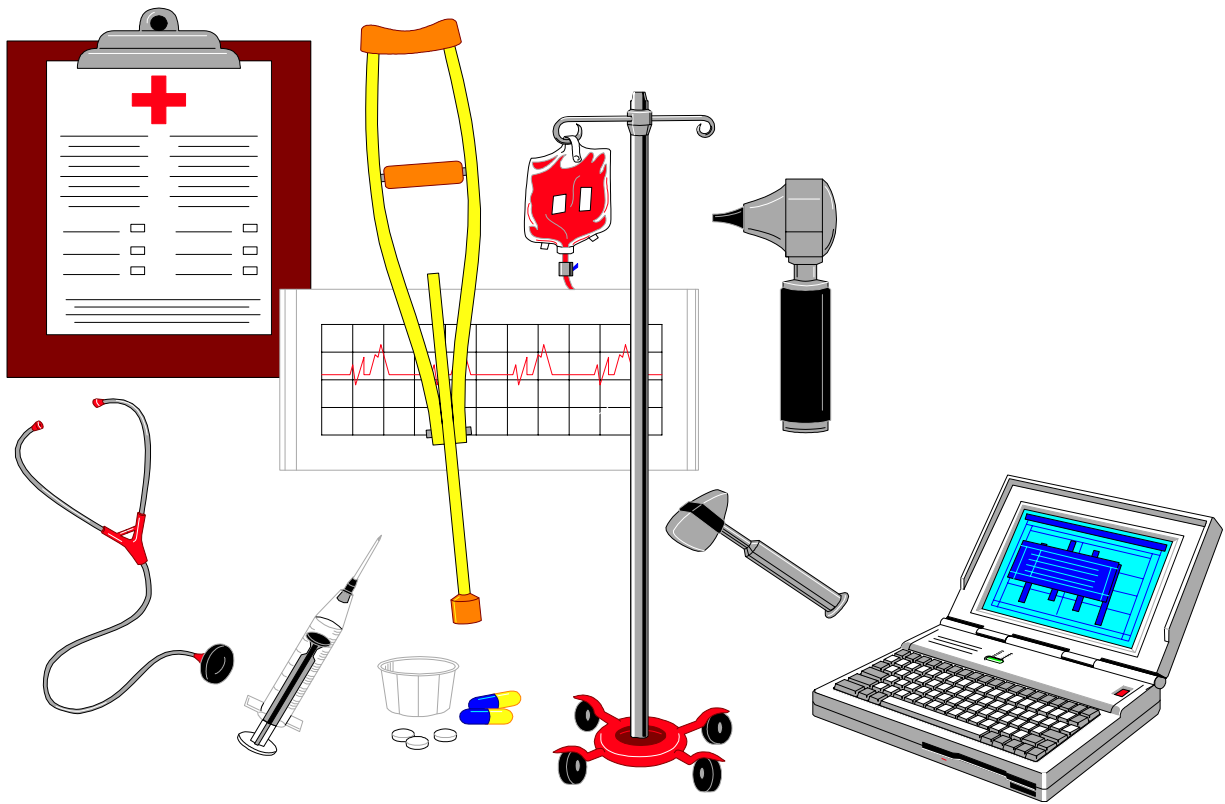


**HIS-100C  
JANUARY 2002**

# **NATIONAL HEALTH INTERVIEW SURVEY**



**CAPI MANUAL FOR  
NHIS FIELD REPRESENTATIVES**

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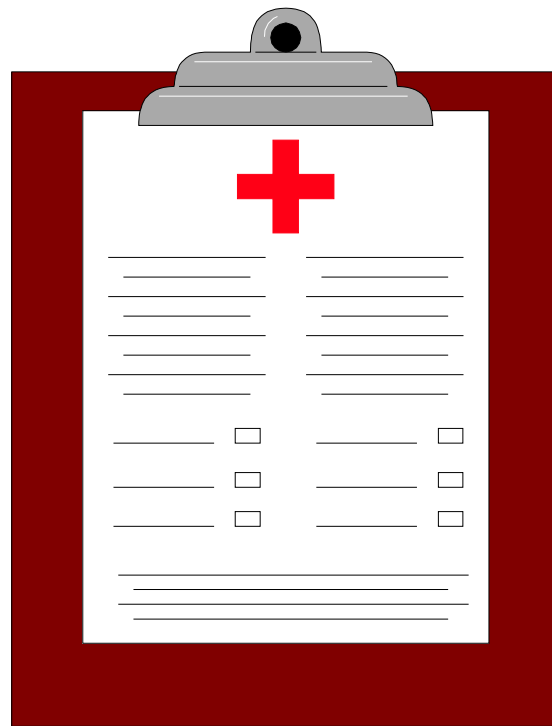
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# **PART A**

## **The National Health Interview Survey**



## **DESCRIPTION OF THE SURVEY**

**PART A**  
**SECTION 1**  
**DESCRIPTION OF THE SURVEY**

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## **PURPOSE OF THE NATIONAL HEALTH INTERVIEW SURVEY**

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

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

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

### **Examples of Uses of the Data**

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

- **Understanding Health Care Coverage**

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

- **Describing Injuries**

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

## **Who Uses the Data**

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

## **SPONSORSHIP OF THE SURVEY**

The National Health Survey is sponsored by the National Center for Health Statistics 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 National Health Survey is not a single survey but a continuing program of surveys which includes the following:

### **The National Health Interview Survey (NHIS)**

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

### **The National Health Care Survey (NHCS)**

The National Health Care Survey also is made up of several different surveys, each concerned with a separate part of the Nation's health care delivery system. The Hospital Discharge Survey, the Home and Hospice Care Survey, and the Nursing Home Survey collect information from (as their names imply) short-stay hospitals, home and hospice care agencies, and nursing homes. The Ambulatory Medical Care Survey produces data from office-based physicians; the Hospital Ambulatory Medical Care Survey concerns hospital emergency rooms and outpatient clinics; and the Survey of Ambulatory Surgery Centers collects information from free-standing surgery centers. Altogether, these make up the National Health Care Survey.



## **DESIGN OF THE NHIS SAMPLE**

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

### **Selection of Sample PSUs**

The NHIS sample is designed as follows:

- a. All the counties in the United States, as reported in the 1990 Decennial Census, are examined.
- b. Counties which have similar characteristics, are grouped together. These include geographic region, size and rate of growth of the population, principal industry, type of agriculture, etc.
- c. From each group, one or more counties is selected to represent all of the counties in the group. The selected counties are called primary sampling units, which we abbreviate to PSU.

### **Sample Segments**

Within each PSU:

- a. A sample of small land areas or groups of addresses is selected. These land areas and groups of addresses are called segments.
- b. Each segment contains addresses which are assigned for interview in one or more quarterly samples. Two types of segments are included in the NHIS. The first type, Area Segments, are well defined land areas where the housing units may or may not have a complete address. Permit Segments, which are the second type, are samples of new construction addresses.

## **Sample Units**

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

## **Sample of Newly Constructed Units**

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

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

## **Sample of Group Quarters**

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

## **The Quarterly Sample**

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

## **Screening**

To increase the reliability of certain minority statistics, the sponsor asked that Blacks and Hispanics be "over sampled." To accomplish this, certain sample units are designed for "screening." This means that the entire NHIS interview will be conducted at such units ONLY if one or more household members is Black or Hispanic. If no one in a "screening" household is Black or Hispanic, the entire NHIS interview will not be conducted.

## **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 used—once the initial personal contact has been made—to complete partial interviews, or to collect other missing parts of the interview for which a callback has been made.

## **ABOUT THE INSTRUMENT**

The 2002 NHIS instrument has the three major core parts:

Family Questionnaire

Sample Child Questionnaire (including Immunization)

Sample Adult Questionnaire

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

### **Family Questionnaire**

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

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

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

The third part of the Family Questionnaire asks about the family's access to health care and utilization of health care. You will ask if anyone in the family has delayed or not received needed medical care because of worry about the cost, or because they couldn't afford it. You will also ask about overnight hospital stays. The reference period for these questions is the PAST 12 MONTHS. Next you will ask about contacts with doctors and other health care professionals during the PAST 2 WEEKS. These contacts include care received in the home, the doctor's office, a clinic, an emergency room, as well as telephone contacts for medical advice or test results (do not include phone calls to make appointments, for billing questions, or for prescription refills).

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

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

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

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

### **Sample Child Questionnaire and Immunization**

From each family with at least one child 17 years of age or under, a sample child is randomly selected by the computer. An adult respondent will be asked questions about that child. The child topics include conditions, limitations of activities, health status, mental health, access to care, dental care, health care provider contacts and immunizations.

Immunization questions will be asked for any additional children in the household between the ages of 12 and 35 months who were not selected as the Sample Child.

We will no longer be requiring the collecting of the HIS-2A(PT), Immunization and Provider Questions and Permission Form.

### **Sample Adult Questionnaire**

From each family, a sample adult is randomly selected by the computer, and asked more detailed health related questions. In addition, there are questions about cigarette smoking, physical activity, alcohol consumption, height and weight, and gender specific questions. There are also questions about specific conditions such as heart disease, respiratory ailments, chronic conditions, joint pains, sensory impairment, mental health, activities of daily living, and health care access and utilization. Questions about Sexually Transmitted Diseases (STDs) will be asked for sample adults between the ages of 18 and 49.

**PART A**  
**SECTION 2**  
**CONDUCTING THE NHIS INTERVIEW**

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**EXPLAINING THE  
SURVEY/  
INFORMED  
CONSENT**

**Informed Consent**

The National Center for Health Statistics' Institutional Review Board reviews all research projects to assure that the participants do not suffer adverse affects from participating in a study. They have initiated an informed consent procedure that will assure respondents are fully informed about the National Health Interview Survey prior to beginning the interview.

**How to Introduce the Survey for "Signed Informed Consent"**

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

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

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

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

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

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

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

- c. Then ask:

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

d. After answering any questions, ask:

**"Are you willing to participate in the survey?"**

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

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

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

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

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

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



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

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

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

**"I am \_\_\_\_\_ from the U.S. Census Bureau. Here is my identification card. We are conducting the National Health Interview Survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service. I have already gotten**

**some information from (previous respondent). Now, I would like to get some additional information from you."**

Repeat the steps b-g above.

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

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

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

<b>I. ADMINISTRATIVE INFORMATION</b>							
A. FAMILY _____ OF _____							
B. Date of Interview	M	D	Y	C. RO	D. FR	E. Q.	F. W.
G. Control Number				H. Caseid			

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

**IMPORTANT: You should have at least one completed HIS-600.5 for each 201 (Completed interview), 203 (Partial interview), 215 (Insufficient Partial), 223 (Occupied entirely by Armed Forces members), 225 (Occupied entirely by URE) and 236 (Screened out) in your assignment. For each of those households containing 2 or more families, you should have one HIS-600.5 for each family.**

## **Authorization**

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

## **Confidentiality**

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

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

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

## **Eligible Household Respondents**

Any responsible household member 18 years of age or older, or an emancipated minor, is eligible to act as a respondent.

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

## **Maintaining Rapport with Respondents**

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

## **Answering Respondent Questions**

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

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

### **• General Explanation of the Survey**

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

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

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

**• How Long Will the Interview Take?**

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

**• I Don't Have the Time**

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

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

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

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

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

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

**• Why Don't You Go Next Door?**

The National Health Interview Survey is based on a scientifically selected sample of addresses in the United States. Since this is a sample survey, we cannot substitute one address for another without adversely affecting the information collected. Also, all addresses have a chance of being in the sample. Chances are very good that the house "next door" has been, or will be asked questions on this survey in a future sample.

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

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

**The Voluntary Nature of the Survey**

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

**BEGINNING THE INTERVIEW**

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

## **How to Ask Questions**

- **Ask Exactly as Worded**

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

- **Ask Every Question**

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

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

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

## **How to Probe**

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

- **Brief Assenting Comments**

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

- **An Expectant Pause**

An expectant pause, accompanied by an inquiring look after the respondent has given only a brief reply often conveys to the respondent that he/she has merely begun

answering the question. It will often bring forth further response.

- **Repeating the Question**

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

- **Repeating the Respondent's Reply**

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

- **Neutral Questions (Probes)**

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

*"I don't quite understand what you mean."*

or

*"Which figure would you say comes closest?"* (Probe to clarify hours worked last week, income, etc.)

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



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

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

### **Importance of Using Neutral Probes**

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

### **Respondent Replies "I Don't Know"**

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

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

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

## **YOUR OWN MANNER**

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

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

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

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

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

## **NONINTERVIEWS**

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

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

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

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

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

## **DISPOSITION OF FORMS**

### **HIS-600.5, Signed Informed Consent form**

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

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

## **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 see the Spanish equivalent of the screen you are on; press Shift-F5 to toggle back to the English. You may toggle between English and Spanish whenever you need to, or conduct the interview entirely in one language. The Spanish version is available on all laptops, however, **only bilingual 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 toggled to the Spanish version, the answer will appear on the screen.

Because the Spanish-speaking population of the United States is of many different nationalities, an effort has been made in the translation to accommodate regional and national variations in

Spanish vocabularies while remaining faithful to standard Spanish grammar and usage. Where alternative equivalent wording is provided for a term or phrase, the Spanish screen will display the alternative words separated by a forward slash "/". FRs need **not** read all the alternative wording, but may choose whichever term seems most appropriate for their region and the nationality of the respondent.

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

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

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

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

### **1. OCCURRENCE AND SEVERITY OF ILLNESS AND DISABILITY**

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

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

### **2. HEALTH OF THE AGED**

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

### **3. HEALTH EDUCATION AND RESEARCH**

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

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

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

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

**5. FACTORS RELATED TO VARIOUS DISEASES**

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

## **APPENDIX A.2 CONFIDENTIALITY**

### **1. WHAT IS CONFIDENTIALITY?**

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

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

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

### **3. SPECIAL SWORN EMPLOYEES (SSEs)**

The 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. Staff from the sponsoring agency for this survey are made SSEs to allow them to observe interviewing. Anyone who is not a Census Bureau employee or an SSE of the Census Bureau is referred to as an "unauthorized person."

### **4. AUTHORIZED PERSONS**

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

## 5. HOW TO MAINTAIN CONFIDENTIALITY

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

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

- b. **When Conducting Interviews:** Do not permit unauthorized persons (including members of your family) to listen to an interview. For example:
- (1) When conducting an interview with a student in a dormitory, if others are present, ask the respondent if he/she wants to be interviewed privately. If so, make the necessary arrangements to conduct the interview where or when it cannot be overheard by others.
  - (2) When conducting an interview in a home, if persons not participating in the survey are present (e.g., neighbors, friends, other non-"family" members), use your discretion in asking the respondent if he/she wants to be interviewed privately. Since this may be awkward to ask in some situations, you might ask if another time would be more convenient. If so, make the necessary arrangements to accommodate the respondent.
  - (3) When conducting an interview in which an interpreter is required, ask the respondent if he/she is willing to have another person act as interpreter. If the respondent objects to the interpreter and a more suitable one cannot be



located at the time of the interview, call the office to see if another interviewer who speaks the respondent's language can conduct the interview.

