia.

PART C
SECTION 16
SAMPLE ADULT HEALTH STATUS AND LIMITATIONS OF ACTIVITY
(AHS)

Topic	See Page
Purpose	C-87
Instructions	C-87
Important Terms	C-88
Specific Questions	C-88

PURPOSE

The Sample Adult Health Status and Limitations of Activity section consists of two parts--health indicators and limitations in function. The purpose of this section is to determine:

- How many days of work the Sample Adult missed in the last year and how many days he or she spent in bed.
- Overall health as compared to a year ago.
- How much difficulty the Sample Adult may have doing certain activities.
- The condition(s) that causes the difficulty in function.
- How long he or she has had the condition that causes the limitation in function.

The limitation questions asked in the Sample Adult Questionnaire are different from the limitations asked in the Family Questionnaire. For example, the FLAWALK screen in the Family Health Status section asks whether anyone in the family has any difficulty walking without using special equipment, while the questions in the Sample Adult Health Status section are more precise. For example, the FLWALK screen asks how difficult it is for the Sample Adult to walk **a specific distance** (a quarter of a mile or three city blocks) without special equipment. The response categories to the limitation questions are also very different in these two sections. In the Family Health Status section, the responses are simply "Yes" and "No," and in the Sample Adult Health Status section, the response categories make up a "degree of difficulty" scale. The adult questions are important because we obtain information directly from the Sample Adult regarding the **extent** of his or her disability. But the family questions are just as important because they allow us to obtain information about limitations for **every member** of the family.

INSTRUCTIONS

If the Sample Adult indicates that he or she has difficulty with one of the activities mentioned, the instrument will go to a list of health problems that may cause his or her difficulties. This question asks the respondent to identify which health problem(s) cause the difficulty. Remember, the respondent may chose more than one.

When you show the Sample Adult the list of possible conditions that cause his or her difficulty with activities, and he or she gives you a response, be sure to carefully look at the list of conditions provided on the screen to see if the response fits into any of the pre-coded categories. If the condition described by the respondent does not appear on the list, enter the code for “Other impairment/ problem” and then specify what the exact condition is.

IMPORTANT TERMS

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

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

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

By yourself is considered to be without the help from another person or without hands-on assistance with performing an activity. Another person may be a friend, relative, paid helper, volunteer from an agency or organization or anyone else who helps the family member in doing the activities mentioned. He or she may be a household member or a non-household member.

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

SPECIFIC QUESTIONS

What condition or health problem causes you to have difficulty with these activities?

The flashcard for this question only lists the first 18 conditions and health problems from this screen. The respondent's answer to this question may include as many conditions or health problems that apply. You should **not** read any of the answer categories to the respondent.

If the respondent describes a condition or health problem that is not on the flashcard, you should first try to determine whether the

condition he or she describes belongs in one of those categories, otherwise you may choose to enter the respondent's exact answer in the "Other impairment/problem" field. Be sure to include only information about health conditions and medical problems in these fields - this would not be an appropriate place for an FR note. While you may not probe for additional answers, you may probe in order to clarify the response (for example, if the respondent has a rare disease that you do not know how to spell, you may politely ask the respondent for their input). Enter condition number(s) for all that apply, and separate them with commas. When the respondent has no more conditions or health problems, press enter to continue.

These conditions in bold are printed on the flashcard and on the screen.

1. **Vision/problem seeing** includes:
   "blindness"
   "cataracts"
   "glaucoma"
2. **Hearing problem** includes:
   "deafness"
   "Tinnitus"
3. **Arthritis/rheumatism** includes:
   "osteoarthritis"
   "degenerative joint disease"
4. **Back or neck problem** includes:
   "degenerative disc disease"
   "herniated disc(s)"
   "sciatica"
   "scoliosis"
   "spinal stenosis"
5. **Fracture or bone/joint injury** includes:
   "torn cartilage"
   "broken arm," "broken leg," "broken wrist," and so on.
6. **Other injury** includes:
   "head injury"
   "car accident injury"
   "burns"
   "chemical injury"
   "gun shot wounds"
   "frost bite"
   "snake bite"
7. **Heart problem** includes:
   "angina"
   "heart attack"
   "heart murmur"
   "heart failure"
8. **Stroke problem** includes "brain aneurysm."

9. **Hypertension/high blood pressure**
10. **Diabetes** includes “high blood sugar.”
11. **Lung/breathing problem** includes:
    “asthma”
    “chronic bronchitis”
    “chronic obstructive pulmonary disease (COPD)”
    “emphysema”
    “pneumonia”
    “respiratory allergies”
    “shortness of breath”
12. **Cancer** includes:
    “Hodgkin’s Disease”
    “leukemia”
    “lymphoma”
13. **Birth defect** includes “spina bifida.”
14. **Intellectual disability, also known as mental retardation** includes “Down syndrome.”
15. **Other developmental problem** includes:
    “cerebral palsy”
    “dyslexia”
    “learning disability”
16. **Senility** includes:
    “Alzheimer’s Disease”
    “dementia”
    “memory loss”
17. **Depression/anxiety/emotional problem** includes
    “post traumatic stress disorder (PTSD)”
    “nervousness”
    “stress”
18. **Weight problem** includes “overweight” and “obesity.”

These conditions in bold are not printed on the flashcard.

Do not read them.

19. **Missing limbs (fingers, toes or digits/amputee)**
20. **Kidney, bladder or renal problems**
21. **Circulation problems** (includes blood clots)
22. **Benign tumors, cysts**
23. **Fibromyalgia, lupus**
24. **Osteoporosis, brittle bones, tendinitis**
25. **Epilepsy, seizures**
26. **Multiple Sclerosis (MS), Muscular Dystrophy (MD)**
27. **Polio(myelitis), paralysis, para/quadriplegia**
28. **Parkinson's disease, other tremors**
29. **Other nerve damage,** includes carpal tunnel syndrome
30. **Hernia**
31. **Ulcer**
32. **Varicose veins, hemorrhoids**

33. **Thyroid problems, Grave's disease, gout**
34. **Knee problems** (*not* “arthritis” (use code 03); *not* “joint injury” (use code 05))
35. **Migraine headaches** (*not* just “headaches”)
36. Other impairment/problem (Specify one)
37. Other impairment/problem (Specify one)

PART C
SECTION 17
SAMPLE ADULT HEALTH BEHAVIORS
(AHB)

Topic	See Page
Purpose	C-93
Instructions	C-93
Important Terms	C-94

PURPOSE

The Sample Adult Health Behaviors section asks questions that record information about general health behavior or habits, including:

- Smoking
- Physical activity
- Alcohol
- Hours of sleep per 24 hour period

This information helps researchers measure how a person's daily habits affect his or her overall heath.

This section also asks for the Sample Adult's current height and weight.

INSTRUCTIONS

This section contains many subsets of questions that are dependent upon the responses to previously asked questions. For example, if the Sample Adult indicates that he or she has smoked at least 100 cigarettes in his or her ENTIRE life, some follow up questions about smoking will be asked. Beginning in 2012, and continuing for 2014, all Sample Adults will also be asked a series of questions about use of tobacco products other than cigarettes and use of smokeless tobacco products. Certain follow-up supplement questions will depend on answers to previous cigarette and tobacco-related questions. For more information about the embedded 2014 Adult Tobacco Use Supplement, please see Part D.

If the respondent indicates that he or she has had at least 12 drinks of any type of alcoholic beverage in his or her lifetime, certain follow up questions will be asked that would not otherwise be asked.

Because of the selective way that questions are asked, it is extremely important that the respondent understands each question, and clearly understands the specific reference period for each question. This will ensure that the proper follow up questions will be asked.

Some questions ask about behavior over the course of the Sample Adult's ENTIRE life, others ask about behavior during ANY ONE YEAR, **but not necessarily the past year**, some ask about the PAST 30 DAYS, and some ask about the PAST 12 MONTHS. **Be sure the respondent understands the reference periods that are being asked about.**

The questions about physical activity ask about 3 categories of physical activities:

- Vigorous activities
- Light or moderate activities
- Strengthening activities

With the exception of the questions about strengthening activities, there are two follow up questions for each of these kinds of activities. The first is "how often do you do it," and the second is "for how long."

Note that the frequency of activities may be recorded in any time reference the respondent reports: times per day, per week, per month or per year. Maximum frequency is four times per day (or its equivalent).

Questions about height and weight give you the option of entering the information in metric measurements by entering "M."

IMPORTANT TERMS

A **cigarette** is anything the respondent reports except cigars or any kind of marijuana.

Smoking regularly is respondent defined. If asked about what this means, say that "It is whatever you consider as first starting to smoke fairly regularly."

Exercise, sports, or physically active hobbies are respondent defined.

Vigorous activities might include fast walking, fast bicycling, jogging, strenuous swimming, sports play, vigorous aerobic dance, and strenuous gardening.

Light or moderate activities include such activities as moderate paced or leisurely walking or bicycling, slow swimming or dancing, and simple gardening.

Strengthening activities are activities that require strenuous muscular contractions such as weight lifting, resistance training, push-ups, sit-ups.

Alcohol includes all types of beer (including stout, ale, malt liquor, or light beer, but does not include alcohol-free beer), wine (including port, sherry, sangria wine coolers, and champagne), and liquor (including brandy, liqueurs, scotch, whiskeys, tequila and gin).

PART C
SECTION 18
SAMPLE ADULT HEALTH CARE ACCESS AND UTILIZATION (AAU)

Topic	See Page
Purpose	C-96
Instructions	C-96
Important Terms	C-97
Specific Questions	C-99

PURPOSE

The purpose of the Sample Adult Health Care Access and Utilization section is to identify all contacts with medical doctors or their assistants during a specific period of time. The information from this section provides measures of how the country's health care system is being utilized by adults. Whereas this section in the Family Questionnaire asked about hospital stays and doctor visits for each person in the family, the Sample Adult Access and Utilization Section asks more detailed questions about the Sample Adult's access to care, including:

- When a medical doctor was last seen
- Where the Sample Adult usually goes for health care
- Whether the Sample Adult has different places of health care because of specific needs
- Delay of care
- Affordability of care
- Recent (past 12 months) changes in where the Sample Adult gets health care
- Types of physicians seen in the past 12 months
- Emergency room visits
- Doctor's or other health care professional's "house calls"
- 12-month doctor visits
- Surgeries in the past 12 months
- Several kinds of immunizations
- Chickenpox and hepatitis

Beginning in 2011, and continuing for 2014, additional questions about health care access and utilization were added throughout this section, including:

- Altered use of prescription medication
- Experience finding a physician
- Emergency room visits
- Obtaining health information on the internet
- Physical checkups using certain tests for health problems (diabetes, cholesterol, cancer, blood pressure, and so on)
- Experience with directly buying insurance
- Long-term care
- Monetary burden of care

INSTRUCTIONS

When asking about the place where the Sample Adult USUALLY goes when he or she is sick, note that this may or may not be the doctor or clinic most recently contacted. (For example, the most recent contact may be with a specialist never seen before.) Also, it need not be a doctor or clinic the respondent has ever contacted

before. In this case, the question refers to the doctor or place the respondent **would** contact if he or she is sick or needs advice about his or her health.

Be sure to notice if a question refers to a designated time period. For example, generally the questions recording information about health care provider contacts begin with the phrase "DURING THE PAST 12 MONTHS."

Do not include as an optician someone who prescribes eyeglasses.

When recording emergency room visits, **do not** include visits to outpatient clinics, urgent care facilities, and the like.

If necessary, explain that the hepatitis B vaccine is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

IMPORTANT TERMS

At home refers to the Sample Adult's own home and anyone else's home, like the home of family friends or relatives, a hotel, or any other place in which the Sample Adult was staying at the time of the health care professional's visit. This could be a house, apartment, motor home, houseboat, trailer, or other dwelling. Do not include visits by a doctor while the Sample Adult was in a hospital or institution.

An **audiologist** is a person skilled in working with hearing problems. These services include: identifying a hearing problem; determining the range and nature of the hearing problem; training the individual to deal with the problem, such as teaching lip-reading, and counseling the family members on how to deal with the problem.

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

A **chiropractor** is a licensed professional, but not a medical doctor who uses manipulation of the body joints, especially the spine to restore normal nerve function.

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

A **foot doctor** is someone who treats diseases of the foot and is commonly known as a **Podiatrist**.

A general physical exam or check-up is an examination not for a specific condition or problem. This may include the following:

- A periodic health examination
- A complete medical examination
- An annual health check-up
- A comprehensive physical examination.

It does not include dental exams and vision tests.

A **hospital emergency room** is an emergency care facility at a hospital. It is also sometimes referred to as an emergency department. **Do not** include emergency care received at a clinic or HMO. Include emergency room visits, which resulted in admission for inpatient care. **Do not** include visits to outpatient clinics, urgent care facilities, and the like.

Medical doctor refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s) including general practitioners and all types of specialists and their assistants. Do not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, or psychologists.

Mental Health Care is respondent defined.

A **nurse practitioner** is a registered nurse who has completed a program of study leading to an expanded role in health care. Nurse practitioners generally function under the supervision of a doctor, but not necessarily in the presence of a doctor. Nurse practitioners often perform duties similar to those of a physician's assistant.

An **obstetrician/gynecologist** is a medical doctor who treats women, pregnancy, and diseases of the female reproductive system including the breasts.

An **occupational therapist** is a health care professional who works to develop, improve or restore fine motor skills that usually involve use of the fingers, hands or arms. It may involve working on activities like dressing, feeding and writing.

A **Physician Assistant** (PA) is a health care professional licensed to practice medicine with physician supervision. What a Physician Assistant does varies with training, experience, and state law. The scope of a PA's practice corresponds to the supervising physician's practice. In general, the PA sees many of the same types of

patients as does the physician, but the more complicated or non-routine cases are referred to a physician as appropriate. Physician Assistants **always** work in the context of a supervising physician.

A **physical therapist** is a health care professional who administers therapy to develop, improve, or restore gross motor skill movements, such as walking.

Prescription Medicines are medications that can only be obtained through a doctor or dentist. The medication is usually obtained from a pharmacy or mail order pharmacy using a written note or telephoned instruction from a doctor or dentist.

A **respiratory therapist** is a person who provides services prescribed by a physician for the assessment, diagnostic evaluation, treatment, management and monitoring of patients with deficiencies and abnormalities of cardiopulmonary function.

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

A **speech therapist** is a person who works to improve speech or oral communication for problems such as stuttering, impaired articulation, or a language or voice impairment

Surgery is any cutting of the skin including stitching of cuts or wounds. Include both major surgery and minor procedures such as cutting or piercing of other tissue, scraping of internal parts of the body and setting of fractures and dislocations.

Waiting time to see the doctor includes only the time of arrival until the health care provider is seen.

SPECIFIC QUESTIONS

Questions about **flu shots** and the FluMist^{tm} spray are asked. In 2005, we added two edits. One is a clarification if the respondent indicated having received both the flu shot and the FluMist^{TM} spray. If a respondent age 50 or older indicates that he or she received the FluMist^{TM} nasal spray, the second edit is invoked because usage of FluMist^{TM} is normally recommended for children and adults age five to 49 for safe and effective protection against the flu.

Specific questions covered:

SHTFLUYR - DURING THE PAST 12 MONTHS, have you had

a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

A "yes" answer will take you to these next two questions:

ASHFLU_M– 1 of 2
During what month and year did you receive your most recent flu shot?

ASHFLU_Y- 2 of 2
*Enter year of most recent flu shot.

(This helps to determine whether the flu shot was for this flu season or last year.)

SPRFLUYR- DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season.

*Read if necessary: This influenza vaccine is called FluMist™.

A "yes" answer will take you to these next two questions:

ASPFLU_M- 1 of 2
During what month and year did you receive your most recent flu nasal spray?

ASPFLU_Y- 2 of 2
*Enter year of most recent flu nasal spray.

(This helps to determine whether the flu nasal spray was for this flu season or last year.)

PART C
SECTION 19
RECONTACT
(REC)

Topic	See Page
Purpose	C-102
Instructions	C-102

PURPOSE

The Recontact Section collects intent to move, additional telephone information, and contact person information.

The data are needed to assist in contacting the family if a follow-up survey is conducted at a later time and the family respondent has moved or proves difficult to contact. It also collects father and maiden names.

INSTRUCTIONS

The Recontact section appears after the Sample Adult Questionnaire is completed or has a callback set up. In a few unusual situations this section may appear after the Family Questionnaire or the Sample Child Questionnaire if there are only armed forces member adults and emancipated minors or only armed forces member adults with children in the family. In these situations, you will not have a Sample Adult for the family. In the first situation, you will not have a Sample Child either.

If, when explaining the purpose of the Recontact questions, you are asked when the household will be recontacted, explain that NCHS periodically conducts other health surveys with a sample of persons or families who participate in the NHIS. If asked, say that you do not know when this may take place. **Do not, however, state that there will be no other contacts.** You may need to recontact the household for additional information or the household may be reinterviewed. A respondent's refusal of these items will **not** disqualify the family from being selected for future surveys.

If the respondent is reluctant to give this information, explain how it can save taxpayers money if, at a later date, the family moves or proves difficult to contact.

When collecting the names of the relative or friend that the respondent provides as a person that could be reached if there is trouble reaching the household, enter as complete a name as possible using the same rules you applied when entering the household members. Beginning in 2012 Quarter 3, and continuing for 2014, you will need to collect information for only one Recontact Person, instead of two. The Recontact Person does not need to be related to the sample family, but should have knowledge of the family's whereabouts. Collect as complete an address and telephone number as possible for the Recontact Person, including trailer site numbers, house numbers, or apartment numbers, if applicable. You will also collect the Recontact Person's relationship to the family reference person.

PART C
SECTION 20
THE BACK SECTION
(BCK)

Topic	See Page
Purpose	C-104
Instructions	C-104

PURPOSE

After completing all appropriate sections for the sample household, you are ready to end the NHIS interview. The BACK section of the instrument wraps up the interview. To finish an incomplete interview, you may set appointments for callbacks in this section as well as in the appropriate incomplete section's callback screens.

For each complete and sufficient partial interview, you will enter the answers to a few FR debriefing questions such as language (English, Spanish, or other), mode (telephone or personal visit), and so on.

Based on the progress you made in the interview, the "BACK" section evaluates the overall status of the case and sets "OUTCOME" and "ACTION" codes, which determine what happens to the case.

INSTRUCTIONS

You will enter the answer to each of the debriefing questions without asking the respondent. These questions are designed to capture information on such topics as language of interview, mode of interview, level of household cooperation, and your assessment of the quality of collected data.

All NHIS interviews should be conducted by personal visit. However, there may be times when the only way you can complete the interview is by telephone.

On the INTMODE screen, indicate whether any of the sections of the interview were conducted primarily by telephone. For example: If you completed the Household Composition by personal visit, but you had to call back by phone to complete the Family, Sample Adult, and Sample Child Questionnaires, enter "1" (Yes) since three sections of the interview were conducted by telephone.

At the INTMODE2 screen, you will be asked to report the sections that were conducted primarily by telephone.

The INTMODE3 question in the BACK section asks for a reason one or more main sections were conducted primarily by telephone. Indicate as many reasons as apply from the answer categories on the screen. If the reason is not one of the categories listed, you may select "10. Other" and specify the reason on the following screen.

Single questions collect information on the cooperativeness of the household (COOPFAM) and the likelihood the household will

participate in a later survey (RESPOND), while a series of questions collect information about the reasons for a partial interview and where the interview stopped (PARWHY – SPC_NCOM). Separate but similar questions are asked depending on whether the interview was stopped in progress (break-off) or completion before closeout was not possible.

Prior to 2014, we asked about the overall quality of the interview as a whole and the reasons why the interview was less than excellent. For 2014, you will rate the quality of the interview for each section (Family, Sample Adult, Sample Child).

Before exiting a case, a windows box pops up called “Case Level Note Editor” after the instrument is exited. Enter any notes about the case that you think may be helpful to you if you still need to make callbacks to complete the interview **or** to others who may get this household in sample for another health-related survey.

"Closings" are statements you read to the respondent or statements describing the situation. There are several "closings" in the NHIS CAPI "BACK" Section. You will get only the one(s) most appropriate for the situation.

Exiting the Case With the F10 Key

If you exit the case using the F10 key, you will go to the FIN screen. There are up to five options on the screen, as shown below:

```
Item: FIN
--------------------------------------------------------------------------------

        FR: THIS CASE IS NOT COMPLETE.

          (1)  Exit Case
          (2)  Arrange Callback
          (3)  Callback before closeout not possible OR Breakoff
          (4)  Type B Noninterview
          (5)  Type C Noninterview
```

Entering "1" in FIN is the "quick exit" option. This will get you out of the instrument encountering the fewest number of screens. You will be taken directly to the “Case Level Note Editor” screen in case management.

An entry of "2" will take you to a screen that allows you to enter

callback information.

If the respondent gives a specific date and time, you are obligated to make the callback as near that time as possible. Therefore, it is appropriate to enter a specific date, but try to avoid arranging for specific times. If you can get the respondent to agree to a wider range of times, enter **"A"** for any time **and** specify the acceptable range of time(s) in the "Case Level Note Editor" after exiting the instrument.

Enter "3" in FIN if it is not possible to callback before closeout or if the case is a refusal or break-off. An entry of "3" in FIN will take you to one of the following screens: CALLCK, TYPEABC, PARWHY, or THANKS2, depending upon how far you have progressed through the instrument. If you have not yet reached the NAME screen in the Household Composition section, you will go to the screen TYPEABC.

An entry of "4" will take you to the TYPEB1 screen, where you will enter the code for the reason this is a Type B Noninterview.

An entry of "5" will take you to the TYPEC1 screen, where you will enter the code for the reason this is a Type C Noninterview.

Otherwise, you will get the THANKS2 screen. You will get the PARWHY screen for all sufficient and insufficient partial cases (Outcomes 203 or 215). An entry of “10" in BRKRES will skip to a screen where you will enter the main reason the respondent terminated the interview before it was completed. An entry of "12" in NCOMRES will skip to a screen where you will enter the main reason the interview is not complete.

Completed and sufficient partial cases will receive questions about the quality of the information obtained within the interview. For the other cases, you will be taken directly to the “Case Level Note Editor” screen in case management.

The outcome code, action code, and number of times in the case, can be found in the case management screens. A list of the possible outcome codes and a description of each can be found in the HIS-501(C), Field Representative's Flashcard and Information Booklet.

PART C
SECTION 21
NONINTERVIEWS AND QUITTING OUT OF A CASE

Topic	See Page
Type A Noninterviews	C-108
Type B Noninterviews	C-112
Type C Noninterviews	C-116
Quitting Out of a Case	C-119

TYPE A NONINTERVIEWS

Type A Noninterviews occur in cases of households occupied by persons eligible for interview, for whom you should have interviewed, but did not.

Under some circumstances, Type A Noninterviews are unavoidable. However, if you establish good relations with your respondents and make your visits when people are likely to be home, you can avoid many Noninterviews.

There are six categories of transmittable Type A Noninterviews, five of which you can set yourself at the TYPEA1 screen in the Front Section of the instrument.

If you have not progressed very far into the interview you will be determining whether or not a particular situation is actually a Type A Noninterview.

If you have progressed into the interview to screen NAME in the Household Composition section, but have not completed the EDUC question in the Family section, and are not able to complete the interview before closeout, the case will automatically be assigned Outcome code 215 (insufficient partial).

Type As and possible Type As are described below:

Refused

Occasionally, a household may refuse to give any information.

- Enter "1" on the TYPEA1 screen.
- In an F7 note, explain the pertinent details regarding the respondent's reason for refusing to grant the interview.
- Explain the circumstances in an email and send it to your RO. Also, include this explanation in the “Case Level Note Editor” screen in case management of the affected case.

Note: Your office will send a letter to the respondent (copy to you) requesting the household's cooperation and stating that someone will call on them again. If your supervisor will be in the area on other business, he or she may also visit the refusal household to try to obtain their cooperation or the case may be assigned to another (S)FR for follow up.

No One Home--First Attempt or Only a Few Attempts

If no one is home on your first contact attempt, proceed as follows:

- Try to find out from neighbors, janitors, or other knowledgeable persons when the occupants will be home.
- Fill a Request for Appointment (Form 11-38 or 11-38a) indicating when you plan to call back. Enter your name and telephone number in the space provided.
- In the Case Level Notes in Case Management, enter the date and time you said you would call back.
- Regardless of whether or not you leave an appointment form, call back at the most appropriate time to contact the household.

This situation is not yet considered a Noninterview.

Follow the instructions for "Quitting Out of Case" in this Section:

- Enter "Q" (Quit) on the START screen in the Front Section of the CAPI instrument.
- Enter notes in the “Case Level Note Editor” after exiting the instrument, if necessary.

If you have made a **number of callbacks at various times of the day and still** have been **unable to contact** the respondent, **this situation is considered a Type A Noninterview.**

Enter "2" on TYPEA1 screen.

Note: Do **not** confuse this situation with the Noninterview reason "Temporarily absent."

Temporarily Absent

When no one is home at the first visit, find out from neighbors, janitors, and the like, whether the occupants are temporarily absent.

Report a household as "Temporarily absent" if **all** of the following conditions are met:

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

- The personal effects of the occupants, such as furniture, are there.

  Note: Even if the furniture is there, be sure it is the occupant's furniture because it could be a furnished unit for rent.

- The unit is <u>not</u> for rent or sale during the period of absence.

  Exception: The unit is for rent or sale; however, it is not available until a specified time when the present occupants will leave the unit. For example, the present occupants are trying to sell their house with an agreement that they would not have to move until two weeks after the selling date.

  If, when you arrive to interview the unit, you discover that it has **not** been sold **and** that the occupants are away for the interview period, enter "3" (Temporarily absent) on TYPEA1 screen as the Noninterview reason.

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

If **all** the conditions are met, enter "3" on the TYPEA1 screen.

- If the occupants will return on a certain date, record this date in the Case Level Notes in Case Management **and** note the source of the information, such as a neighbor.

- If the **occupants** are definitely **not expected to return before the end of the interview period, this situation is considered a Noninterview.**

  - On the TEMPABS1 screen, enter the appropriate precode.

- If you can obtain the occupant's temporary address and telephone number:

  - Enter "1" on the TEMPABS1 screen.

- Call and report the information to your RO immediately.

Note: Depending upon where the occupants are, your regional office may be able to arrange for someone else to obtain the interview.

If the expected date of their return is BEFORE the end of the interview period, this situation is NOT considered a Temporarily Absent Noninterview.

This situation is considered a No One Home--First Attempt or Only a Few Attempts. You should do the following:

- Follow the instructions in this Section.
- Make a return visit on the expected date of their return.

Language Problem

If you cannot conduct the interview with the sample household because no one there speaks English, check with your RO.

Note: Your RO may be able to arrange for an interpreter or another (S)FR who speaks the language to assist you. If so, the interview will be conducted at a later date.

If you **cannot conduct the interview** with the sample household **because no one** there **speaks English and you cannot use an interpreter, this situation is considered a Type A Noninterview.**

Enter "4" on TYPEA1 screen.

Other Type A

These **occupied** units are Type A Noninterviews other than "Refusal," "No one at home," "Temporarily absent," and "Language Problem."

Among others, these reasons could include the following:

- No eligible respondent available
- Death in family
- Household quarantined

- Roads impassable

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

If you determine the unit is occupied, this situation is considered a Type A Other Noninterview.

Enter "5" on TYPEA1 screen.

- On the TYPEA1_SPC screen, describe the circumstances in the space provided.
- If you determine the unit is vacant, this situation is NOT considered a Type A Noninterview. This situation is considered a Type B Noninterview. Follow instructions for Type Bs.

For each Type A Noninterview, you will get the TYPEA2 screen. Enter the race of the household members on the TYPEA2 screen.

TYPE B NONINTERVIEWS

Unlike Type A Noninterviews, Type B Noninterviews are entirely beyond your control. There are 12 categories of transmittable Type B noninterviews, 10 of which you can set yourself at the TYPEB1 screen in the Front Section of the instrument.

Vacant Units

Vacant units include the bulk of the unoccupied living quarters, such as houses and apartments which are for rent, for sale, or being held off the market for personal reasons. This definition includes places which are seasonally closed. It also includes units which are dilapidated if they are still considered living quarters.

Note: Units that are unfit for human habitation, being demolished, to be demolished, or condemned are defined below.

Report unusual types of vacant living quarters, such as mobile homes, tents and the like as vacant.

Do **not** consider a unit whose occupants are only temporarily

absent as vacant.

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

For sample units that are **presently unoccupied because the structure is undergoing extensive remodeling**, enter the precode corresponding to the appropriate **vacant** category on the TYPEB1 screen.

Report vacant units as follows:

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

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

Occupied Entirely by Persons with Usual Residence Elsewhere (URE)

The entire household consists of persons who are staying only **temporarily** in the unit and who have a usual place of residence elsewhere.

Do **not** interview persons if the sample unit is only a temporary place of residence.

This category can be selected at the TYPEB1 screen or the instrument will automatically select this category if everyone listed in the household roster has a usual residence elsewhere.

Occupied Entirely by Armed Forces (AF) Members

All the occupants are now on full-time active duty with the Armed Forces. This includes those now serving in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, and in the military service of a foreign country. It also includes those in a Reserve branch of any of the above currently activated as part of the regular forces and U.S. Public Health Service commissioned officers currently assigned to any branch of the armed services. It also includes

members of the National Guard currently blanketed into the regular forces by Presidential Order. Cadets in the U.S. military academies (West Point, Naval Academy, Air Force Academy, and Coast Guard Academy) are also considered on full-time active duty.

This category can be selected at the TYPEB1 screen or the instrument will automatically select this category if everyone listed in the household roster has a usual residence elsewhere.

Occupied--Screened Out by Household

The instrument will automatically select this category for occupied households that have been designated for screening and contain no Black, Asian, or Hispanic household member or only ones who are in the armed forces. This category will not appear as an option on the Type B specification screen. You must complete the Household Composition section through the Race and Ethnicity questions in order to achieve this outcome.

Occupied Entirely by Minors

The instrument will automatically select this category for occupied households with all persons less than the age of majority for their state of residence. In most states this age is 18 years old, but in Alabama and Nebraska this age is 19 and in Mississippi it is 21. This category will not appear as an option on the Type B specification screen. You must complete the Household Composition section through the Marital questions in order to achieve this outcome.

Unfit or to be Demolished

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

Caution:

- If doors and windows have been boarded up to keep them

from being destroyed, they are not to be considered as missing. Also, in the few rural sections of the country where doors and windows are not ordinarily used, do **not** consider them as missing.

- Regardless of the condition of the unit, if it is occupied, do **not** classify unit as unfit or to be demolished.

For **unoccupied** units which are to be demolished, if there is positive evidence, such as a sign or notice that the unit is to be demolished, but the demolition work has not been started, this situation is considered unfit or to be demolished.