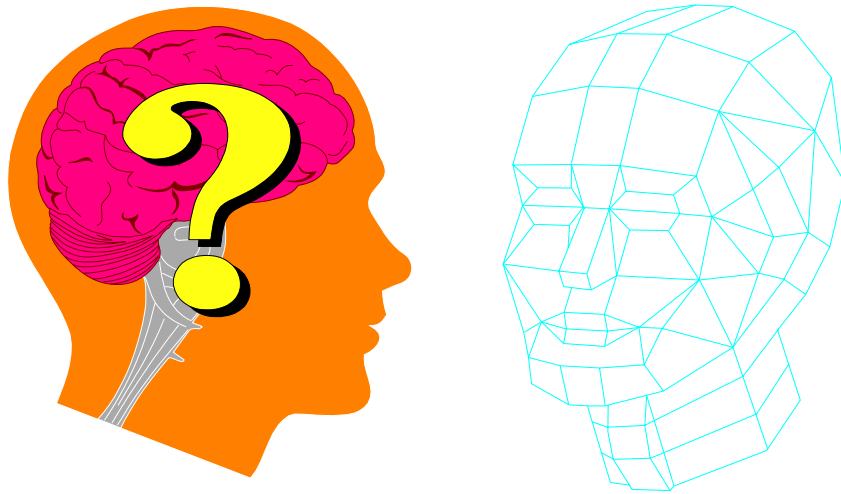
- (4) When conducting interviews by telephone, do not allow unauthorized persons to listen to your conversation.
- c. **When Discussing Your Job with Family, Friends, Others:** You must not reveal any information which you obtained during an interview or identify any persons who participated in the survey to unauthorized persons.
- d. **Keeping Forms Secure:** Any forms that contain information about the household must be kept out of view and secure until they are mailed to the appropriate person or office. Keep them in a specially designated place in your home. An example is the HIS-600.5, Consent Form.

## 6. SUBPOENA OF RECORDS

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

# **PART B**

## **National Health Interview Survey**



### **CONCEPTS**

**PART B  
SECTION 1  
RESPONDENT RULES**

Topic	See Page
Purpose	B2
Instructions	B2
Important Terms	B3

**PURPOSE**

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

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

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

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

**Who May Respond to the Family Section**

Any family member, 18 years old or older, or an emancipated minor, may respond to questions in the Family Section.

**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 themselves. If the person selected as the Sample Adult is not available you will need to make a callback to interview him/her.

**Who May Respond to the Sample Child Questionnaire**

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

**Exceptions to Eligible Respondent Rules**

If an unmarried couple (same-sex or opposite-sex) are living together as husband and wife, interview them together as a single

family, regardless of their ages. Each may respond for the other, for any of their children, and for any other related household members.

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

### **Persons Not Related to the Reference Person**

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

### **Return Visit May Be Necessary**

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

## **IMPORTANT TERMS**

An **Adult** is any person 18 years old or older.

A **Deleted Person** is a nonhousehold 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 18 years or older, or an Emancipated Minor. 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 either

- a person 14 to 17 years old and married or living with a partner

**OR**

- a person 14 to 17 years old and living on his or her own without the supervision of an adult family member or legal guardian.

Emancipated minors are not eligible for Sample Adult or Sample Child selection. They are eligible to be the respondent.

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

A **Household** is the entire group of persons who live in one housing unit or one GQ unit. It may be several persons living together or one person living alone. It includes the reference person, any relatives living in the unit, and may also include

roomers, 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 years 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 household member named by the respondent. This person must be a household member of the sample unit. If more than one household member owns or rents the sample unit, designate the oldest member as the reference person. If none of the household members owns or rents the sample unit, designate the oldest household member as the reference person.

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

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

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

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

**PART B  
SECTION 2  
SCREENING**

Topic	See Page
Purpose	B7
Instructions	B7



## PURPOSE

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

## INSTRUCTIONS

Screening is performed **ONLY** at those sample units that have been designated for screening. Your listing sheet will indicate which units have been selected for screening. Also, Case Management has an "SS" Screening Status column which will contain "I" for interview with certainty, regardless of race or ethnicity, or "S" which indicates 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 or Hispanics, the interview is terminated, and the unit is coded a Type B noninterview. **You must make contact with the household and ask the race and ethnicity questions in order to code a case as "screeener."** For those units designated for screening that do contain at least one Black or Hispanic, the interview is continued as any other interview.

**PART B  
SECTION 3  
HOUSEHOLD MEMBERSHIP**

Topic	See Page
Purpose	B9
Instructions	B9

**PURPOSE**

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

**INSTRUCTIONS****Names**

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

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

**Filling in the Household Roster****Name**

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

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

It is acceptable to record an initial as the first name if this is how the person is legally known. Always verify that this is the person's legal name. When entering an initial, be sure to enter a period (.) following the initial to distinguish it from certain letters which serve functions within the instrument, such as "R," "D," and "H."

### **Preferred Order of Listing**

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

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

If you obtain the names in an order not described above, **do not** attempt to correct your entries. However, to avoid this you may ask, "Which of the children is the oldest?", "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 which also contain civilian household members, choose the next person who owns or rents the unit, or who is oldest. If the entire household is Armed Forces, enter the household members as in a normal interview and the instrument will classify the case as a type B noninterview.

### **How to Enter Names**

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

### **Household Roster Limit**

The CAPI Household Roster can hold up to 30 people. It is highly unlikely that you will ever exceed this limit.

### **Determine Who Constitutes a Household**

All the persons that live and eat together at the sample unit constitute a household, regardless of their relationship to the reference person. This also includes persons that live at the sample unit but do not eat with the other members of the household, IF 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. All household members not related to the reference person are assigned family number 2. 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, you must determine if all the people not related to the reference person are related to each other (family number 2). You may need to assign new family numbers to some of these household members. Each family is interviewed separately and you will be asked to indicate which family you want to continue with in multiple family households.

### **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 the HIS-501C Flashcard Booklet.*

- **Families with two or more homes**

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

- **Students and student nurses**

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

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

- **Seamen**

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

- **Members of Armed Forces**

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

- **Citizens of foreign countries temporarily in the United States**

Determine whether to interview citizens of foreign countries staying at the sample unit according to the following rules:

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

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

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

• **Persons with two concurrent residences**

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

• **Persons in vacation homes, tourist cabins, and trailers**

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

• **Inmates of specified institutions**

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

### **Establishing Relationships**

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

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

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

Remember that we are interested in the relationship to the reference person and not necessarily to the respondent.

The reference person will be selected at screen HHREF. The computer will select the first non-military person, 17 years old 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 their selection.

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

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

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



**PART B  
SECTION 4  
FAMILIES**

<b>Topic</b>	<b>See Page</b>
Purpose	B16
Household Roster	B16

**PURPOSE**

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

When there is more than one family in the household you will need to make certain that each family is identified by a distinct family number. Each family is interviewed separately, and it is the family number that allows you to select which family you want to interview.

**HOUSEHOLD ROSTER**

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

HOUSEHOLD ROSTER					
LINE	HHSTAT	NAME	AGE	FX	REL
01	P R	JOHN DOE	35	1	Ref Person
02	S	JANE DOE	34	1	Wife
03	C	CORTNEY DOE	4	1	Child
04	S	STEVE SMITH	26	2	Boarder
05		EILEEN SMITH	24	2	Boarder
06	S	SCOTT JONES	22	3	Boarder

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

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

**HHSTAT** stands for Household Status and the single letter codes are called Flags (see page B-21 for definitions of Flags). For the purpose of the NHIS, if a person in a household has no other related person(s) living in the household, he/she is considered a separate family, so Scott Jones' family consists of only Scott Jones.

**REL** indicates the relationship of each person to the reference person. Notice that among family #2, the Roster gives no indication of the relationship between Steve Smith and Eileen Smith. You will determine the relationships within each family

after a family has been selected for interview.

**FX** displays family numbers which are assigned in the following way: the first person entered is the reference person and 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 initially assigned family number 2. The instrument will give you the option of accepting all unrelated persons as family 2, or creating new family numbers. In the above example, Scott Jones was initially assigned family number 2 by the computer, but was later changed to family number 3 by the FR. (Refer to **CORRECTING THE HOUSEHOLD ROSTER** in the Household Composition portion of Part C of this manual for details).

**PART B**  
**SECTION 5**  
**DEFINITIONS AND PROCEDURES**

<b>Topic</b>	<b>See Page</b>
Important Terms	B19
Instructions	B32

## IMPORTANT TERMS

An **Adult** is any person 18 years old or older.

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

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

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

- Machinery or equipment of substantial value in which the person has invested capital is used by him/her in conducting the business. Hand rakes, manual mowers, hand shears, and the like would not meet the "substantial value" criteria.
  - An office, store, or other place of business is maintained.
  - There is some advertisement of the business or profession by listing it in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or otherwise publicizing that a particular kind of work or service is being offered to the general public.
- Consider the selling of newspapers, cosmetics, and the like as a business if the person buys the newspapers, cosmetics, etc., directly from the publisher, manufacturer, or distributor, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer. Otherwise, consider it as working for pay (job) rather than a business.

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

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

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

**CAPI** stands for **Computer Assisted Personal Interviewing**.

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

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

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

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

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

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

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

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

An **Eligible Respondent** for the Family Section is any responsible adult 18 years old or older, or less than 18 if ever married.

An **Emancipated Minor** is any person who is either

- 14 to 17 years old and married or living with a partner

**OR**

- 14 to 17 years old and living without the supervision of an adult family member or a legal guardian.

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

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

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

- A** Active Duty Armed Forces Member
- B** Family Respondent
- C** Sample Child
- D** Deleted (Non-household Member)
- P** Household Reference Person
- R** Household Respondent
- S** Sample Adult
- E** Emancipated Minor
- I** Immunization Flag for All Children in Household 12-35 Months Old

The **Instrument Function Keys** along the top of the keyboard, labeled F1 to F10, allow you to move around within the instrument, change answers, enter notes, and many other necessary functions. The Function Keys are defined below:

- F1 BACK 1 item**--Back-up one item
- F2 FORWARD 1 item**--Go forward one item
- F3 NEXT UNANSWERED item**--Jump forward to next unanswered item
- F4 JUMP menu**
- F5 Status table**--Show status of all sections of the instrument for each family (Family, Adult, etc.)
- F6 CHANGE answer** (the backspace key performs this function as well)
- F7 Enter NOTES**--for specific question
- F8** Not used "within instrument" in the NHIS
- F9 SKIP to end of FAMILY** section
- F10 SKIP to END**--of interview
- F11** Not used "within instrument" in the NHIS
- F12 Window Toggle**

**SHIFT-F1 Household Roster** Show list of all persons in the household roster, household & family phone numbers

**SHIFT-F2 FAQ**--Frequently Asked Questions & answers

**SHIFT-F3** Not used "within instrument" in the NHIS

**SHIFT-F4** Not used "within instrument" in the NHIS

**SHIFT-F5 LANGUAGE toggle**

**SHIFT-F6** Not used "within instrument" in the NHIS

**SHIFT-F7 View NOTES** that were entered for specific question

**SHIFT-F8 SKIP** to end of Sample Adult section



**SHIFT-F9**  
**SKIP** to end  
of Sample  
Child section  
**SHIFT-F10**  
Show  
Function Keys

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.

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

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

A **Hospital Stay (Hospitalization)** is a

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

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

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

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

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

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

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

absence should not be considered his/her usual place of residence while he/she is away.

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

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

The **Interview Period** is the 17-day span in which the Field Representatives have to complete their NHIS assignment. For example, the interview period for Quarter 3, Week 3 starts Monday, January 15, 2002 and closes out Wednesday, January 31, 2002.

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

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

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

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

- Consider persons who have definite arrangements to receive pay while on leave of absence from their regular jobs to attend school,

travel, etc., as having a "job." This may be referred to as "sabbatical leave." Probe to determine if the person is receiving pay if this is not volunteered.

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

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

**Listing** is writing down on a listing sheet either the addresses or descriptions of living quarters where people live, or could live, within a segment.

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. *For a more detailed discussion of Merged Units, refer to your 11-8, Listing and Coverage Manual.*

A **Non-interview 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 non-interview households as either Type

A, B or C (see Part C for a detailed discussion of each non-interview type).

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

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

### **Reference Periods**

There are many different reference periods used in the NHIS:

**Last Week** This is the week (7 days) just prior to interview week. The “last week” reference period starts on the Monday, and ends with and includes the Sunday, just prior to interview week. It does not include any days of the interview week. For example, if the interview is conducted on Saturday, February 10, “last week” would refer to the period beginning on Monday, January 29 and ending Sunday, February 4.

**Two Week Reference Period** This is the two weeks (14 days) just prior to interview week. The 2-week period starts on the Monday, and ends with and includes the Sunday, just prior to interview week. It does not include any days of the interview week. For example, if the interview is conducted on Saturday, February 3, the two-week period would refer to the two weeks beginning on Monday, January 15 and ending Sunday, January 28.

**30 Day Reference Period** This is the period one month prior to the Sunday before interview week. It does not include any days of the interview week. For example, if the interview is conducted on Friday, July 6th, the 30 day reference period would refer to the 30 day period beginning on Saturday, June 2nd, and ending on Sunday, July 1st.

**Two Month Reference Period** This is the period sixty one days prior to the Sunday before interview week. It does not include any days of the interview week. For example, if

the interview is conducted on Friday, August 10, the two-month reference period would refer to the sixty one day period beginning on Tuesday, June 5th, and ending on Sunday, August 5th.

**Three Month Reference Period** This is defined as 91 days prior to the day of interview. In most questions that use this reference period the computer will calculate the day that the period begins on and include that in the question. For example, if the day that you are interviewing is May 14, 2000, question FINJ3M in the Family Section will read as follows: "During the past three months, that is, since February 13, 2000, was anyone in the family injured or poisoned seriously enough that they got medical advice or treatment?" However, not all questions that use this reference period will have the date included in the question.

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

**Six Month Reference Period**--This is defined as the six months prior to the Sunday before interview week. It does not include any days of interview week. For example, if the interview is conducted on Monday, July 10th, 2000, the six month reference period would begin on Sunday, January 9th, 2000, and end on Sunday, July 9th, 2000.

**Twelve Month Reference Period**--In the Sample Adult section, the 12-month date is "last Sunday's" date a year ago; therefore the 12-month reference period begins on that date and ends on the Sunday night before interview week. For example, for an interview taking place on Wednesday, May 17, 2000, the 12-month period would begin on May 14, 1999, and end on Sunday, May 14, 2000. Again, note that the reference period **does not** include any days of the interview week. Some questions that use this reference period will include the date that the period begins on in the question, and others will not.

In the Family and Sample Child sections, the twelve month reference period is defined as today's date one year ago. For an interview taking place on Wednesday, May 17, 2000, for example, the 12-month period will begin on May 17, 1999, and end the day before the interview. This reference period **does** include days of the interview week. Some questions in the Sample Child section that use this period will include the starting date in the question, and others will not. None of the questions in the Family Section will include the starting date in the question.

The **Reference Person (Family)** is the person or one of the persons in a family, 18 years old or older, who 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 old 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 old or older, who owns or rents the sample unit, 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 old 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/herself.

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

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

The **Roster (Household/Family Roster)** for questions within the family section is on the right side of most screens. 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 window, press F12 (window toggle) and then the Page Down key to view the rest of the roster. You should not have to do this very often, if at all, with the screens having the roster on the right side. Some rosters will contain only those family members to which a question applies, such as only adults displayed at the wages and salary screen.

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

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

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

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

**Segments (Sample Segments)** are a group of housing units or a well-defined land area. There are two types of segments in the NHIS: Area Segments, which are defined land areas, and Permit Segments, which are samples of new construction addresses. Refer



to your 11-8 Listing and Coverage Manual for a detailed discussion of each segment type.

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

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

**Work** includes the following:

- Working for pay (wages, salary, commission, piecework rates, tips, or "pay-in-kind" such as meals, living quarters, or supplies provided in place of cash wages).
- Working for profit or fees in one's own business, professional practice, partnership, or farm even though the efforts may produce a financial loss.
- Working as a military or civilian employee of the National Guard or Department of Defense.
- Participating in a government sponsored work program such as Public Employment Program (PEP), Volunteers in Service to America (VISTA), Foster Grandparent Program, Work Incentive Program (WIN), etc.

Do not include the following as work:

- Unpaid work which does not contribute to the operation of a family business or farm (e.g., home housework).
- Unpaid work for a related household member who is a salaried employee and does not operate a farm or business (e.g., typing for a wife who is a lawyer for a corporation).
- Unpaid work for an unrelated household member or for a relative who is not a household member.
- Volunteer or other unpaid work for a church, charity, political candidate, club, or other organization, such as the Red Cross, Community Fund, etc.

- Temporary duty with the National Guard or Reserves.
- Owning a business solely as an investment to which no contribution is made to the management or actual operation (e.g., owning a grocery store which someone else manages and operates).
- Jury duty.
- Participating in a government sponsored program such as Job Training Partnership Act (JTPA) if it involves only training in a school or other institutional setting, and does not include on-the-job training (if it includes a combination of on-the-job training and classroom training, consider the person as working; count only the time spent on the job as working).
- Work without pay in a business or farm operated by a related household member.

**Work-Loss Days** include any day a person missed more than one-half of the usual work day 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, and
- The unit is ready for occupancy

Year Built does not apply to:

- Any later remodeling
- Any additions to previously existing structures
- Conversions (commercial or residential) within structure, or

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

## INSTRUCTIONS

### Locating the Address

Most addresses in your assignment can easily be located based on your general knowledge of your interviewing area. If you have difficulty locating an address, see your 11-8, Listing and Coverage Manual. Other suggestions include:

- Maps of your interview area may be available from various sources, such as the Chamber of Commerce, local government offices, automobile clubs, private firms that sell maps, some service stations, and local or state highway departments. Ask your supervisor before purchasing any maps, since you may be reimbursed for the cost of the maps. Your Segment folders should contain maps done at the time of listing.
- Post Office employees are familiar with the locations of addresses, and are the best sources of information on the locations of "rural route" mail delivery addresses.
- Police, fire, and other local government officials, such as assessors, building inspectors, and zoning officials, may be helpful.
- Local business persons who deal with people in the area may be able to explain the location of an address.
- Utilities such as electric companies and telephone companies service most households in an area and may be helpful in locating many addresses.

Remember when inquiring about addresses or residents, you may say you are a representative of the 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.

### Contacting the Household

After you locate an address, list or update at that address if applicable (see your 11-8 Listing and Coverage Manual for listing and updating instructions). Since the **NHIS is a personal visit**

**survey NOT a telephone survey**, visit the household at the sample unit and introduce yourself using an introduction similar to the one discussed in Part A.

**No One Home on First Visit**

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

Try to find out from neighbors, janitors, or other knowledgeable persons when the occupants will be home; however, do not identify the specific name of the survey. Note the time in the F7 notes section of the CAPI instrument and/or in a notebook, 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 F7 notes section of the CAPI instrument, and/or in a notebook. **DO NOT** leave this form where it is easily visible, as this may anger the respondent.

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

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

**No One Home on the Second and Subsequent Visits**

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

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

Ask neighbors, janitors, and knowledgeable persons when the occupants will be at home.

If the occupant's name is available from a mailbox or from a knowledgeable person, look up the name in a telephone directory. If you find the name at that address in the directory, you may use the telephone in an effort to arrange a visit. (Do not look inside the mailbox to get the household name.)

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

#### **Number of Callbacks to Obtain an Interview**

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

### **Two-Week Doctor Visits**

#### **Include as doctor visits:**

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

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

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

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

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

Laboratory visits.

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

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

**Exclude as doctor visits:**

Visits 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 which was being administered identically to all persons who were at the place for this purpose, do not count this as a doctor visit.

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

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

Visits to dentists or oral surgeons.

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

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

### **Special Situations**

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

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

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

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

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

**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.

### **Identifying Families and Assigning Family Numbers**

The reference person and all persons related to the reference person will be assigned family number 1. All persons unrelated to the reference person will initially be assigned family number 2. If all those assigned family number 2 are not related to each other, you will need to assign new family numbers. You can change family numbers in the Household Composition section:



## **Industry and Occupation**

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

### **Definitions**

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

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

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

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

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

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

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

### **General Instructions**

The work related questions are asked at the beginning of the Sample Adult Section. 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 section. If the Sample Adult was working at a job or business LAST WEEK you will go through several screens to collect a full description of his/her job or business and some of the benefits of the job.

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

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

If the person worked the same number of hours at all jobs, enter the one job or business at which he/she has been employed the longest. If the person was employed at all jobs the same length of time, enter the one job or business which the respondent considers to be the main one. You will have the opportunity to record multiple jobs at the end of this question set.

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, a person assigned a job by "Kelly Services" as a typist for an insurance firm, you would enter "Kelly 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. If in doubt as to whom the employer is, ask who pays the wages or salary and consider them the employer.

Whenever you have difficulty determining who the actual employer is, apply the "who pays" rule of thumb-ask who pays the wages or salary and consider the payer as the employer.

*Example: A person may say that he/she works for Local #212 of the plumber's union. However, during the past week he/she was working on a new construction project and was paid by Acme Contractors. Therefore, "Acme Contractors" would be the employer, not the union.*

Distinguish between different types of farm workers. The table on the following page 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 <u>wages</u> .	Martin 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.	Oliver's Acres or family farm	farm	farm helper	repairing fences	6
d. Person hired to manage a farm for someone else.	Jones' 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.	Baker's Farm	farm	farm foreman	supervise farm laborers	1
g. Person hired to do a specific farm job.	Seaview Farm	farm	fruit picker, cotton chopper, etc.	picking fruit, chopping cotton, etc.	1
h. Farm worker on Government-operated farm.	state farm agency	state agric. exper. farm, county farm, etc.	farm manager, farm hand, fruit picker, etc.	keeping records, feeding livestock, picking fruit, etc.	2, 3, or 4

Were you-

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

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

### **Determining Employer**

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

Government--For employees of a government agency, record the specific organization and indicate whether the organization is Federal (U.S.), state, county, etc. For example, U.S. Treasury Department, STATE Highway police, CITY tax office, COUNTY highway commission. It is not sufficient to report merely "U.S. Government," "City Government," "police department," etc.  
*NOTE: There are some persons who work full-time for the National Guard. These are considered civilian employees of the State, and should have this item completed as any other State employee, regardless of whether or not 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 Twin City Barber Shop, Capitol Construction, etc.) and enter this as their employer. If there is no business name, enter "self-employed," "own business," "family farm," etc.

## Kind of Business or Industry

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Kind of Work and Work Activities**

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

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

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

<u>INADEQUATE</u>	<u>ADEQUATE</u>	<u>ADEQUATE</u>
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 from the person who does automobile engine repair work. Either of the above adequate combined responses does that.

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

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

#### Some special situations

- a. Apprentice versus trainee--An apprentice is under written contract during the training period but a trainee may not be. Include both the occupation and the word "apprentice" or "trainee," as the case may be, in the description, *for example, "apprentice plumber" or "buyer trainee."*
- b. Baby-sitter versus boarding children--A baby-sitter usually cares for children in the home of the employer. However, when the children are cared for in the worker's own home, the occupation is "boarding children."
- c. Contractor versus skilled worker--A contractor is engaged principally in obtaining building or other contracts and supervising the work. Classify a skilled worker who works with his/her own tools as a carpenter, plasterer, plumber, electrician, and the like, even though he/she hires others to work for him/her.

- d. Paid housekeeper versus housemaid--A paid housekeeper employed in a private home for wages has the full responsibility for the management of the household. A housemaid (general house-work), hired helper, or kitchen help does not.
- e. Interior decorator versus painter or paperhanger--An interior decorator designs the decoration plans for an interior of homes, hotels, offices, etc., and supervises the placement of the furniture and other decorations. A house painter or paperhanger only does painting or hangs paper.
- f. Machinist versus mechanic versus machine operator--A machinist is a skilled craftsman who constructs metal parts, tools, and machines through the use of blueprints, machine and hand tools, and precise measuring instruments. A mechanic inspects, services, repairs, or overhauls machinery. A machine operator operates a factory machine (*drill press operator, winder, etc.*)
- g. Secretary versus official secretary--Use the title "secretary" for secretarial work in an office; report a secretary who is an elected or appointed officer of a business, lodge, or other organization as an "official secretary."
- h. Names of departments or places of work--Occupation entries which give only the name of the department or a place of work are unsatisfactory. *Examples of such unsatisfactory entries are "works in warehouse," "works in shipping department," "works in cost control."* The occupation entry must tell what the worker does, not what the department does.

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

## Class of Worker

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

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

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

Cautions regarding class-of-worker entries:

Corporation employees--Report employees of a corporation as employees of a private employer (except for a few cases of employees of government corporations, such as the Commodity Credit Corporation, who must be properly reported as Federal Government employees). Do not report corporation employees as owning their business even though they may own part or all of the stock of the incorporated business.

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

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

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

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

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

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

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

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

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

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

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

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

Foster parents and child care in own home--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 (*such as an Avon or Tupperware representative*) 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 and TVA employees--Report persons who work for the Postal Service and Tennessee Valley Authority as Federal employees and enter "2" for class of worker.

Comsat, Amtrak, and Conrail--Comsat, Amtrak, and Conrail are private companies and you should report the employees of these companies as "1."

Persons who work for public transportation, harbor, airport, housing, etc., Authorities, such as the Chicago Transportation Authority or the New York 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 as civilian employees of the State and therefore be recorded as "3."

## **Making Corrections**

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

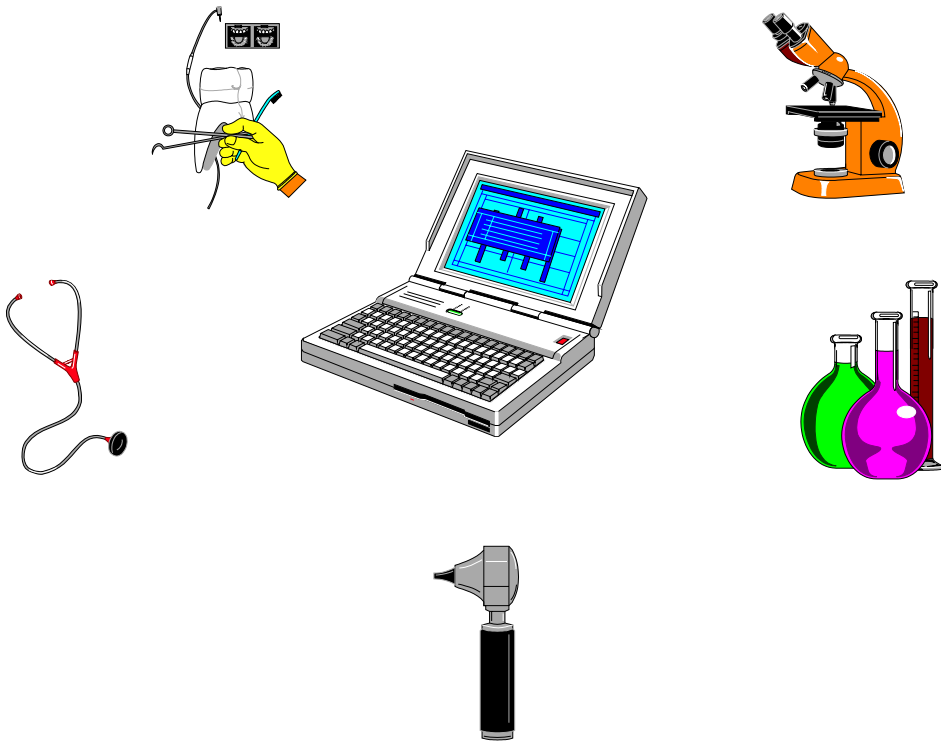
When you need to correct an answer, you will have to make the necessary corrections. If you have not yet left the screen where the correction needs to be made, you can either press F6 (Change entry), enter the correct answer, and hit the ENTER key OR you can use the backspace key to erase the incorrect answer, enter the correct information, and hit the ENTER key.

**NOTE: If you forget to hit the ENTER key after changing the answer, the instrument will retain the "old" answer in the data file.**

If you have already left the screen where the correction needs to be made, you will have to go back to that screen using the F1 key (back up one item). Then, make the necessary change(s), using either the F6 key, or the backspace key. Changing an answer may require pressing F1 several times to reach the necessary screen (depending upon how far away you are in the instrument from where you need to back). Remember to hit the ENTER key so that the instrument actually changes the answer in the data file.

# PART C

## National Health Interview Survey



# INSTRUMENT

**PART C**  
**SECTION 1**  
**OVERVIEW OF THE NHIS INSTRUMENT**

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## **INTRODUCTION**

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

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

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

## **AUTOMATIC SELECTION OF QUESTIONS**

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

For example, questions concerning pregnancy and visits to a gynecologist are not asked for males. Questions about marital status are not asked of anyone under the age of 14.