Under Construction, Not Ready

A sample unit that is being newly constructed but is **not** completed to the point where all the exterior windows and doors have been installed and usable floors are in place.

Note: Usable floors can be cement or plywood; carpeted, tiled, or hardwood flooring is not necessary.

If construction has proceeded to this point, classify the unit as one of the vacant categories.

Converted to Temporary Business or Storage

A sample unit intended for living quarters but is being temporarily used for commercial or business purposes, or for the storage of hay, machinery, business supplies, and so on.

Exceptions*:*

- Report unoccupied units in which excess household furniture is stored as one of the vacant categories.

- Report unoccupied units **permanently** converted to business or storage as Type C Noninterviews–"Converted to permanent business or storage."

- Report unoccupied units which are to be used for business or storage purposes in the future, but in which no change or alteration has taken place at the time of interview as one of the vacant categories.

Unoccupied Site for Mobile Home, Trailer, or Tent

An unoccupied **site** for a mobile home, trailer, or tent. This category should be used in a mobile home park or recreational park when a site was listed and the site is still present.

Exception: This category should **not** be used when a mobile home is **not** in a mobile home or recreational park and has been listed by a description only. This situation is considered a Type C Noninterview "House or trailer moved."

Permit Granted, Construction Not Started

A sample unit in a permit segment for which a construction permit has been granted, but which construction has not yet started.

Other Type B

For Type B units which cannot be classified under any of the above reasons, select this category. Enter the specific reason in the space provided on the followup screen.

Caution: Do not use this category unless directed by your RO.

TYPE C NONINTERVIEWS

Type C Noninterviews are beyond your control. Explain the situation in an email and send it to your RO. Also, include this explanation in the "Case Level Note Editor" screen in case management of the affected case. Enter the appropriate precode on the TYPEC1 screen in the Front Section of the instrument.

There are 12 categories of Type C Noninterviews:

Unused Line of Listing Sheet

This category applies to Permit Segments only. If you list fewer units than expected in Permit Segments, select this category for any unused serial numbers which the RO had preassigned.

Demolished

Sample units which existed at the time of listing, but have since been torn down, destroyed, or are in the process of being torn down.

House or Trailer Moved

A structure or trailer moved from its site since listing.

This rule applies for trailers or mobile homes only when:

- A basic address (for example, 112 Main St.) on the listing sheet identifies a trailer.

or

- Trailers rather than sites were listed by description only.

Exception: If a site **or** an address/description plus a site in a mobile home park was listed, and it is now unoccupied (no mobile home on it), this situation is considered a Type B Noninterview "Unoccupied site for mobile home, trailer, or tent."

Outside Segment Boundaries

When you find the sample address is located outside the segment boundaries in Area Segments.

Converted to Permanent Business or Storage

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

Merged

Any current sample unit(s) eliminated after applying the rules for mergers. (See Part B 5 for a definition of a Merged Unit)

Exception: An unoccupied sample unit **resulting from** the merger should be reported as one of the vacant categories.

Note: This outcome will be automatically selected for units that are not separate housing units as determined by an answer of “through another unit” at the ACCESS screen (“Is access to the unit direct or through another unit?”) and an answer of “Type C noninterview” at the MERGE screen (“This is not a separate housing unit and must be combined with the unit through which access is gained. Apply the merged unit procedures in Appendix B.3, then complete this item to indicate whether this sample unit should be retained for interview or made a Type C noninterview.”).

Condemned

Unoccupied sample units only if there is positive evidence such as a sign, notice, or mark on the house or in the block that the unit is condemned. Be sure this refers to **unoccupied** units.

Exception: If **occupied** units are posted "Condemned," ignore the sign and interview the occupants of the unit.

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

Built after April 1, 2000

You are able to determine that the unit was constructed after April 1, 2000 prior to actually entering the case.

Note: This outcome will be automatically selected for units that were built after April 1, 2000, as determined at screen YRBLT ("Was this structure built before April of 2000?"). This situation will occur only in certain Area Segments for which your RO has instructed the CAPI instrument to display YRBLT.

Other Type C

Type C units which cannot be classified in any of the above categories.

Some examples in Permit Segments might be "abandoned permit," "replacement structure," or "permit address identifies a GQ." Some examples in Area Segments might be "duplicate unit selected for sample" or "never living quarters."

Enter the specific reason in the space provided on the follow-up screen.

Removed During Subsampling

This applies to EXTRA and Additional units created and the parent unit associated with them. When there are more than 16 eligible units created and the units had to be subsampled, each unit that was subsampled out should be assigned this category.

Unit Already Had a Chance of Selection

This applies **only** to EXTRA and Additional units created **at the time of interview**. After checking the ALMI listing for the block (for Area Segments) or on the 11-3, Unit/Permit Listing Sheet (for permit segments), any units that are already listed should be assigned this category.

Spawned in Error

If you determine that an “EXTRA” or “Additional” unit that was created earlier should not have been created, report this as “Spawned in error.”

If a separate family was spawned into a separate case, but should not have been created, report this as “Spawned in error” as well.

QUITTING OUT OF A CASE

You may need to quit out of a case for one of the following reasons:

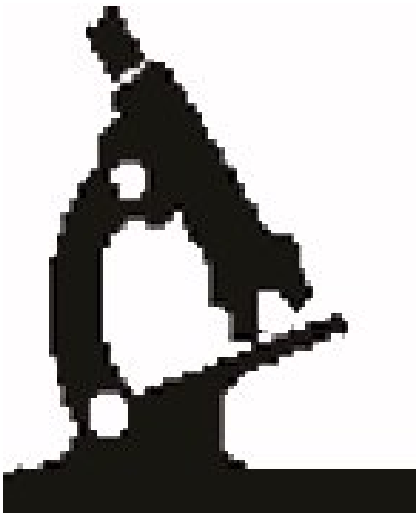
- Selected case in error
- No One Home--First Attempt or Only a Few Attempts
- Other

If you need to quit out of a case:

- Enter "Q" (Quit) on the START screen in the Front section of the CAPI instrument.
- Enter notes in the Case Level Notes Editor if necessary.

PART D

National Health Interview Survey



2014 SUPPLEMENTS

PART D
2014 SUPPLEMENTS

Topic	See Page
Household:	
Native Hawaiian and Pacific Islander (NHPI)	D-2
Family:	
Family Disability (FDB)	D-5
Family Food Security (FFS)	D-7
Sample Child:	
Child Mental Health Brief Questionnaire (CMB)	D-9
Child Influenza Immunization (CFI)	D-11
National Immunization Provider Record Check Study (IPV)	D-13
Sample Adult:	
Adult Arthritis (ACN)	D-16
Adult ABCS of Heart Disease and Stroke Prevention (ACN)	D-18
Adult Tobacco Use (AHB)	D-20
Adult Immunization (AAU)	D-23
Adult Functioning and Disability (AFD)	D-26
Adult Hepatitis B/C Screening (AAU)	D-28
Adult Internet and Email Usage Questions (AWB)	D30
Adult Sexual Identity and Lifestyle (ASI)	D-32
Sample Adult and Child:	
Adult and Child Hearing (ACN, CHS)	D-35

PART D
SECTION 1
NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI)

Topic	See Page
Purpose	D-3
Instructions	D-3

NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI)

PURPOSE

In 2009, Executive Order 13515 was signed to establish the White House Initiative on Asian Americans and Pacific Islanders, as well as the President's Advisory Committee on Asian Americans and Pacific Islanders. One of the four key objectives of this Initiative is to improve overall health outcomes for Asian Americans and Native Hawaiians and Pacific Islanders (NHPIs), in the following way:

- By reducing health risks
- Improving access to quality health care
- Promoting healthy living

To meet this objective, the Department of Health and Human Services (DHHS) established a plan for Asian American and NHPI health that includes the goals of improving the collection and reporting of data on NHPI communities and increasing the capacity to conduct more reliable statistical research for NHPI populations.

The Patient Protection and Affordable Care Act of 2010 [Public Law 111-148, section 4302] further promotes the collection of data for NHPI populations by requiring that, to the extent practicable, sufficient data are collected in public health surveys to generate statistically reliable estimates for all race/ethnicity groups. Responsibility for the collection of such data falls in large part on the National Center for Health Statistics (NCHS).

In response to Executive Order 13515, the National Health Interview Survey will be conducted in 4,000 additional households identified as having at least one member of either Native Hawaiian or Pacific Islander descent.

INSTRUCTIONS

Data collection for NHIS NHPI will begin in February of 2014. NHPI cases will have a unique survey ID and extended interview period in order to give you more flexibility planning your assignments. Although the interview period is longer than one month, you are still required complete or closeout an NHPI case within 30 days of starting it and creating the household roster.

The NHIS NHPI is being conducted under Title 13. Data collected is strictly confidential, and it is prohibited to disclose any private information that may identify a person or business. The title protection of this project require the use of different Advance Letters and Thank You Letters than the 2014 NHIS sample.

NHIS NHPI cases will be designated by a special icon in case management. These cases will "screen in" if at least one person in the household identifies as a Native Hawaiian or Pacific Islander as his/her race. NHIS NHPI cases that screen out should be rare, as the addresses for this study were picked from respondents to the American Community Survey who have previously identified themselves as either Native Hawaiian or Pacific Islander, it is possible that the original respondents to the ACS have moved since they were first interviewed.

Only family members that identify as Native Hawaiian or Pacific Islander are eligible to be selected as the Sample Adult or Sample Child. While we anticipate this should be very rare, this could mean that in certain cases, the instrument will not select a Sample Adult at all, if none of the Native Hawaiians or Pacific Islanders in the household are over age 17. Conversely, if there are children in the household, but they are not identified as Native Hawaiian or Pacific Islander, the instrument will not choose a Sample Child.

NHIS NHPI cases will not ask for Medicaid or Social Security numbers for any members of the family. The cases will also not include the National Immunization Provider Record Check Study (NIPRCS).

There will be a NHIS NHPI self study issued in January 2014 that will provide detailed guidance on the study, including an overview of the Native Hawaiian and Pacific Islander cultures.

PART D
SECTION 2
FAMILY DISABILITY
(FDB)

Topic	See Page
Purpose	D-6
Instructions	D-6
Specific Question	D-6

FAMILY DISABILITY (FDB)

PURPOSE

The Family Disability section is a supplement found at the end of the Family Questionnaire. In Quarter 4 of 2008 and all of 2009, families randomly received one of two versions of a set of test disability questions. For 2010-2012, only one version of the questions was retained, and a family either received the questions or not. This version of the questions was asked in 2013, and will be asked in 2014 as well. Thus, roughly half the families will not receive any disability questions at the end of the Family Questionnaire. The version of the questions retained most closely approximates the disability questions that appear on the American Community Survey (ACS). As part of a larger test of these questions, comparisons of responses will be made between the NHIS and the ACS.

INSTRUCTIONS

Approximately half of families will be asked the set of disability questions. The questions will be asked of each person in the family, but some questions will not be asked of children based their ages. The questions ask about the following:

- Difficulty hearing
- Difficulty seeing
- Difficulty concentrating, remembering, or making decisions
- Difficulty walking or climbing stairs
- Difficulty dressing or bathing
- Difficulty doing errands alone

SPECIFIC QUESTION

P2DFSEE: Are you blind do you have serious difficulty seeing even when wearing glasses?

This is an example of one of the questions.

PART D
SECTION 3
FAMILY FOOD SECURITY
(FFS)

Topic	See Page
Purpose	D-8
Instructions	D-8

FAMILY FOOD SECURITY (FFS)

PURPOSE

The purpose of the Food Security supplement in the Family Questionnaire is to assess whether the individual's family has been able to afford adequate food for all adults during the previous 30 days. These questions are sponsored by the U.S. Department of Agriculture, Economic Research Service.

Past research has found that food security, meaning consistent access to adequate food, is an essential foundation for good nutrition and health. Responses to these questions in the NHIS will be used to study the associations between food security and health and developmental problems in more detail and for a wider range of health and nutrition outcomes. Results will be used by policy officials in designing and evaluating programs that support the food security of low-income households.

INSTRUCTIONS

The family respondent may receive as many as 10 questions. The first three questions pose statements about worries over running out of food, food not lasting, and not eating balanced meals due to a lack of financial resources. The respondent is asked if each statement applied to his or her family in the last 30 days. Depending on responses to these initial questions, additional questions directed to adults in the family may be asked on the following topics:

- Cutting the size of meals, or skipping meals because there wasn't enough money for food.
- Eating less because there wasn't enough money for food.
- Hungry but not eating because there wasn't enough money for food.
- Losing weight because there wasn't enough money for food.
- Not eating for a whole day because there wasn't enough money for food.

Like the initial screener questions, these questions use a "last 30 days" reference period.

PART D
SECTION 4
CHILD MENTAL HEALTH BRIEF QUESTIONNAIRE (CMB)

Topic	See Page
Purpose	D-10
Instructions	D-10
Specific Question	D-10

CHILD MENTAL HEALTH BRIEF QUESTIONNAIRE (CMB)

PURPOSE

The purpose of the Child Mental Health Brief Questionnaire is to monitor emotional and behavioral problems in children and the impact that these problems have on children's lives. The brief questionnaire was included in the 2013 Sample Child questionnaire for children age 4 to 17, and will be included in 2014 as well. This questionnaire was also included in years 2005-2007 and 2010-2012 NHIS. These supplemental questions are an abbreviated version of the Strengths and Difficulties Questionnaire (SDQ-EX), which was administered as a supplement in the 2001, 2003, and the 2004 NHIS.

INSTRUCTIONS

Please note that parents or other respondents knowledgeable about the Sample Child's health are to answer these questions based on a 6 MONTH time period.

Respondents are to respond to the questions about the child's behavior in general.

Some of the items include more than one behavior, such as "has many worries or often seems worried." For those questions, emphasize the **or**. Be sure the respondent understands that the question should be answered positively if the child does **any** part of the question.

If the respondent indicates that the child is taking medication, he or she should answer the questions as best as possible describing the child's behavior when the child is **not** on the medication. However, do not ask if the child is on medication. **Only if** the respondent states that the child takes medication and they do not know how to respond to the question, inform the respondent to answer as best as they can, describing the child when the child is not on the medication.

SPECIFIC QUESTION

An example of a question in the Child Mental Health Brief Questionnaire is as follows:

CMHDIFF: Overall, do you think that [Sample Child] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

If parents ask for the time period for this question, tell them it is for the PAST 6 MONTHS.

PART D
SECTION 5
CHILD INFLUENZA IMMUNIZATION
(CFI)

Topic	See Page
Purpose	D-12
Instructions	D-12

CHILD INFLUENZA IMMUNIZATION (CFI)

PURPOSE

The purpose of the Child Flu Immunization Supplement is to determine if and when the majority of children get vaccinated. Questions on seasonal flu vaccines have been included in the survey since 2005.

In the past we have asked if the Sample Child got the seasonal flu vaccine and/or the H1N1 vaccine separately. Since mid-2010 Quarter 3, instead of asking separate questions to determine if and when a Sample Child had the H1N1 flu vaccine and/or the seasonal flu vaccine, we now ask if a flu vaccine has been given in the past 12 months, the number of vaccines, the month and year of the most recent vaccine (and next most recent vaccine if more than one dose was given), and whether each vaccine was given as a shot or a nasal spray.

INSTRUCTIONS

The flu vaccine questions are about the PAST 12 MONTHS. If the respondent gives a date prior to 12 months ago, verify if the date given is correct. If not, change the respondent's answer from "yes" to "no."

The Sample Child's most recent flu vaccination could have been the 2013-2014 seasonal flu vaccine. The flu questions allow you to indicate up to two flu vaccinations for the Sample Child during the past 12 months, starting with the most recent.

PART D
SECTION 6
NATIONAL IMMUNIZATION PROVIDER RECORD CHECK STUDY (IPV)

Topic	See Page
Purpose	D-14
Instructions	D-14
Definition	D-15

NATIONAL IMMUNIZATION PROVIDER RECORD CHECK STUDY (IPV)

PURPOSE

The National Immunization Provider Record Check Study (NIPRCS) will continue in the 2014 NHIS. This study was first introduced in the 2008 Quarter 4 instrument and has been in the survey ever since. The purpose of this study is to supplement information collected by the National Immunization Survey (NIS). The NIS is a national random-digit- dialing telephone survey designed to monitor childhood immunization coverage. Because the NHIS is a personal interview based upon a household address sample that also tracks phone coverage for both land-line use and cell phone use, including questions about immunization on the NHIS will help assess how complete the coverage is on the original NIS, which is conducted solely by telephone.

Data on vaccination coverage is used to identify groups at risk of vaccine-preventable diseases, to provide feedback on current coverage in an effort to increase vaccination coverage in the U.S. and to evaluate the effectiveness of programs designed to increase coverage.

Note: Cases that have been designated as NHPI cases will not be asked the National Immunization Provider Record Check Study (NIPRCS) questions for any child in the household, including the Sample Child. The instrument has been designed to automatically skip these questions for such cases.

INSTRUCTIONS

The NIPRCS questions are asked for all children 19-35 months and 13-17 years old, including children who were not selected as the Sample Child. The questions were added as a separate section after the Sample Child Questionnaire and include the following:

- Determining how many children within the family are eligible to receive the immunization questions.
- Identifying an appropriate respondent for each eligible child.
- Verifying basic demographic information about each child.
- Determining how many locations/providers provided vaccinations for each child.
- Collecting information about each location/provider that provided vaccinations for a given child.
- Verifying that the respondent for a given child is a person who can authorize the release of immunization records for that child.
- Asking the respondent for permission to release

immunization records for a given child for research purposes.

Within this section, there is a lookup table of immunization providers to use to identify a given child's provider based on the state and last name of the provider or the state and organization name of the provider. The lookup table is used for the PVCONTCT question, "Please tell me the name for the [most recent/next] provider, beginning with the state." If you are unable to locate an immunization provider in the lookup table, enter "ZZ" instead. A "ZZ" entry will open up a series of questions where you can manually enter the provider's name, office name, address, and telephone number.

At the PERMIS2 question, "The vaccination records collected from the provider(s) will be kept in strict confidence. Do we have your permission to contact the provider(s) named in this interview? We would only give the provider(s) basic information that identifies [Sample Child] and request the information relevant to [his/her] immunization history." you are to obtain verbal permission from a child's parent or legal guardian to release the particular child's immunization records for research purposes. Headquarters and NPC then use the data from cases where permission was granted to generate a permission form that is sent to the providers with a questionnaire on immunizations to be completed. If you need to set up a callback to obtain verbal permission, use the F9 key to do so.

DEFINITION

A **vaccination** is considered an inoculation with a vaccine in order to protect against a disease. We are interested in routinely recommended vaccinations. A vaccination may be in the form of a shot, spray, or drops. A vitamin shot for example, would not be considered a routinely recommended vaccination. A list of all routinely recommended vaccinations for children can be found in the childhood vaccination schedule at this website: *http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm*.

Many travel related vaccinations are not routine.

PART D
SECTION 7
ADULT ARTHRITIS
(ACN)

Topic	See Page
Purpose	D-17
Instructions	D-17
Definition	D-17

ADULT ARTHRITIS (ACN)

PURPOSE

The 2014 Arthritis Supplement is sponsored by the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP, CDC). These arthritis questions have been included in the survey before, in 2002, 2003 and 2006.

The purpose of including the arthritis questions is to measure the following Healthy People 2020 objectives:

- Reduce the mean level of joint pain among adults with doctor-diagnosed arthritis.
- Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms
- Reduce the proportion of adults with doctor-diagnosed arthritis who are limited in their ability to work for pay due to arthritis.
- Increase the proportion of adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition.
- Increase the proportion of adults with chronic joint symptoms who have seen a health care provider for their symptoms.

INSTRUCTIONS

The first question in the arthritis supplement (**JNTPN**) asks respondents to rate their joint pain on a pain scale of 0 to 10 where 0 equals no pain and 10 equals pain and aching as bad as it can be. Respondents should be instructed to think only about their joint pain DURING THE PAST 30 DAYS when answering this question.

Other supplement questions ask about ways that doctors or other health professionals may have advised the respondents to help their arthritis or joint symptoms. These questions ask about weight loss (**ARTHWT**), physical activity and exercise (**ARTHPH**), and classes on arthritis management (**ARTHCLS**). The last supplement question asks about the effects of arthritis and joint pain on working (**ARTHWRK**). For **ARTHWRK**, be sure to stress only work for pay when asking if arthritis or joint symptoms affect whether respondents work, the type of work they do, or the amount of work they do.

DEFINITION

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

PART D
SECTION 8
ADULT ABCS OF HEART DISEASE AND STROKE PREVENTION (ACN)

Topic	See Page
Purpose	D-19
Instructions	D-19
Specific Questions	D-19

ADULT ABCS OF HEART DISEASE AND STROKE PREVENTION (ACN)

PURPOSE

Beginning in 2012 and continuing for 2014, four supplemental questions on aspirin use have been embedded in the Sample Adult Conditions Sections (ACN) to address the CDC ABCS initiative to focus on appropriate aspirin therapy (the "**A**" in ABCS). The other focus areas are **B**lood pressure control, **C**holesterol control, and **S**moking cessation and are addressed in the NHIS core. More in-depth supplement questions may be added on these topics in future years.

INSTRUCTIONS

The questions on aspirin use are for Sample Adults 40 years of age or older.

If a respondent offers that he or she has taken or been advised to take aspirin every other day or "regularly," count this as "every day' for the purpose of answering these questions.

Two questions from the 2012 Complementary and Alternative Health (CAM) supplement (HYPYR and CHLYR) were retained for 2014 as part of the ABCS of Heart Disease and Stroke Prevention supplement. The questions are on hypertension in the past 12 months and high cholesterol in the past 12 months.

SPECIFIC QUESTIONS

The ABCS of Heart Disease and Stroke Prevention question are as follows:

ASPMEDEV—Has as doctor or other health professional EVER told you to take a low-dose aspirin each day to prevent or control heart disease?

Answers of "yes" at ASPMEDEV go to ASPMEDAD.

ASPMEDAD—Are you NOW following this advice?

Answers of "no" at ASPMEDAD go to ASPMDMED.

ASPMDMED—Did a doctor or other health professional advise you to stop taking a low-dose aspirin every day?

Answers of "no" at ASPMEDEV go to ASPONOWN.

ASPONOWN—On your own, are you now taking a low-dose aspirin each day to prevent or control heart disease?

PART D
SECTION 9
ADULT TOBACCO USE
(AHB)

Topic	See Page
Purpose	D-21
Instructions	D-21
Definitions	D-21

ADULT TOBACCO USE (AHB)

PURPOSE

The Sample Adult Tobacco Use Supplement is sponsored by the Food and Drug Administration (FDA) and has been added to the NHIS to address annual prevalence of the following:

- Smokeless tobacco use
- Smoked tobacco other than cigarettes
- Quitting all tobacco

These tobacco use questions are embedded within the Sample Adult Behaviors section (AHB) immediately after the core smoking questions.

INSTRUCTIONS

The Sample Adult Tobacco Use Supplement is made up of 14 questions. All Sample Adults will be asked a series of questions on the following topics:

- Use of tobacco products
- Use of tobacco products other than cigarettes
- Use of smokeless tobacco
- Use of electronic cigarettes

For Sample Adults who smoked at least 100 cigarettes in their entire life, ever smoked tobacco products other than cigarettes, or ever used smokeless tobacco products, a follow-up question will ask if the Sample Adult was using ANY KIND of tobacco product around this time last year.

Then, for Sample adults who were using tobacco products around this time last year or are current users of any tobacco products (cigarettes, non-cigarette tobacco, or smokeless), a follow-up question will ask if the Sample Adult stopped using ALL KINDS of tobacco products for more than one day because he or she was trying to quit using tobacco. "All kinds" for this question means trying to quit using tobacco completely, including smoking cigarettes, smoking products other than cigarettes, and using smokeless tobacco products.

DEFINITIONS

Bidis are small, thin hand-rolled cigarettes from India and other Southeast Asian countries. They consist of tobacco wrapped in a

leaf, and may be secured with a colorful string at one or both ends. Bidis can be flavored (for example, chocolate, cherry, and mango) or unflavored.

Some common brands of **chewing tobacco**, **snuff**, and **dip** are Skoal, Copenhagen, Grizzly, Levi Garrett, Red Man, or Day's Work.

Cigarillos (also called 'puritos' or 'chicos'), are small, thin cigars that are wrapped in tobacco leaf rather than paper, and are made by machine or handrolled. Some common brands are Black and Mild's, Swisher Sweets Cigarillos, and Phillies Blunts.

Dissolvable tobacco is a product that 'dissolves' in your mouth. Brands include Ariva, Stonewall and Camel; and they come in different shapes like orbs, sticks and strips.

Electronic cigarettes (often called 'e-cigarettes') look like regular cigarettes, btu are battery-powered and produce vapor instead of smoke.

Snus is a moist, smokeless tobacco, usually sold in individual or pre-packaged small pouches that are placed under the lip against the gum. Some common brands are Marlboro Snus and Camel Snus.

Very small cigars that look like cigarettes are usually brown in color and have a spongy filter like a cigarette. They are about the same size as cigarettes. Some common brands are Prime Time little filter cigars and Winchester little filter cigars.

PART D
SECTION 10
ADULT IMMUNIZATION
(AAU)

Topic	See Page
Purpose	D-24
Instructions	D-24
Definitions	D-25

ADULT IMMUNIZATION (AAU)

PURPOSE

The Adult Immunization Supplement is sponsored by CDC's National Center for Immunization and Respiratory Diseases (NCIRD). The majority of the questions are continued from the 2012 NHIS. The questions on hepatitis A, shingles, and tetanus are designed to capture data on receipt of these relatively new vaccines. There are also questions to measure vaccine use among health care workers that ask whether respondents work or volunteer in a health care setting and whether they come into direct contact with patients.

Also in 2014 are the carry-over questions on flu vaccinations received in the past 12 months. A flu vaccination could have been the 2013-2014 seasonal flu vaccine. We will first ask if the Sample Adult has had a flu shot and then ask if he or she has had a flu vaccine sprayed in the nose.

For 2014, NCIRD will be sponsoring questions that aim to better monitor influenza vaccination coverage among pregnant women. Three new questions have been added, asking women aged 18-49 about pregnancy anytime during the influenza vaccination period (August through March) and the timing of vaccination relative to the course of their pregnancy.

INSTRUCTIONS

These supplemental questions occur towards the end of the Sample Adult Health Care Access and Utilization section (AAU) and are intermixed with core questions. The supplement consists of twelve questions on immunization.

The immunization questions address:

- Knowledge and background information about the hepatitis vaccine.
- Whether the Sample Adult has received the hepatitis vaccine and if so, how many times.
- Knowledge and background information about Shingles and tetanus shots with related questions.
- Age at first HPV shot.
- Whether any liver conditions exist.
- Travel outside the U.S. excluding Europe, Japan, Australia, New Zealand or Canada, since 1995.
- Vaccine use among health care workers.

DEFINITIONS

The **hepatitis A vaccine** is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995.

Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006.

There are currently two types of **tetanus shots** available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or AdacelTM. They are similar except the Tdap shot also includes a pertussis or whooping cough vaccine.

PART D
SECTION 11
ADULT FUNCTIONING AND DISABILITY
(AFD)

Topic	See Page
Purpose	D-27
Instructions	D-27

ADULT FUNCTIONING AND DISABILITY (AFD)

PURPOSE

For the portion of families that were not asked the Family Disability Supplement (FDB), half will be asked a series of questions about Adult Functioning and Disability towards the end of the Sample Adult Questionnaire, prior to the Adult Internet and Email usage supplement (AWB).

These questions were developed by the United Nations Washington Group on Disability Statistics. The questions are being asked in national health surveys in multiple countries in order to better understand and compare functional limitations across many cultures. These data will allow us to compare levels of social participation (for example, employment, education or family life) between persons with disabilities and persons without disabilities.

INSTRUCTIONS

The AFD section contains 41 questions. The questions address disabilities in the areas outlined below:

- Seeing
- Hearing
- Communicating, concentrating, remembering or making decisions
- Walking or climbing stairs
- Using your hands or fingers for certain chores
- Doing errands alone
- Feeling worried; nervous or anxious; tired or exhausted; and coping with them
- Performing various daily activities

PART D
SECTION 12
ADULT HEPATITIS B/C SCREENING
(AAU)

Topic	See Page
Purpose	D-29
Instructions	D-29

ADULT HEPATITIS B/C SCREENING (AAU)

PURPOSE	Supplement questions on hepatitis screening tests are sponsored by the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP, CDC). These complement similar ongoing supplement questions (sponsored by NCIRD, CDC) that collect information on hepatitis A and B.
INSTRUCTIONS	The new questions ask about hepatitis B and C screening tests. The CDC has recently recommended that all persons born between 1945 and 1965 be screened for hepatitis C, thus the new questions ask if the test has been administered and the main reason for test.

PART D
SECTION 13
ADULT INTERNET AND EMAIL USAGE QUESTIONS (AWB)

Topic	See Page
Purpose	D-31
Instructions	D-31

ADULT INTERNET AND EMAIL USAGE QUESTIONS (AWB)

PURPOSE

The Sample Adult Internet and Email Usage questions are sponsored by the Assistant Secretary for Planning and Evaluation (ASPE). These questions were added to identify Internet capability of Sample Adult respondents and obtain their email addresses for future health-related web based surveys. This data will contribute to the improvement of Health and Human Services (HHS) data and analytical capacity for evaluation.

INSTRUCTIONS

The Internet and Email Usage section is a series of seven questions. The following topics are covered:

- If the Sample Adult uses the Internet and if so, how often the Internet is used (how many times per day, per week, per month, or per year).
- If the Sample Adult uses the Internet, whether or not he or she participates in online research panels.
- If the Sample Adult sends or receives emails and if so, what his or her email address is and how often he or she checks this email account (how many times per day, per week, per month, or per year).

These questions will appear at the end of the Sample Adult questionnaire, just prior to the Sample Adult Social Security number questions.

PART D
SECTION 14
ADULT SEXUAL IDENTITY AND LIFESTYLE
(ASI)

Topic	See Page
Purpose	D-33
Instructions	D-33
Definitions	D-34

ADULT SEXUAL IDENTITY AND LIFESTYLE (ASI)

PURPOSE

Beginning in 2013, and continuing for 2014, the NHIS will include questions on sexual identity. There are tremendous gaps in information about the health status and health care utilization of Lesbian, Gay, Bisexual and Transgender (LGBT) persons. Over two dozen Healthy People 2010 objectives on eliminating disparities have no data for this population. These gaps exist because most general health studies do not include questions on sexual identity and those studies that do are usually targeted to a specific health-related issue or population subgroup. By collecting sexual identity data on the NHIS, researchers, policy makers, health providers and advocates will be able to identify and address health disparities affecting the LGBT community.

NCHS is aware of the sensitive nature of certain questions and has tested different modes of interviewing designed to create a private environment for the respondents to answer these questions. There have been three pilot tests prior to full implementation of the sexual identity questions. The pilot tests were designed to test the use of Audio Computer Assisted Self Interviewing (ACASI) technology and to evaluate whether questions on sexual identity can be added to a major federal health survey. The final test was a split panel test of the use of flashcards to administer the sexual identity questions in households where ACASI is not used.

Based on the data collected during the final test, as well as the two previous tests, a decision was made to use flashcards to administer the sexual identity questions beginning in 2013 and continuing in 2014 NHIS.

INSTRUCTIONS

These supplemental questions appear near the end of the Sample Adult Questionnaire, immediately following the Adult Immunization Supplement (AAU). Some of the questions will require the use of flashcards.

Questions in this supplement are not limited to questions about sexual identity. Other topics include questions on computer use, the respondent's neighborhood, financial worries, mental health, and HIV testing. There are a number of questions which respondents may feel that they are entitled to a certain degree of privacy when responding. The enhanced level of privacy provided by flashcard administration has been shown to improve the candor of Respondent answers to sensitive questions. The Sexual Identity supplement will be asked of all Sample Adults, regardless of race, age, gender, health conditions, etc.

DEFINITIONS

Sexual attraction refers to a sexual interest in another person based on a combination of factors including a person's looks, movement, voice, smell, etc. that are appealing to the person attracted. Sexual attraction can also be defined as having sexual feelings towards someone.

Sexual behavior refers to how people behave sexually. That is whether they have sexual partners of the same sex or not. Sexual behavior does not necessarily form a basis for a person's sexual identity or sexual attraction.

Sexual identity is how individuals think of themselves. This does not necessarily match their sexual behavior or attraction and may change over time. Sexual orientation can be derived from any of the aspects already mentioned above.

PART D
SECTION 15
ADULT AND CHILD HEARING
(ACN, CHS)

Topic	See Page
Purpose	D-36
Instructions	D-36
Definitions	D-36

ADULT AND CHILD HEARING (ACN, CHS)

PURPOSE

The 2014 Hearing Supplement is sponsored by the National Institute on Deafness and Other Communication Disorders (NIDCD), which is part of the National Institutes of Health (NIH). The purpose of these questions is to measure the following Healthy People 2020 objectives:

- Increase the proportion of persons with hearing impairments who have ever used a hearing aid or assistive listening devices, or who have cochlear implants.
- Increase the proportion of persons who have had a hearing examination on schedule.
- Increase the use of hearing protection devices.
- Increase the proportion of adults bothered by tinnitus who have seen a doctor or other health care professionals.

The Adult and Child Hearing Supplement questions are embedded within both the Sample Child and Sample Adult Questionnaires.

INSTRUCTIONS

Some of the questions in this supplement are dependent upon the answers to previous questions within the instrument. For example, if the respondent indicates that he/she experienced ringing, roaring, or buzzing symptoms in their ears or head, then a series of follow-up questions will be asked about how long, how often, when, and where these symptoms occurred.

All Sample Adult and Child respondents, even those that indicate they have excellent hearing, will be asked if they use a hearing aid and if a hearing specialist, doctor, or other health professional has ever recommended a cochlear implant for them.

DEFINITIONS

A **Cochlear** (KOH-klee-uhr) **implant** is a medical device that bypasses damaged structures in the inner ear and directly stimulates the auditory nerve, allowing some deaf individuals to learn to hear and interpret sounds and speech.

An **Otolaryngologist** (OH-toh-LAYR-ehn-GAHL-oh-jist) is a physician/surgeon who mspecializes in diseases of the ears, nose, throat, and head and neck.

Tinnitus (TIN-uh-tuss) is a sensation of a ringing, roaring, or buzzing sound in the ears or head. It is often associated with many forms of hearing impairment and noise exposure.

PART E

National Health Interview Survey

THE CONTACT HISTORY INSTRUMENT (CHI)

PART E
SECTION 1
INTRODUCTION TO THE CONTACT HISTORY INSTRUMENT (CHI)

Topic	See Page
Introduction	E-2
Benefits of CHI	E-2
Key Points to Remember	E-2
Case Management Contact History Tab	E-2
Snowflake (*)	E-3
Launching the CHI	E-3

INTRODUCTION

This chapter provides information on the Contact History Instrument (CHI), pronounced "KI," and its different modules used by Field Representatives to manage survey assignments in the field. These modules are: Household-level CHI (simply referred to as "CHI") and Person-level CHI (pCHI). Each of these modules is discussed later in this lesson.

The CHI was developed to capture details of **all** contact attempts made on a household/family. This means each time an **attempt** to make contact **or** contact is **made** with a household/family, information is entered into the CHI.

BENEFITS OF CHI

There are many benefits to utilizing CHI, including:

- CHI is a tool you can use to help track and manage your caseload easily.
- CHI provides a record of the best times to make contact so you can use your time efficiently.
- CHI shows all of the hard work that you put into each case since it records every contact attempt you make.
- CHI records follow a case, so that if a case is reassigned, the new FR has a history of contact attempts and outcomes.
- CHI is fast! It only takes a few seconds to record an entry.

KEY POINTS TO REMEMBER

There are several key points to keep in mind when using the CHI. They are:

- A CHI entry is made for **every** individual contact attempt, whether you speak with a neighbor or call a respondent and no one answers.
- Each CHI entry is for **one** contact attempt. Do not record information for all contact attempts into one CHI record.
- CHI is not just for Type As. You should record contact attempts for **all** outcomes including Type As, Bs, Cs, and successful interviews too.

CASE MANAGEMENT CONTACT HISTORY TAB

This tab is located in the case management details pane. Clicking on this tab will show all contact attempt information for the case you have highlighted in your case list. The columns displayed in the Contact History tab are:

Display Columns

- FR code
- Contact Date - Lists the date the contact attempt was made.
- P/T - Lists “P” for Personal Visit or “T” for Telephone Attempt
- Status - Lists “C” for Completed case, “P” for Partial interview, “U” for Unable to conduct interview, or “N” for Noncontact.
- Description - Lists entries made at the noncontact and noninterview screens.
- Strategy - Lists strategies used for **THAT** contact attempt.
- Reluctance - Lists any concerns or reluctance expressed by the respondent for that contact attempt. If contact was not made, this column will display an “N/A.”

SNOWFLAKE (*)

You may see a small snowflake (*) next to some of the columns. Clicking on the snowflake will bring up a box that displays **all** entries made for that column.

LAUNCHING THE CHI

There are two ways to initiate, or launch, the CHI. CHI automatically launches after you exit a case, **or** you can launch the CHI from Case Management using the F12 function key while highlighting a specific case.

PART E
SECTION 2
INTRODUCTION TO HOUSEHOLD-LEVEL CHI

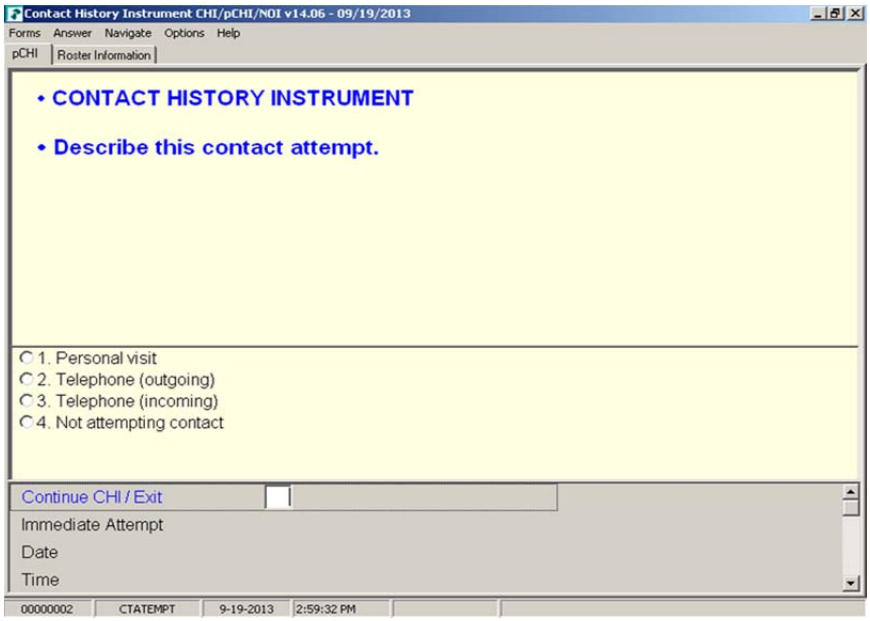
Topic	See Page
Household-Level CHI Questions	E-5
Describe This Contact Attempt	E-5
Time of Contact	E-5
Contact/Noncontact	E-7
Contact Type	E-7
Why?	E-8
Concern/Behavior/Reluctance	E-9
Strategies	E-9
Contact With Non-Sample Unit Member or Noncontact	E-10
Strategies	E-11

HOUSEHOLD-LEVEL CHI QUESTIONS

As noted earlier, the household-level CHI questions make up one of the two components of the CHI. Household-level questions record contact attempt information not associated with a specific person within the household. Again, the household-level CHI will come up as long as there is no household roster.

DESCRIBE THIS CONTACT ATTEMPT

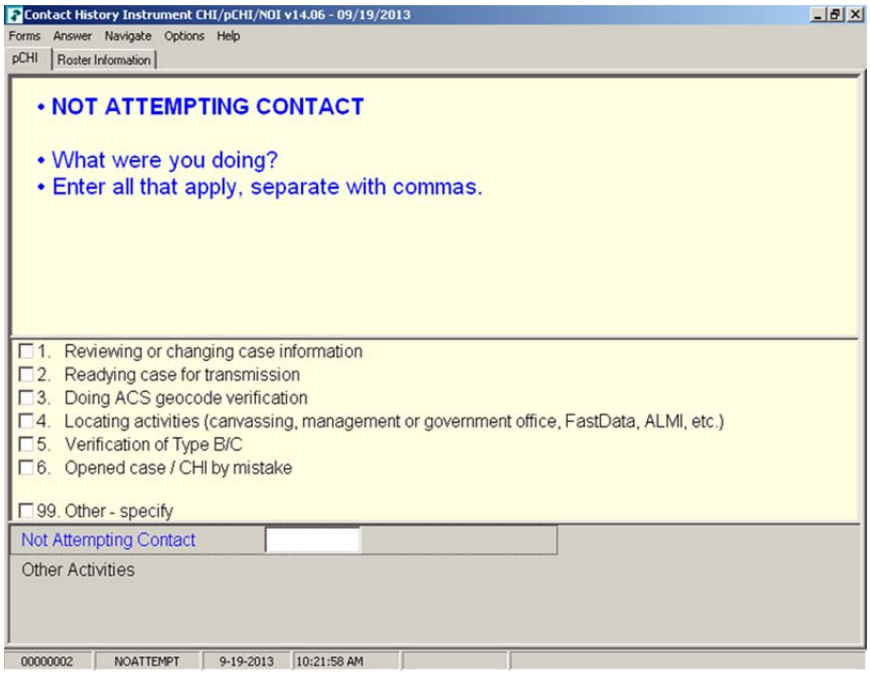
The first household-level screen you will come to is the CTATEMPT screen. This screen allows you to capture whether you are making a contact attempt or not. If it is a contact attempt, it additionally enables you to record whether the attempt is via personal visit or telephone (outgoing or incoming).



TIME OF CONTACT

Answering Precodes ‘1’, ‘2’ or ‘3’ at the CTATEMPT screen will bring you to the TIMEOFCT screen where you will be asked whether you are entering CHI at the time of a contact attempt. If you answer “No” here, you will be asked to enter the date and time of the contact attempt.

If you are **not** making a contact attempt, the NOATTEMPT screen allows you to select the action you were taking when you entered CHI without attempting contact.



Notice that the NOATTEMPT screen includes 7 possible pre-coded answers with the last precode (Other – specify) numbered '99'. All "Other – specify" pre-codes have been standardized throughout the CHI instrument to be coded as '99' responses.

Precode - '2' would include marking a case as "Ready to Transmit."

Precode – '4' includes activities such as calling or visiting a permit office, management company, post office, or other government office that contains public records. These actions include visits or calls to verify sample unit location and use of databases such as FastData to obtain phone numbers or other contact information.

Precode – '5' would apply in instances when you are specifically trying to contact someone other than a sample unit member, for example calling a rental office to confirm a unit is vacant. However, if you make a visit to a sample unit, trying to contact a sample unit member, and wind up talking to a neighbor or someone else, you would record that as a contact attempt and contact with a non-sample unit member.

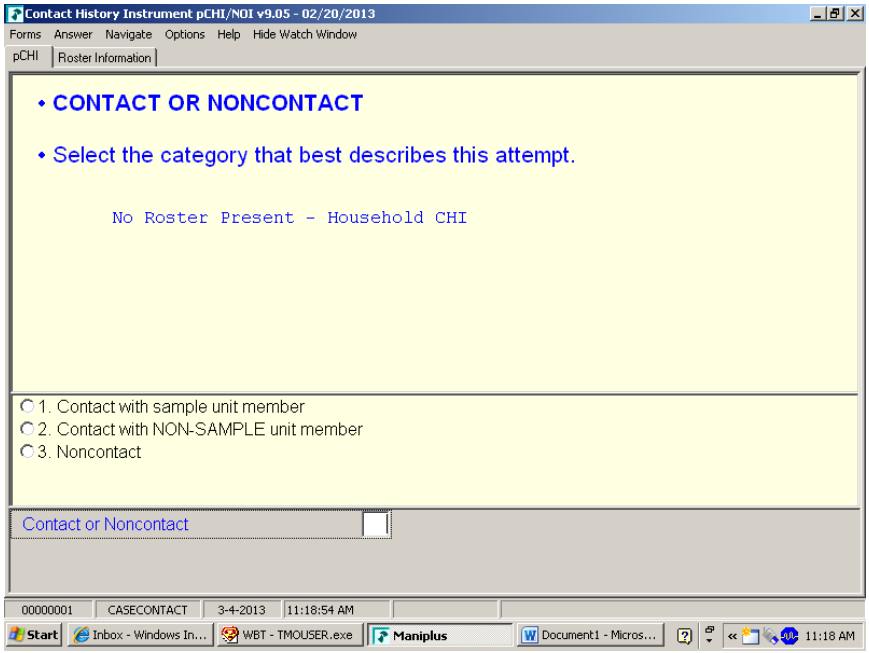
Precode – '99' will send you to a screen where you can type in the "Other-specify" information.

Once this screen is completed, the CHI will close out and no further screens will appear.

CONTACT/ NONCONTACT

If this contact attempt was your first personal visit, and you were able to observe the sample unit (or building in which the sample unit resides), you will complete the Neighborhood Observation Instrument (NOI) questions as described later in this manual.

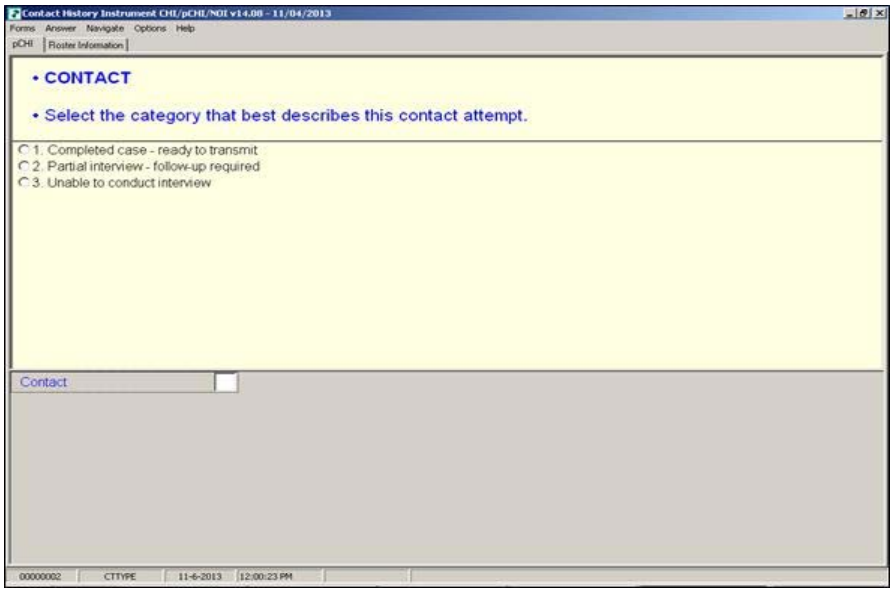
After answering the NOI observation questions, you will select either "Contact with sample unit member," "Contact with **non-sample** unit member," or "Non-contact" at the CASECONTACT screen. The household-level CASECONTACT screen captures the description of the contact or noncontact when a household roster **has not yet** been created. The CASECONTACT screen is below.



If you select "Contact with sample unit member," you will receive a series of follow-up questions about the contact.

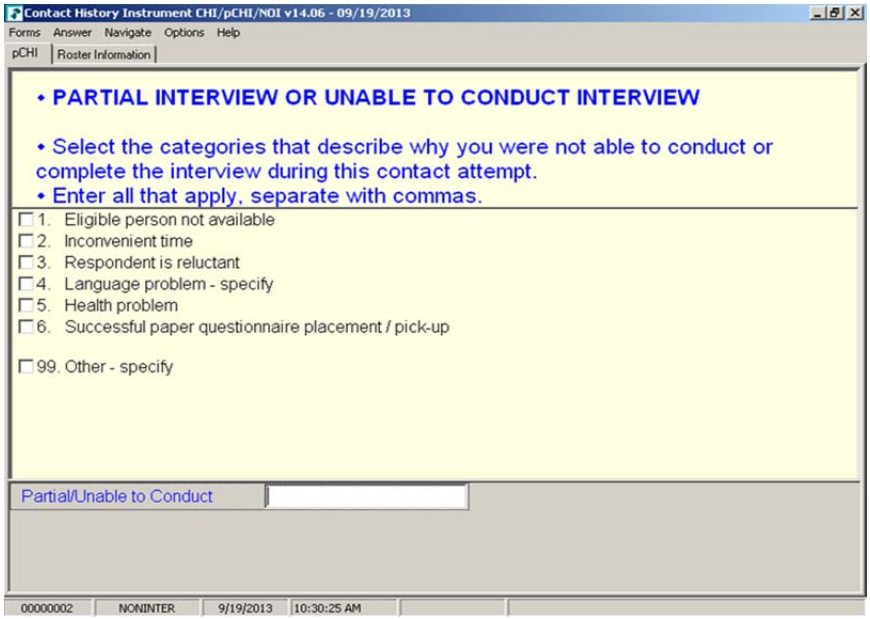
CONTACT TYPE

At the "Contact Type" screen, CTTYPE, you must enter the type of contact: complete case – ready to transmit, partial interview - follow-up required, or unable to conduct interview.



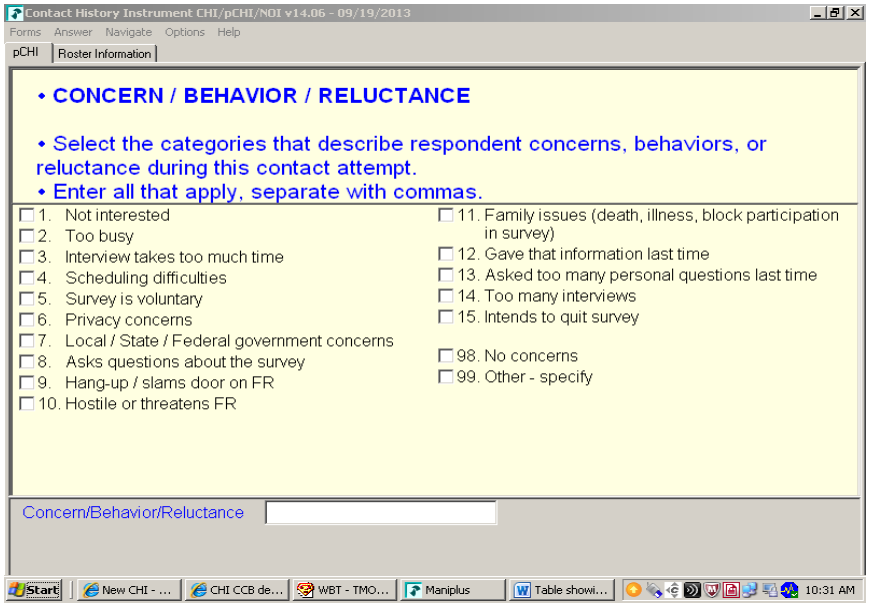
WHY?

If you select "Partial Interview – follow-up required" or "Unable to conduct interview," the "Partial Interview or Unable to conduct interview" screen, NONINTER, is displayed, where you must select a description of why you were unable to complete or unable to conduct the interview during that contact attempt. See below for this screen.



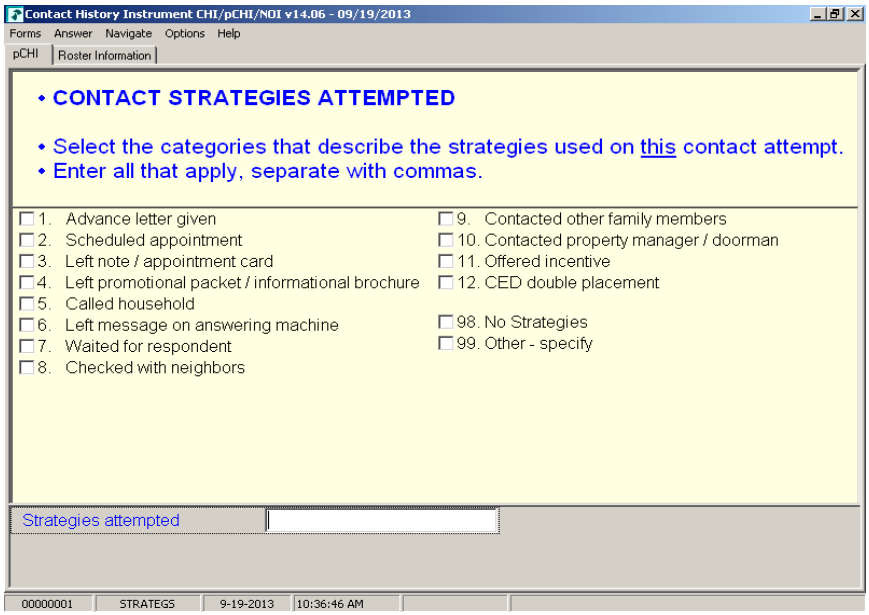
CONCERN/ BEHAVIOR/ RELUCTANCE

If you select "Completed case – ready to transmit" at CTTYPE, or once you have completed the "Partial Interview or Unable to Conduct Interview" screen, the "Concern/Behavior/Reluctance" screen (RSPNDENT) is displayed where you can enter any concerns, behaviors, or reluctance the respondent may have expressed or demonstrated during that contact attempt.



STRATEGIES

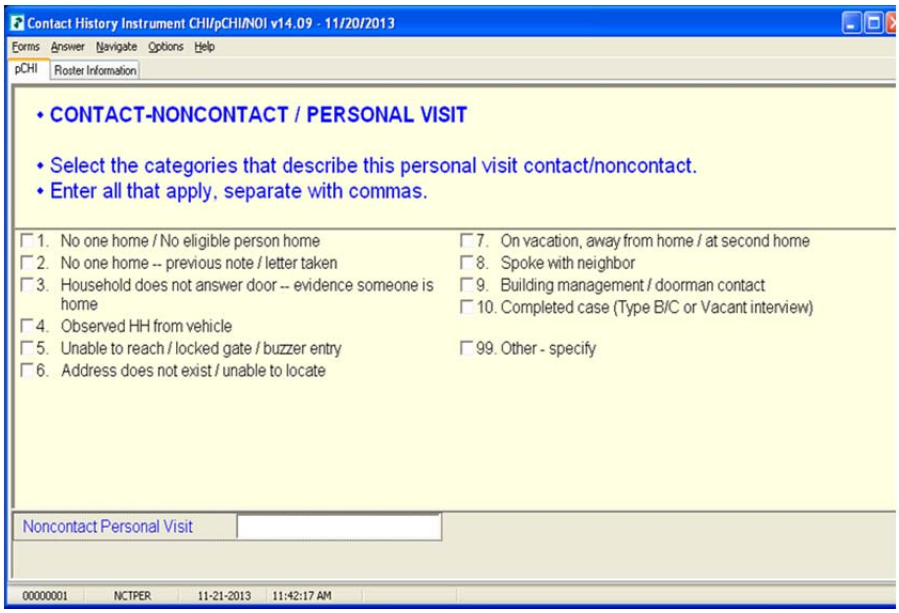
Next, the "Contact Strategies Attempted" screen, STRATEGS, is displayed. There you can enter the categories that represent the strategies you used on THAT contact attempt. After completing the strategies screen, you will exit the CHI.



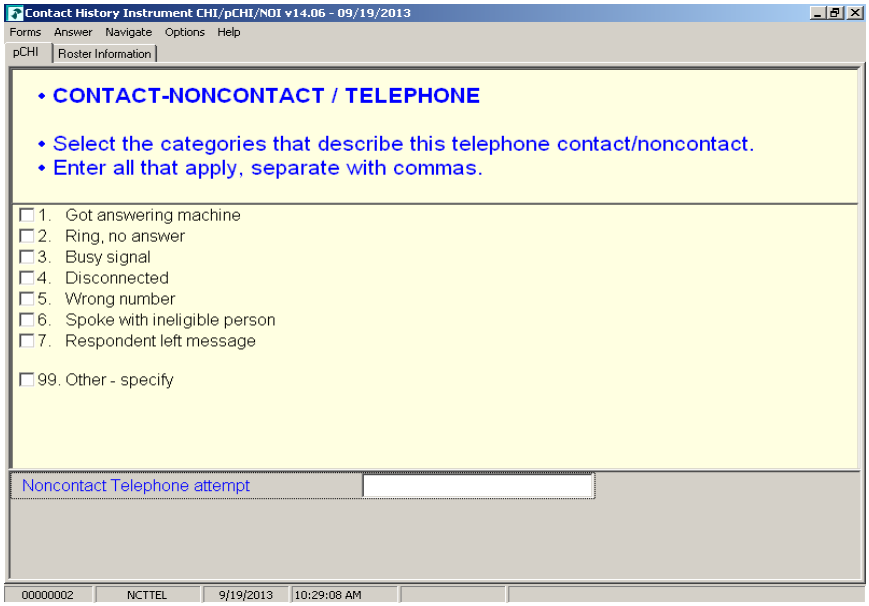
CONTACT WITH NON-SAMPLE UNIT MEMBER OR NONCONTACT

If you select "Contact with **non-sample** unit member" or "Noncontact," at the CASECONTACT screen, you will receive a series of questions regarding this non-contact.

If you are attempting a personal visit, you will proceed to the NCTPER screen and select one of the options to describe the contact/noncontact situation.



If you are attempting to contact by telephone, and contact is not made with a household member, select one of the options listed on the NCTTEL screen to describe the contact/noncontact situation.



STRATEGIES

The “Contact Strategies Attempted” screen, STRATEGS, is displayed, allowing you to select the strategies you used on that contact attempt. You will then exit the CHI.

PART E
SECTION 3
INTRODUCTION TO PERSON-LEVEL CHI

Topic	See Page
Introduction to the Person-Level CHI (pCHI)	E-13
The pCHI and CHI Households Without a Roster	E-13
The pCHI and Households With a Roster	E-13

INTRODUCTION TO THE PERSON-LEVEL CHI (pCHI)

In 2013, the person-level CHI, or pCHI, was implemented. The pCHI was developed to record contact history on individual respondents within a household for person-level surveys because:

- There may be varying degrees of availability and willingness to be interviewed among different members of the same sample household; and
- Different strategies may be used for each respondent.

Regional Office management uses reports generated from CHI and pCHI data to provide feedback on your contact attempts and make suggestions for future contacts. Headquarters and the survey sponsors also analyze the CHI, including the pCHI data, in order to formulate better strategies for non-contact refusal cases

THE pCHI AND CHI HOUSEHOLDS *WITHOUT* A ROSTER

When an NHIS household does not yet have a roster, you will be taken to the household-level CHI. pCHI will not appear as there are no eligible respondents established within the household.

THE pCHI AND HOUSEHOLDS *WITH* A ROSTER

When a roster exists for a household, CHI brings up the pCHI section of the instrument. This section of the CHI allows you to enter contact information for individual respondents within the sample household. The pCHI receives roster information from the survey instrument and cycles through each eligible person. After you complete a household member's NHIS interview, and have completed pCHI for that person, no further entries in pCHI are required for that household member during that interview period, even if you return to the household to complete the interview with other family members.

PART E
SECTION 4
THE pCHI QUESTIONS

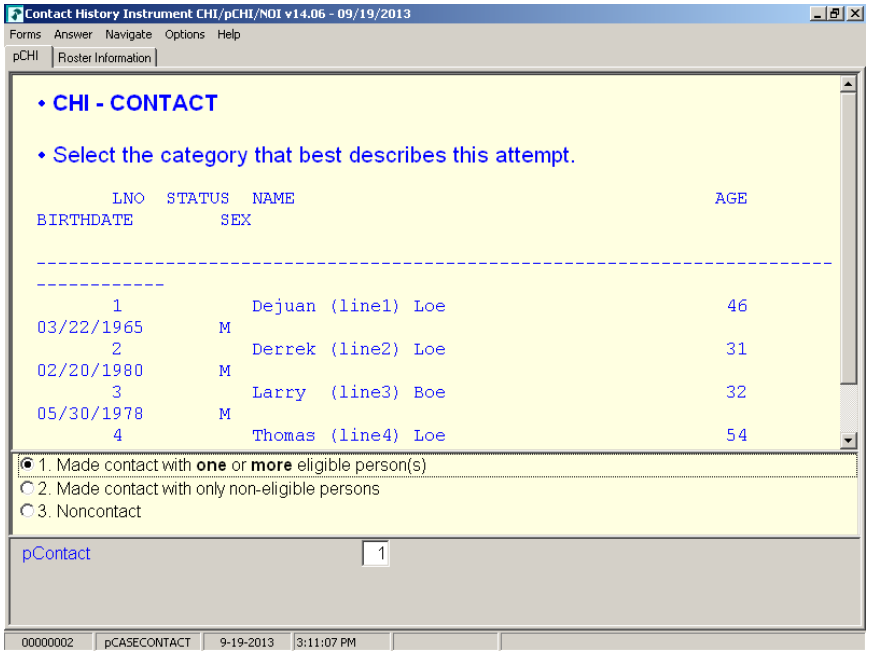
Topic	See Page
The pCHI Questions	E-15
Noncontact	E-16
Noncontact/Personal Visit	E-16
Noncontact/Telephone	E-17
Contact Strategies	E-18
STRATOTH	E-19
Person Contact	E-20
Person Noncontact	E-21
pNONCONOTH	E-21
pCTTYPE	E-22
Concern/Behavior/Reluctance	E-23
Other Concerns/Behaviors/Reluctance	E-24
Contact Strategies	E-24
pNONINTER	E-25
pCTOTHER	E-26
pLANGUAGE	E-26
PLangLIST	E-27
pSPECLANG	E-27

THE pCHI QUESTIONS

The pCASECONTACT screen captures the description of the contact or noncontact when a household roster **has** been created. The pCASECONTACT screen (shown below) is the pCHI screen that shows the entire household roster. It shows five columns:

- LNO – person's line number and interview status:
  - (C) denotes a completed interview – person has completed his/her NHIS interview during a previous contact,
  - (I) denotes an ineligible person/non-family member – persons who are no longer eligible family members or were not selected as the Sample Adult or Sample Child. Note that family members who are neither the Sample Adult nor the Sample Child will always appear grayed out on the roster for pCHI.
  - If neither (C) nor (I) is displayed, it means that this line number is eligible for pCHI: he/she is either the Sample Adult or the Sample Child and his/her respective questionnaire was not completed during a previous contact. Note that the Sample Child's line number will appear in blue, though it is the Sample Child respondent who actually completes the interview for the Sample Child Questionnaire.