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

## **CONTENTS OF EACH SCREEN**

Throughout the instrument, each screen displays as appropriate:

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

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

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

The following is a sample screen from the NHIS instrument:

Caseid: 00000004  
Item: HLTH\_BEG

Subject: Family 1  
Respondent: John Doe

**FR: READ THE FOLLOWING INTRODUCTION:**

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

(P) Proceed  
(R) Refused

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

### **Instructions**

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

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

### **Errors**

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

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

"Enter a non-blank answer"

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

### **"Blind" Entries**

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

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

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

### **Lists**

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

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

**Press F12 to switch windows.**

To view the remainder of the list in another "window," Press the **F12 key**. Then, press **PAGE DOWN** and **PAGE UP** to view the remaining members on the list in this window. When you are finished viewing this window, press F12 again, to switch back and forth between the "windows."

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

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

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

<b>Press F12 to switch windows</b>	page 1 of 2
-----	
HOUSEHOLD ROSTER	
LINE HHSTAT NAME AGE FX REL	
-----	
01	P R JOHN DOE 29 1 Ref Person
02	S JANE DOE 26 1 Wife
03	C JIMMY DOE 6 1 son
"PgDn = BOTTOM of screen " for next page	

Press F12 and then Page Down to get:

page 2 of 2	
-----	
04	JANET DOE 1 1 daughter
"PgUp = TOP of screen " for prior page; `q` to quit	

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

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

## Multiple Questions or Answers

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

### Multiple Questions

-ADD-

Has a doctor or health professional ever told you that  
Billy Doe had... (1) Yes (2) No (H)

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

...Mental Retardation?   

...Any other developmental delay?   

### Multiple Answers - A

-AGEDOB- Subject: Jane Doe

Respondent: John Doe

What is Jane Doe's age and date of birth?

Please give month, day, and year for the date of birth. (H)

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

Age: 27 Number

Date of Birth: MONTH: 6

4 Time Period

DAY: 3

- (1) Day(s)  
(2) Week(s)  
(3) Month(s)  
(4) Year(s)

YEAR: 1974

## Multiple Answers - B

-HISPAN@1-

Subject: JOHN DOE

**SHOW FLASHCARD H1** Respondent: JOHN DOE

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

**FR: IF A NONHISPANIC GROUP IS NAMED, PRESS "F1" TO RETURN TO NATOR AND CHANGE THE ANSWER FROM "YES" TO "NO". (H)  
ENTER EACH NUMBER THAT APPLIES. ENTER (N) FOR NO MORE.**

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

-HIKIND-

Subject: John Doe Respondent: John Doe

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

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

(Anything else?) N

## METHODS OF MAKING ENTRIES

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

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

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

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

The only instance in which you DO NOT press the <ENTER> key is after pressing a function key (*see C11-C17*).

### Unacceptable Entries

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

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

### Blanks

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

NOTE: There are a few exceptions to the "blank" rule -

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

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

◆ When exiting a help screen.

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

### **"Same as" Entries**

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

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

CURRENT:

HOUSE NUMBER: 123 HOUSE NO SUFFIX: A12

STREET NAME: MAIN STREET

UNIT DESIG: (H)

CITY: ANNANDALE

STATE: VA ZIP CODE: 22230

COUNTY: JEFFERSON

◆ If you need to correct the information, type in the correction.

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

### **"No more" Entries**

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



-RACE@4-

Subject: JOHN DOE  
Respondent: JOHN DOE

**FR: SHOW FLASHCARD H2**

What race or races do you consider yourself to be? (H)  
Please select 1 or more of these categories.

**FR: ENTER (N) FOR NO MORE**

- |                            |                      |
|----------------------------|----------------------|
| (1) White                  | (9) Asian Indian     |
| (2) Black/African American | (10) Chinese         |
| (3) Indian (American)      | (11) Filipino        |
| (4) Alaska Native          | (12) Japanese        |
| (5) Native Hawaiian        | (13) Korean          |
| (6) Guamanian              | (14) Vietnamese      |
| (7) Samoan                 | (15) Other Asian     |
| (8) Other Pacific Islander | (16) Some Other Race |

1 8 13 N

### Dates

Dates must be entered as follows:

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

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

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

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

### Telephone Numbers

The Area Code must be included with all telephone numbers.

- Enter the 3-digit Area Code. The cursor will automatically move to the first digit of the exchange.
- Enter the 7-digit telephone number and press <ENTER>.

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

### **Open-Ended Questions**

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

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

### **Correcting Entries**

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

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

## **FUNCTION KEYS**

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

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

### **F1 - BACK 1 item--Back up one screen**

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

**F2 - FORWARD 1 item**--Go forward one screen

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

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

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

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

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

**F5 - Status table**

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

```

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

```

### **F6 - CHANGE answer--Change entry**

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

### **F7 - Enter NOTES--Notes per screen**

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

**F8** - Not used for NHIS.

### **F9 - SKIP to end of FAMILY**

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

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

### **F10 - Skip to END**

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

**F11** - Not used for NHIS.

### **F12 - Window Toggle**

Allows you to shift between "windows" when the list is too long to display on one screen.

## SHIFT-F1- Display Case HH INFO

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

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

## SHIFT-F2 -FAQ

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

**SHIFT-F3** - Not used for NHIS.

**SHIFT-F4** - Not used  
for NHIS.

### **SHIFT-F5: LANGUAGE Toggle**

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

**SHIFT-F6:** Not used for NHIS.

### **SHIFT-F7: View NOTES**

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

### **SHIFT-F8: SKIP to end of SAMPLE ADULT**

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

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

### **SHIFT-F9: SKIP to end of SAMPLE CHILD**

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

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

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

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

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

## STARTING THE INTERVIEW

**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.

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

◆ Beginning from the main menu, select CASE MANAGEMENT.

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

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

## EXITING FROM A PARTIALLY COMPLETED INTERVIEW

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

How you exit depends on the situation:

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

### **DO NOT TRY TO EXIT FROM THE INTERVIEW BY SIMPLY SHUTTING OFF THE COMPUTER.**

To do so will cause the partial information collected so far to be lost, the case management file will not be updated, and you will be prevented from going back into this case to complete the interview.

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



## **COMPLETING A PARTIAL INTERVIEW**

Partially completed cases remain on your case management main display, so that you can select the case and resume the interview when appropriate. When you make your return visit (or telephone call), highlight the address on your case management display and press **F2** to run the interview.

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

## **EXITING FROM A COMPLETED INTERVIEW**

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

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

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

## **PROGRAM ERROR RECOVERY**

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

- You may see a screen that contains only a DOS prompt (*C> or something like it*). This tells you that the NHIS interview program is no longer running.
- Although the screen appears normal, it does not change or respond to entries of any kind from the keyboard.
- You may see an error message containing an error number and the words "RUN-TIME ERROR." If, along with the error message, the computer prompts you to press "<CR> to continue," ignore it.

**DO NOT PRESS <ENTER>**, as to do so may result in erroneous updating of the case management file and may prevent you from getting back into the case. In any of these situations when the interview program will not go forward normally, you should "reboot" (*that is, re-start*) the computer.

### **Warm Boot**

First try a "warm boot," since it is faster and causes less wear and tear on the computer. In a "warm boot," the computer runs the same start-up self-test as when it is first started. While holding down the keys marked **CTRL** and **ALT**, press the key marked **DEL**.

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

### **Cold Boot**

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

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

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

**PART C**  
**SECTION 2**  
**THE "FRONT" SECTION**

Topic	See Page
Purpose	C20
Instructions	C20
Important Terms	C24

## **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.

## **INSTRUCTIONS**

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

Therefore, the first screen in the instrument, allows you to verify and make any needed corrections to the computer's date and time. Be sure that you record these accurately if you make any changes to either the date or the time.

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

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

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

### **New Case**

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

### **Unreached Household**

You called up the case before, but did not proceed with the interview, such as finding no one home.

### **Household Reached**

You contacted the household, but did not conduct any of the interview, such as arranging to callback later.

### **Household Refused**

You contacted the household, but they refused to be interviewed.

**Need Coverage**

You contacted the household, but did not complete the required items in the "FRONT" section.

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

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

**Need Control****Card**

You contacted the household, but did not complete the interview through the Household Composition.

Enter "N" for any Type A, Type B, or Type C Noninterviews.

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

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

**Need Core**

You completed the interview through the Household Composition section, but not the Family, Sample Adult, and (if appropriate) Sample Child Questionnaires.

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

If the address is in an independent city (*as described in the list of independent cities in your Information and Flashcard Booklet*), enter the city name followed by the letters "IC" (for independent city) for the "County." If the name identifies both an independent

**Fully Complete**

You previously completed all applicable sections of the interview.

**Other****Resolution**

A status other than one of the above.

city and a county, probe to determine if the location is inside or outside the limits of the city. If it is within the city limits, enter the name of the city followed by the letters "IC"; otherwise, enter only the county name.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## IMPORTANT TERMS

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

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

- ◆ Live and eat separately from all other persons on the property
- AND**
- ◆ Have direct access from the outside or through a common hall or lobby.

**Direct Access** exists when the occupants 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.



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

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

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

**Mobile homes or trailers with no permanent rooms added** should NOT include open or unheated porches or sheds built onto trailers.

**Mobile homes or trailers with one or more permanent rooms added** do NOT include open or unheated porches or sheds built onto trailers.

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

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

**Student quarters in college dormitories** include any room in a college dormitory occupied or intended for occupancy by a student.

**PART C**  
**SECTION 3**  
**HOUSEHOLD COMPOSITION AND DEMOGRAPHICS**

Topic	See Page
Purpose	C27
Instructions	C27
Important Terms	C29

**PURPOSE**

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

- name
- sex
- age
- date of birth
- national origin
- race
- military status
- marital status

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

We collect information on race and national origin for several reasons. The first is to determine whether this household should be included in the sample based on the screening status of this case. More is discussed about screening later in this section. The second reason for collecting racial and national origin 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.

## **INSTRUCTIONS**

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

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

For initials "D" or "R", you must add a period after the letter to distinguish between the initial and a "Don't Know" or "Refused" entry. If just a "D" or "R" is entered, the computer will treat that as an entry of don't know or refused, and not as an initial.

If a person refuses to give his or her name, (first and last) enter "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 residences of the household being interviewed. Their "usual residency" is at the college or boarding school where they live during the school year.

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

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

There are two places within the Household Composition Section that you can delete a person once you have entered him/her into the household roster. The first place is at ASKURE, which asks if the person has a usual residence elsewhere. The second 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.

The TABX screen is only accessed by answering "yes" at the

XACCESS screen.  
The XACCESS screen asks if the people who do not live and eat here have direct access from the outside or through a common hallway to a separate living quarters.

An **Adult** is any person 18 years old or older.

An **Emancipated Minor** is a person who is 1) 14 to 17 years old and married or living with a partner or 2) 14 to 17 years old and living without the supervision of an adult family member or legal guardian.

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

## IMPORTANT TERMS

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

**Screening** is a procedure used to "over sample" Blacks 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 or Hispanic member. If such a sample unit contains no Black or Hispanic residents, the instrument will classify the unit as a Type B noninterview.

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 worker, or other persons not related to the reference person.

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

(Annapolis), etc. Also include persons on full time active duty in the military service of a foreign nation.

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

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

**PART C**  
**SECTION 4**  
**FAMILY HEALTH STATUS**  
**AND LIMITATIONS OF ACTIVITY**

Topic	See Page
Purpose	C32
Instructions	C32
Important Terms	C33

## 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 a physical, mental or emotional problem. These questions determine:

- whether or not a person is limited in his/her activities
- the degree of the limitation
- 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

## INSTRUCTIONS

Most of the questions in this section are directed toward the entire family and are asked "family style" (*e.g., Because of a health problem, does anyone in the family have difficulty...*). These questions are not geared toward any specific group of persons within the family, but rather toward everyone in the family. Because it is not necessary to read the names of the specific people for whom the question is intended, no rosters appear for these types of screens.

Some questions are directed towards a specific group of people within the household. (*e.g. Are/Is (READ NAMES BELOW) limited...*). Sometimes this group is defined by age, and sometimes this group is defined by the answers to previously asked questions. If there are no persons in the family that fall into the categories targeted for being asked these questions, then these questions will be skipped. For these types of questions, a roster defining the group for whom the question is intended is displayed on the screen. In some cases, there may be only one person in the roster. You will need to make the choice between using "*Is/Are*" and "*he/she/they*" for these kinds of questions.

The last kind of question you will encounter in this section are questions that are directed toward an individual within the family. These kinds of questions are generally asked as a follow up based upon an answer to a previous question. In these kinds of questions, the name of the person for whom the question is intended will be automatically filled into the body of the question.



When you show the respondent the list of possible conditions that cause his/her limitation, and he/she gives you a response, be sure to carefully look at the list of conditions provided on the screen to see if the response fits into any of the precoded categories. If it does not fit into any of the precoded categories, type in the code for “More” (M) to proceed to the additional conditions screens.

## **IMPORTANT TERMS**

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

**Limited** refers to a person's ability to only partially perform a specific activity, perform that activity only part of the time, or not perform that 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, such as “keep from,” “completely keep from,” “take part at all.” These terms mean under normal circumstances; this does not necessarily mean that the activity is impossible under a particular circumstance.

**Problem** is defined as the respondent's perception of a chronic, perhaps permanent, departure from physical, mental or emotional well being. 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 to be hands on assistance with performing an activity. An “other person” may be a friend, relative, paid helper, volunteer from an agency or organization or anyone else who helps the family member in doing the activities mentioned. He or she may be a household member or a non-household member.

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

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

## **SPECIFIC QUESTIONS**

### **For Children:**

#### **What conditions or health problems cause *{subject name's}* limitations?**

This question contains a single screen of item responses. The Flashcard (F1) for this question lists conditions and health problems from which the respondent may choose. The respondent’s answer may include as many conditions or health problems that apply. You should **not** read any of the answer categories for the respondent.

If the respondent lists a condition or health problem that is not on the flashcard, you should first try to determine whether the condition he/she lists belongs in one of those categories.

Otherwise, you may enter the respondent’s exact answer in one of the two other impairment/problems fields (code “14” and “15”). 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

*THESE CONDITIONS  
ARE PRINTED ON THE  
FLASHCARD AND ON  
THE CHILDREN'S  
CONDITION SCREEN.*

ask the respondent for their input).

1. **Vision/problem seeing**
2. **Hearing problem**
3. **Speech problem**
4. **Asthma/breathing problem**
5. **Birth defect**
6. **Injury**
7. **Mental retardation**
8. **Other developmental problem (e.g. cerebral palsy)**
9. **Other mental, emotional, or behavioral problem**
10. **Bone, joint, or muscle problem**
11. **Epilepsy or seizures**
12. **Learning Disability**
13. **Attention Deficit/Hyperactivity Disorder**

**For Adults:**

**What conditions or health problems cause *{subject name's}* limitations?**

This question contains two screens of item responses. The Flashcard (F2) for this question only lists the conditions and health problems from the first screen. The respondent's answer may include as many conditions or health problems that apply. You should **not** read any of the answer categories for the respondent.