- NAME – person's name
- AGE – person's age
- BIRTHDATE – person's birth date
- SEX – person's sex



Enter Precode '1', "Made contact with one or more eligible person(s)," if you made contact with the Sample Adult or the Sample Child respondent, whether you completed their interview or only spoke with them. Remember that the Sample Child respondent will appear ineligible, and you will record information about contact with them under the Sample Child's line number. The instrument then goes to the PCONTACTPER screen.

Enter Precode '2', "Made contact with only non-eligible persons," if the only people you made contact with were ineligible persons on the roster or those whose interview is already complete. (e.g., you only spoke with the Sample Child respondent who already completed the Sample Child Questionnaire.)

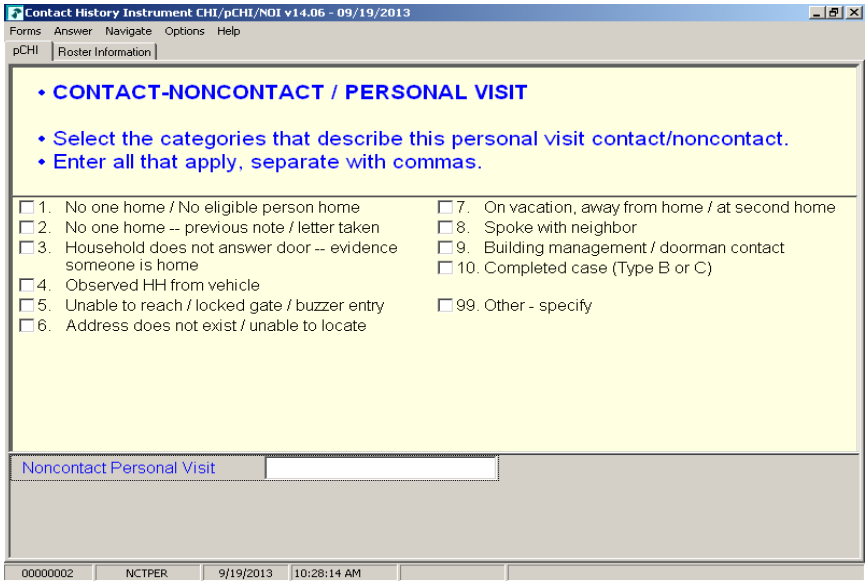
Enter Precode '3', "Noncontact," if you were unable to make a contact.

NONCONTACT

For Precodes '2' and '3', at the "CHI – Contact screen," (pCASECONTACT), the instrument continues to the NCTPER screen for a personal visit contact. It continues to the NCTTEL screen for a telephone contact (incoming or outgoing). Both answers are considered noncontacts. The pCHI will take you to either a noncontact PERSONAL VISIT or noncontact TELEPHONE screen based on how the attempt was classified on a previous screen, CTATEMPT.

NONCONTACT/ PERSONAL VISIT

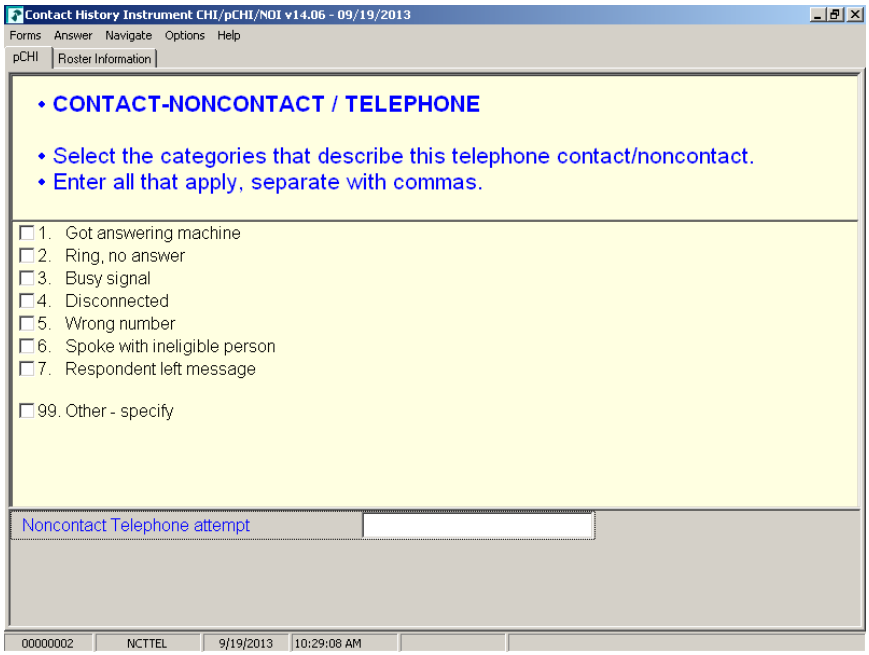
On the "Noncontact-Noncontact/Personal Visit" screen you are asked to select all categories that describe why you were unable to make contact. Entering '99' for "Other – specify" will then bring up a screen, NCTPEROT, where you can describe why you were unable to make contact.



NONCONTACT/ TELEPHONE

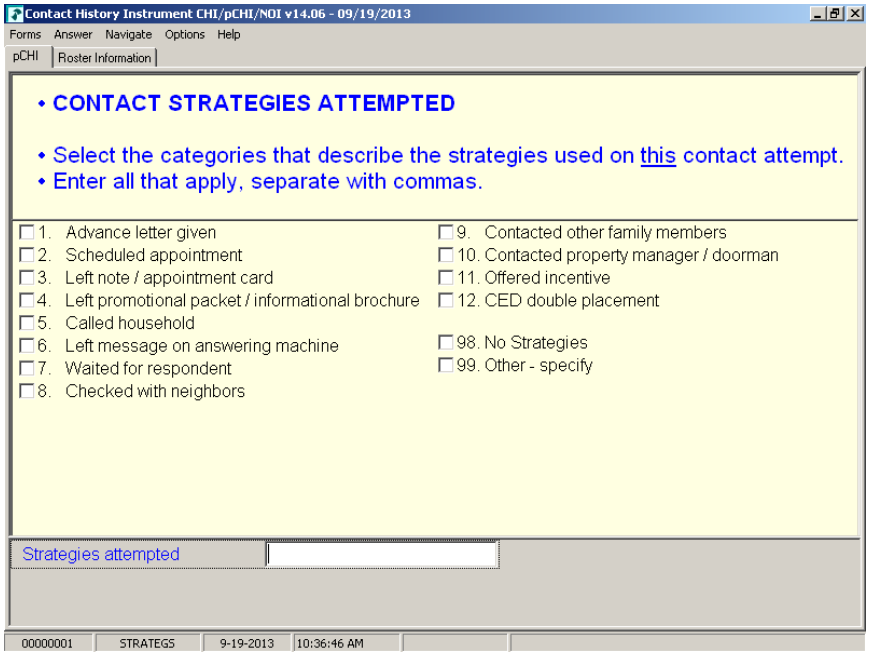
The “Contact-Noncontact Telephone” screen, NCTTEL, is the screen you will see if you have a Noncontact during a telephone attempt as indicated earlier at CTATEMPT. Entering ‘99’ for “Other – specify” will then bring up a screen, NCTTELOT, where you can describe why you were unable to make contact.

After describing the reason(s) for noncontact during either a personal visit or telephone attempt, you will proceed to the “Contact Strategies Attempted” screen.



CONTACT STRATEGIES

The "Contact Strategies Attempted" screen, STRATEGS, asks about contact strategies attempted for the respondent. It appears for all contact attempts. Please mark all of the strategies used on THIS contact attempt.



Notice Precode '11', "Offered incentive." This refers to monetary incentives that some surveys offer. Do not select this Precode for the NHIS. Currently, the NHIS does not offer any monetary incentives.

Precode '12' – "CED double placement" is only used in the Consumer Expenditures survey. Do not mark this category for the NHIS.

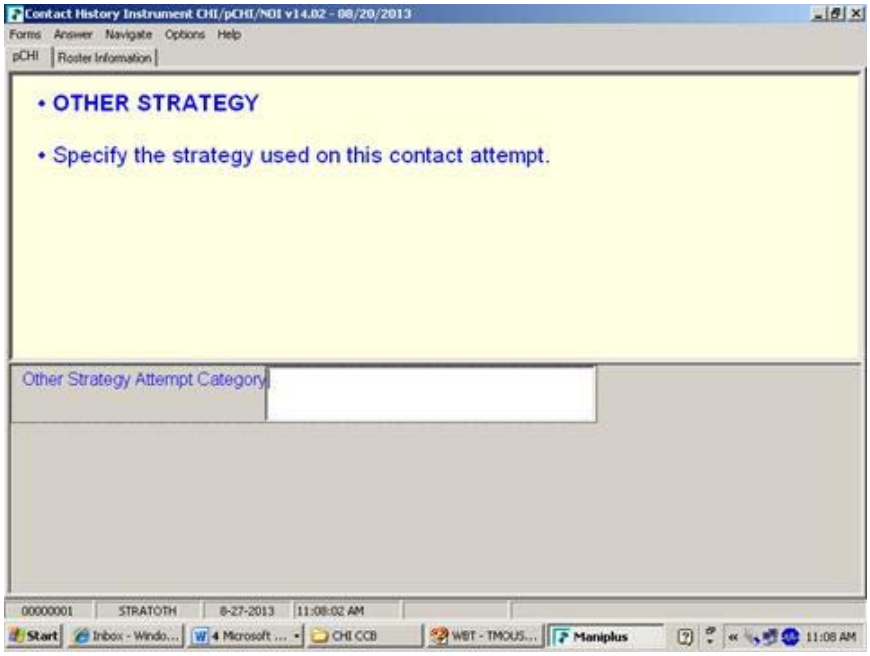
Precode '98'–"No Strategies" refers to THIS particular contact attempt, not all previous attempts. Mark this category if you did not use any specific strategy for this contact attempt.

When Precode '99', "Other-specify" is selected, the instrument continues with STRATOTH. Otherwise, it goes to PCONTACTPER for the next eligible respondent.

STRATOTH

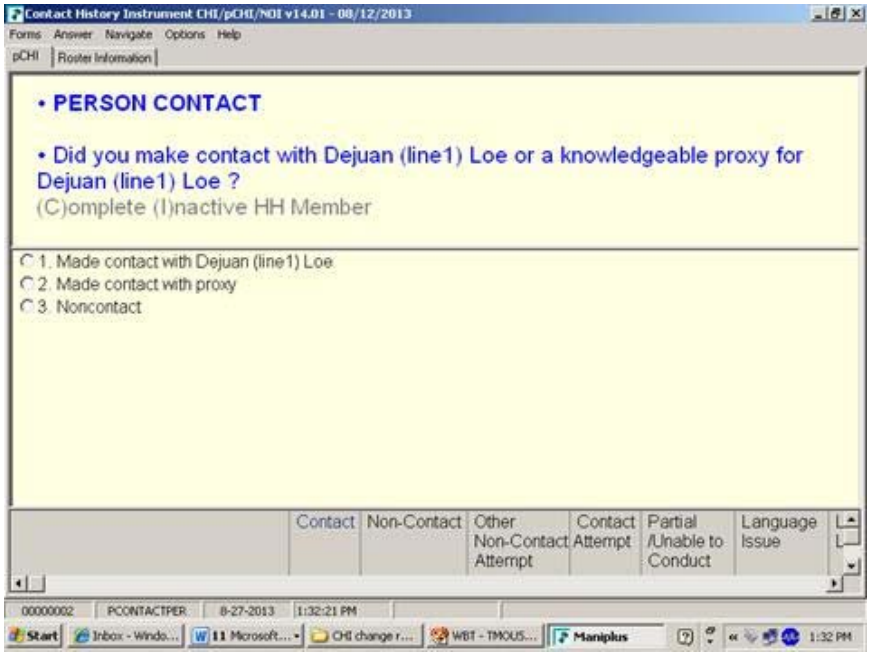
STRATOTH appears if Precode '99', "Other – specify" was marked in STRATEGS. Enter the "other" strategy. This field allows 80 characters.

After you complete this item, the instrument goes to PCONTACTPER for the next eligible respondent. When you are finished entering the contact information for each eligible respondent, you exit pCHI.



PERSON CONTACT

The “Person Contact” screen, PCONTACTPER, is the first “person-level” question in the pCHI. This and subsequent items are formatted to show the NHIS roster. The pCHI collects contact information for each eligible household member (Sample Adult and Sample Child respondent).



Enter Precode ‘1’, “Made contact with (NAME),” if you made contact with the named household member during this contact attempt.

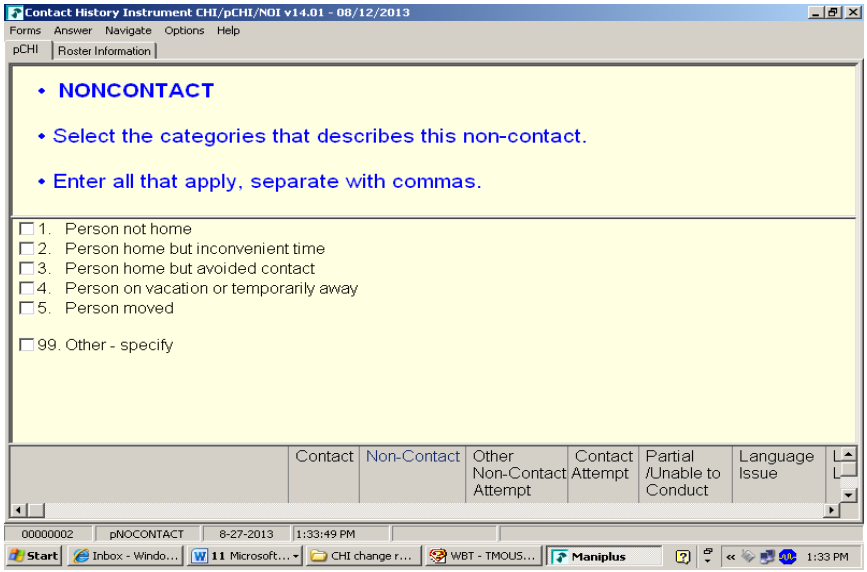
Enter Precode ‘2’, “Made contact with proxy” if you made contact with a knowledgeable proxy for the named household member. Contact with a knowledgeable proxy would apply to every Sample Child interview, as he/she cannot answer for him/herself. REMEMBER, the Sample Adult must answer for him/herself. The only situation in which a proxy response is allowed for the Sample Adult is if he/she is physically or mentally unable to answer.

Enter Precode ‘3’, “Noncontact,” if you were unable to make contact with the named household member.

PERSON NONCONTACT

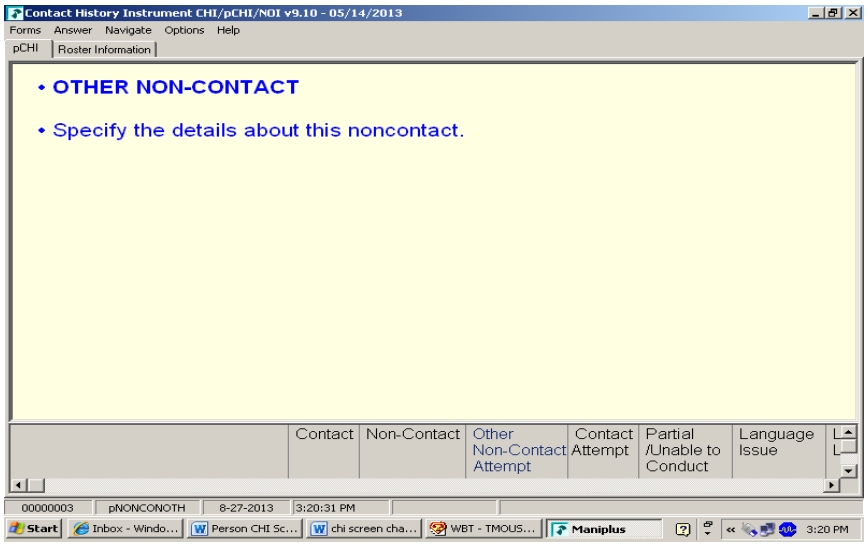
For Precodes ‘1’ and ‘2’, the instrument goes to the pCTTYPE screen. Precode ‘3’ takes you to a different screen, pNOCONTACT.

The “Noncontact” screen, pNOCONTACT, appears when Precode ‘3’, “Noncontact” is marked in PCONTACTPER. Here you record the reasons why the identified person from the household roster was not contacted on this contact attempt. Precodes ‘1’ through ‘5’ take you to “Contact Strategies Attempted” (pSTRATEGS) screen.



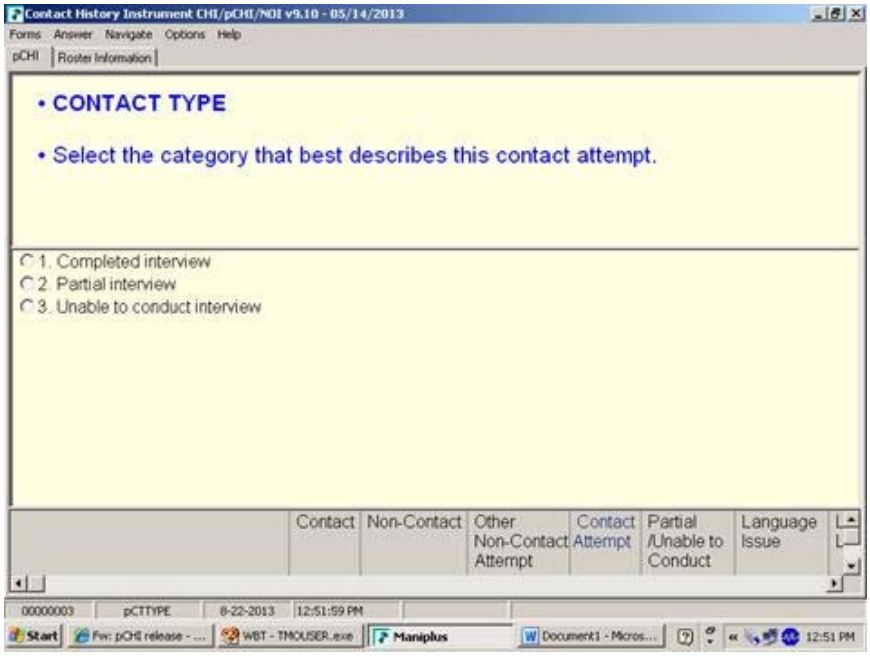
pNONCONOTH

Precode ‘99’ for “Other – specify” brings you to the screen, pNONCONOTH, where you can include details about the noncontact before proceeding to the pSTRATEGS screen (see below).



pCTTYPE

At the PCONTACTPER screen, if you selected that you made contact with an eligible household member or eligible proxy, then you will proceed to the “Contact Type” screen, pCTTYPE. This screen asks whether the contact resulted in a completed interview, partial interview, or no interview.



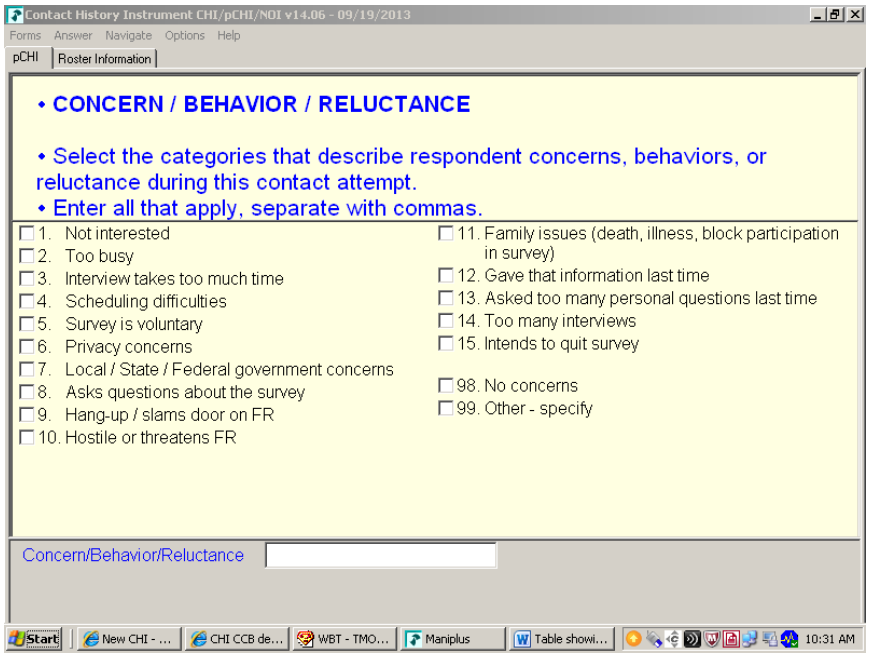
Enter Precode ‘1’, “Completed interview,” at pCTTYPE for a fully completed interview for the respondent or proxy respondent. The instrument then goes to pRSPNDENT.

Enter Precode ‘2’, “Partial interview” for a partial interview for the respondent. A partial interview occurs when you start an interview with a respondent or a proxy respondent, but were unable to complete the interview. The instrument then goes to pNONINTER.

Enter Precode ‘3’, “Unable to conduct interview,” if no interview was conducted for that respondent or proxy respondent. With this selection, the instrument also proceeds to pNONINTER.

CONCERN/ BEHAVIOR/ RELUCTANCE

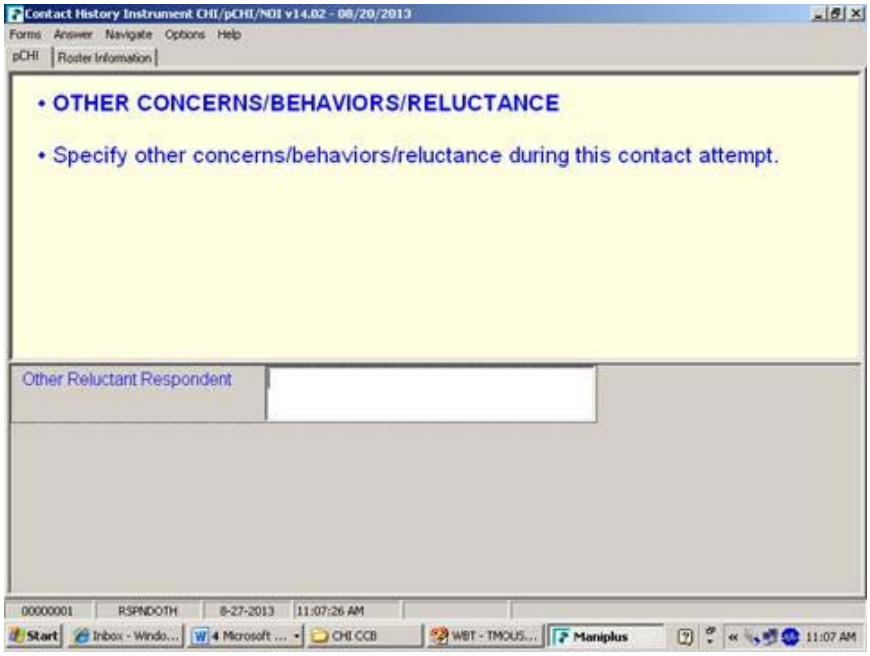
pRSPNDENT is the "Concern/Behavior/Reluctance" screen (below) where you can record all of the respondent's concerns, behaviors, or reluctance during THIS contact attempt. This is an 'enter all that apply' question. Even if this contact attempt results in a completed case, it will be helpful for future interview attempts with this case to know the household's concerns, if any. This screen will come up automatically every time contact is made, even if there has been no reluctance from the respondent.



After making all selections, if you selected Precode '99', "Other – specify," the instrument continues with pRSPNDOTH. Otherwise, the instrument goes to pSTRATEGS.

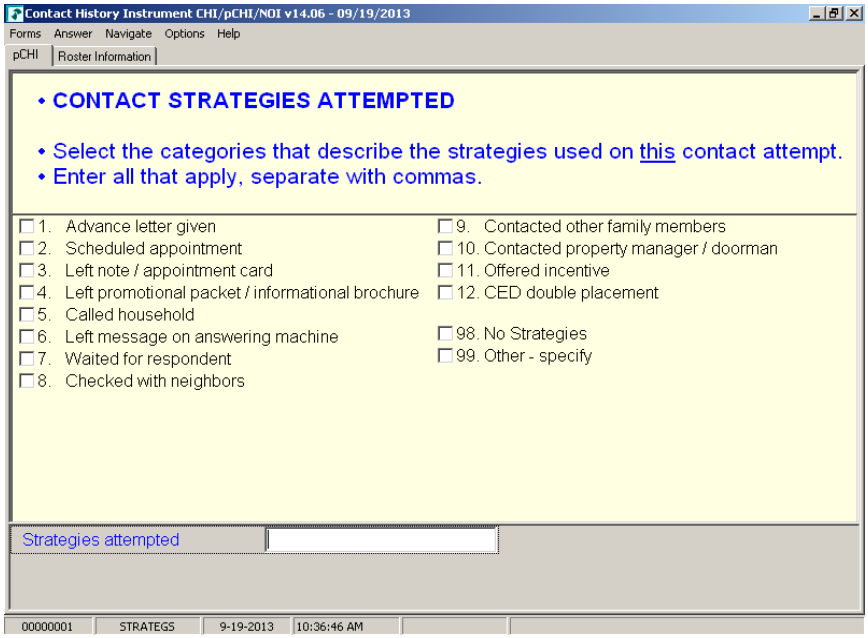
OTHER CONCERNS/ BEHAVIORS/ RELUCTANCE

pRSPNDOTH appears if Precode '99', "Other – specify," was marked in pRSPNDENT. Enter the "other" concern, reluctance or behavior. This item allows 80 characters. The instrument then goes to pSTRATEGS.



CONTACT STRATEGIES

The "Contact Strategies" screen, pSTRATEGS, asks about contact strategies attempted for the respondent. It appears for all contact attempts. Please mark all of the strategies used on THIS contact attempt. Note that Precodes '11' and '12' are not to be entered for the NHIS.



When Precode ‘99’, “Other-specify,” is selected, the instrument continues with pSTRATOTH. Otherwise, it goes to PCONTACTPER for the next eligible respondent. When you are finished entering the contact information for each eligible respondent, you exit pCHI.

At the pCTTYPE screen, if you had entered Precode ‘2’, “Partial interview,” or Precode ‘3’,”Unable to conduct interview,” then you will be asked to describe why you were unable to complete the interview with an eligible respondent or proxy respondent during THIS contact attempt.

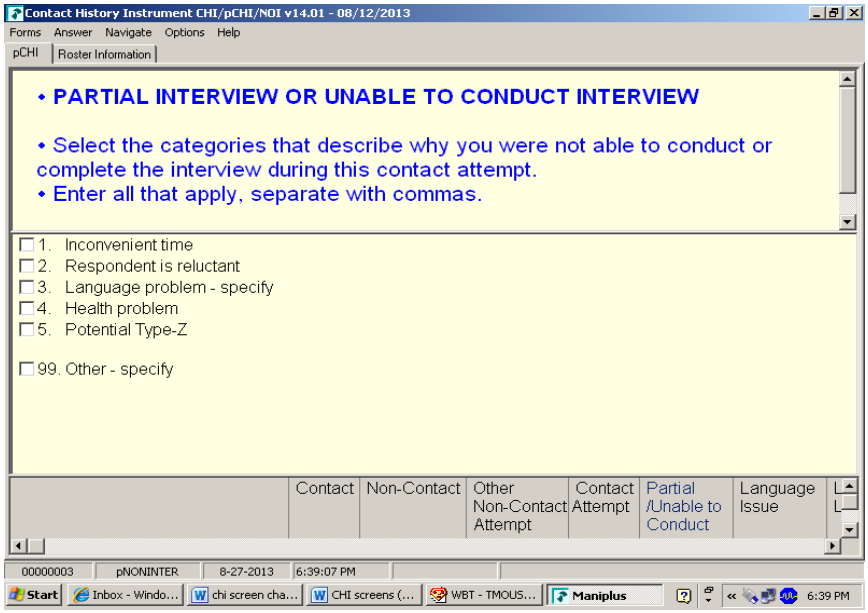
pNONINTER asks about the reasons for the noninterview for the Sample Adult or Sample Child respondent.

Notice Precode ‘5’, “Potential Type-Z.” This category does not apply to the NHIS instrument.

pNONINTER

If you select Precode ‘1’, “Inconvenient time,” Precode ‘2’, “Respondent is reluctant,” and/or Precode ‘4’, “Health problem,” the instrument goes to pRSPNDENT.

If you select Precode ‘3’, “Language problem – specify,” the instrument goes to pLANGUAGE.



Finally, if you select Precode ‘99’, “Other – specify,” the instrument goes to pCTOTHER.