If the respondent lists a condition or health problem that is not on the flashcard, you should first try to determine whether the condition he/she lists belongs in one of those categories. Otherwise, enter "M" to proceed to the next screen for another list of possible conditions from which you may choose to code the respondent's answer. You may choose to enter the respondent's exact answer in one of the two other impairment/problem fields (code "36" and "37"). Be sure to include only information about health conditions and medical problems in these fields - this would *not* be an appropriate place for an FR note. While you may not probe for additional answers, you may probe in order to clarify the response (for example, if the respondent has a rare disease that you do not know how to spell, you may politely ask the respondent for their input). When the respondent has no more conditions or health problems, enter "N" for no more.

*THESE CONDITIONS  
ARE PRINTED ON THE  
FLASHCARD AND ON  
THE FIRST ADULT'S  
SCREEN.*

1. **Vision/seeing problem** 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. **Fractures, bone/joint injury** includes:
  - “torn cartilage”
  - “broken arm,” “broken leg,” “broken wrist,” etc.
6. **Other injury** includes:
  - “head injury”
  - “car accident injury”
  - “burns”
  - “chemical injury”
  - “gun shot wounds”
  - “frost bite”
  - “snake bite”
7. **Heart problem** includes:
  - “angina”
  - “heart attack”
  - “heart murmur”
  - “heart failure”
8. **Stroke problem** includes “brain aneurysm.”
9. **Hypertension/high blood pressure** includes “high blood pressure.”
10. **Diabetes** includes “high blood sugar.”
11. **Lung/breathing problem** includes:
  - “asthma”
  - “chronic bronchitis”
  - “chronic obstructive pulmonary disease (COPD)”
  - “emphysema”
  - “pneumonia”
  - “respiratory allergies”
  - “shortness of breath”
12. **Cancer** includes:
  - “Hodgkin’s Disease”

“leukemia”

“lymphoma”

**13. Birth defect**

includes “spina bifida.”

**14. Mental retardation** includes “Down's 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.”

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**19. Missing limbs, fingers, toes or digits/amputee**

THESE CONDITIONS ARE ON THE SECOND SCREEN AND ARE **NOT** PRINTED ON THE FLASHCARD.

DO **NOT** READ THEM.

**20. Kidney, bladder or renal problems**

**21. Circulation problems** (including blood clots)

**22. Benign Tumors, Cysts**

**23. Fibromyalgia, lupus**

**24. Osteoporosis, brittle bones, tendinitis**

**25. Epilepsy, seizures**

**26. Multiple Sclerosis (MS), Muscular Dystrophy (MD)**

- 27. **Polio(myelitis),  
paralysis,  
para/quadriplegia**
- 28. **Parkinson's  
disease, other  
tremors**
- 29. **Other nerve  
damage, including  
carpal tunnel  
syndrome**
- 30. **Hernia**
- 31. **Ulcer**
- 32. **Varicose  
veins, hemorrhoids**
- 33. **Thyroid  
problems, Grave's  
disease, gout**
- 34. **Knee  
problems (*not*  
“arthritis” (use code  
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- 35. **Migraine headaches** (*not* just “headaches”)
- 36. Other impairment/problem (Specify one)
- 37. Other impairment/problem (Specify one)



**PART C**  
**SECTION 5**  
**FAMILY INJURIES AND POISONINGS**

Topic	See Page
Purpose	C39
Instructions	C39
Important Terms	C40



## **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.
- The circumstances surrounding the injury or poisoning.
- The cause of the injury or poisoning.
- If the person was hospitalized.
- How much school or work the person missed.

## **INSTRUCTIONS**

The reference period for all questions in this section is 3 months, which is defined as 91 days prior to the day of interview.

For this section, we are interested in collecting data only for injuries or poisonings for which medical advice or treatment was sought.

It is important that you record the specific date the injury/poisoning occurred, and not an approximate date. You have a laminated calendar card to show the respondent in order to help him/her recall the exact date the injury/poisoning occurred. It may be helpful to use reminders such as holidays or other events to zero in on the specific date.

This section includes several questions that have "open text" entry fields. These are questions that ask you to write, in some detail, the events that occurred, the body part that was injured, etc. 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. That is, whatever answer you entered for these fields is released "as is" for public use, with any spelling or grammar errors that might be contained within.

When recording the Body Part that was hurt, be sure to enter the specific body part that was injured. For example, "upper, right arm", and "lower back" are specific, but "right arm", and "back" are not. Enter each specific body part/kind on a separate line. For poisonings affecting the whole body, indicate "whole body" under body part.

When recording the Kind of Injury or Poisoning, be sure to be specific about the kind of injury. For example, "broken bone," "cut," "sprained," "bruised," etc. are specific kinds of injuries. General or vague answers such as "hit," or "hurt" are not acceptable as a kind of injury because they do not provide sufficient information on the nature of the injury. For poisonings, record the kind of substance causing the poisoning under Kind of Injury or Poisoning.

When asked to describe the circumstances leading to the injury /poisoning, be sure to record the respondent's verbatim response, probing for as much detail as possible, 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 that the respondent considers an injury. Injuries can result from accidental causes, such as falls or motor vehicle collisions, or from intentional incidents, such as stabbing, gunshot wounds, or other assaults.

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

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

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

**Hospitalized** means a stay of one or more nights in a hospital. Hospitalization does **not** include visits to an emergency room or outpatient clinic, even if they occur at night, unless the person was admitted and stayed overnight. Hospitalized persons are referred to as "patients in the hospital." 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**

Topic	See Page
Purpose	C42
Instructions	C42
Important Terms	C42

## 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 are intended to determine if the family's access to health care is restricted because of financial concerns.

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

The rest 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 couple of questions asks 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. This can be tricky, but through the use of the calendar card provided, you can make sure the respondents follow this transition, and respond appropriately.

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

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

## IMPORTANT TERMS

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

Include as a **patient in a hospital** only persons who were admitted and stayed overnight or longer. Exclude persons who visited emergency rooms or outpatient clinics, unless that person was

admitted and stayed overnight, and exclude stays for nonmedical reasons, such as staying with a sick family member.

**PART C**  
**SECTION 7**  
**FAMILY HEALTH INSURANCE**

Topic	See Page
Purpose	C45
Instructions	C45
Important Terms	C47

## **PURPOSE**

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

## **INSTRUCTIONS**

In this section the respondent will be asked to identify what kind of health care coverage each person in the family has. 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 that are asked 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 purposes of this survey, Single Service Plans are not considered private health insurance and should not be recorded as such. For individuals who indicate that they are covered by a Single Service Plan, simply record them as being covered by a single service plan, 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. Kinds of coverage with varying state specific names include Medicaid, the Children's Health Insurance Program (CHIP), 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 names has been designed.

If a respondent indicates that he/she is covered by COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) or by TCC (Temporary Continuation of Coverage), this should be coded as a Private Health Insurance Plan from employer or workplace. COBRA provides a bridge between health 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 employers group health insurance plan as an individual or family health care coverage for up to 18 months at one's own expense. In some cases, a spouse and dependent children are also eligible for COBRA coverage for as long as three years.

The TCC program is similar to COBRA. This program is available to federal employees. If a person loses Federal Employees Health Benefit (FEHB) coverage because of separation from federal service, they may enroll under the TCC provision of FEHB law to continue coverage for up to 18 months at their own expense in a FEHB plan. 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 the private health insurance coverage, (i.e. private health insurance from employer or workplace, purchased directly, or through a state or local government or community program) 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 covered by that type of coverage. For example, a family of 6 who all have private health insurance, and are covered under the same plan name, will only get the private insurance follow up questions once, because the questions will only be asked for that one plan. 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 covered by Medicaid.

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

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

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



## **IMPORTANT TERMS**

**Private Health Insurance Plan** is any type of health insurance, including Health Maintenance Organizations (HMOs), other than the public programs in categories (4) and (6)-(12) and single service plans (13). These plans may be provided in part or full by the persons' employer or union, or may be purchased directly by an individual.

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

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

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

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

**CHIP (Children's Health Insurance Program or SCHIP)** refers to a joint federal and state program, administered by each State that offers health care coverage to low-income, uninsured children 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 be found in the Flashcard and Information Booklet.

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

**TRICARE/CHAMPUS/CHAMP-VA** --TRICARE is a regionally managed health care program for active duty and retired members

of the uniformed services, their families, and survivors. Under TRICARE, there are three options for health care: TRICARE Prime, TRICARE Extra, and TRICARE Standard. CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services) is an older name which is used sometimes. CHAMPUS is now called TRICARE Standard. CHAMP-VA (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total permanent service-connected disability.

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

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

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

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

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

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

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

**POS**, or Point of Service Plans are a form of managed care, although not a “traditional” HMO. POS plans allow for “opt-out”, or out-of-network coverage, but 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 the 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 you doctor and hospital bills. A fee-for-service plan pays for covered services after the services have been received. This is also known as an indemnity plan.

**PART C**  
**SECTION 8**  
**FAMILY SOCIO-DEMOGRAPHIC**  
**BACKGROUND**

Topic	See Page
Purpose	C51
Instructions	C51
Important Terms	C52

## **PURPOSE**

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

- 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 health problems, as well as those without health problems. These data will enable analysts to compare the health status and use of health services among the different demographic groups in the country.

## **INSTRUCTIONS**

Note that the screen that asks for the subject's place of birth (PLBORN) includes all of the 50 states, the District of Columbia, an option for "United States (state unknown)," and an option for "Not in the United States." If the person was born in a US territory, or Commonwealth, such as Puerto Rico, or Guam, enter the option for "Not in the United States."

If the person was born at sea, enter "A" at screen POB\_FOREIGN. This will take you to the list of areas beginning with the letter "A." Here you will find the option for "At sea."

As you browse through the list of foreign countries, territories, principalities, republics, and kingdoms, you may notice that there seems to be some redundancy. This is to take into consideration the many ways in which a respondent may interpret the question "Where were you born?" For example, a person could report that he/she was born in Russia, the Russian Federation, the Union of Soviet Socialist Republics, the USSR, or several other possibilities. Even if a person's response sounds strange or wrong, enter the first letter of the name of the area he/she indicated to see if it is listed. Enter the number for the area that most closely resembles the response the person gave you, even if you think he/she meant something else.

Remember when asking the education question, that we are interested in ascertaining the highest level of school COMPLETED, or the highest degree received.

## IMPORTANT TERMS

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

A **job** exists when there is:

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

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

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

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

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

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

- worked for wages, salary, commission, tips, piece-rates, or
- pay-in-kind (e.g., room-and-board);
- worked for profit in his/her own business, practice or farm;
- worked as a civilian for the National Guard or Dept. 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, e.g., teachers)
- involvement in a labor dispute that is taking place at his/her
- place of employment;
- sick leave (paid or unpaid);

- a temporary lay-off (lasting less than 30 days), *and* the person expects to be called back within that time period.

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

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

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

Include as **working, but not for pay**:

at least 15 hours of work per week without pay in a business or farm operated by a related household member.

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

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

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

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

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

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

**Earnings** includes:

- 1) Wages and salaries including tips, commissions, Armed Forces pay and cash bonuses, as well as subsistence allowances;
- 2) Net income from unincorporated businesses, professional practices, farms, or from rental property. (“Net” means after deducting business expenses, but before deducting personal taxes.)

It does **NOT** include:

- 1) Income “in kind”, such as the value of room and board, free meals in restaurants, food stamps, free or reduced rent, value of crops produced by a farmer but consumed by his/her family, etc.;
- 2) Lump sum payments of any kind, such as insurance payments, inheritances, or retirement;
- 3) Occasional gifts of money from persons not living in the household or any exchange of money between relatives living in the same household;
- 4) Money received from selling one’s own house, car, or other personal property;
- 5) Withdrawals of savings from banks, retirement funds, or loans;
- 6) Tax refunds or any other refund or rebate;
- 7) Social Security, or Supplemental Security Income;
- 8) Income from retirement, disability, and survivors pensions;
- 9) Income from interest and dividends;
- 10) Cash public assistance payments (welfare);
- 11) Veteran’s payments;
- 12) Unemployment or workman’s compensation;
- 13) Alimony and child support;
- 14) Money regularly received from friends or relatives not living in the household;
- 15) Other periodic money income.

## **PART C SECTION 9**



## FAMILY INCOME

Topic	See Page
Purpose	C56
Instructions	C57
Important Terms	C57

## **PURPOSE**

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

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

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

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

## **INSTRUCTIONS**

If necessary, assure respondents that this information will be held

in the strictest of confidence.

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

Also, remember that when answering the question "Who receives Child Support?" to enter the line number of the child for whom the support is intended.

## **IMPORTANT TERMS**

### **Types of Income**

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

**Self-employment** includes income from businesses and farm income.

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

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

The worker must have contributed to the Social Security fund for the required number of years. Social Security checks arrive in a gold colored envelope, unless a recipient has chosen to have the check "direct deposited" into his/her checking or savings account. Social Security payments can be received by one person 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) receive a joint amount in a single check. Also, in the case of dependent children, an adult in the household can be designated as the "payee" for the children's benefits and the monthly Social Security check is made out to the parent (or guardian) of the children.

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

**Disability Pension** includes some of the following:

- Company or union disability--received by former employees of private companies, businesses, etc., or members of unions who were forced to leave their jobs permanently or for an extended period of time due to a disability or other health condition.
- Federal Government (Civil Service) disability--received by former employees of the Federal Government prior to reaching retirement age, who were forced to leave their job permanently or for an extended period of time due to a disability or other health conditions.
- U.S. Military retirement disability--received by former members of the Armed Forces who have a disability of at least 30% (under a standard schedule of rating disability by the VA) and either the member has 8 years of service; the disability results from active duty; or the disability occurred in the line of duty during a time of war or national emergency or certain other time periods.
- State or local government employee disability--same as "Federal Government (civil service) disability," except received by former employees of state or local governments.
- U.S. Railroad Retirement Disability--similar to Social Security and received by disabled former employees of the railroad.
- Accident or disability insurance--received by persons who purchase, on their own, an accident or disability insurance policy. The payments would be received from the person's insurance company.
- Black Lung miner's disability--received by miners who were found to be suffering from black lung disease. These payments come from the U.S. Government.
- State temporary sickness--programs in five states (New Jersey, New York, California, Hawaii, and Rhode Island) pay benefits to workers who are temporarily ill or disabled due to a non-work related accident or illness.