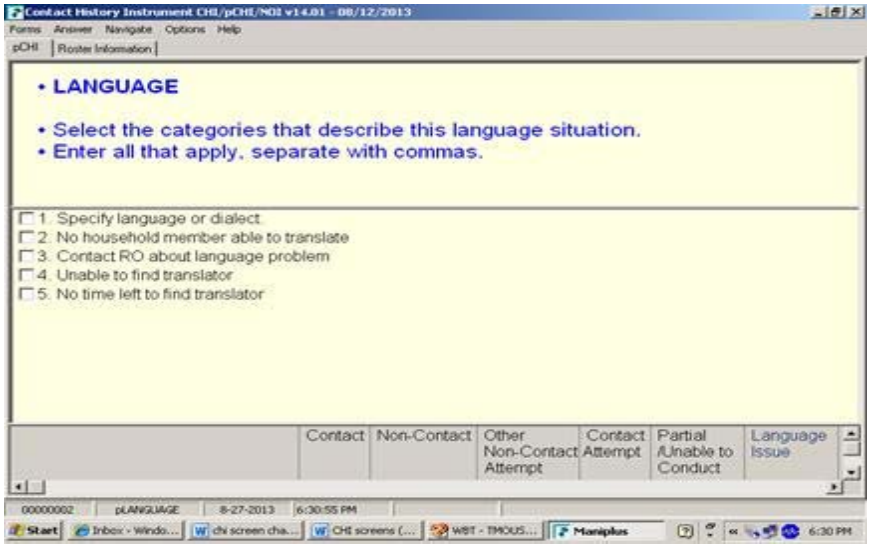
pCTOTHER

pCTOTHER appears when Precode '99', "Other – specify," is selected at pNONINTER. Enter the "other" reason describing why you were not able to conduct or complete the interview at this time in the space provided. As with similar "Other– specify" screens in the CHI, this field allows for up to 80 characters. The instrument then goes to pRSPNDENT.

pLANGUAGE

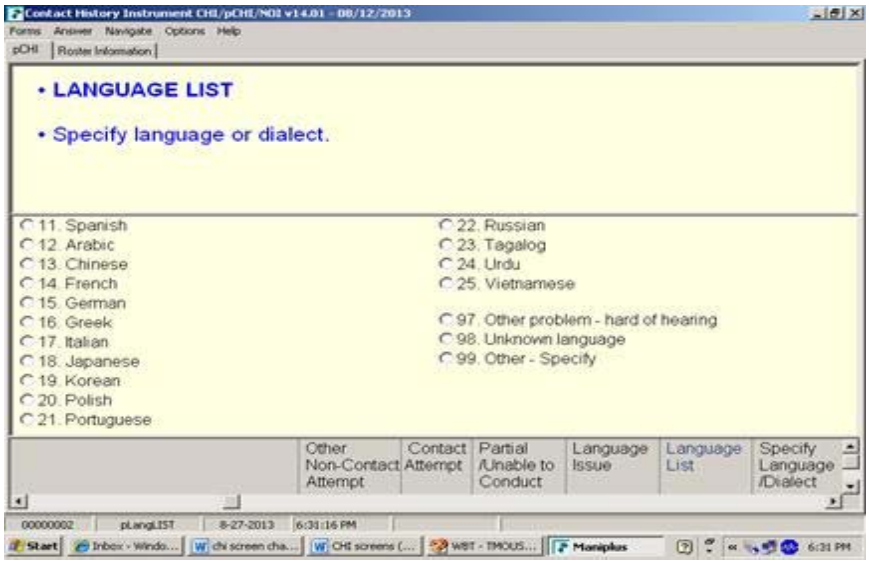
The "Language" screen, pLANGUAGE appears if Precode '3', "Language problem – specify," is selected at pNONINTER.

Mark the appropriate Precodes that describe the language situation that led to the noninterview during this contact attempt. Marking Precode '1', "Specify language or dialect," takes you to pLangLIST. All other responses go to pRSPNDENT.



pLangLIST

Entering Precode '1' – "Specify language or dialect," at pLANGUAGE brings you to pLangLIST where you can enter a specific language or dialect that the household member provides.



Selecting any of the Precodes on this screen *except* '99' will bring you to the "Concern/Behavior/Reluctance" screen, pRSPNDENT.

pSPECLANG

pSPECLANG appears when Precode '99', "Other – Specify," is marked in pLangLIST. Specify the language or dialect. This item allows 80 characters. The instrument then goes to pRSPNDENT.

PART E
SECTION 5
INTRODUCTION TO THE NEIGHBORHOOD OBSERVATION INSTRUMENT (NOI)

Topic	See Page
Introduction to the Neighborhood Observation Instrument (NOI)	E-29
Why Include Observation Questions	E-29
Why Are Observation Questions Important	E-29
How Often to Complete Observation Questions	E-30
The Neighborhood Observation Questions	E-30
CTATEMPT	E-31
TIMEOFCT	E-31
OBSERVE	E-32
GRAFFITI	E-33
ADDR_COND	E-34
ACCESS	E-35
YARDS	E-35
WALLS	E-36
BARS	E-36
LOCKS	E-37
CHILDREN	E-38
WHEELCHAIR	E-38
BICYCLE	E-39
SMOKER	E-39
HHINC	E-40
EMPLOYED	E-41
HHLANG	E-42
HHAGE	E-43

INTRODUCTION TO THE NEIGHBORHOOD OBSERVATION INSTRUMENT (NOI)

The NOI questions follow CHI and consist of a set of observation questions that can only be completed during a personal visit attempt when you can observe the sample unit (or building in which the sample unit resides). Among the types of observations you are being asked to make are:

- whether there is graffiti on buildings, sidewalks, walls, or signs in the block face of the sample unit/building
- what is the physical condition of the sample unit/building (exterior)
- window bars or grating on the doors or windows of the sample unit/building
- whether there is evidence of smokers at the sample unit
- what is the age composition of the sample unit

WHY INCLUDE OBSERVATION QUESTIONS

Past research has shown that many of the CHI observations you currently record are related to whether a sample unit is contacted or participates, but are NOT related to key survey outcomes.

NOI was developed to explore measures that help to identify, reduce, and adjust for possible "nonresponse bias" in health estimates in the NHIS. Nonresponse bias occurs when survey nonrespondents "look" different from survey respondents for a specific variable of interest. As a result, as response rates decline, the risk of nonresponse bias in survey estimates increases.

To effectively identify, reduce, and adjust for nonresponse bias, observations MUST be:

1. recorded for both responding AND nonresponding sample units,
2. related to survey nonresponse (or vice versa, survey response), and
3. related to key survey outcomes.

WHY ARE OBSERVATION QUESTIONS IMPORTANT

Let's take an example. One of the observation questions you will complete asks you to estimate the age composition of the sample unit: all occupants under the age of 30, all occupants over the age of 65, or other age composition. We know that age is a strong predictor of many health outcomes, especially diagnosed health conditions. Research has also shown age to be a predictor of survey participation. If sample units with all occupants over the age of 65 are responding at a higher rate than sample units of other age compositions, our estimates of diagnosed health conditions may be too high (since older persons report more conditions).

Because CHI is completed for all cases, regardless of whether an interview is conducted, the age observations you record will be available on **all** sample units, not just participating sample units. This allows NCHS to use that information to adjust the final estimates to more accurately represent the prevalence of diagnosed health conditions in the larger population.

In addition, we can use this information during data collection to guide interviewing effort. Using the same example, if sample units with all members under the age of 30 are responding at lower rates than sample units of other age compositions, we can place more emphasis on the under 30 units in an attempt to increase their response.

HOW OFTEN TO COMPLETE OBSERVATION QUESTIONS

It is important to remember that you will complete these observation questions only once for each case. That is, once you have recorded the observations the questions will not appear again, even if you are able to make better observations at a later personal visit attempt.

To ensure that the data are comparable across cases, it is important that we get your initial observations for all sample units on the first personal visit attempt that you can observe the sample unit (or building in which the sample unit resides). In other words, in order to use information from responding cases to help better understand the characteristics of nonresponding cases, this observational data must be collected in a similar fashion for all cases. Plus, this information may be used daily to guide field work, so timeliness of collection is critical.

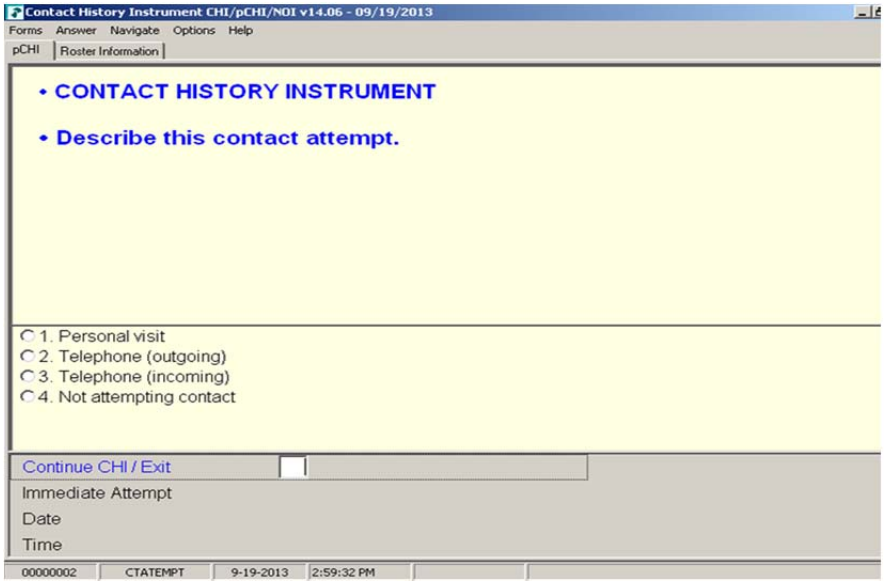
It is important that you make **the best assessment** possible with the information available.

THE NEIGHBORHOOD OBSERVATION QUESTIONS

You will automatically begin in CHI before going down the path of the NOI. Recall that for the NOI to launch, you must be making your first personal visit attempt where you can observe the sample unit (or building in which the sample unit resides).

CTATEMPT

You will begin at the CHI "Contact Attempt" screen, CTATEMPT (see below). At the "Contact Attempt" screen, you will specify whether you made a personal visit, an outgoing phone call, an incoming phone call, or were not attempting to make a contact.



Here, you will enter Precode '1' for "Personal visit". The instrument will then continue to the TIMEOFCT screen.

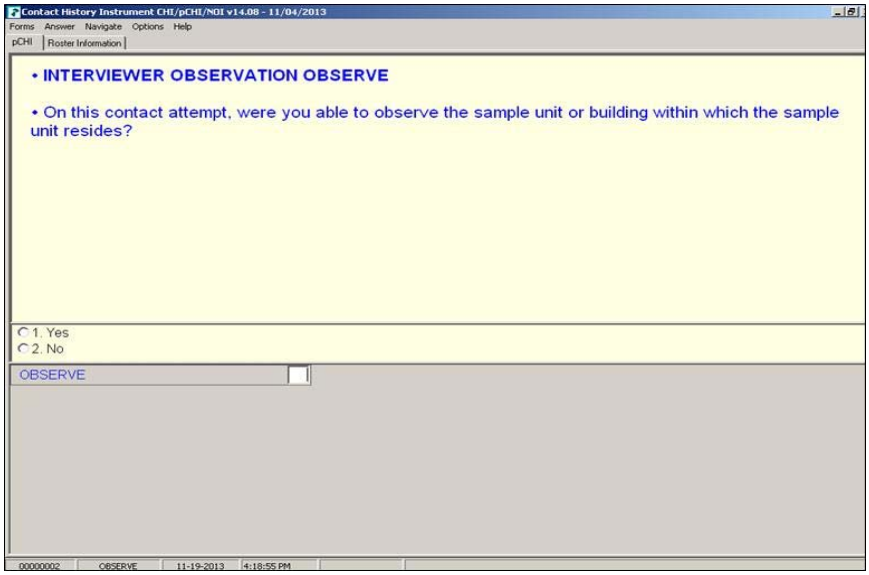
TIMEOFCT

The "Time of Contact" screen, TIMEOFCT, asks if you are entering the CHI at the exact time that the contact attempt was made. You may also enter your time of contact information at a later time. This provides you flexibility to enter the contact attempt information when it is convenient for you.

Entering Precode ‘1’ for “Yes” at the TIMEOFCT screen will bring up the first NOI question, OBSERVE. Entering Precode ‘2’ for “No” at the TIMEOFCT screen will take you to the FR_DATE and FR_TIME screens where you will be asked to enter the date and time of day that the contact attempt was made. Afterwards, you will proceed to the OBSERVE screen.

OBSERVE

The instrument stops following the CHI path at the “Interviewer Observation Observe,” OBSERVE screen (see below). Depending on the response that you select, the instrument will either proceed to pCHI or follow another path for a different instrument – Neighborhood Observation Instrument or NOI.



At the “Interviewer Observation Observe” screen, you are asked whether you observed the exterior of the house. If you enter Precode ‘1’ for “Yes”, you will be directed down the NOI path to the next screen, GRAFFITI. If you enter Precode ‘2’ for “No,” you will be directed to the pCHI, path.

GRAFFITI

The "Interviewer Observation Graffiti" screen, GRAFFITI, asks about the presence of graffiti on buildings, sidewalks, walls, or signs in the block face of the sample unit/building.

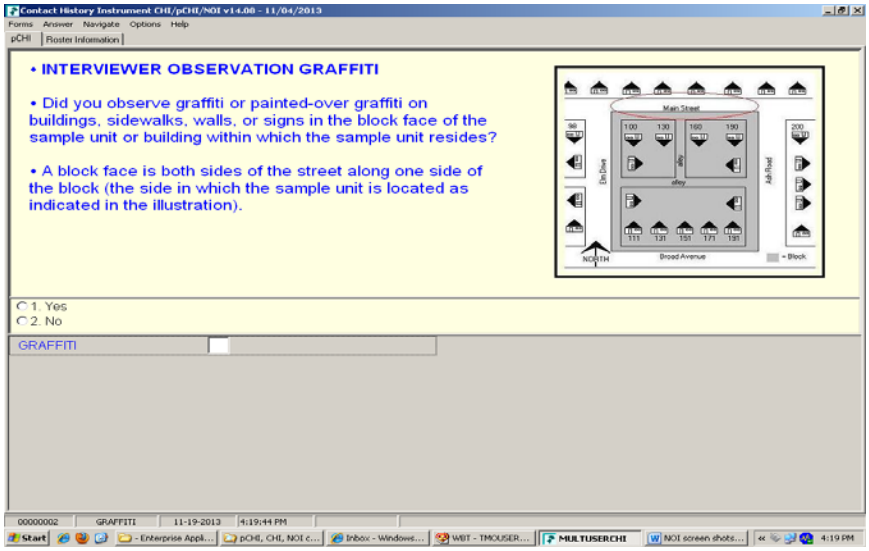
First, what do we mean by the sample unit OR the building within which the sample unit resides? Here we are making a distinction between a sample unit that we might call a single occupancy dwelling unit (a single residential structure that stands alone) and a multi-unit structure where the sample unit resides in a building that houses other units.

The graffiti question is the only question that requires you to observe the block face. What is a block face? The block face is both sides of a street along one side of the block (the side in which the sample unit is located).

The block face can be much more difficult to determine in rural areas. If the boundaries of a block face are not obvious, do the following:

- Face the sample unit/building
- Look left and then right
- Turn 180 degrees, look left and then right
- Notice whether you observed graffiti or painted-over graffiti

What do we mean by graffiti? Examples would be spray-painted (or sometimes chalk) drawings or writing inscribed on rocks, walls, sidewalks, fences, etc. Do NOT include community murals or commissioned artwork on the side of buildings or walls.



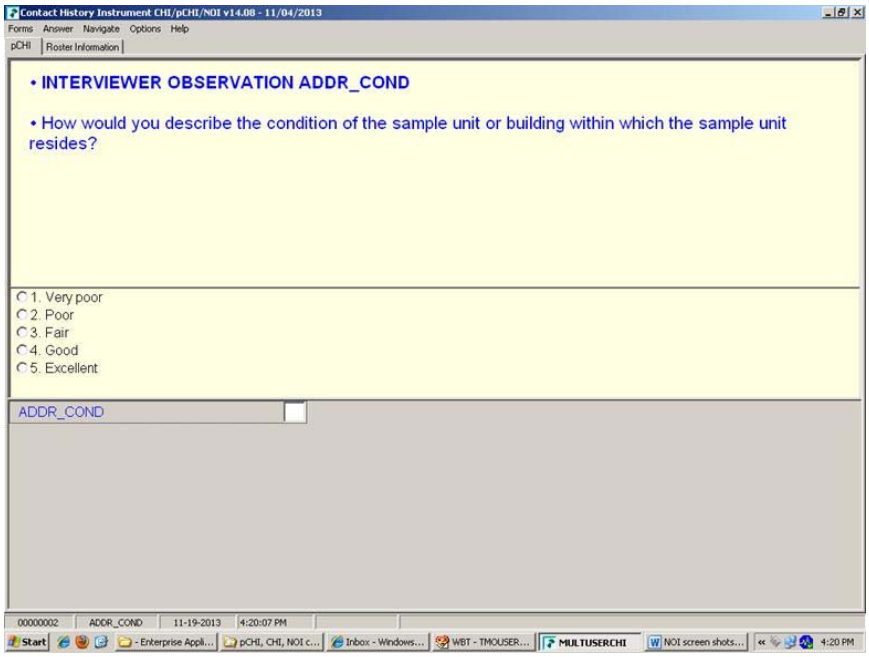
After making your selection, the instrument will then go to ADDR_COND. From this question on, all precodes will proceed to the following question in the NOI.

ADDR_COND

The "Interviewer Observation ADDR_COND" screen (ADDR_ADD) asks you to describe the condition of the sample unit or building in which the sample unit resides. Use your best judgment. For the most part, the categories should be self-explanatory.

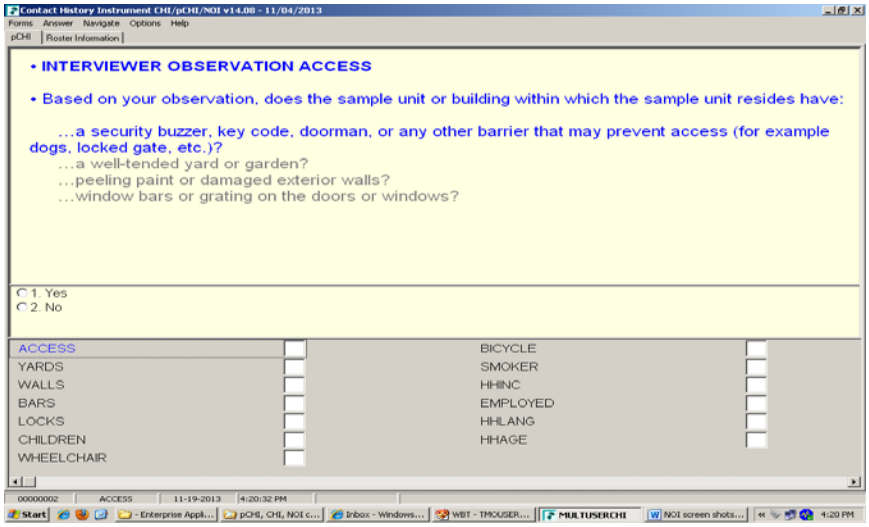
Consider the following when assessing the overall physical condition of the house or building:

- Roof problems, such as a sagging roof, shingles or other roof material missing, etc.
- Problems with windows. Windows are boarded up or broken. Window screens are missing.
- Other problems to consider are cracked or sloping outside walls, broken plaster or peeling paint, problems with gutters.



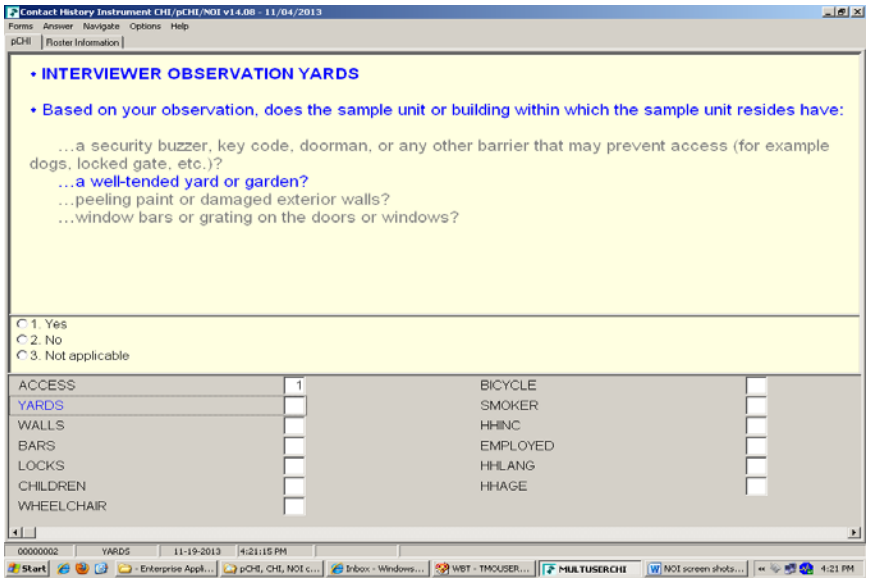
ACCESS

On the "Interviewer Observation Access" screen, ACCESS, you are asked about barriers to access. Keep in mind a key phrase here: "may prevent." If there are security buzzers or doormen, but you are still able to gain access to the sample unit, answer "Yes" to this question. Guard dogs and doormen should also be considered potential barriers to access.



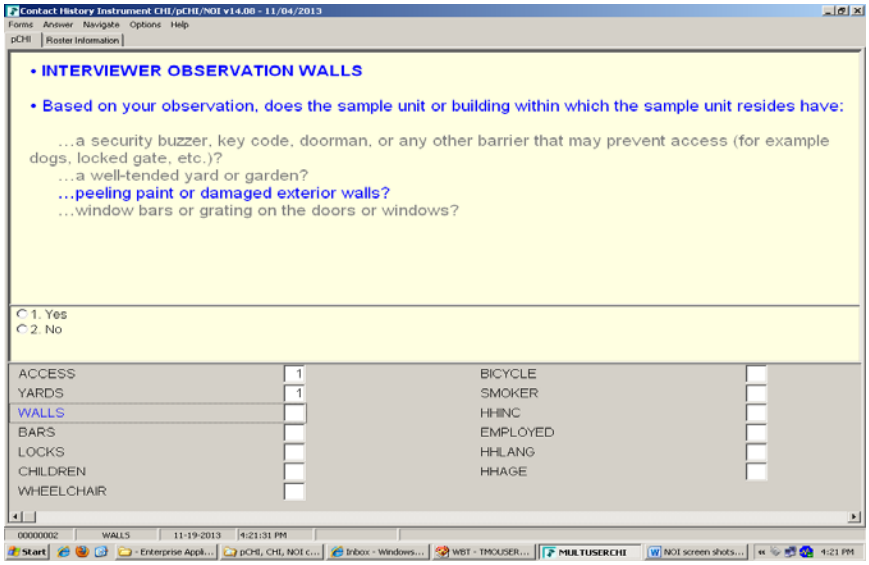
YARDS

The next screen is the "Interviewer Observation Yards" screen (YARDS). Look for lawns without weeds that are uniformly green. The height of the grass should indicate if it is mowed regularly. Gardens should not be overgrown, have weeds, or have dead flowers or foliage. Bushes and hedges should be trimmed. Trees should be devoid of dead branches and have healthy leaves.



WALLS

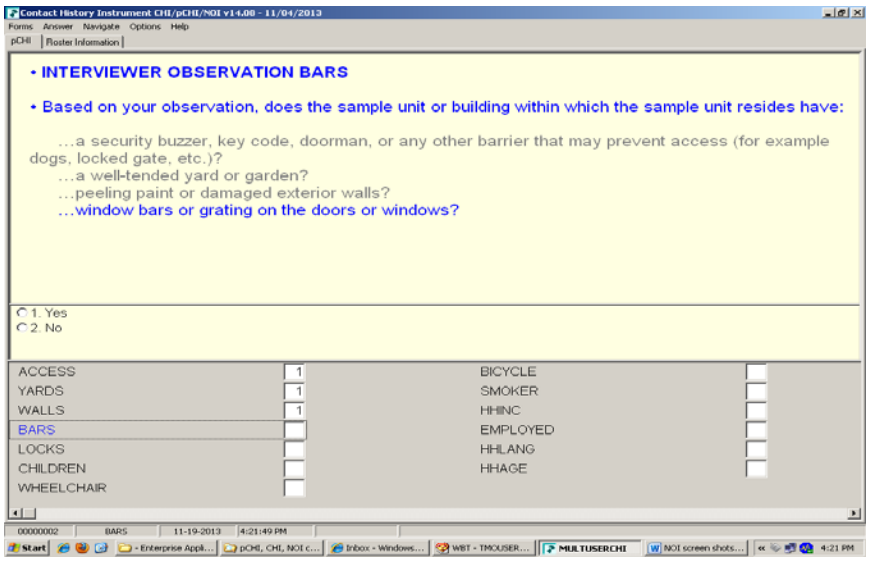
The next screen is the "Interviewer Observation Walls" screen (WALLS). Here you are asked to observe the condition of exterior walls. Look for damage to exterior walls, such as cracks or holes.



BARS

The next screen is the "Interviewer Observation Bars" screen (BARS). Look for window bars or gratings for security that keep intruders out of the home or building. If a multi-unit structure has window bars or gratings on the first floor only, you should answer "Yes" to this question. Grating, also called a grate, is a framework of metal bars set into a wall or doorframe that serves as a cover or guard but admits air and sometimes light.

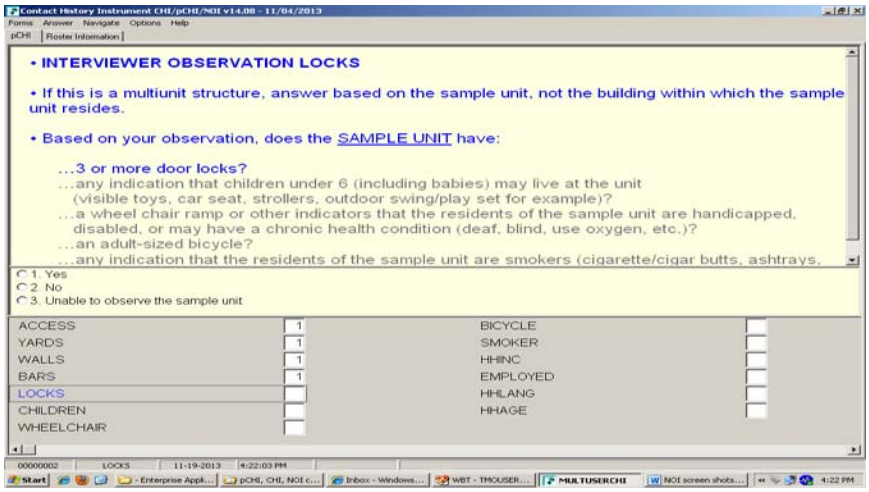
If the sample unit has small windows with bars located at or just below ground level, answer "Yes" to this question.



LOCKS

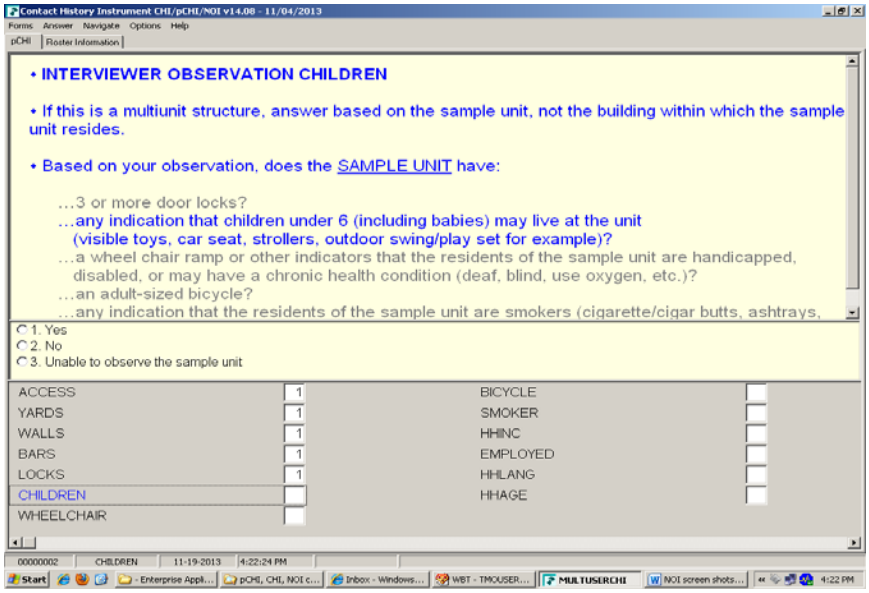
The next screen is the "Interviewer Observation Locks" screen (LOCKS). For this next set of observations, we are strictly interested in the sample unit. So if your sample unit is an apartment within an apartment building, answer based on the sample unit.

For this question, focus on the outside of the door that opens into the sample unit. Do not count locks on screen doors or on grated doors that appear just in front of the door that opens into the sample unit.



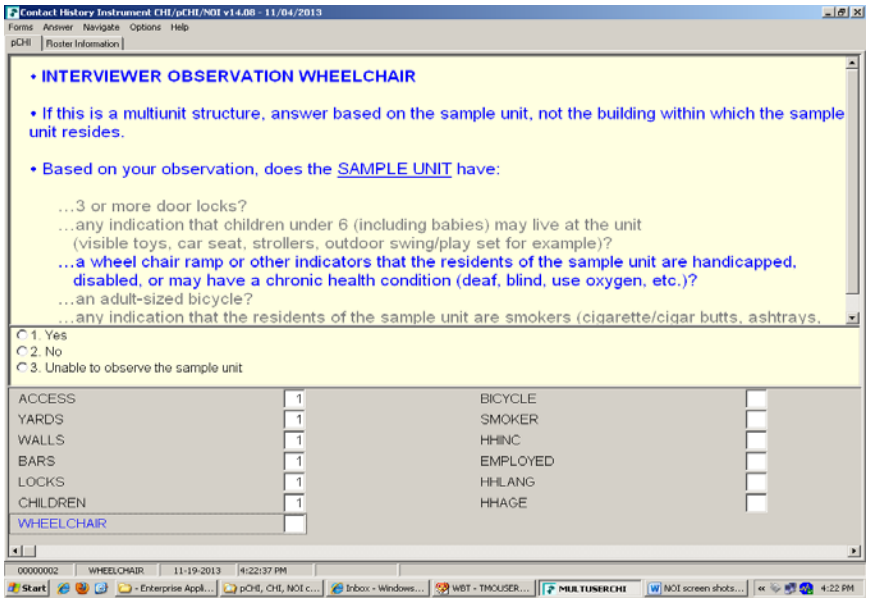
CHILDREN

The next screen is the "Interviewer Observation Children" screen (CHLDREN). Clues to look for here include items such as toys, car seats, strollers, and outdoor swing/play sets. Interviewers working on the National Survey of Family Growth correctly judged 72% of the time that children under the age of 15 lived in the household.