**Other Retirement or Survivor Pension** includes:

- Company or union pension (including profit-sharing)--received by a retired worker from a retirement or pension plan established by his/her previous employer or union.
- Federal Government (Civil Service) retirement--received by retired employees of the Federal government.
- U.S. Military retirement received by retired military personnel who served for 20 years or more in the Armed Forces. Veteran's payments are not the same as military retirement.
- State or local government pension received by retired employees of State government or local governments such as a county, city, or town.
- Regular payments from annuities or paid-up insurance policies in order to provide additional income during retirement, many people purchase an annuity which guarantees regular income payments or convert their paid-up life insurance policies into monthly payments.
- Regular payment from IRA, KEOGH or 401(k) accounts--IRA and KEOGH accounts are savings plans that workers establish to provide them with benefits upon retiring. The two plans differ in that KEOGH plans are for self-employed workers only.
- A 401(k) plan is a thrift savings plan set up by employers to provide retirement benefits for their workers.

This does **NOT** include disability pensions, Social Security, and Railroad Retirement.

**Supplemental Security Income** checks are received by low-income persons who are either aged (65 years old or over), blind or disabled. SSI is administered by the Social Security Administration, 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.

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

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

Temporary Assistance for Needy Families (TANF) is a public assistance program which replaced AFDC/ADC. Generally, TANF is administered at the state level and the type of benefits available differ 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 which is linked to an account containing their welfare monies. In other states, welfare recipients work at a job, and the monies for their paycheck come from the state or county welfare program. Debit card and welfare-subsidized wages are also considered cash assistance.

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

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

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

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

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

### **Program Participation**

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

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

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

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

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

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

Eligibility for WIC is based on the following four criteria:

- Participants must be either a pregnant, postpartum, or breast-feeding woman, an infant, or a child under the age of five.
- The participant's household income must be below 185 percent of the poverty line.
- WIC participants must be certified by a health professional to be at nutritional risk, which can include problems such as: inadequate diet; abnormal weight gain during pregnancy, a history of high-risk pregnancy; child growth problems such as stunting, underweight, or anemia; and homelessness or migrancy.
- Any individual at nutritional risk who receives benefits from the Food Stamp Program, TANF/AFDC or Medicaid, or is a



member of a family in which a pregnant woman or infant receives Medicaid benefits, is deemed automatically eligible to meet the WIC income test.

**PART C**  
**SECTION 10**  
**SAMPLE CHILD RESPONDENT**  
**IDENTIFICATION AND VERIFICATION**

Topic	See Page
Purpose	C65
Instructions	C65

## **PURPOSE**

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

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

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

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

## **INSTRUCTIONS**

If, while verifying the age of the Sample Child, it is determined that this person really should not have been selected as a Sample Child, the instrument will skip this section. It will NOT select another child as the Sample Child.

**PART C**  
**SECTION 11**  
**SAMPLE CHILD CONDITIONS,**  
**LIMITATIONS OF ACTIVITY AND HEALTH STATUS**

Topic	See Page
Purpose	C67
Instructions	C67
Important Terms	C67

## **PURPOSE**

The main purpose of the Sample Child Conditions and Behavior section is to record basic health information about the sample child. This section collects basic physical data on children such as:

- Birth weight
- Current weight
- Current height

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's syndrome, mental retardation or autism.
- Other developmental delays.
- Attention deficit hyperactivity disorder (ADHD).
- Vision and hearing problems.

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

- chicken pox
- 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 children's behavior and emotional adjustment.

## **INSTRUCTIONS**

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

Also, answers to hearing questions will determine subsequent questions. Responses to initial vision questions, as well as the age of the Sample Child, will affect the type of follow-up questions in this section.

Vision questions may ask about difficulty seeing, vision testing by a medical doctor, and eye protection while doing activities.

As with all sections, be sure that you ask the questions exactly as worded, and that you correctly record the response. This will assure that later follow up questions will make sense in the context of previously recorded information.

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

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; and one set for children age 4-17 years. Although the numbering of answer categories is the same (0,1 or 2), the specific wording for each age range is different. It is important that you make sure you are showing the respondent the correct flashcard for each set of questions. Flashcard C3 (with the categories NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE) is used for for 2-3 year olds, while those answer categories for 4-17 year olds ( NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE) appear on flashcard C4.

## **IMPORTANT TERMS**

**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.

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

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

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

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

**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.

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

**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.

**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.

**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.

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

**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.

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

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

**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.

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

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

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



**PART C**  
**SECTION 12**  
**SAMPLE CHILD HEALTH CARE**  
**ACCESS AND UTILIZATION**

Topic	See Page
Purpose	C72
Instructions	C72
Important Terms	C73

## PURPOSE

The purpose of the child health care access and utilization section is to identify all contacts with medical doctors or their assistants during a specific period of time. The information from this section provides measures of how the country's health care system is being utilized by children under age 18. Whereas the Family Section asked about hospital stays and doctor visits for each person in the family, the Child Access and Utilization Section asks more detailed questions about the Sample Child's access to care, including:

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

## INSTRUCTIONS

When asking about the place where the Sample Child **USUALLY** goes when he/she is sick, note that this may or may not be the doctor or clinic most recently contacted. (*For example, the most recent contact may be with a specialist never seen before.*) Also, it need not be a doctor or clinic the respondent has ever contacted before on behalf of the Sample Child. In this case, the question refers to the doctor or place the respondent would contact if the Sample Child is sick or needs advice about his/her health.

If the Sample Child is less than two years old, some questions, including the "not getting mental health care," dental care and "eyeglasses because of cost" questions will not be asked.

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 contacts 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 an optician as someone who prescribes eyeglasses.

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, such as teaching 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 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 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 medication which can only be obtained through a doctor or dentist. The medication is usually obtained from a pharmacy or mail order pharmacy using a written note or telephoned instruction from a doctor or dentist.

**Recreational therapy** includes art, music or dance therapy, as well as evaluating leisure and recreational activities, participation in school and community activities and/or providing leisure education.

**A Respiratory Therapist** is a person who provides services prescribed by a physician for the assessment, diagnostic evaluation, treatment, management and monitoring of patients with deficiencies and abnormalities of cardiopulmonary function.

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

**A Speech Therapist** is a person who works to improve speech or oral communication for problems such as stuttering, impaired articulation, or a language or voice impairment.

**Surgery** is any cutting of the skin including stitching of cuts or wounds. Include both major surgery and minor procedures such as cutting or piercing of other tissue, scraping of internal parts of the body and setting of fractures and dislocations.

**Waiting time to see the doctor** includes only time from arrival until the health care provider is seen.

**PART C  
SECTION 13  
CHILDREN WITH  
SPECIAL HEALTH CARE NEEDS**

<b>Topic</b>	<b>See Page</b>
Purpose	<i>C77</i>
Instructions	<i>C77</i>
Important Terms	<i>C77</i>

## PURPOSE

The purpose of the Children With Special Health Care Needs Supplement is to provide prevalence estimates for this population of children (those who require special health care needs). The results will have great value for policy makers, epidemiologists, health service researchers, and other groups in the child health community. This set of questions includes inquiries about health problems, concerns, or conditions that may affect things like:

- Behavior
- Learning
- Growth or physical development
- Abilities and activities at school or play
- The kind or amount of services needed or used

These questions are for testing purposes, and may be similar to questions that are asked towards the beginning of the Sample Child Questionnaire.

## INSTRUCTIONS

Some of the questions in this section are dependent upon the answers to previous questions within the supplement. If the respondent indicates that the Sample Child does have special needs in a particular area, follow up questions ask if the special needs stem from ANY medical, behavioral, or other health condition and how long the condition will last.

Some of the follow up questions make reference to a specific time period, specifically if a condition “is expected to last FOR AT LEAST 12 MONTHS.” As with all sections, be sure that you ask the questions exactly as worded, emphasizing the time period.

## IMPORTANT TERMS

**Mental Health Services** is respondent defined.

**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.

**Physical therapy** is therapy administered to develop, improve, or

restore gross motor skill movements, such as walking.

**Occupational therapy** is therapy that develops, improves or restores fine motor skills which usually involve the use of the fingers, hands or arms. It may involve working on activities like dressing, feeding and writing.

**Speech Therapy** is therapy that works to improve speech or oral communication for problems such as stuttering, impaired articulation, or a language or voice impairment.



**PART C**  
**SECTION 14**  
**IMMUNIZATION**

<b>Topic</b>	<b>See Page</b>
Purpose	C80
Instructions	C80
Important Terms	C80

## **PURPOSE**

The purpose of the Immunization Section is to assess progress toward national immunization goals set by the Childhood Immunization Initiative. One way of measuring the progress toward these goals is to collect data on the number of children who have received all of their recommended shots for their ages. In order to determine if a child has received all recommended immunizations for his/her age, we collect information on the number of immunizations a child has had, as well as the date that the immunization was given. Because a child must receive many immunizations, and it is hard to remember when all the immunizations were given, we ask the respondent to refer to the child's immunization record, also called a shot card or a shot record.

## **INSTRUCTIONS**

The Immunization questions will be asked of two groups of children:

- Any child designated as a Sample Child
- Any additional children age 12-35 months

If the shot records are available for the child, the questions about each type of shot will be asked in pairs.

- The first question asks how many shots or doses of this type of immunization the child received.
- If the child received this type of immunization, the second question asks on what dates the child received his/her shots or doses beginning with the earliest date.

If the shot records are not available for the child, and will not be available by closeout, a different set of questions is asked. This set of questions asks the respondent simply to recall how many shots or doses of a given immunization the child received. It does NOT prompt the respondent to recall on what dates the shots or doses were given. Emphasize to the respondent the importance of using the child's shot record to complete this set of questions. If the child has a shot record, encourage the respondent to make it available during your initial contact; otherwise, arrange a callback to complete the immunization section when the shot record will be available.

If a child does not have an up-to-date shot record, encourage the respondent to obtain it from the child's physician, if possible, and arrange for a callback to complete this section after the information has been obtained.

**Do not** complete this section from the respondent's memory if there is any chance of having the up-to-date shot record before closeout.

## IMPORTANT TERMS

**DTP shot - The Diphtheria-Tetanus-Pertussis vaccine.** A total of 5 doses is recommended to be given at ages 2 months, 4 months, 6 months, 15-18 months, and 4-6 years. It sometimes may be referred to as a DT(without Pertussis) shot or DPT shot.

**Polio vaccine** - This includes both orally administered vaccines and shot/injections. A total of 4 doses is recommended to be given at ages 2 months, 4 months, 15-18 months and 4-6 years.

**HIB-Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) vaccine.** This relatively new vaccine protects against a certain type of bacterial meningitis that affects young children. It may be known as the

“H-I-B” or “Hib” or “H.flu” vaccine. It currently is given at ages 2 months, 4 months, 6 months and in the past was given between 15 and 24 months of age.

**Measles/MMR shot** - This is usually given as a combination shot called MMR (Measles, Mumps, and Rubella) and is usually given once at 15 months of age. However, there has been a recent effort to have all school-age children revaccinated. Consider a single shot for German measles only as a “Measles shot.”

**HEP Hepatitis B shot** - this relatively new vaccine protects against a certain type of viral liver infection (hepatitis) which affects many adolescents to young adults. It is usually given as a series of 3 injections in the first two years of life, beginning between birth and 2 months of age.

**VAR Varicella (Chickenpox) shot** -This new vaccine protects against chickenpox. It is given at 12-18 months of age. Children who have not been vaccinated previously and who lack a reliable history of chickenpox should be vaccinated by 13 years of age.

**Pneumococcal vaccine** - There are two kinds of pneumococcal vaccines: pneumococcal conjugate vaccine (PCV); and pneumococcal polysaccharide vaccine (PPV). The pneumococcal conjugate vaccine became available in 2000 and is commonly given to all young children at 2, 4, 6 and 12-15 months of age; fewer doses are needed if the child begins the series after 6 months of age. The pneumococcal polysaccharide vaccine is

usually only given to children at least two years of age with serious medical problems or children in certain populations. It is given once or twice. A few children over the age of two who have serious medical conditions may have received the polysaccharide vaccine and the conjugate vaccine. Please count either type of pneumococcal vaccine. The shot record may not distinguish between the two vaccines.

**TDB Tetanus-Diphtheria booster (Td) shot-** this refers to the Tetanus-Diphtheria toxoid, adult type. This is usually given at age 12 and recommended every 5 to 10 years thereafter.

**PART C**  
**SECTION 15**  
**SAMPLE ADULT IDENTIFICATION**

Topic	See Page
Purpose	C84
Instructions	C84

**PURPOSE**

The purpose of the Sample Adult Identification section is to identify the Sample Adult, and to verify some information. If the Sample Adult is not the person who acted as the respondent to the Household Composition section, the instrument will ask you to verify

- The Sample Adult's sex
- The Sample Adult's age
- The Sample Adult's date of birth

**INSTRUCTIONS**

If, while verifying the age of the Sample Adult, it is determined that this person really should not have been selected as a Sample Adult, the instrument will skip this section. It will NOT select another person as the Sample Adult.

**PART C**  
**SECTION 16**  
**SAMPLE ADULT DEMOGRAPHICS**

Topic	See Page
Purpose	C86
Instructions	C86
Important Terms	C87

## PURPOSE

The purpose of the Demographic portion of the Sample Adult section is to verify the Sample Adult's working status and, if working, additional information, including:

- where he/she works
- kind of business or industry
- kind of work performed
- most important activities
- other questions about his/her job.

Beginning in 2001, information will be obtained from currently employed respondents, as well as retired or ever-employed Sample Adults.

In 2002, there is an addition of two supplement questions about the age of the home, and testing for lead paint.

## INSTRUCTIONS

To be considered looking for work, a person has to have conducted an active job search.

When describing the kind of business or industry the Sample Adult is/was employed by, indicate both a general and specific function for employers and businesses. For example, in "copper mine," the word "mine" is general, while the word "copper" indicates the specific kind of mine.

- **For Government Agencies:** If the title clearly designates the main function of the agency, enter the name of the agency (e.g., the U.S. Census Bureau). If the main function is not clear from the title, ask for and report the division or branch for which the person works.
- **For Firms with more than one business:** If activities are carried on in separate places, describe the business in which the person actually worked. If activities are carried on in the same place, describe the main activity.
- **For household or domestic workers:** Determine if the person works/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 and seldom makes products.
- **Some other kinds of business:** Any other type of establishment which renders a service to individuals and/or organizations. Examples are hotels, dry cleaners, advertising agencies, restaurants, and automobile repair shops.

When entering the kind of work the person was doing at his/her main job or business, remember that the entry should clearly state the kind of work or nature of duties performed by the person. The occupation entry should describe what the person does (e.g., shipping department supervisor, inventory clerk). One word occupational descriptions are usually not adequate. For example, we need to know what type of nurse, engineer, clerk, or teacher the person is/was.