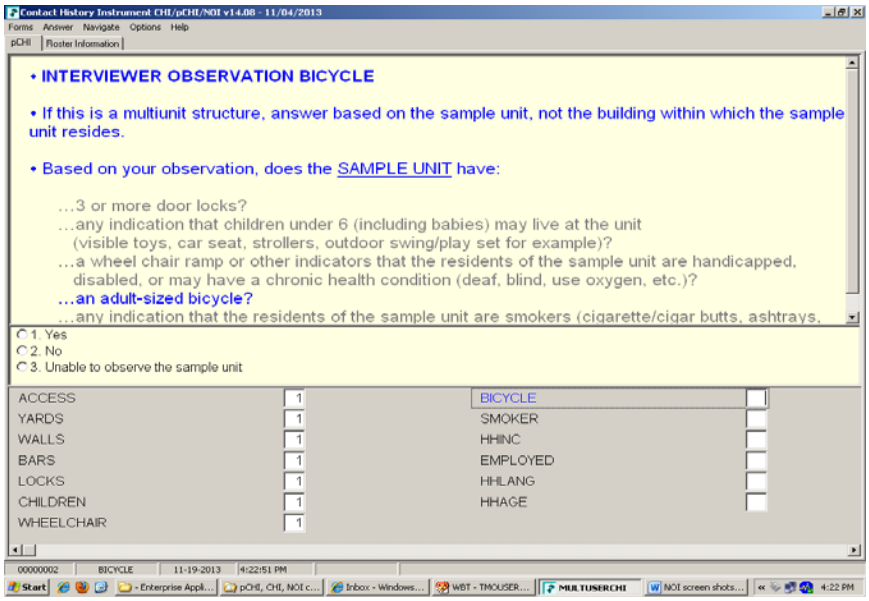
WHEELCHAIR

The next screen is the "Interviewer Observation Wheelchair" screen (WHEELCHAIR). Look for handicapped placards hanging from rearview mirrors or discarded inhalers.



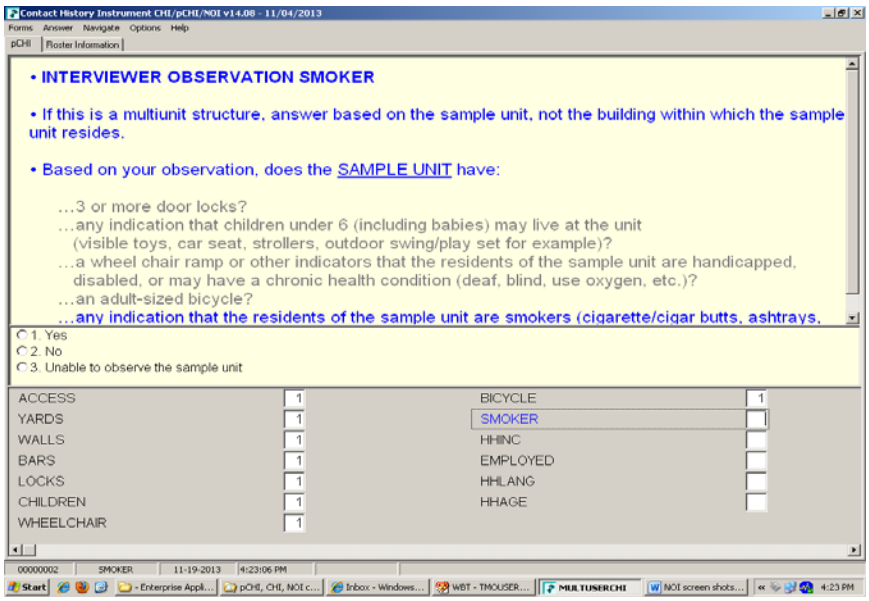
BICYCLE

The next screen is the "Interviewer Observation Bicycle" screen (BICYCLE). Beyond an actual bike, look for other clues such as bike racks mounted on the rear end or roof of cars parked in the driveway/front of house.



SMOKER

The next screen is the "Interviewer Observation Smoker" screen (SMOKER). Look for smoking paraphernalia on the porch or other locations on the property. Do you smell smoke? Look for cigarette butts and discarded cigar/cigarette packages, empty lighters, or match cases.

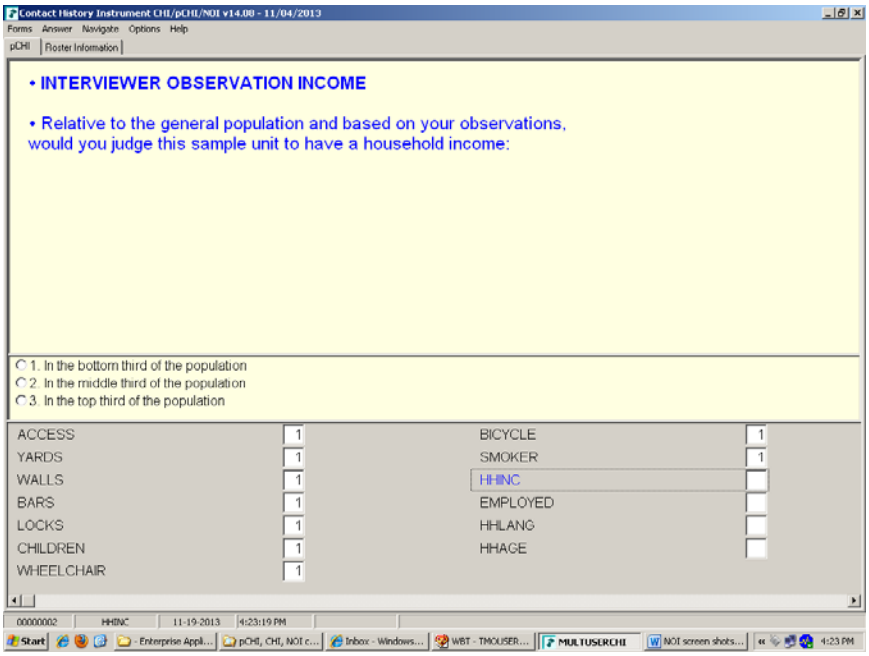


HHINC

The next screen is the "Interviewer Observation Income" screen (HHINC). We recognize that this question and the next few observations may be difficult. Use visual cues of the conditions of the house/building; number, make, and age of cars at the residence; and knowledge of the neighborhood/environment. If the zip code of the sample unit is 90210 (Beverly Hills),there is a good chance the household income is in the upper third of the general population.

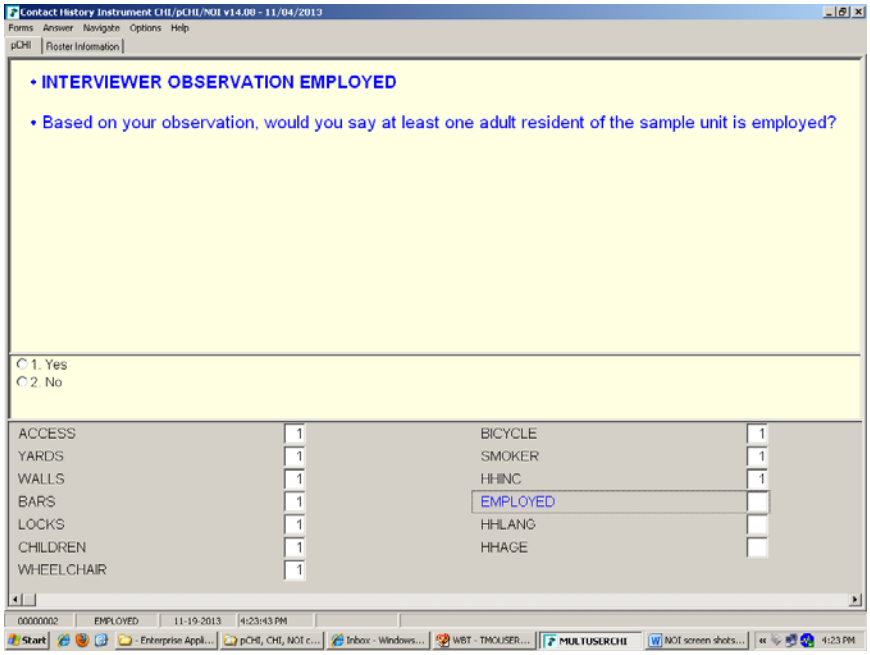
In many cases, your "observation" will be nothing more than subjective opinion or an educated guess. Please just give us your reaction based on anything you may or may not have observed. Don't worry about being wrong. MAKE THE BEST ASSESSMENT POSSIBLE. We want to see if these types of observations have predictive power in terms of survey contact and cooperation and important health outcomes from the survey.

As another example of the accuracy of interviewer observations, interviewers working on the National Survey of Family Growth were better than chance in judging whether the respondent was in a sexually active relationship with an opposite sex partner. Interviewers correctly judged this status 78% of the time. *(West, Brady T. 2013. "An Examination of the Quality and Utility of Interviewer Observations in the National Survey of Family Growth." Journal of the Royal Statistical Society, Series A, 176(1): 1-15.)*



EMPLOYED

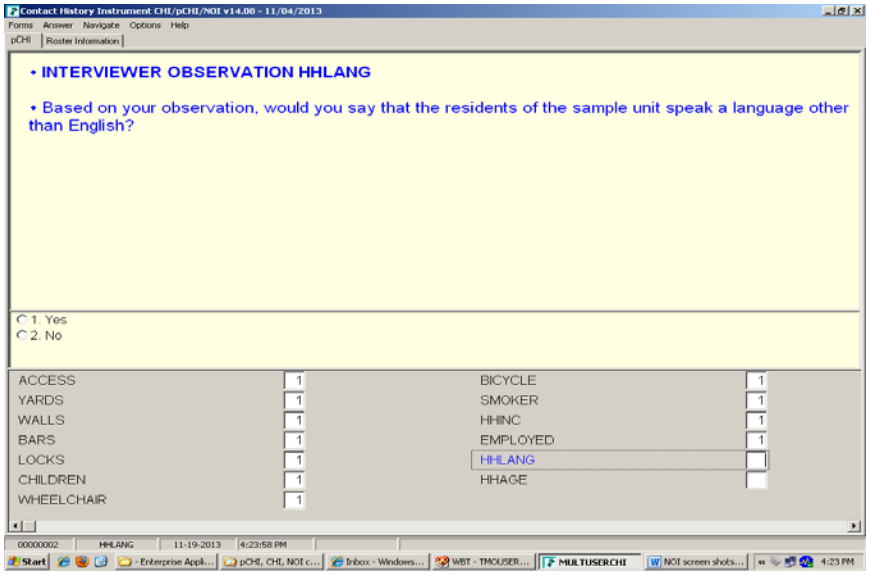
The next screen is the "Interviewer Observation Employed" screen (EMPLOYED). Here again, this one may be difficult. Are residents home during the day? Are there any visual cues on the property or cars that may help? If a neighbor ***volunteers*** that one or more adults at the sample unit work, use that information. However, do not ask neighbors for this information.



HHLANG

The next screen is the “Interviewer Observation HHLANG” screen (HHLANG). Note that we only care if a language other than English is spoken at the sample unit. This “other” language does not have to be the primary language spoken in the household. They could speak English and this “other” language. That is okay.

Like other observations, visual and aural cues from the sample unit AND the neighborhood should be used here. Use your knowledge of the areas that you work.



HHAGE

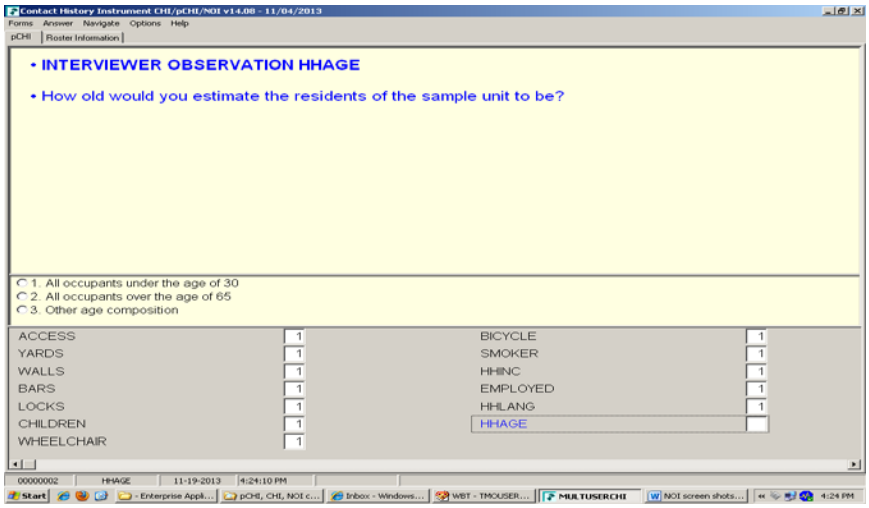
The next screen is the "Interviewer Observation HHAGE" screen (HHAGE). Some of the other visual cues we've asked you to rely on could come in handy here.

- Toys, play sets, and swing sets suggest young children in the household
- Sample unit resides in a neighborhood full of retirees
- Interviewing at a college dormitory
- Bumper stickers that suggest one or more residents are retired

Additionally, aural cues such as crying or screaming noises can be used.

Take this as an example: Your sample unit resides within a neighborhood that you know from experience contains numerous retirees. There are no toys or swing sets in the front or back yard, and the lone car in the driveway has an AARP sticker on the rear bumper. Based on this information, how would you code the age composition of the sample unit?

Again, it's important that you record your observations only once and at the first personal visit where you can observe the sample unit or building. Why? Again, we need to ensure that the data you are collecting are comparable for ALL cases, responding and nonresponding.



PART F

2014 National Health Interview Survey

Frequently Asked Questions (FAQs)

PART F
Frequently Asked Questions (FAQs)

Topic	See Page
Front and Recontact FAQs	F-2
Household Composition and Family Identification FAQs	F-11
Family Questionnaire FAQs	F-18
Sample Child Questionnaire FAQs	F-28
Sample Adult Questionnaire FAQs	F-31
NHIS Forms FAQs	F-40
Contact History Instrument (CHI), Automated Listing and Mapping Instrument (ALMI) FAQs	F-44
Interview Concepts FAQs	F-47
Personally Identifiable Information (PII) FAQs	F-50
Data Quality FAQs	F-58
Sampling & Address FAQs	F-62
Miscellaneous FAQs	F-68

PART F
SECTION 1
Front and Recontact FAQs

Topic	See Page
Rebuilt Units	F-6
Future Contact	F-6
Location of Interview	F-7
Telephone Questions	F-7
F10	F-10

Front and Recontact FAQs

REBUILT UNITS

Q: For housing units obtained from permit segments, if a home is severely damaged or destroyed by a natural disaster, but rebuilt using the remaining foundation and/or materials, should the interview continue after the question "Was this house built after April 2000?"

A: As long as the home is a rebuilding of a previous Housing Unit, this unit is eligible for interviewing. This applies to both Permit and the Area frame cases. The reason we ask this question, is to determine the likelihood of sampling a new construction in the Permit Address Listing (PAL) operation. We do not sample permits for rebuildings, improvements, add-ons, etc. Therefore, there will be no double chance of selection as in picking up a new construction permit for this Housing Unit.

FUTURE CONTACT

Q: How should a FR answer the common respondent question "Why would you contact us again in the future?"

A: If a respondent asks why he or she would be contacted again in the future, a FR may tell the respondent that he or she could be contacted again for quality control purposes or to participate in another survey. For example, an FR could say, "To evaluate the quality of my work for quality control purposes, my supervisor may call with a few questions."

Q: For RECINTRO, "The United States Public Health Service may wish to contact [you/your family] again to obtain additional health related information" why is United States Public Health Service used? A recommendation was made to change "United States Public Health Service" to "Centers for Disease Control and Prevention" to have more influence in getting the respondent to participate.

A: At this point, no changes to the question wording are anticipated.

Q: The question CPNAME11 asks for the first name of the "first relative or friend who would also know where [you/your family] could be reached, in case we have trouble reaching you." When this question is refused, there should be one answer option to refuse this question that would skip directly to CINFO, "If we need to contact [you/your family] again, when are the best times to call or visit?" instead of

having to enter CTRL-R at CPNAME11, CPNAME12, and CPNAME13, which ask for the contact person's first, middle, and last names respectively.

A: This question is programmed this way intentionally, in order to allow for the possibility that the respondent would refuse to give a first name but would provide a last name. If all three name fields are refused, the instrument does not go on to ask for address, phone number or relationship information.

LOCATION OF INTERVIEW

Q: If the sample address is based on location, then why do we ask if the respondent is expecting to move during the next year?

A: There is a statement in the Recontact section that informs the respondent(s) that the U.S. Public Health service may contact them again for other research studies. Every year, a sample of NHIS cases are used for the Medical Expenditure Panel Survey (MEPS), which is sponsored by the Agency for Healthcare Research and Quality (AHRQ). On occasion, surveys in addition to MEPS, are conducted with NHIS households. The questions in Recontact are mainly used to aid in recontact.

Q: What if my location is different from the respondent's location at the time of the interview? How should I record my answer for the LOCATION question? For example, if I am standing on the porch while the respondent is in their house. Also, if it is a telephone interview, I could be in the care and they could be in a relative's home. Please provide some guidance.

A: In instances when you are separated from the respondent when conducting the interview, you should record the location relative to where you are standing. For example, if you are on the porch and the respondent is inside his/her house, you should record "outside respondent's home (e.g., porch)"; however, if you conducted part of the interview inside the home, but finished it standing on the porch, you should record both "inside respondent's home" and "immediately outside respondent's home (e.g., porch)" as your answers. If you are calling the respondent on the phone for part of the interview, this should be recorded as a phone interview, regardless of your location.

TELEPHONE QUESTIONS

Q: Could the telephone questions be moved to the end of the survey after a considerable amount of rapport has been

established with the respondent?

A: The responses to these questions are important in assessing questions about the sample frame for telephone surveys and have been reported at many professional conferences. NCHS does not want to move these questions to the end of the survey because the lower response rate would limit the ability of the questions to assess coverage issues related to telephone surveys.

Telephone studies use random digit dialing to draw a sample. However, some households do not have a telephone and thus could not be drawn into the sample. Information from personal visit surveys provides information on the proportion of households without telephone service and the characteristics of such households.

Q: What is the purpose of asking phone questions in the NHIS? How is this relevant to the type of data NCHS is collecting?

A: The purpose of the cell phone questions is to track over time the prevalence and demographic characteristics of families that have substituted wireless telephone service for their home landline telephones. Health surveys conducted by telephone may not include wireless telephone numbers, or may not include enough wireless numbers to adequately represent the cell-only population. These cell phone questions will help researchers understand who is cell-only and whether their exclusion from telephone surveys will bias the results. The phone questions also include a question asking for the respondent's telephone number (cell or landline). If the respondents want to know why you want their telephone number, explain that it will save the expense and time of a personal visit if you find that some needed information is missing.

Q: The question WRKCEL, "How many working cell phones do you or people in your family have?" is asked before the household roster information is collected. Is this question asking how many cell phones are in the household or how many cell phones are in a particular family?

A: The respondent should provide an answer based on how many working cell phones are in their family.

Q: Why do we tell respondents that the interview can be conducted by telephone? What do we tell respondents if they request an interview after 11:00 p.m. and before 7:00 a.m.?

A: Although it is permissible to conduct the NHIS by telephone, the National Health Interview Survey is a personal visit survey, not a telephone survey. Telephone contacts may be attempted when efforts to make personal contact have not been successful, when the respondent requests a telephone interview, when part of the interview needs to be completed and it is not possible to schedule another personal visit, or when road conditions to travel distances would make it difficult to schedule a personal visit before close-out. If a respondent requests to complete a phone interview between the hours of 11:00 p.m. and 7:00 a.m., you can proceed with conducting the interview during this time if both you and the respondent are willing.

Q: When the question asks about "traditional" landlines, I've always assumed that includes Voice Over Internet Protocol (VOIP) and internet phones. What about Magic Jack, Google Voice, and very new types of phones?

A: The question asks whether there is at least one phone inside the home that is currently working and is not a cell phone. Regarding Magic Jack, VOIP, internet phones, etc., if a phone is connected to it and is currently working, then the respondent should answer YES to this question. We treat all of these just as we do landlines. Google Voice is a service that provides a single phone number that then rings one or more other telephone devices or it rings nothing but it collects voice mail messages that are then delivered to e-mail. We are interested in the devices, not the service. So, if Google Voice rings a working telephone inside the home that is not a cell phone, then the respondent should answer YES. If Google Voice only rings a cell phone and there is no other working telephone inside the phone, then the respondent should answer NO. You may need to probe a bit in these situations.

Q: Can you supply a 2-3 sentence explanation of the cell phone question (maybe in F1)? I can explain it pretty well, but a little script for this would really help us.

A: The cell phone question is in the NHIS to track the growth of wireless-only households. In 2006, the percentage of wireless-

only households was estimated at 12.8%; this percentage had grown to 35.8% through mid-2012. We will consider adding a Help screen to the phone question in the Coverage Section.

Q: Why are cell phone interviews more expensive than landline calls?

A: Calls to cellular telephones must often be dialed by hand, as opposed to having an automated system making the calls. Also, many cell phone numbers cannot be screened ahead of time to eliminate non-working or business numbers.

Q: What different health statistics have been discovered between cell phone and land-based phone users?

A: According to recent data, wireless-only adults were more likely to be current smokers, more likely to have encountered barriers to health care due to cost, and were less likely to have a regular place of medical care. For more data on the subject, please see the report "Wireless Substitution: Early Release of Estimates From the National Health Interview Survey, January – June 2012" by Stephen Blumberg and Julian Luke of the National Center for Health Statistics: http://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201212.pdf

Q: Why are the questions about phone use located in the beginning of the survey?

A: NCHS does not want to move these questions to the end of the survey because the lower response rate would limit the ability of the questions to assess coverage issues related to telephone surveys. Personal visit surveys provide information on the proportion of households without landline telephone service and the characteristics of such households.

F10

Q: In correspondence with the emphasis of the proper use of F10, it was suggested that the instrument should be programmed not to accept F10 in the Recontact section.

A: The instrument is programmed to accept F10 in the Recontact section so FRs can exit the instrument due to an emergency. We would like FRs to avoid using F10 in the Recontact section if at all possible.

PART F
SECTION 2
Household Composition and Family Identification FAQs

Topic	See Page
Coding Relationships	F-12
Date of Birth	F-14
Interviewer Notes	F-14
Household Roster	F-14
Sample Child Respondent	F-17

Household Composition and Family Identification FAQs

CODING RELATIONSHIPS

Q: In a scenario where a girlfriend and boyfriend are cohabitating partners and they also live with the boyfriend's biological brother, who should the household reference person be? If everyone is available and qualifies, is there a preference for one family or two?

A: The FR manual describes the reference person as the person or one of the persons, equal to or greater than the age of majority for their state of residence, who owns or rents the sample unit, and who is generally the **first** person mentioned by the respondent in the household roster. If more than one household member owns or rents the sample unit, or if none of the household members owns or rents the sample unit, designate the oldest household member as the reference person.

There is not really a preference for one family or two. The determining factor is how the household members see their relationships:

- If the cohabitating brother is the owner/renter of the sample unit, the girlfriend would be coded as "03 Unmarried partner" and the brother would be "08 Brother/sister (biological/adoptive/in-law/step/foster)," yielding one family.

- If the non-cohabitating brother is the owner/renter and says the girlfriend is the partner of his brother, the girlfriend would be coded as "12 Other relative," yielding one family.

- If the girlfriend is the owner/renter and considers her boyfriend as a partner "03" and the brother as her partner's brother "12 Other relative," there would again be one family.

Q: What is the correct way to code the relationship of a cohabiting partner if the person is the partner of the reference person's child? For example, how should we code the male cohabiting partner of the Reference Person's daughter?

A: When determining relationships to the Reference Person, probe to determine whether the Respondent considers a non-married partner to be sharing living quarters and to have a close, personal relationship with a family member. If yes, then the

partner of the family member (e.g., Partner of the Reference Person's daughter) should be considered a relative of the Reference Person and part of the family. Whether the partner is considered to be part of the family is up to the Respondent (who may or may not be the Reference Person).

If the cohabiting partner of the Reference Person's child is considered part of the family unit, the child's cohabiting partner should be coded as the "12 – Other Relative" of the Reference Person at the RPREL screen in order to consider him/her a member of the family unit. A code of "12" for the cohabiting partner is the only valid relationship code to use in this situation to ensure that the partner is considered part of the family unit, instead of being spawned into another family. Also, the marital status of both the unrelated partner and the child of the Reference Person should be "6 – Living with a Partner" as entered at the MARITAL screen.

If the cohabiting partner of the Reference Person's child is not considered part of the family unit, you can enter the relationship of the cohabiting partner as "13 – Housemate/ Roommate" or "14 – Roomer/Boarder" or "15 – Other non-relative" at the RPREL screen, which would then spawn that person into another family. Please note that after spawning the partner into another family you are no longer able to code that person as the cohabiting partner of the Reference Person's child because the partner would now be listed in a separate family from the Reference Person and his/her child. In this situation, you must code the marital status of both the child of the Reference Person and the cohabitating partner as "5 – Never been married" or another marital status other than "6 – Living with a partner" (Widowed, Divorced, or Separated) at the MARITAL screen.

For additional instructions on coding relationships for cohabiting partners, please refer to the document entitled "Guidelines for Coding Relationships of Cohabiting Partners, dated June 2011.

Q: How should we code same-sex couples who first indicate that they are married, but later in the interview, the respondent indicates that they are not legally married in their particular state?

A: If a same-sex couple first indicate they are married, but later on in the interview indicate that they are not legally married in

their particular state, the important issue is whether or not the couple considers themselves to be married. You should record the response exactly as given by the respondent. If the same-sex couple considers themselves to be married, you can code this same-sex marriage at the RPREL screen if one of the same-sex persons is the Reference Person or at the MARITAL and SPOUS screens if neither person is the Reference Person.

DATE OF BIRTH

Q: It was suggested that just asking for the date of birth to find out the household member's ages would be sufficient. The date of birth could be verified, and the instrument could automatically calculate the age based on the given date of birth.

A: NCHS would prefer to continue asking both age and date of birth. Each serves as a check on the other, especially when one person is asked for the information for other members of the household.

INTERVIEWER NOTES

Q: Should the respondent's real name be noted in the F7 notes or case notes when the respondent wants to use an alias? For example, if a respondent calls his or her spouse by name.

A: If the respondent wishes to remain anonymous, it is not appropriate to record the respondent's real name anywhere in the instrument.

HOUSEHOLD ROSTER

Q: When completing the household roster, if a respondent does not rent or own his or her home, how should we handle this?

A: The reference person is the person or persons, equal to or greater than the age of majority for their state of residence, who owns or rents the sample unit and who is generally the first person mentioned by the respondent in the household roster. If more than one household member owns or rents the sample unit, or if none of the household members owns or rents the sample unit, you should designate the oldest household member as the reference person.

Q: An FR had a case where two adults in the household had the same name with no middle name for distinction. When the Sample Adult was chosen, the FR was not sure which name to choose. Are there any suggestions to avoid confusion in future cases?

A: The Household roster tab in the instrument determines which person is the Sample Adult by the "S" next to the Sample Adult line number. The same is true for the Sample Child; a "C" is next to the child's name. In this situation, you would have to rely on your knowledge as to the order of the persons entered. Remember, it is preferred that the Household roster begin with the person who owns or rents the house or apartment.

Q: Can you please clarify – is offering an alias to a reluctant respondent a good strategy?

A: Yes, if it is done when needed to get an interview and not done all or most of the time. When we have an Alias name, it lessens the chance of Record Linkage and reinterview, two very important components of NHIS.

Q: There is a strong resistance from respondents when talking about their children. What can be said to convince parents to provide the child's name? Can we get an alias for children?

A: Assure respondents that all the information that would permit identifying an individual (child or adult) is held strictly confidential. We will not release information which could identify them or their family without their consent. In situations when parents refuse to give a child's name, there is an option to refuse the first and last name by using Ctrl-R when collecting household roster information. Refusing either of these name fields will bring up the ALIAS screen, which asks, "How shall I refer to this person for the rest of the interview?" where you can identify an appropriate alias for the child.

Q: What is the ALIAS screen and how do I access it? How are the ALIAS flag and Social Security number flags addressed if a FR works in an area with a high concentration of undocumented immigrants?

A: When collecting household roster information, you will arrive at the ALIAS screen if a person refused to provide his or her first and/or last name. At the ALIAS screen, you can enter an alias for the respondent. This screen was designed specifically for this purpose and it is important for those who analyze the data to know if the name given is an alias. To gain responses from reluctant respondents, the FR can assure the respondent that all information will be seen only by persons working on

the survey. Regarding the ALIAS and Social Security number flags, the Regional Offices take into account the specific demographics of the areas where the FR works when reviewing cases.

Q: Should a newborn infant be included in the Household Roster if the infant has never technically lived in the physical address of the household? Are they considered a family member?

A: An infant who has never technically lived in the physical address of the household would *not* be considered part of the family roster, because the infant has not yet come home from the hospital/birthing center. The child must be brought home prior to the creation of the roster.

With the move to the monthly sample for 2011, infants should only be included in the household roster if they have come home from the hospital or birthing center before the time the roster is created. If a newborn has come home for one hour and later returned to the hospital at the time roster is created, they would still be included in the household roster, since the child had already come home from the hospital at some point prior to the rostering.

The old rule that the newborn must be born and brought home before the start of the interview period to be considered part of the family had the potential of excluding newborns who are up to one month old, so this old rule no longer applies. We wanted to reduce the number of infants that would potentially be excluded from the family with the move from a weekly to a monthly sample.

The new rule states that all children (regardless of when they were born) who are home (or who came home but then returned to the hospital) at the time the roster is collected would be considered part of the family and would not be excluded from the interview.

For example, with the new rule, if the FR collects the roster on January 5th and an infant was born on January 1st and returned from the hospital on January 4th, the child would be included in the roster even though he or she was born and brought home after the start of the interviewing period.

If the FR splits collection of the household roster and actual

interviewing across separate days, emphasis should be placed on the date when the roster was actually collected. As an example, if the FR collects the roster on January 1st and an infant is born on January 2nd, even if the FR conducts the main part of the interview later when the child is home, the child would not be included in the family because at the time the roster was collected, the infant was not yet born or home from the hospital and thus not yet part of the family.

SAMPLE CHILD RESPONDENT

Q: If a mother is under 18 years of age, to whom do we address questions about her children? It can be frustrating not to be able to ask a mother about her children. How should we handle this situation?

A: For the Sample Child Questionnaire, the Sample Child respondent must be a responsible adult equal to or greater than the age of majority for his/her state of residence and must know about and be responsible for the health of the Sample Child.

The KNOWSC2 screen only lists possible adult respondents for the Sample Child Questionnaire. Thus, if a mother or father is under 18 years of age, they would not be listed as an eligible Sample Child respondent. In this case, an eligible adult family member who "knows about and is responsible for the health of [Sample Child]" should be selected as the Sample Child Respondent.

When the mother or father of the Sample Child is not an eligible adult in the household, the FR can probe, "Which adult in the family would you say knows about and is responsible for the health of [Sample Child]?" to stress the need for an official adult respondent. The FR could also encourage the mother/father of the Sample Child to assist the chosen Sample Child respondent to answer the Sample Child Questionnaire together. The adult chosen as Sample Child respondent must be present for the entire Sample Child interview. A parent who is not eligible to be the respondent should not answer any Sample Child questions if the formal Sample Child respondent is not present.

PART F
SECTION 3
Family Questionnaire FAQs

Topic	See Page
Categorizing Limitations	F-19
Family Income	F-20
Disability Questions	F-21
Health Insurance	F-22
Health Care Access and Utilization	F-25
Employment Questions	F-26
Education	F-27

Family Questionnaire FAQs

CATEGORIZING LIMITATIONS

Q: What category should be chosen at LAHCC, "What conditions or health problems cause (Sample Child's name) limitations?" for dyslexia: developmental problem or learning disability? Since learning disabilities are prevalent among children, why doesn't LAHCC ask for specific learning disabilities?

A: Dyslexia should be categorized as a "learning disability" at LAHCC. The survey does not ask for specific learning disabilities because there was an effort to limit the total number of separate categories on this screen.

Q: How should autism be classified at LAHCC: "(8) other developmental problem" or "(90) Other impairment/problem?" To ensure accuracy and consistency in keyed in responses, could a guide with detailed descriptions of the conditions be provided?

A: Autism should be classified as "(9) Other mental, emotional, or behavioral problem" at the LAHCC screen. Part C, Section 4 of the FR Manual provides lists of conditions from the children's conditions screen (LAHCC) and the adult conditions screen (LAHCA). The list from the adult conditions screen is further broken down into other conditions or health problems a respondent may provide that fit within the listed categories. For example, the FR Manual shows that "blindness" should be categorized as "(1) Vision/ problem seeing" at LAHCA. Presently, the list of children's conditions in the FR Manual is not further broken down into other conditions or health problems that fit within each category, like the list of adult conditions. Therefore, expanding the children's conditions list to include descriptions is being considered to help FRs better understand how to classify a respondent's answer at LAHCC.

Q: Could the list of conditions on the LAHCA, "What conditions or health problems cause (subject's name) limitations?" screen be alphabetized to make it easier to locate each condition quickly?

A: Currently, the most frequent responses are included at the top of the list of conditions at the LAHCA screen. NCHS has explored alphabetization with topic specialists in the past, but the decision was made not to make changes until new approaches could be tested in a field pretest.

FAMILY INCOME

Q: A recommendation was made to raise the maximum limit for the monetary value allowed at FINCTOT, "What is your best estimate of [your total income/the total income of all family members] from all sources, before taxes, in 2013?" for those respondents who report a total income higher than $999,995.

A: At this income level the frequency of responses is so small that a revision is not warranted.

Q: It was suggested that when using the calculator to obtain a total of the family income, it would be beneficial to have the total automatically transferred to the data entry box for FINCTOT, "What is your best estimate of [your total income/the total income of all family members] from all sources, before taxes, in 2013?"

A: This functionality is in developmental stages. NCHS has expressed interest in testing this feature once it becomes available.

Q: Why does the survey ask FINCTOT, which collects the total combined family income, when information about earnings has already been gathered at ERNYR, "What is your best estimate of your earnings before taxes and deductions from ALL jobs and businesses in 2013?" for all adults in the family who worked for pay during the previous year?

A: ERNYR asks about earnings from jobs or businesses for each person, individually, over the age of 18, only if they indicated that they had a job or business during the previous calendar year. ERNYR **only** includes wages and salaries.

FINCTOT asks about the total **combined** family income, regardless of age or employment status, for all family members, collectively, from **all sources** (for example, Social Security, retirement, child support) in addition to any wages or salaries earned.

Q: Given the economy and black market opportunities, if a respondents asks "over the table" or "under the table" when asking about earnings, do we want to know the "under the table" incomes? Does a respondent have to report income if they make their money from employment outside of the United States?

A: Though these situations probably won't occur often, we certainly commend the level of rapport that FRs in this situation have achieved with respondents! We would like respondents to be as accurate as possible about all sources of income, even "under the table" or international sources. The FSAL and FSEINC questions do not specify what type of work is taking place, and the FINCOT question asks respondents to indicate whether they received income from "any other source," including "contributions from family/others."

Q: Some respondents do not provide accurate information about income. What should be done?

A: Please use your best judgment here. As with all sensitive questions on the NHIS, we would like you to collect complete and accurate information. However, we try to provide alternate ways for respondents to give some information -- like income brackets.

Q: If interest and/or dividends roll into the investment (i.e. the household does not receive it) do we include it in the total family income?

If the family reports it as income on a tax return, it should be counted as part of total family income. Reinvested dividends are considered taxable income.

DISABILITY QUESTIONS

Q: Why does the NHIS ask the disability questions as a family and then ask each individual person? What do these questions ask about?

A: We ask disability questions as a family first to find out in a general way if anyone has a disability related to activities of daily living. Then, we identify who the specific individuals with disabilities are. Also, the instrument asks up to six additional supplemental disability questions at the end of the Family Questionnaire for each person in the family depending upon the individual's age. Specifically, the supplemental disability questions ask about difficulty hearing, seeing, concentrating, remembering or making decisions, walking or climbing stairs, dressing or bathing, and doing errands alone. Approximately half of the families are asked the additional supplemental disability questions that appear at the end of the Family Questionnaire.

Q: Starting for the 2011 instrument, the term *"mental retardation"* was replaced with the phrase *"intellectual disability, also known as mental retardation,"* in questions

within the Family, Adult, and Child questionnaires. Doesn't keeping the term "mental retardation" within the question diminish the sensitivity of asking about disability and essentially defeat the purpose?

A: Conforming and recognition of terms is important. As the term "mental retardation" becomes less common over time, the term "intellectual disability" has become more acceptable. On the other hand, continuity in estimates over time is critically important. The National Center for Health Statistics (NCHS) measures core components year after year. If we drastically change a question so much so that it is not recognizable as having existed before, then we will break that continuity and we won't be able to track changes over time.

Q: How do the Adult Functioning and Disability (AFD) questions asked in the U.S. and other countries benefit the U.S. citizen?

A: The Adult Functioning and Disability (AFD) questions were designed to provide comparable data cross-nationally for populations living in a variety of cultures with varying economic resources. The intended use of these data is to compare levels of participation in, for example, employment, education, or family life for those with disabilities versus those without disabilities and thereby to assess equitable access to opportunities. The data will also be used to monitor prevalence trends for persons with limitations or difficulties with vision, hearing, mobility, communication, memory/ concentration, learning, self-care, anxiety, depression, pain, tiredness, and daily activities.

HEALTH INSURANCE

Q: Some respondents in our area do not have any health insurance, including a Medicaid plan. If they need care, they use the hospital that bills based on current income. How de we classify this as an insurance type?

A: In this situation, the respondent does not have insurance. Therefore, the correct answer here would be "no coverage of any type." There is no guarantee that when the person goes to the hospital, that the hospital will discount the person's bill at all.

Q: What is the difference between Medicaid and a state-run program?

A: Medicaid is a joint federal and state program that helps low-

income individuals or families pay for the costs associated with long-term medical and custodial care, provided they qualify. Although largely funded by the federal government, Medicaid is run by the state where coverage may vary. State-run programs are completely financed through the state. An example of a state-run program would be Minnesota Care in Minnesota.

Q: When someone is covered by health insurance that is from the government, how should this be recorded (i.e., Medicaid, state sponsored plan, etc.)?

A: This depends upon what type of health care coverage is from the government. If a person works for a state or local government and the government employer is providing health insurance, then this is employer sponsored coverage and the respondent has private health insurance. If a person is covered by Medicaid or a state sponsored plan they should be indicated in the appropriate category.

Q: What is "Emergency" Medicaid and how should it be recorded?

A: Emergency Medicaid coverage is limited to treatment required after the sudden onset of a medical emergency. The acute symptoms of the condition must be sufficiently severe that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Emergency Medicaid does NOT pay for treatment of chronic conditions, even if the condition has the potential to be life threatening. For example, a person with a heart condition that may lead to a heart attack unless it is treated cannot get Emergency Medicaid UNTIL there is a heart attack or sudden onset of a medical emergency. Emergency Medicaid should be recorded under "Other State-Sponsored Plans."

Q: What is Medicare Advantage?

A: Medicare Advantage is sometimes referred to as Medicare Part C, Medicare Plus Choice, or Medicare HMOs. A Medicare Advantage Plan combines your Medicare Hospitalization (or Medicare Part A) and Medical insurance or Doctor's Visit Coverage (or Medicare Part B) into one Health Plan that provides the same Medically-Necessary Services as Original Medicare. Some, but not all Medicare Advantage Plans also

offer Prescription Drug Coverage (or Medicare Part A and Medicare Part B and Medicare Part D) at no additional cost and are called MA-PDs. Medicare Advantage Plans are health plans that are approved by Medicare and provided by private companies such as Aetna, Cigna, Coventry, Health Net, Humana, United HealthCare, WellCare, and many others. Medicare sets the rules for Medicare Advantage Plans and regulates the private companies who operate the Plans.

Q: What is Medigap?

A: Medigap is another name for Medicare supplemental coverage. It is private health insurance. Some respondents might not recognize this so we put both terms in the survey. Persons with Medigap coverage must also have Medicare coverage, so if this type of plan is indicated, the Medicare field is also marked.

Q: What is the difference between Medicare Advantage and Medicare Supplement insurance?

A: A Medicare Advantage Plan is not the same as a Medicare Supplement. A Medicare Supplement works in addition to your Original Medicare coverage and a Medicare Advantage Plan works in place of your Original Medicare and may provide additional features. Examples of Medicare supplements include AARP, Blue Cross/Blue Shield, and Humana.

Q: Is Medicare Part D a single service plan? Many respondents think that it is.

A: In a sense, Medicare Part D is a single service plan. However, the best place to indicate Medicare Part D is under the Medicare Part D question in the Medicare detailed question section.

Q: If two people in a family have the same type of private health insurance but each is a separate policyholder, should this be recorded as two separate plans?

A: Yes, to eliminate confusion you can label them plan1 and plan2 along with the plan name. An example would be using the names “BC/BS-plan1” and “BC/BS-plan 2” to help you distinguish between the two plans when asking the detailed private plan questions.

Q: If the respondent has a supplemental insurance plan that pays a set amount towards any type of appointment

(medical, dental, etc.), how should this plan be recorded?

A: If this plan is comprehensive in nature and insures against catastrophic financial loss then it can be recorded as a "private health insurance plan."

Q: If a family member is currently not in the household because they are deployed military, and their insurance covers everyone in the family, how is information that identifies this policyholder captured?

A: If the rest of the family is on TRICARE, then you would just indicate that the family members have Military health care coverage and then go through the detailed questions for Military coverage. If the other family members have private health insurance, and the policyholder is not in the household, you can indicate that the policyholder is not in the household and you will get some questions asking about the relationship of the people in the household to the policyholder who is outside of the household.

Q: Using dental coverage as an example, please explain how to record dental coverage as a single service plan vs. dental coverage that is part of a comprehensive health insurance plan.

A: Examples of dental coverage that are single service plans are plans like Concordia and Delta Dental. These would be recorded as single service plans. Some private health insurance plans have limited dental coverage; for this type of coverage, you would simply indicate that the private health insurance plan covers some dental expenses in the private plan detailed questions.

Q: If insurance coverage includes a prescription plan and they do not pay an additional premium for that plan, is it still a single service plan?

A: No.

HEALTH CARE ACCESS AND UTILIZATION

Q: In the Family Health Care and Utilization section of the NHIS, we ask respondents about overnight hospitalization and emergency visits. Does this include urgency room admittance? Is there a difference between a visit to the emergency room and going to an urgency room?

A: In the Family Health Care and Utilization section of the NHIS, two questions are asked about hospital stays and doctor visits. For these two questions, it is *not* important to identify the difference between an emergency room visit and an urgency room/urgent care facility visit. We distinguish only if the visit included an overnight stay.

Q: For purposes of the NHIS, what is considered "surgery"? Would getting stitches be considered surgery?

A: Yes, stitches could be considered surgery. The term **Surgery** is respondent defined. But, in general, **Surgery** is any cutting of the skin including stitching of cuts or wounds. This includes both major surgery and minor procedures such as cutting or piercing of other tissue, scraping of internal parts of the body and setting of fractures and dislocations.

EMPLOYMENT QUESTIONS

Q: Why do the employment questions ask about employment last week, and not usually or on average?

A: The NHIS produces prevalence estimates for various health conditions and diseases, indicators of health status, access to and utilization of care, etc. Prevalence estimates generally indicate the proportion of a population that has a condition or characteristic at a specific point in time. Often that point in time is the date of interview. In order to be consistent, time-wise, other questions in the NHIS also obtain information about respondents at a specific point in time. This can be the date of interview or in the case of employment status, the week prior to the interview. The resulting data can be used to see if prevalence estimates for particular conditions are associated with other characteristics of respondents (such as whether or not the person is employed or what kind of work he/she does).

The Current Population Survey (CPS), considered a gold standard for the collection of labor force data, uses "last week" or the "week before last" as the reference period for its questions. To be consistent, "last week" was adopted for the NHIS employment questions.

Obtaining information on "average" or "usual" employment would be problematic unless we specify a time period. Also, respondents are likely to interpret "average" or "usual" differently so that the data will be harder to interpret. We "solve" this problem by asking about employment in the last week.

EDUCATION

Q: For the EDUC question, do we record education obtained outside of the United States? Respondents often ask me to specify.

A: Yes, please record all education as reported by the respondent.

PART F
SECTION 4
Sample Child Questionnaire FAQs

Topic	See Page
Mental Health	F-29
NIPRCS	F-29
Birth Weight	F-30
Navigation	F-30

Sample Child Questionnaire FAQs

MENTAL HEALTH

Q: The question CMHMF_4 asks how true is it that the Sample Child "gets along better with adults than with other children/youth?" Often respondents reply "Yes", meaning that their child gets along with everybody equally. How should we approach this?

A: If the child gets along equally with both children and adults, the answer is "No." However, we accept the answers respondents give.

NIPRCS

Q: Who are the NIPRCS sponsors? Who handles the non-response for NIPRCS?

A: The National Immunization Provider Record Check Study (NIPRCS) is sponsored by the Centers for Disease Control and Prevention. The National Opinion Research Center (NORC) conducts the refusal follow-up.

Q: If there is no written consent to contact a child's vaccination provider, how can we be sure the doctor or clinic will cooperate due to HIPAA (Health Insurance Portability and Accountability Act)?

A: A provider is allowed to share a child's immunization history if the parent or legal guardian gives authorization for the release of the immunization information at the PERMIS2 screen, "Do we have your permission to contact the provider(s) named in this interview?" Headquarters then uses the data from the case to create a Permission Form which contains the case information; child's name, date of birth, and sex; parent or legal guardian's name; and statement that verbal permission was obtained. Under HIPAA, providers are allowed to disclose patient data for the purposes of public health surveillance.

Q: Do all newborns in every state get the hepatitis B vaccine? Are the parents aware of this?

A: Hepatitis B recommendations for birth dose apply to all states. From the National Immunization Survey (NIS), we know that the majority of newborns do get it, though there is substantial variation by state. This may be associated with how active the state is in promoting it (e.g., in some state HepB vaccine is provided by the state to all birthing hospitals). The majority of parents would be aware of this since they would be offered HepB vaccine for their baby after delivery and before hospital

discharge. Parents of adolescents would be less likely to remember this.

Q: Don't medical providers need written permission to give information regarding immunization data? Isn't this a violation of HIPAA (Health Insurance Portability and Accountability Act)?

A: A provider is allowed to share a child's immunization history if the parent or legal guardian gives authorization for the release of the immunization information. The PERMIS2 screen, "Do we have your permission to contact the provider(s) named in this interview?" obtains this authorization. Headquaters then uses the data from the case to create a Permission Form which contains the case information; child's name, date of birth, and sex; parent or legal guardian's name; and statement that verbal permission was obtained. In addition, under HIPAA, providers are allowed to disclose patient data for the purposes of public health surveillance.

For more information, see the Frequently Asked Questions website for the National Immunization Survey: http://www.cdc.gov/nchs/nis_feq.htm#2

BIRTH WEIGHT

Q: What is the range of the child metric birth weight?

A: The lower range is 500 grams. If a birth weight is reported under 500 grams, enter 500. The upper range is 6900 grams. If a weight is reported at 6900 or more grams, enter 6900.

NAVIGATION

Q: If the respondent refuses the Sample Child questions, why are we not permitted to enter Ctrl+R at the beginning of that section like we are with the Sample Adult section? Currently, we do not have this as an option.

A: One reason is that the immunization section is asked of all children 19 – 35 months and 13 – 17 years, not just the Sample Child. If the respondent absolutely refuses the Sample Child section, then you may enter Ctrl+R to refuse each of the questions in the Sample Child section.

PART F
SECTION 5
Sample Adult Questionnaire FAQs

Topic	See Page
Sample Adult Selection	F-32
Self Employment	F-32
Functioning and Disability	F-32
Health Conditions	F-32
Doctor Visits and Procedures	F-33
Healthcare Access and Utilization	F-34
HIV Testing	F-34
Hepatitis	F-35
Sexual Identity and Lifestyle	F-36
Vaccines	F-37
Interviewing Sample Adult First	F-38
Sample Adult Proxy	F-38
Internet and Email Use	F-39

Sample Adult Questionnaire FAQs

SAMPLE ADULT SELECTION

Q: How is the Sample Adult chosen? What do you suggest we tell respondents when they ask why they were chosen?

A: The Sample Adult is randomly selected from all eligible adults within the family (the computer uses something called a random number generator). With random sampling, each adult has a known chance of being selected. In order to increase the ability of the NHIS to produce reliable annual estimates for older persons age 65 years and older by race and ethnicity, in 2006 the NHIS began oversampling minority persons (Blacks, Asians, and Hispanics) age 65 years and older for selection as Sample Adult. If a respondent asks why they were chosen as the Sample Adult, you can say: "We randomly select an adult to participate. We keep the interview shorter by not interviewing all adults in the household."

SELF EMPLOYMENT

Q: Should the name of the business be entered at WHOWRK, "For whom did you work at your MAIN job or business?/Thinking about the job you held the longest, for whom did you work?" if the respondent is self-employed?

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

FUNCTIONING AND DISABILITY

Q: Why does the survey ask if a respondent takes a medication for depression if they responded previously that they do not have depression?

A: Sometimes a respondent who is medicated for a condition will answer "No" to a condition when his/her medication is controlling it. By asking about medication, we will be able to correctly determine if the respondent has the condition, in this case, depression.

HEALTH CONDITIONS

Q: When a respondent is taking medication for a condition which suppresses symptoms, are they still considered to be suffering from that condition?

A: Yes.

Q: Why isn't autism listed as a health condition on the NHIS?

A: No agency with sufficient funding or clout has advocated for its inclusion for adults. There is a question asking about autism in the Sample Child section of the NHIS, and there are surveys solely dedicated to assessing the prevalence and impacts of autism.

Q: Why does the question PREGFLYR ask, "Were you pregnant at any time since August 1st, 2013?" What is significant at this time?

A: This pregnancy question, along with the core question, "Are you currently pregnant?" are currently used to screen people into a few questions that come after the flu shot questions to determine if women received the flu vaccine before, during, or after a recent pregnancy.

DOCTOR VISITS AND PROCEDURES

Q: Why does the survey ask ASRGYR, "Have you had surgery or other surgical procedures either as an inpatient or outpatient?" if the respondent reports at AHCNOYR that he or she has not seen a doctor or other health professional during the past 12 months?

A: The complete question text of ANCNOYR reads, "DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR's OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls."

Because ANCNOYR does not include hospitalized overnight visits or dental visits (situations in which surgical procedures can be done), ASRGYR is asked even if respondent answers "No" at ANCNOYR.

Q: For AHCHYR, "DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?" should the respondent answer "yes" if the care at home was received from a spouse, family member, or friend?

A: The respondent should answer "yes" if the spouse, family member, or friend is a nurse or other health care professional. If the spouse, family member, or friend is not a nurse or health care professional, the respondent should answer "no." The intention is to measure access to adequate care, so a trained

professional, even if the person is a relative, paid or unpaid, would count.

Q: With the series of questions beginning at AHAYFYR, "DURING THE PAST 12 MONTHS have you been told by a doctor or other health professional that you had…Hay Fever?" what if the respondent was told two years ago that he or she had asthma, but he or she continues to have a prescription filled within the past 12 months? In this scenario, how should FRs proceed?

A: A recently renewed prescription for a condition counts as having the specified condition (for example, asthma) in the past 12 months.

Q: Does the question "How long does it take you to make a doctor's appointment?" refer to a "regular" doctor or a specialist? It makes a big difference in the answer.

A: This question is asking about your *last visit* for any kind of medical care, which may have been either a specialist or a regular doctor.

Q: Does waiting time at the doctor's office include both time spent in the waiting room AND the examination room?

A: Wait time includes time spent in the waiting room before being called to see the doctor. Do not include time spent in the examining room.

HEALTHCARE ACCESS AND UTILIZATION

Q: When a respondent indicates for AHCNOYR that they have not seen a doctor or other health care professional in the past 12 months, why do we then ask in ASRGYR if they have had surgery or other surgical procedures in the past 12 months?

A: AHCNOYR excludes overnight hospitalizations, trips to the ER, or dental visits. It is possible that some kind of surgical procedure may have taken place in one of these locations.

HIV TESTING

Q: NCHS could consider the possibility of adding a probe to the HIV question, ACIHIVT. A lot of people do not know that they have been tested, especially women who have given birth at the hospital or persons having undergone surgery.

A: That is ok. We want to know who went out of their way to get tested.

Q: Why do we differentiate HIV test as part of a blood donation or not?

A: Again, we are trying to find out who went out of their way to get an HIV test.

HEPATITIS

Q: The AHEPCRES question asks: "What is the MAIN reason you were tested for hepatitis C?" What is the significance of the answer category: "You were born from 1945 through 1965?"

A: On August 27, 2012, the Centers for Disease Control and Prevention (CDC) released recommendations for "one-time testing without prior ascertainment of hepatitis C virus (HCV) risk for persons born during 1945-1965, a population with a disproportionately high prevalence of HCV infection and related disease". Persons born during 1945-1965 account for approximately three fourths of all chronic HCV infections among adults in the United States and have no known exposure risk. Although effective treatments are available to clear HCV infection from the body, most persons with HCV do not know they are infected, do not receive needed care (e.g., education, counseling, and medical monitoring), and are not evaluated for treatment. HCV testing is the first step toward improving health outcomes for persons infected with HCV.

Q: If a respondent reports having infectious hepatitis, which one is it?

A: Question AHEP asks: "Have you EVER had hepatitis?" The answer categories are limited to "Yes/No". Based on the response choices, if a respondent replies "Yes", there is no way to determine which type of hepatitis the person has or had.

Q: Are there F1 Help Screens in the 2014 instrument to describe a Hepatitis B and C shot to respondents?

A: There are vaccinations for HepA and HepB, but not HepC. There are no Help screens, and describing the shots may not help the respondent distinguish between the two. You can find basic information on HepA and HepB for the public online at http://www.cdc.gov/vaccines/ and following the Hepatitis A and Hepatitis B links.

Q: If a respondent reports that they were exposed to persons

having some type of hepatitis (type unknown) and received a gamma globulin shot, would this be considered a hepatitis shot?

A: No, this is not a vaccination.

Q: If there is no cure for hepatitis C, when what is the point of screening?

A: Once a person with chronic HepC infection has been identified, the patient should be screened for liver disease, need for HepA and HepB vaccination, counseled on risk of transmission to sex partners and other ways the virus might be transmitted, reducing alcohol consumption and taking prescription drugs that may be hard on the liver, and considered for antiviral treatment. While treatment may not eliminate HepC completely, it can keep the virus at bay and increase quality and length of life. For more information, see http://www.cdc.gov/hepatitis/HCV/HCVfaq.htm#section3 for Frequently Asked Questions about hepatitis C.

SEXUAL IDENTITY AND LIFESTYLE

Q: Why are we interested in social capital measures?

A: While there is not a single-agreed upon definition of social capital, most definitions focus on features of social relationships, such as interpersonal trust and mutual aid, that have benefits for those involved. The neighborhood questions in the sample adult interview for 2014 measure some of these features of social relationships (e.g., mutual aid, interpersonal trust).

A growing body of research has found that the presence of social capital through social networks, communities, and neighborhoods has a protective quality on health. For example, past studies have shown an association between greater levels of interpersonal trust and lower age-adjusted mortality rates. In addition, social capital may impact health in that individuals who are rooted in communities rich in support, trust, and information have resources that help them achieve health goals. For example, a person who is sick with cancer may receive information, money, or moral support he or she needs to endure treatment and recover. These same factors can discourage individuals from engaging in risky health behaviors such as smoking and binge drinking.

Q: The sexual identity question does not use the familiar terms of "homosexual" and "heterosexual". Why not?

A: Based on cognitive testing, there were three reasons for not using the word "heterosexual" in the English version of the question: 1) it is not the word that most people use in their everyday speech, 2) it is not required, as people understand the word "straight," and 3) many people are confused by, do not understand, or misinterpret "heterosexual." For example, a number of respondents confused the term with being "homosexual" or "bisexual." Note that "heterosexual" was translated and used in the Spanish version of the question because there is no word for "straight" in Spanish.

The cognitive testing also produced strong evidence for avoiding the term "homosexual" in the response options. Like "heterosexual," "homosexual" was often misunderstood or not known by respondents. When the term was understood, it was often seen as overly clinical or having a negative connotation.

The term "gay" increased clarity among respondents. Because this is the word used most commonly by both sexual minorities and non-sexual minorities, it was scarcely unknown or misunderstood. The term "lesbian" was also commonly understood by English and Spanish speaking respondents.

Q: What if the respondents asks for a definition of the terms in the sexual identity questions?

A: Respond by stating that the terms are self-defined; they mean different things to different people. Remember, this is an identity question. If the respondent does not understand the term, it is unlikely he/she identifies with it.

Q: Why is "gay" chosen to be the first choice instead of the more common "straight"?

A: Cognitive testing showed that many straight persons do not have a sexual identity. They do not so much identify with being straight as they dis-identify with being gay. Therefore, the addition of "that is, not gay" to the straight response option was useful in helping these respondents select the best response category. Due to the "not gay" wording, it was necessary to put this response option below the "gay" response option. This is logically more correct, and it encourages respondents to more deeply consider the previous response option.

VACCINES

Q: Why are older adults asked SPRFLUYR, "DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A

health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season. *Read if necessary: This influenza vaccine is called FluMist" if there is a cutoff at 49 years old?

A: All Sample Adults are asked this question. Sample Adults over the age of 49 who answer yes to this question will trigger a pop-up verification screen. This is to allow for the fact that although FluMist is not recommended for those over the age of 49, it is possible that someone over the age of 49 has received FluMist.

Q: When did Hepatitis A and B become a combined vaccine and are these vaccines given to school age children?

A: In 2001, a combined Hepatitis A and Hepatitis B vaccine became available. The individual Hepatitis A vaccine has been available since 1995. It is recommended that children receive the Hepatitis A and B vaccines.

Q: Why does the tetanus question (SHTTD) shot follow-up question (SHTTD05) ask, "Was your most recent tetanus shot given in 2005 or later?" Why are we still using 2005 as an important date?

A: Tetanus vaccinations are routinely recommended every ten years, after the recommended Tdap vaccination at ages 11-12 years. Tdap, the version of tetanus booster that also protects against pertussis (whooping cough), was licensed and recommended starting in 2005, so if a person recalls receiving a tetanus booster since 2005, it might have been Tdap, and subsequent questions ask about Td vs. Tdap.

INTERVIEWING SAMPLE ADULT FIRST

Q: Is it possible to skip to the Sample Adult questions before completing the Family and Sample Child sections?

A: The Family questionnaire must be completed first before going to the Sample Child or Sample Adult questionnaires. To skip to the Sample Adult section, before completing the Sample Child section, you must arrange a call back (F9) for the sample child to get to the Sample Adult section.

SAMPLE ADULT PROXY

Q: If the instrument selects a Sample Adult with a mental disability and a proxy is used, to whom should the reinterview questions be directed?

A: The proxy should be reinterviewed. These should be very rare

and limited to cases where the respondent absolutely cannot communicate with the FR in any way.

Q: When conducting a proxy interview, should the FR ask the opinion questions?

A: If the person selected as the Sample Adult is physically or mentally unable to answer for himself/herself, a proxy can respond for the Sample Adult Questionnaire. If a proxy is used, ask all questions, including the opinion and knowledge questions. Record information about the proxy respondent in the SADULT, PROX1, PROX2, and NONRES screens.

INTERNET AND EMAIL USE

Q: Why are we collecting email addresses? How should we answer when respondents ask us why email addresses are being collected?

A: We are collecting email addresses for possible follow-up surveys in the future. Give the same reasons you give when collecting telephone number – that we may need to recontact them.

Q: Could responding to the survey over the internet be an option for those people who request it?

A: The NHIS is not programmed for internet administration. It is a complex survey, which often requires interviewers to encourage, explain, and keep respondents engaged.

Q: How accurate has the email address collection been? I find it is better to hand my computer over to the respondents to enter it themselves.

A: We think about 30% of respondents are giving useful email addresses.

Q: Why does the question about internet usage, AWEBOFTP, measure how many times per day the internet is used instead of the number of hours? For example, I am only online twice daily, but for a total of several hours. Likewise, sometimes I may be online twice but for only a few minutes.

A: We want to split people into frequent and infrequent users. For example, if we want a person to respond to a survey using the internet and they are frequent users, we would send them an email invitation. An infrequent user might get a letter sent by regular mail.

PART F
SECTION 6
NHIS Forms FAQs

Topic	See Page
Advance Letter	F-41
Calendar Card	F-43

NHIS Forms FAQs

ADVANCE LETTER

Q: Why must the Advance letter mention the time it takes to complete the survey and the respondent's Social Security Number when this may serve as a deterrent?

A: In order to conduct the NHIS, the National Center for Health Statistics (NCHS) must abide by specific protocol, which includes distributing an Advance Letter comprised of specific elements, such as the respondent's SSN. Here is an explanation as to why the components of the Advance Letter need to be included.

CDC holds a federal wide assurance with the Office for Human Research Protections, Department of Health and Human Services (DHHS), whereby the Centers for Disease Control and Prevention (CDC) agrees to abide by the requirements of Title 45, Part 46, Code of Federal Regulations for the Protection of Human Subjects (45 CFR 46).

Section 116 of the Federal Regulations provides the general requirements for informed consent. The section reads in part, …no investigator may involve a human being as a subject in research covered by this policy unless the investigator has obtained the legally effective informed consent of the subject…

Some of the elements of informed consent include the expected duration of the subject's participation, a description of the procedures to be followed, a statement that participation is voluntary and that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and an indication that the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

The elements of informed consent require a description of the purposes and procedures of the research. The Research Ethics Review Board (RERB) at NCHS makes a judgment about what must be included to satisfy this requirement. NCHS' RERB has decided that the Social Security number and the relation of the SSN with other data sources are such sensitive issues that they must be included in the letter.