For example:

Inadequate     Adequate

Adjuster   Claims adjuster, brake adjuster, machine adjuster, merchandise adjuster, complaint adjuster, insurance adjuster

Engineer   Civil engineer, locomotive engineer, mechanical engineer, aeronautical engineer

Scientist   Specify the field; for example, political scientist, physicist, sociologist, oceanographer, home economist

When describing the kind of work or duties the person performs/performed at his/her main job or business, be sure to detail the kind of work the person does/did. The entry to this item must include enough additional information for a precise occupational classification. Usually a few words telling what the respondent's job activities, or the tools he/she uses, will suffice. For example, two people with the same job title, "Telephone Co. serviceman," may have different activities such as installing phones in homes or repairing telephone transmission lines.

## IMPORTANT TERMS

**Main job or business** refers to the job or business which is the *primary* source of a person's income.

A **Job** exists when there is:

- A definite arrangement for regular work,
- The arrangement is on a continuing basis, and
- A person receives pay or other compensation for his/her work.

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

A **business** exists when one or more of the following conditions is met:

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

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

Examples of what to include as a business:

- Sewing performed in the sewer's house using her/his own equipment.
- Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Examples of what are NOT businesses are:

- Yard sales; the sale of personal property is not a business or work.
- Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family which chops and sells Christmas trees from October through December does not have a business in July.
- Distributing products such as Tupperware, or newspapers.

Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

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

- worked for wages, salary, commission, tips, piece-rates, or pay-in-kind (e.g., room-and-board);

- worked for profit in his/her own business, practice or farm;
- worked as a civilian for the National Guard or Department of Defense;
- performed exchange or share work on a farm

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

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

**Active job search** means that a person took the steps necessary to put him/herself in a position to be hired for a job and would include any of the following:

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

Job search methods that are NOT active include looking at ads without responding to them, or picking up job applications without filling them out.

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

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

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

**Unable to work because of health reasons, Disabled, and Retired** are respondent defined.

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

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

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

A person has **ever worked** if they have held any sort of job or worked at a business, with or without pay. Again, unpaid work consists of at least 15 hours of work per week without pay in a business or farm operated by a related household member. Volunteer efforts and unpaid internships should not be considered as working.

**Private company or business:** This employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes work for private organizations doing contract work for government agencies.

**Federal government** includes persons working for any branch of the federal government including persons who were elected to paid federal offices and civilian employees of the Armed Forces and some members of the National Guard. Include employees of international organizations like the United Nations and employees of foreign governments such as persons employed by the French consulate.

**State government** includes employees of State governments, such as paid state officials, state police, employees of state universities and colleges, and statewide JTPP administrators.

**Local government** employees are employees of counties, cities, towns, and other local areas. Included here would be city-owned bus lines, electrical power companies, water and sewage services, etc. Employees of public elementary and secondary schools who worked for the local government should also be here.

**Self employed** persons includes any person working for profit or fees in their own business, shop, office, farm, etc. Include persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators, or independent truckers.

**Working without pay includes** working on a farm or in a business operated by a related member of a household, without receiving wages or salary for work performed.

**PART C**  
**SECTION 17**  
**SAMPLE ADULT CONDITIONS**

<b>Topic</b>	<b>See Page</b>
Purpose	C93
Instructions	C93
Important Terms	C94

## **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, MS and Parkinson's disease.
- Temporary conditions such as recent neck pain, back pain, headaches, facial pain, colds, intestinal illnesses, etc.

This section also records the general conditions of the person by asking about things like:

- pregnancy (women only)
- hearing
- vision
- tooth loss
- general feelings/emotional health
- Irritable Bowel
- allergic reactions
- sleeping

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.

Some of the information collected in this section will also be used as the basis for questions within the Alternative Health Supplement, which is new for 2002.

## **INSTRUCTIONS**

Some of the questions in this section are dependent upon the answers to previous questions within the instrument. You may notice specifically, that if the respondent indicates that he/she has asthma, then a series of follow up questions will be asked about asthma attacks, asthma medication and asthma related visits to the emergency room. Similarly, if the Sample Adult indicates he/she has trouble hearing, this triggers a series of questions about causes of hearing loss and age when hearing loss first occurred.

Some of the questions make reference to a specific time period, such as the PAST 12 MONTHS, the PAST THREE MONTHS, the PAST 30 DAYS, or the PAST TWO WEEKS. Other questions refer to the person's entire life by asking if he/she EVER had these conditions or limitations. Notice that for the questions relating to

head and chest colds, and intestinal illnesses, for example, we are interested only in conditions that occurred during the past two weeks.

When asking about hypertension, remember to only include reports of hypertension/high blood pressure that were diagnosed by a doctor or other health care professional. Do not include home blood pressure testing or testing by a machine in the mall or other commercial establishment.

## **IMPORTANT TERMS**

**Hypertension**, also called high blood pressure, is elevated blood pressure resulting from an increase in the amount of blood pumped by the heart or from increased resistance to the flow of blood through the small arterial blood vessels (arterioles).

A **Stroke** is a cerebral hemorrhage or embolism of the cerebral blood vessels.

**Emphysema** is an abnormal enlargement or distension of the air sacs of the lungs, causing difficulty in breathing. Usually chronic and progressive, the condition is associated with heredity, smoking, and long-standing respiratory ailments such as chronic bronchitis.

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

**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.

**Sinusitis** is an inflammation of a sinus.

**Bronchitis** is an inflammation of the bronchial tubes caused by viral or bacterial infection or by the inhalation of irritating fumes (e.g., tobacco smoke, air pollutants). Symptoms include cough, fever, and chest pains.

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

**Neuropathy** (nur-AH-puh-thee) is an abnormal and usually degenerative state of the nervous system or nerves.



**Diabetic retinopathy** (REH-tin-AH-puh-thee) is an eye problem of diabetes that damages the tiny blood vessels in the retina. The retina is the tissue at the back of the eye.

**Cataracts** is the clouding of the lenses which causes a general loss of detail. This may cause problems with glare or distortion, such as double images.

**Glaucoma** is an increase in pressure in the eye which causes damage. If not treated soon enough, glaucoma can destroy side vision, leaving a small area in the center where the person still sees.

**Macular degeneration** is when the macula, which is a small area in the eye where vision is sharpest, deteriorates. Central vision declines, making it difficult to do close work such as reading or recognizing faces. The person may still have side vision.

**PART C**  
**SECTION 18**  
**SAMPLE ADULT HEALTH STATUS**  
**AND LIMITATIONS OF ACTIVITY**

Topic	See Page
Purpose	C97
Instructions	C97
Important Terms	C97
Specific Questions	C98

## PURPOSE

The health status and limitations of activity section consists of two parts--health indicators and limitations in function. The purpose of this section is to determine:

- how many days of work the Sample Adult missed in the last year and how many days he/she spent in bed
- overall health as compared to a year ago
- how much difficulty the Sample Adult may have doing certain activities
- the condition(s) that causes the difficulty in function
- how long he/she has had the condition that causes the limitation in function.

## INSTRUCTIONS

If the Sample Adult indicates that he/she has difficulty with one of the activities mentioned, the instrument will go to a list of health problems that may cause his/her difficulties. This question asks the respondent to identify which health problem(s) cause the difficulty. Remember that the respondent may chose more than one.

When you show the respondent the list of possible conditions that cause his/her difficulty with activities, and he/she gives you a response, be sure to carefully look at the list of conditions provided on the screen to see if the response fits into any of the precoded categories. If it does not fit into any of the precoded categories, type in the code for "More" (M) to proceed to the additional conditions screens. If the condition described by the respondent does not appear on either list, type in the code for "Other" and then specify what the exact condition is. DO NOT type a number from one of the previous condition screens in the Other-Specify screen.

## IMPORTANT TERMS

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

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

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

**By yourself** is considered to be without the help from another person or without hands-on assistance with performing an activity. Another person may be a friend, relative, paid helper, volunteer from an agency or organization or anyone else who helps the family member in doing the activities mentioned. He or she may be a household member or a non-household member.

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

## SPECIFIC QUESTIONS

### **What condition or health problem causes you to have difficulty with *these activities*?**

This question contains two screens of item responses. The flashcard for this question only lists the conditions and health problems from the first 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.

If the respondent lists a condition or health problem that is not on the flashcard, you should first try to determine whether the condition he/she lists belongs in one of those categories. Otherwise, enter M to proceed to the next screen for another list of possible conditions from which you may choose to code the respondent's answer or 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). When the respondent has no more conditions or health problems, enter "N" for no more.

*THESE CONDITIONS  
ARE PRINTED ON THE  
FLASHCARD AND ON  
THE FIRST CONDITION  
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. **Fractures, bone/joint injury** includes:
  - “torn cartilage”
  - “broken arm,” “broken leg,” “broken wrist,” etc.
6. **Other injury** includes:
  - “head injury”
  - “car accident injury”
  - “burns”
  - “chemical injury”
  - “gun shot wounds”
  - “frost bite”
  - “snake bite”
7. **Heart problem** includes:
  - “angina”
  - “heart attack”
  - “heart murmur”
  - “heart failure”
8. **Stroke problem** includes “brain aneurysm.”
9. **Hypertension/high blood pressure** includes “high blood pressure.”
10. **Diabetes** includes “high blood sugar.”
11. **Lung/breathing problem** includes:
  - “asthma”
  - “chronic bronchitis”
  - “chronic obstructive pulmonary disease (COPD)”
  - “emphysema”
  - “pneumonia”
  - “respiratory allergies”
  - “shortness of breath”

12. **Cancer** includes:
  - “Hodgkin’s Disease”
  - “leukemia”
  - “lymphoma”
13. **Birth defect** includes “spina bifida.”
14. **Mental retardation** includes “Down's 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 ON THE SECOND  
CONDITION SCREEN  
AND ARE **NOT** PRINTED  
ON THE FLASHCARD.*

*DO **NOT** READ THEM.*

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

**PART C**  
**SECTION 19**  
**SAMPLE ADULT HEALTH BEHAVIORS**

<b>Topic</b>	<b>See Page</b>
Purpose	C102
Instructions	C102
Important Terms	C103

## PURPOSE

The health behaviors section asks questions that record information about general health behavior or habits, including:

- smoking
- physical activity
- alcohol

This information helps researchers measure how a person's daily habits affect his/her overall health.

This section also asks for the Sample Adult's current height and weight.

## INSTRUCTIONS

This section contains many subsets of questions that are dependant upon the responses to previously asked questions. For example, if the Sample Adult indicates that he/she has smoked at least 100 cigarettes in his/her ENTIRE life, some follow up questions about smoking will be asked. If he/she has not smoked at least 100 cigarettes in his/her ENTIRE life, the instrument will go on to the questions about physical activity.

Similarly, if the respondent indicates that he/she has had at least 12 drinks of any type of alcoholic beverage in his/her lifetime, certain follow up questions will be asked, that would not otherwise be asked.

Because of the selective way that questions are asked, it is extremely important that the respondent understands each question, and clearly understands the specific reference period for each question. This will ensure that the proper follow up questions will be asked.

Some questions ask about behavior over the course of the Sample Adult's ENTIRE life, others ask about behavior during ANY ONE YEAR, but not necessarily the past year, some ask about the PAST 30 DAYS, and some ask about the PAST 12 MONTHS. Be sure that the respondent understands the reference periods that are being asked about.

The questions about physical activity ask about 3 categories of physical activities.

- Vigorous activities
- Light or moderate activities
- Strengthening activities



With the exception of the questions about strengthening activities, there are 2 questions for each of these kinds of activities. The first is "how often do you do it," and the second is "for how long."

Note that the frequency of activities may be recorded in any time reference that the respondent reports: times per day, per week, per month or per year. Maximum frequency is 4 times per day (or its equivalent).

Questions about height and weight give you the option of entering the information in metric measurements by entering 'M'.

## **IMPORTANT TERMS**

A **cigarette** is anything the respondent reports except cigars or any kind of marijuana.

**Smoking regularly** is respondent defined. If asked about what this means, say that "It is whatever you consider as first starting to smoke fairly regularly."

**Exercise, sports, or physically active hobbies** are respondent defined.

**Vigorous activities** might include fast walking, fast bicycling, jogging, strenuous swimming or sports play, vigorous aerobic dance, and strenuous gardening.

**Light or moderate activities** include such activities as moderate paced or leisurely walking or bicycling, slow swimming or dancing, and simple gardening.

**Strengthening activities** are activities that require strenuous muscular contractions such as weight lifting, resistance training, push-ups, sit-ups, etc.

**Alcohol** includes all types of beer (including stout, ale, malt liquor, or light beer, but does not include alcohol-free beer), wine (including port, sherry, sangria wine coolers, and champagne), and liquor (including brandy, liqueurs, scotch, whiskeys, tequila and gin).

**PART C**  
**SECTION 20**  
**SAMPLE ADULT HEALTH CARE ACCESS AND UTILIZATION**

Topic	See Page
Purpose	C105
Instructions	C105
Important Terms	C106

## 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.
- Quality of care.
- Recent (*past 12 months*) changes in where the Sample Adult gets health care.
- Types of physicians seen in the past 12 months.
- Emergency room visits.
- Doctor's or other health care professional's "house calls."
- 12-month doctor visits.
- Surgeries in the past 12 months
- Several kinds of immunizations
- Chickenpox and hepatitis

## INSTRUCTIONS

When asking about the place where the Sample Adult USUALLY goes when he/she is sick, note that this may or may not be the doctor or clinic most recently contacted. (*For example, the most recent contact may be with a specialist never seen before.*) Also, it need not be a doctor or clinic the respondent has ever contacted before. In this case, the question refers to the doctor or place the respondent would contact if he/she is sick or needs advice about his/her health.

Be sure to notice if a question refers to a designated time period. For example, generally the questions recording information about health care provider contacts begin with the phrase "DURING THE PAST 12 MONTHS."

DO NOT include as an optician, someone who prescribes eyeglasses.

When recording emergency room visits, DO NOT include visits to outpatient clinics, urgent care facilities, etc.

If necessary, explain that the hepatitis B vaccine is given in 3

## IMPORTANT TERMS

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.

**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 which usually involves the 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 licenced to practice medicine with physician supervision. What a Physician Assistant does varies with training, experience, and state law. The scope of a PA's practice corresponds to the supervising physician's practice. In general, the PA sees many of the same types of patients as does the physician, but the more complicated or non-routine cases are referred to a physician as appropriate. Physician assistants ALWAYS work in the context of a supervising physician.

A **physical therapist** is a health care professional who administers therapy to develop, improve, or restore gross motor skill movements, such as walking.

**Prescription Medicines** are medication which can only be obtained through a doctor or dentist. The medication is usually obtained from a pharmacy or mail order pharmacy using a written note or telephoned instruction from a doctor or dentist.

A **respiratory therapist** is a person who provides services prescribed by a physician for the assessment, diagnostic evaluation, treatment, management and monitoring of patients with deficiencies and abnormalities of cardiopulmonary function.

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

A **speech therapist** is a person who works to improve speech or oral communication for problems such as stuttering, impaired articulation, or a language or voice impairment

**Surgery** is any cutting of the skin including stitching of cuts or wounds. Include both major surgery and minor procedures such as cutting or piercing of other tissue, scraping of internal parts of the body and setting of fractures and dislocations.