In addition to specified elements of informed consent, the NCHS confidentiality officer also reviews the letter. Certain

statements have to be included to indicate the extent that the data will be shared with other researchers.

The RERB and the Confidentiality Officer of NCHS must sign off on the content of the letter. The RERB has the authority to halt survey operations if it feels the authorized protocol, including the letter, is not being followed. So the basic reason for including many parts of the letter is that this is the only way a survey can be conducted through NCHS.

Until a revised letter is approved by NCHS' RERB, NCHS must continue to use the existing letter. Using an RERB approved letter is a requirement for conducting the survey.

Q: The Advance Letters are addressed to "Resident" and may look like junk mail to some potential participants. The letters say that the survey is "voluntary" and that the whole interview will take about an hour. These statements are turnoffs.

Can changes be made to the Advance Letter to increase participation?

A: The Advance Letters are addressed to "Resident" because it is a household address that is selected for participation, not a specific person at that address. Ethically, we must disclose the voluntary nature of the survey so that respondents are fully informed when they agree to participate. Although some families will experience interview times longer than an hour with the 2012 supplements, not all will, so that language about length of interview will remain the same.

In order to conduct the NHIS, the National Center for Health Statistics (NCHS) must abide by specific protocol, which includes distributing an Advance Letter comprised of specific elements, such as a disclosure stating that we will be asking about the respondent's Social Security Number. Here are the elements of informed consent that need to be included in the Advance Letter:

- A statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation;
- A description of any reasonably foreseeable risks or discomforts to the subject;
- A description of any benefits to the subject or to others

which may reasonably be expected from the research;

- A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained;
- An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights; and
- A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

Q: A recommendation was made to use "Centers for Disease Control and Prevention" (CDC) rather than "U.S. Census Bureau" on official documents in order to gain respondent participation.

A: The NHIS currently makes reference to the CDC to the fullest extent possible.

CALENDAR CARD

Q: It was suggested that an erasable marker is needed to use the Calendar Cards most effectively.

A: The Regional Offices (ROs) have been authorized to reimburse FRs for buying their own erasable markers.

PART F
SECTION 7
Contact History Instrument (CHI)
Automated Listing and Mapping Instrument (ALMI) FAQs

Topic	See Page
Contact History Instrument (CHI)	F-45
Automated Listing and Mapping Instrument (ALMI)	F-46

Contact History Instrument (CHI)
Automated Listing and Mapping Instrument (ALMI) FAQs

CONTACT HISTORY INSTRUMENT (CHI)

Q: In CHI, if a respondent calls an FR, should this be coded as "FR called" or "Other?"

A: In a situation where the FR calls the respondent to set an appointment or ask about the survey (but does not actually give an interview over the phone), the FR should enter "Contact with Sample Unit Member" at the CTSTATUS screen; enter "Unable to Conduct Interview" at the CTTYPE screen; enter "Other Specify" at the NONINTER screen, and enter that the respondent called him or her. If the FR set up an appointment, the FR should indicate this at the STRATEGS screen.

Q: It was suggested to program CHI so FRs would have the ability to go back and correct answers in previous entries.

A: There are no plans to change CHI at this time to enable this function. FRs should make any corrections while entering the information initially.

Q: If you drive by a house that is dark and looks like nobody is home, should you record this in CHI?

A: A CHI entry should be made for every contact attempt, not just successful attempts. The above scenario should be recorded in CHI as a noncontact.

Q: How may I view the number of personal visits I have made to a household? I sometimes lose track of the number of visits.

A: FRs can review all of their CHI records through case management. This list displays all contact attempts, not just personal visits.

Q: Do the Contact History Instrument data (CHI) suggest whether it is better to leave notes and other materials at the house or leave nothing and make another attempt at a different time?

A: CHI data have been analyzed to determine if certain strategies, such as leaving materials at the house when no one is home, increase the chances of making contact and gaining participation. These analyses are ongoing, although we have

some evidence that leaving notes and appointment cards may increase the chances of making contact. If you have evidence that a household is unoccupied for an extended period, use your best judgment about leaving information materials where others might see them.

AUTOMATED LISTING AND MAPPING INSTRUMENT (ALMI)

Q: The Guide for Training FRs states, "The data set for each PSU only needs to be imported one time." The FRs indicated that every time they interview in a new area, an ALMI prompt asks them to "import now." Do FRs only need to import once or every time they receive a prompt?

A: Each time an FR enters a new PSU, they have to import a new dataset. If the "new area" is a "new PSU" the FR should follow the prompt and import the new dataset.

Q: Why no review of the Automated Listing and Mapping Instrument (ALMI)? This seems to be a lot of wasted efforts to produce ALMI.

A: There are quality checks of Demographic Area Address Listing Program (DAAL) listings. However, headquarters assumes that listers record what they see even if it does not make sense or produces incomplete address information for NHIS interviewing.

PART F
SECTION 8
Interview Concepts FAQs

Topic	See Page
Screener Cases	F-48
Interview Status	F-49
Two-Week Reference Period	F-49

Interview Concepts FAQs

SCREENER CASES

Q: Can screener cases be asked three to five questions related to health, so screened out respondents do not become defensive?

A: NCHS has considered this and understands that in some cases it may result in a more positive outcome but have not done so for two reasons. First, adding questions adds to the cost of the survey. Second, unless there is a clear analytic purpose for the questions, such as the study of the income and Social Security number questions, the Office of Management and Budget (OMB) and NCHS' Research Ethics Review Board (RERB) do not want the burden added to the survey.

Q: Why do we oversample minorities?

A: A simple random sample would not yield enough Black, Asian, and Hispanic persons so that data users could produce stable, reliable estimates for these minority populations. That is, we would not have much confidence in the estimates; and thus, the need to oversample. We oversample Black, Asian, and Hispanic populations for the NHIS in order to increase the reliability of health statistics for these minority groups. This means that in most sample segments, additional units will be selected, but you will complete the entire NHIS interview only if the household in such a unit contains at least one Black, Asian, or Hispanic member who is not in the armed forces. Also, in order to identify and address disparities in health status and access to health care for certain minority populations, we also oversample elderly (age 65 and older) minority (Black, Asian, Hispanic) adults so that they have a greater chance of being selected as the Sample Adult than other adults within the family. We oversampled to ensure that we interview enough elderly minority adults to enable data user to produce stable, reliable estimates for these groups. Obtaining more reliable health data for elderly minority persons will allow the sponsor to better track progress on these important health objectives.

Q: How should we explain to respondents who agree to be interviewed, but screen out, why their interview had to end so abruptly?

A: We understand that it can sometimes be a difficult and frustrating situation when you put in a lot of effort to gain respondent cooperation and the household screens out ending

the interview. Unfortunately, we cannot ask any additional questions or complete that part of the interview. These are technically ineligible cases and when they screen out, we remove them from the sample.

Q: In a situation where a respondent only has 10 minutes to answer before going to work, is it better to have a partial survey or refusal survey?

A: In this situation it is best for the FR to get a partial interview and attempt to set up a callback.

INTERVIEW STATUS

Q: In a situation where an FR enters a house that has several non-related roommates and only one of them agreed to have the interview, is it better to get one interview with four refusals or not conduct an interview and have one refusal?

A: NCHS prefers one interview with four refusals.

Q: What is the two-week reference period in the NHIS?

A: The two-week reference period is the two weeks (14 days) just prior to the start date of the first question asked in each core section of the interview. The two-week reference period does not include any days during the interview if a section is completed over more than one day. For example, if the Family core interview begins on February 10, 2014 then the two week reference period is from January 26, 2014 to February 9, 2014. For this same family, if the Sample Adult interview also began on February 10, 2014 the two-week reference period for the Sample Adult section is from January 26, 2014 to February 9, 2014.

TWO-WEEK REFERENCE PERIOD

PART F
SECTION 9
Personally Identifiable Information (PII) FAQs

Topic	See Page
Laptop Encryption	F-51
Control Numbers	F-51
Interviewer Notes	F-51
Data Linkage	F-52
Confidentiality Issues	F-55

Personally Identifiable Information (PII) FAQs

LAPTOP ENCRYPTION

Q: Is the Census Bureau planning to encrypt all data on the laptops in the future?

A: All Census Bureau FR Laptops are protected with full disk encryption.

CONTROL NUMBERS

Q: What is the policy on communicating Control Numbers over email?

A: Census Bureau standard operating procedures prohibit the use of Control Numbers in email messages.

INTERVIEWER NOTES

Q: Can Personally Identifiable Information (PII) be entered in the F7 Notes?

A: No. While F7 Notes can be used to give information about a respondent's answer to a specific question, for confidentiality reasons you are never to enter PII into the F7 Notes.

Please refer to the NHIS Healthy New Alert, Number 31, entitled "Guidelines for Entering Personally Identifiable Information (PII) in the National Health Interview Survey (NHIS)" dated December 2012, for detailed guidance on where PII is and is not an acceptable response in the NHIS. Please note that these procedures may not be the same as those you follow for other surveys you work.

Q: What are F7 Notes used for? I have a data correction. Can I put this in the F7 Notes?

A: Information entered in an F7 Note should be specific to the question where the entry was made. The goal is for NCHS analysts to review the notes for each question. This information can be used in data editing and is often useful for reviewing and possibly revising question text, response options, or both. When entering a response for a question during an interview, the interviewer should always enter the value that best reflects the answer given by the respondent. Any problems encountered during the question and answer process can be recorded in the F7 Notes. No personally identifiable information (PII) should be entered in the F7 Notes. F7 Notes are not analyzed until after the data has been processed. Any data corrections noted in the F7 Note will not be viewed until after the data file has been created.

DATA LINKAGE

Q: What is the linkage program? How is health information linked? What legal provisions allow NHIS data to be linked? Please provide examples of how an FR can explain the linkage component, especially when respondents are reluctant to give their names.

A: NCHS currently links various records from NHIS with death certificate records from the National Death Index (NDI), Medicare enrollment and claims records collected from the Centers for Medicare and Medicaid Services (CMS), and the Old Age, Survivors and Disability Insurance (OASDI) and Supplemental Security Income (SSI) benefit records collected from the Social Security Administration (SSA). Files containing the personally identifying information are sent from NHIS to these federal agencies. Personally identifying information used in linkage includes: name, date of birth, Social Security Number and/or Medicare number, race, sex, state of birth, and state of residence. If an agency is able to find a survey participant in its own data files, information can be sent back to NHIS and linked with the original survey data. These files containing detailed health survey data plus information on costs, mortality, or benefits can be used for more complex research, without having to follow up directly with participants.

One study done using this kind of information found that farmers and pesticide applicators were at higher risk of death from accidents and certain kinds of cancers. Another found that adults with diabetes were likely to live significantly longer if they walked for two or more hours per week.

The specific federal laws that authorize you to ask for this information (and require you to keep it strictly private) are the Public Health Service Act (Title 42, United States Code, Section 242K) and the Confidential Information Protection and Statistical Efficiency Act (Title V of Public Law 107-347). These legal citations appear in the “read if necessary” section of the Social Security number screen.

Please feel free to use or adapt the following for your participants when explaining the linkage component:

We know that this is a long interview and we don’t wish to keep you tied up answering more questions. By having your name and Social Security number or Medicare number, we can combine these health data with other information from Social Security, Medicare and Medicaid, and death records.

These records have information about medical conditions and care, and how much they cost. We can join this information to the information that we get during an interview. This allows us to do more complex types of health research without having to come back or ask you more questions.

Q: What government agencies would the NHIS link data to?

A: NHIS data have been linked with health-related records of government agencies such as the Centers for Medicare and Medicaid Services and the Social Security Administration. NHIS data have also been linked with death certificate data stored in the National Death Index (NDI). The NDI is a database of death certificate information provided to NCHS by State offices.

All personal identifying information is removed from the linked data files.

These are some examples of possible research studies using NHIS data together with health-related records of other government agencies or the NDI:

- Predicting the number of disabled persons in the U.S. based on health conditions reported in the NHIS.
- Predicting the costs of Medicare based on health conditions reported in the NHIS.
- Studying the risk of certain diseases for persons with and without health insurance.
- Studying the health characteristics of people who retire early.
- Calculating how long a person in the U.S. might live, based on his or her education, income, or race and ethnicity.

Q: Please provide examples of how an FR can "sell" and explain the linkage component.

A: Please feel free to use or adapt the following when speaking to participants:

We know that this is a long interview and we don’t wish to

keep you tied up answering more questions. By having your Social Security number or Medicare number, we can combine these health data with other information from Social Security, Medicare and Medicaid, and death records. These records have information about medical conditions and care, and how much they cost. We can join this information to the information that we get during an interview. This allows us to do more complex types of health research without having to come back or ask you more questions.

One study done using this kind of information found that farmers and pesticide applicators were at higher risk of death from accidents and certain kinds of cancers. Another found that adults with diabetes were likely to live significantly longer if they walked for 2 or more hours per week.

Q: How can we answer respondents who are still concerned about the confidentiality of their social security number and other information?

A: If your participants are concerned about confidentiality, please reassure them: linkage does not change the way that NHIS maintains confidentiality.

Any item that could indirectly reveal who you are is removed after linkage. Research is only released if it cannot be used to identify someone. As with the rest of the NHIS, information that could identify a participant may not be released to anyone – including the President, Congress, any federal agency, or any court.

Q: When respondents refuse to provide the last four digits of the social security number, often, they refuse to have their data linked. Should we probe or move on?

A: Please use your best judgment here. Much like with income, another sensitive question on the NHIS, we would like you to collect complete information. However, we try to provide alternate ways for respondents to give some information -- like accurate name and birth date along with permission to link.

Q: How can we answer the following question asked by the respondent: If I don't give you my social security number and I grant you permission to link without it, how would you be able to do that?

A: Given first name, last name, date of birth, and similar information, many respondents who do not provide a Social Security number **can** be linked. A preliminary analysis of 1997-2005 NHIS data finds that almost 70% of participants who do not provide a Social Security number, but do provide a complete first name, last name, and date of birth have been linked to a federal database of all U.S. Social Security numbers ever issued. In that analysis, linkage rates increased to almost 100% when a participant provides a Social Security number, along with first name, last name, and date of birth.

Q: Is a suffix after a name important (i.e. Jr, Sr) to link?

A: No. Suffixes (Jr, Sr, III) are not critical in data linkage. They may, however, be needed for identification purposes within a household or for recontact.

Q: Can a respondent's benefits be affected if the respondent does not provide the last four digits of the social security number?

A: It is against the law for us to use NHIS data for any kind of administrative law enforcement. Please emphasize that NCHS does not share information with other government agencies in a way that could impact a person's Medicare, Medicaid, Social Security, or any other benefits. These agencies do not receive identifiable health or income information on the NHIS files, so the linked files cannot be used to check up on people.

CONFIDENTIALITY ISSUES

Q: How can an FR promise confidentiality when the FR has already interviewed most of the neighborhood in an area, they might know why I am there?

A: It may be that people whom you have interviewed in years past notice your return, and have known which doors you've knocked on. However, it is the respondent's choice whether the respondent wants to mention to neighbors their participation in the survey.

Q: Is it against PII (personally identifiable information) guidelines to ask anyone other than the household respondent(s) their name, telephone number, or race?

A: To gain information about the household, it is acceptable to 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. Remember when inquiring of neighbors or other persons about the occupants, say that you are a representative of the U.S. Census Bureau and you are interested in contacting the occupants for a survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service, but you must not mention the particular name of the survey. Also, you must make contact with the household and ask the race and ethnicity questions in order to code a case as "screened out." You may not obtain race and ethnicity information from anyone other than the household members.

Q: What are the legal obligations of building managers in releasing information about specific addresses if the unit is vacant or occupied, when the occupants may be home, the number of people living at an address and names, and so on?

A: Building managers are required to allow you access but are not required to disclose any information.

Q: What is the NHIS objective and how is its purpose defined? Why is the media not used to advertise the survey for the purpose of increase respondent participation?

A: The purpose of the National Health Interview Survey is to obtain national information about the amount and distribution of illness, its effects in terms of disability and chronic impairments, and the kind of health services people receive. More information about the NHIS objectives can be found in the FR Manual. The Advance Letter and NHIS brochure entitled "The principal source of information on the health of the U.S. population," have more information, if needed. The media is not used to advertise the survey since the Census Bureau does not want to disclose the areas in which interviewing is being conducted in order to fully protect the selected household's confidentiality.

Q: Why can't you reveal the survey to anyone not in the sample unit?

A: This would breach the privacy guaranteed to respondents in the NHIS. This guarantee is contained in the "Notice" statement, which is seen on the COVER1 screen at the

beginning of the CAPI instrument:

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

PART F
SECTION 10
Data Quality FAQs

Topic	See Page
PANDA	F-59
Assessing Data Quality	F-60
Computer Audio-Recorded Interviewing (CARI)	F-61
Reinterview	F-61

Data Quality FAQs

PANDA

Q: What is PANDA? According to PANDA, how many minutes will an interview last?

A: PANDA is the Performance and Data Analysis tool used by Regional Office staff and headquarters to track FR progress during a survey. The mean and median (average) times that PANDA projects a completed interview to take will depend on the year in which the survey is conducted.

Q: Why do we need PANDA? Could we eliminate PANDA and use these funds for incentives? It questions a FR's integrity and accuses them of falsification.

A: PANDA is a web-based tool that is used to track the progress and performance of each FR on a real-time basis and is used to provide an early indication of the quality of specific data items for the NHIS. This tool alerts Headquarters and Regional Office (RO) staff of FRs that may be having difficulty with concepts or may not be following proper survey procedures so that corrective actions can be taken quickly. If the characteristics of an FR's work as a whole, over a given time period, is unusual when compared to RO-level or National-level results, then that might be a sign that the FR is following different procedures than the norm, and this does need to be addressed. By identifying and addressing problems earlier, we can prevent spending more money for additional cases that may be deemed unacceptable based on their quality.

The purpose of PANDA is not to question an FR's integrity or accuse them of falsification. PANDA helps identify data that is likely to be removed by the sponsor for quality reasons and identifies outlier data, which is any data that falls outside of a normal, or expected, range of RO or national level results (e.g., Interview completion times). The reports on PANDA have recently focused on more extreme outliers for various quality indicators by looking at the upper/lower 5% of performance instead of the upper/lower 10% of performance, thus alerting Headquarters to performance that is most outside the normal range of results.

Q: What is outlier data? Can you provide an example?

A: Outliers are numbers in a data set that are very different from the rest of the data. For example, if the mean (average) complete interview time for all FRs is 70 minutes, and the

mean complete interview time for one FR is only 25 minutes, this FR's mean time would be considered an outlier because it is extremely low, or different, when compared to the average completion time across all FRs.

Q: When is a sample record removed from the entire sample?

A: NCHS removes sampled records when there is clear evidence that the data does not meet their quality standards. They remove cases with unrealistically short times, cases with excessive Don't Know and Refused entries, cases with inconsistent roster entries that we cannot resolve (such as the same people on two control numbers) and cases with confirmed falsification.

ASSESSING DATA QUALITY

Q: Does "low quality data" always equal "refused" or "don't know?"

A: Low quality data does not always equal answers of "don't know" and "refused." For example, low quality data can also result from not reading the survey questions verbatim to the respondent. "Low quality data" is any data that is collected in such a way that decreases our confidence in the accuracy of that information.

Q: Why does speed cause such a problem when quality is what we want, and not all people speak slowly?

A: It has been determined that reading a question or series of questions quickly will not allow respondents enough time to respond. The real concern is reading and answering too quickly.

Q: Of the cases that are removed because they were completed too quickly, does anyone follow-up with respondents to determine if the data collected were accurate? If no, why not? If yes, what were the results?

A: Sometimes. We recontact respondents through reinterview, using a CAPI instrument. Also, some FRs who have PANDA outlier data will be placed in reinterview. Due to the timing of reviewing PANDA outlier data, cases that the FR completes after being flagged in PANDA will be eligible for reinterview rather than the cases that were originally flagged in PANDA. Testing of the questions and our experience on the NHIS demonstrates that some recorded time lengths, particularly those in the lowest 1st percentile nationally, are just too short to

allow the questions to be asked as worded. Census and NCHS are very concerned about cases where procedures are not followed, because the data are not comparable to that from cases where procedures were followed.

Q: When a respondent asks to read the questions him/herself (by sitting next to you) on the computer, the times will be shorter than average. If this action is stated in the notes to explain the shorter times, is this case accepted as complete or removed?

A: Respondents are allowed to sit and read the questions, but the FR is still required to ask all questions as worded. If the time for a Completed interview or Family, Sample Adult, or Child sections is in the lowest 5th or 1st percentile, the case will be flagged.

Q: Are we penalized for time when we interview a single person with no health problems?

A: PANDA listing isn't being penalized. It is not an adverse action in the say that a suspension, termination, or Level 1 rating would be. If all questions are asked as worded, a case like this should not be flagged. NCHS realizes that Complete interview time varies more than the times on the Family, Adult, and Sample Child sections. This is why NCHS makes decisions on removing case records based on Family, Adult, and Sample Child times, but not on the Complete Interview times.

COMPUTER AUDIO-RECORDED INTERVIEWING (CARI)

Q: Is there a plan to initiate a program to record the interviews?

A: Your new laptops have microphones, so they do have audio recording capability. This is known as Computer Audio-Recorded Interviewing (CARI) and is currently being tested at Census. This is something that may be implemented in the future as it's a good tool to ensure the quality of data collected in the field. For example, one of the things that it may accomplish is lessen the need for reinterview since the recording itself can be reviewed.

REINTERVIEW

Q: What percent of cases are reinterviewed?

A: About 7% of cases are reinterviewed.

PART F
SECTION 11
Sampling & Address FAQs

Topic	See Page
Address Changes & Reporting	F-63
Listing	F-63
Duplicate Addresses	F-64
Sample Design	F-64

Sampling & Address FAQs

ADDRESS CHANGES & REPORTING

Q: How long does it take for the address problems to be corrected? We have been encountering ongoing problems in the same segment for the past two years?

A: Address corrections entered into case management are made once interviewing closes out and data are transmitted back to headquarters. Any hand-written changes/updates made on locator materials are not updated. It is the responsibility of the field staff to maintain the paper documents for future reference.

Q: When is it appropriate to change an address in case management without sending a referral?

A: You can change an address in case management if there is an obvious typo in the street name, zip code, transposed house number, missing unit designation, etc. FRs should not change addresses in case management without confirming the change with an official source (the respondent, post office, etc.) nor should changes be made to force the "ground" and case management to match when the sample unit simply cannot be located.

Q: I had one month (19 cases) where addresses did not match ALMI and no map spots. There were also 6+ units completely missed. These were corrected in the field. Should something else been done, i.e. reporting formally aside from complaining to RO?

A: No, as long as you have followed the instructions in the Form 11-8, Listing and Coverage Manual, there is nothing else to do. If deemed necessary, an FR could provide the state, county, tract, block, and provide details about the problems in the block. The Demographic Statistical Methods Division (DSMD) at headquarters could then look into having the block sent back out for listing. However, if an interviewer has received an assignment in the problematic area, it is already too late. But if there are future assignments in this area, it may help for the future visits (recognizing that all block listing for the 2000 design will end in September 2012).

LISTING

Q: Why are some addresses descriptions and not [actual] addresses at all?

A: Address descriptions are recorded in instances when a full basic street address does not exist, is not visible, cannot be

secured, etc. The NHIS frame is completely built by block listing. It is best to have some information for structure versus nothing (although it may or may not be as helpful to interviewers). Listing nothing would be excluding an existing structure from the frame thus limiting its chances of selection. This would introduce obvious design issues. A lister's job for NHIS is to secure a complete block canvassing of an area.

Q: In rural areas only get road number and locked gate. No description, etc. Why is a HU listed if it isn't visible? How did the 2010 people even know it was there?

A: Again, every known housing unit in a block must be listed. There is a mild assumption that the interviewing FR may have more luck with locating the sample unit. No listing or address updates associated with the 2010 Census impacted NHIS at all because of title restrictions. NHIS cannot share or use address updates from any other operation except NHIS block listings.

Q: At one point NHIS listings were not included in map spot updates. Are they included now?

A: Yes.

DUPLICATE ADDRESSES

Q: How far do we go to confirm a duplicate address? If the respondent says she did this survey 1 year ago? 5 years ago?

A: An FR can report a potential duplicate within the same design – the 2000 design being the current one. DSMD can confirm duplication within the 2000 design.

Q: Why do we get counted as a Type A for duplicate address that was completed prior to redesign and I completed interview but that information is no longer available for these cases?

A: We do not unduplicate between designs.

SAMPLE DESIGN

Q: Why do we have some cases one month and no cases the next month (example, 5 cases in September, 25 in October, 18 in November, 0 in December)?

A: One explanation is that we balance the sample at the Interviewer Assignment Area (IAA) level, not at the county level because most counties don't have enough sample to have assignments in each month. IAAs can contain 3-4 counties, so if you mainly interview in one county you could have some

fluctuation in your monthly workloads.

Q: What percentage of the U.S. population is represented in the NHIS? How many sample addresses do we have nationally for NHIS each year?

A: NHIS is representative of the entire civilian, non-institutionalized U.S. population. Less than 2% of the population is institutionalized or in the military, so the NHIS represents greater than 98% of the population. A sample of approximately 65,000 housing units is selected per year, resulting in 36,000 completed interviews of 87,500 individuals.

Q: Are we going to a larger sample size to balance the higher number of refusals we are receiving?

A: No, the larger sample enables calculation of state and community estimates on a broad range of health and health care measures.

Q: When does the current sample change?

A: The new design is targeted to begin in 2016.

Q: How can the sample be representative if our cases rarely have non-Hispanic or non-African Americans?

A: An individual FR's workload is **not** representative of the full NHIS sample. While an individual FR's workload may be entirely composed of minorities of different descriptions, other FRs will have assignments that are in areas that are almost entirely Caucasian.

Q: Is there a way to oversample to avoid falling response rates?

A: We continue to monitor the effect of response rates on data quality. But should sample increases become necessary to maintain data quality, oversampling particular groups would only address the problem if those groups had higher nonresponse rates than most other groups.

Q: Why don't we oversample the sorts of households prone to Type A nonresponse at a higher rate?

A: If you oversample for something, you get more of it. If we oversample Type A-households, we'd get more Type A

nonresponses. But doing this would depend on identifying what households were likely to be Type As. There is evidence that Type A respondents are different from other respondents but it is important to reduce Type As because missing some part of the population can create a bias in the survey estimates.

Q: If respondent selection is statistically random, how does one explain to a respondent why so many of his/her neighbors were also selected?

A: It is important to understand that there are different types of random samples. Most people tend to think of random samples in which every unit has an equal chance of being selected. Imagine trying to conduct the NHIS using a simple random sample. The sample of addresses would be so geographically dispersed that we would need interviewers in almost every community in the United States. This would be cost prohibitive. To get around this problem, the NHIS, like most large-scale national surveys, uses a multi-stage clustered sample design. This is a type of random sample or probability sample in which each unit in the sample frame has a known and a nonzero chance of being selected. The probabilities of selection do NOT need to be equal.

The current NHIS sample design starts with counties. Counties with similar geographic and demographic characteristics are grouped together, and from each group one or more counties are randomly selected to represent all the counties in the group. The selected counties are called primary sampling units or PSUs. Each PSU is then broken into a series of segments, with clusters of housing units or addresses randomly sampled within each segment. It is through this clustering of addresses that it is possible for neighbors to appear in the survey. Remember, that while the NHIS sample is random – that is, at each and every stage of the sampling process each sample unit has a known, nonzero chance of being selected – it is not a simple random sample. Think of it this way. The NHIS sample is no more or less random than a simple random sample, just much more complex.

Q: Why don't we interview at housing units built after April 1, 2000?

A: There are two parts to the NHIS sampling frame: "old construction" and "new construction." With the current sample design, the old construction part of the sample is based on

information from the 2000 Decennial Census. The new construction part consists of a sample of building permits in the primary sampling units (PSUs) already selected for the old construction sample. Each newly constructed unit *(built after April 1, 2000)* in the old construction part of the sample must be excluded or it could have a chance of coming into sample more than once (in both the old construction and new construction).

PART F
SECTION 12
Miscellaneous FAQs

Topic	See Page
Bilingual Field Representatives (FRs)	F-69
Interpreters	F-69
Race/Culture/Ethnicity Issues	F-69
Workload	F-70

Miscellaneous FAQs

BILINGUAL FIELD REPRESENTATIVES (FRs)

Q: Is there an organized list of Asian and Spanish speaking interviewers for FRs to use as a resource in areas with high minority populations?

A: Each Regional Office maintains a list of interpreters to assist FRs in completing cases in which the respondent speaks another language. FRs should contact their supervisor to reference this list.

INTERPRETERS

Q: Are there interpreters for different languages? Is there anyone available for sign language, if we have need for someone to translate?

A: Occasionally, you may require the services of a foreign or sign language interpreter. If you need to use an interpreter, other than a family member, because of a language barrier, ask if the respondent is willing to have another person act as an interpreter. If the respondent objects or you cannot locate an interpreter nearby at the time of the interview, call your supervisor to determine if another FR who speaks the respondent's language can conduct the interview later. If the respondent agrees to an interpreter, locate an interpreter and have them read and sign Form BC-1415 titled, "Contract for Interpreter Services." This form **must** be signed by anyone other than a family member who interprets--even friends and neighbors must sign. *Please see Section 2.C of the 11-55, Handbook for Schedule A Employees.*

RACE/CULTURE/ ETHNICITY ISSUES

Q: If a female is selected as the Sample Adult but the head of the household objects, what do you recommend we do?

A: If a cultural situation arises, for instance, a female Sample Adult is selected but the respondent's culture does not allow women to speak to the FR, the following guidelines should be followed: If the gender or cultural background of the FR is the issue, another FR of a different gender or cultural background could be sent to conduct the interview. Also, the FR could ask whether the interview would be allowed if the spouse were present during the interview. Similarly, an offer could be made to conduct the interview over the telephone. For major cultural or religious issues

where no options are acceptable, the FR can call the Regional Office for permission to conduct a proxy interview.

All instances of such proxy interviews should be well documented in the interviewer notes for the case. FRs should take special care in entering the appropriate information into PROX1, "Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves. Is a family member or caregiver that is knowledgeable about [ALIAS of Sample Adult]'s health available?" in the Sample Adult Questionnaire, and NONRES, "Did a non-household member act as a respondent for this survey?" in the Back section.

WORKLOAD

Q: Is there any way to know our assignment numbers before the first of the month to allow for better planning of our time?

A: Contact your Field Supervisor (FS), who will inform you of your assignment size for the coming months. FSs will contact their Survey Statistician (SSF) for the same information.