**Waiting time to see the doctor** includes only time from arrival until the health care provider is seen.

**PART C**  
**SECTION 21**  
**SAMPLE ADULT HIV/AIDS**

<b>Topic</b>	<b>See Page</b>
Purpose	C110
Instructions	C110
Important Terms	C110

## **PURPOSE**

The purpose of the HIV/AIDS questions is to obtain information about testing for HIV, the virus that causes AIDS. The data will be used to determine the general population's acceptance and practice of testing for HIV.

In addition, questions about Sexually Transmitted Diseases (STDs) and tuberculosis (TB) are asked in this section.

## **INSTRUCTIONS**

As with other sections, some of the questions in this section are dependent upon the answers to previous questions. You may notice specifically, that if the respondent indicates that he/she has been tested for HIV, the virus that causes AIDS, a different set of follow up questions will appear, than if the person indicated that he/she has never been tested for HIV. Additionally, some of the questions in this section are "age dependent." For example, the questions about STDs will only be asked of Sample Adults age 18-49 years.

As with all sections, be sure you ask the questions exactly as worded, and correctly record the response, so that later follow up questions will make sense in the context of previously recorded information.

There is a screen in this section (STMTRU) that lists 6 statements. This screen has an accompanying flashcard, and instructs the respondent to indicate whether ANY of the statements are true, but not to indicate WHICH ONE is true. It is important that the respondent understands that we are just interested in finding out if ANY of the statements are true, but not WHICH ONE specifically. DO NOT probe for which of the statements is true if the answer is "YES."

## **IMPORTANT TERMS**

**HIV** (human immunodeficiency virus) is a virus that attacks certain white blood cells. The virus is spread through the exchange of body fluids (primarily semen, blood, and blood products) and can persist in the body for a decade or more without any apparent symptoms. HIV is the virus that causes AIDS.

**AIDS** (Acquired Immune Deficiency Syndrome) is caused by the HIV virus, and allows other diseases, that the body's healthy immune system might normally be able to fight off, to overwhelm the individual.

**An HIV test** is a test for HIV, the virus that causes AIDS, which looks for the presence of the HIV antibody, which indicates that an infection has taken place. This test usually requires some blood to



be taken, which is then sent to a laboratory by a doctor, nurse, or other health professional. It usually takes 1-2 weeks to receive the results. Recently, some doctors, nurses, and other professionals have begun using new tests called rapid-screening blood tests. These blood tests can provide results within one hour of having blood drawn.

Consumer-controlled test kits (popularly known as "home test kits") were first licensed in 1997. The brand name of the only federally-approved home test kit is the "Home Access" test kit. The testing procedure involves pricking the finger with a special device, placing drops of blood on a specially treated card, then mailing the card in to be tested at a licensed laboratory. Customers are given an identification number to use when phoning for the test results.

For anyone reluctant to have blood drawn, there are now oral-

fluid and urine HIV tests. The brand name of the only federally-approved oral-fluid test is "Orasure." This test uses a swab to collect fluids from inside the mouth. The swab is then sent to a testing laboratory. Oral fluid tests are becoming more common at many HIV testing locations. Finally, physicians can also use urine tests for patients who are reluctant to have their blood drawn. But urine testing is not as reliable as blood testing.

Blood, oral-fluid, and urine tests (whether administered in a doctor's office, testing center, or at home) should all be considered "HIV Tests" for the purpose of this section.

**STDs** (Sexually Transmitted Diseases) are any of several infectious diseases almost always transmitted through sexual contact. STDs are also known as venereal diseases or VD. Examples of STDs are gonorrhea, chlamydia (cluh-mih-dee-uh), syphilis, herpes, and genital warts.



**PART C  
SECTION 22  
RECONTACT**

<b>Topic</b>	<b>See Page</b>
Purpose	C113
Instructions	C113

## **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, as well as the Social Security number of the family section respondent, which is useful for matching certain statistical records maintained by the Department of Health and Human Services.

## **INSTRUCTIONS**

The Recontact section appears after the Sample Adult Questionnaire is completed or has a callback set up. A separate Recontact section appears for each family if there is more than one family in the household. In a few unusual situations this section may appear after the Family Questionnaire or the Sample Child Questionnaire if there are only emancipated minors or only emancipated minors with children in the family. In these situations you will not have a Sample Adult for the family.

SSN - It is required by the sponsor of the survey that the introduction to the SSN screen be read. If you are asked for the legal authority for collecting Social Security Number, cite the title and section of the United States Code as printed on the screen. If you are questioned as to the need for obtaining the number, reread the introductory statement.

If you are given more than one number, record the first 9 digit number the respondent mentions. If the number has more than 9 digits, record only the first 9 digits. Do not record alphabetic prefixes or suffixes. If anything other than one standard 9 digit number is reported, enter the extra information in an F7 note to the SSN screen.

Enter N if the person does not have a Social Security number. If you enter D for Don't Know or R for refused, you will be asked if you have been able to convince the respondent to give you the number. A Yes response will return you to SSN where you may enter the number. If the answer is No, you will simply proceed with the interview.

It is of particular importance that the respondent's Social Security

Number is correct, therefore, you should use a reasonable amount of effort to obtain it. If the respondent does not have this information or refuses, ask to call back and indicate this an F7 note to the SSN screen.

If, when explaining the purpose of the Contact Person, you are asked when the household will be recontacted, say that NCHS periodically conducts other health surveys with a sample of persons or families who participate in the NHIS. If asked, just say that you don't know when this may take place. **Do not, however, state that there will be no other contacts.** You may need to recontact the household for additional information or the person may be reinterviewed. A respondent's refusal of these items will NOT disqualify the family from being selected for future surveys.

If the respondent is reluctant to give this information, explain how it can save the

taxpayers money if, at a later date, the family moves or proves difficult to contact.

Enter as complete a name as possible using the same rules you applied when entering the household members. The Contact Persons do not need to be related to the sample family, but should have knowledge of the family's whereabouts. Collect as complete an address and telephone number for each Contact Person as possible, including trailer site numbers and house or apartment numbers, if applicable. You will also collect the Contact Person's relationship to the family reference person.



**PART C**  
**SECTION 23**  
**THE BACK SECTION**

Topic	See Page
Purpose	C116
Instructions	C116

## 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 will also set appointments for callbacks in this section.

For each complete and sufficient partial interview, you will enter the answers to a few FR debriefing questions such as language (*English, Spanish, or other*), mode (*telephone or personal visit*), etc.

Based on the progress you made in the interview the "BACK" section evaluates the overall status of the case and sets "OUTCOME" and "ACTION" codes which determine what happens to the case.

## INSTRUCTIONS

You will enter the answer to each of the debriefing questions without asking the respondent. These questions record information such as language, mode, level of cooperation, and other important information about the household.

### **All NHIS interviews should be conducted by personal visit.**

However, there may be times when the only way you can complete the interview is by telephone.

On the INTMODE screen, indicate how all or most of the interview was conducted--by personal visit or telephone. *For example: If you completed the Household Composition by personal visit, but you had to call back by phone to complete the Family, Sample Adult, and Sample Child Questionnaires, enter "2" (Telephone) since this was **how most of the interview was conducted.***

Before exiting a case, the INOTES screen will appear. Enter any notes about the case that you think may be helpful to you if you still need to make callbacks to complete the interview OR to others who may get this household in sample for another health-related survey.

"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.

As noted earlier in this manual, you must call your regional office



supervisor for instructions whenever you discover four or more EXTRA units.

Before closing this type of case, you will collect the respondent's information in case further contact is necessary. You will collect the respondent's full name and title, address and telephone number.

### **Exiting the Case With the F10 Key**

If you exit the case using the F10 key you will go to screen FIN, which has been changed for the 2002 NHIS. There are now 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 Noninterview
- (4) Type B Noninterview
- (5) Type C Noninterview

Entering "1" in FIN is the "quick exit" option. This will get you out of the instrument encountering the fewest number of screens. The only screens you will see are INOTES, VISITCNT and SHOFINAL.

An entry of "2" will take you to a screen that allows you to enter callback information:

If the respondent gives a specific date and time, you are obligated to make the callback as near that time as possible. Therefore, it is OK to enter a specific date, but try to avoid arranging for specific times. If you can get the respondent to agree to a wider range of times, enter "A" for any time **and** specify the acceptable range of time(s) in the "INOTES."

If you and the respondent cannot arrange for a callback before closeout enter "N". This is equivalent to entering "3" in FIN.

Enter "3" in FIN if it is not possible to callback before closeout, or if the case is a refusal or break-off. An entry of "3" in FIN will take you either to screens TYPEABC or PARTIAL, depending on how far you have progressed through the instrument. If you have

not yet reached screen NAME in the Household Composition section you will go to screen TYPEABC.

An entry of 4 will take you to screen TYPEB1, where you will enter the code for the reason this is a Type B Noninterview.

An entry of 5 will take you to screen TYPEC1, where you will enter the code for the reason this is a Type C Noninterview.

Otherwise you will get screen PARTIAL. You will get screen PARTIAL for all sufficient and insufficient partial cases.

An entry of "1" in PARTIAL will skip to a screen where you will enter the main reason that the respondent terminated the interview before it was completed.

Before exiting a case which is a complete interview, a partial interview with no chance for follow up, or a Type A noninterview, you will be asked to enter the number of personal visits you made to achieve a final outcome for this case.

Include visits to the sample unit for which no one was home and all visits to the sample unit for which you made contact with a household member. **DO NOT INCLUDE** any contact made over the telephone. For cases you complete over the telephone, enter only the number of personal contacts made prior to the telephone contact.

At the ONPTH\_END screen, **only press F3. Do NOT press any other key.** By pressing F3, there may be a slight delay while the instrument formats the data for output.

The SHOFINAL screen displays the outcome code, action code, mark code, number of times in the case, and the cumulative time. A list of the possible outcome codes and a description of each can be found in the HIS-501(C), Field Representative's Flashcard and Information Booklet.

**PART C**  
**SECTION 24**  
**NONINTERVIEWS AND**  
**QUITTING OUT OF A CASE**

<b>Topic</b>	<b>See Page</b>
Type A Noninterviews	C120
Type B Noninterviews	C124
Type C Noninterviews	C128
Quitting Out of a Case	C130

## **TYPE A NONINTERVIEWS**

Type A Noninterview occurs in the case of households occupied by persons eligible for interview, whom you should have interviewed, but could not.

Under some circumstances, Type A Noninterviews are unavoidable. However, if you establish good relations with your respondents and make your visits when people are likely to be home, you can avoid many Noninterviews.

There are six categories of Type A noninterviews, five of which you can set yourself at screen TYPEA1.

If you have not progressed very far into the interview you will be determining whether or not a particular situation is actually a Type A Noninterview.

If you have progressed into the interview to screen NAME in the Household Composition section, but have not completed the Family section, and are not able to complete the interview before closeout, the case will automatically be assigned code 215 (insufficient partial).

Type As and possible Type As are described below:

### **Refused**

Occasionally, a household may refuse to give any information.

- Enter "1" on the TYPEA1 screen.
- In an F7 footnote, explain the pertinent details regarding the respondent's reason for refusing to grant the interview.
- Explain the circumstances on an Inter-Comm and send it to the regional office.

**NOTE:** Your office will send a letter to the respondent (copy to you) requesting the household's cooperation and stating that someone will call on them again. If your supervisor will be in the area on other business, he/she may also visit the refusal household to try to obtain their cooperation or the case may be assigned to another FR/SFR for follow up.

### **No One Home--First Attempt or Only a Few Attempts**

If no one is at home on your first call, proceed as follows:

- Try to find out from neighbors, janitors, or other knowledgeable persons when the occupants will be home.
- Fill a Request for Appointment (Form 11-38 or 11-38a) indicating when you plan to call back. Enter your name and telephone number in the space provided.
- In an F7 note in the instrument and/or in a notebook, enter the date and time you said you would call back.
- Regardless of whether or not you leave an appointment form, call back at the most appropriate time to contact the household.

**This situation is NOT yet considered a Noninterview.**

- Follow the instructions for "Quitting Out of Case" in this chapter:

\* Enter "Q" (Quit) on the START screen in the Front Section of the CAPI instrument.

\* Enter notes in the INOTES screen if necessary.

If you have made a **number of callbacks at various times of the day and still** have been **unable to contact** the respondent, **this situation is considered a Noninterview.**

- Enter "2" on TYPEA1 screen.

**NOTE:** Do **not** confuse this situation with the Noninterview reason "Temporarily absent."

**Temporarily Absent**

When no one is home at the first visit, find out from neighbors, janitors, etc., whether the occupants are temporarily absent.

- Report a household as "Temporarily absent" if **ALL** of the following conditions are met:

\* **ALL** the occupants are away temporarily on a vacation, business trip, caring for sick relatives, or some other reason **and will not return before your close-out date for that interview period.**

**AND**

\* The personal effects of the occupants, such as furniture, are there.

**NOTE:** Even if the furniture is there, be sure it is the occupant's furniture because it could be a furnished unit for rent.

**AND**

\* The unit is not for rent or sale during the period of absence.

***EXCEPTION:** The unit is for rent or sale; however, it is not available until a specified time when the present occupants will leave the unit. For example, the present occupants are trying to sell their house with an agreement that they would not have to move until 2 weeks after the selling date.*

*If, when you arrive to interview the unit, you discover that it has NOT been sold and that the occupants are away for the interview period, enter "3" (Temporarily absent) on TYPEA1 screen as the Noninterview reason.*

**AND**

\* The unit is not a summer cottage or other seasonal-type unit.

If **ALL** the conditions are met, enter "3" on the TYPEA1 screen.

- If the occupants will return on a certain date, record this date in an F7 note in the instrument and/or in a notebook, and note the source of the information, such as a neighbor.
- If the **occupants** are definitely **NOT expected to return before the end of the interview period, this situation is considered a Noninterview.**

\* On the TEMPABS1 screen, enter the appropriate precode.

If you can obtain the occupant's temporary address and telephone number:

\* Enter "1" on the TEMPABS1 screen.

\* Enter the address and telephone number on the TEMPABS2 screen.

\* Call and report the information to your regional office immediately.

**NOTE:** Depending upon where the occupants are, your regional office may be able to arrange for someone else to obtain the interview.

If the expected date of their return is BEFORE the end of the interview period, this situation is NOT considered a Temporarily Absent Noninterview.

This situation is considered a No One Home--First Attempt or Only a Few Attempts. You should do the following:

- Follow those instructions in this chapter.
- Make a return visit on the expected date of their return.

### **Language Problem**

If you cannot conduct the interview with the sample household because no one there speaks English, check with your regional office.

**NOTE:** Your regional office may be able to arrange for an interpreter or another FR who speaks the language to assist you. If so, the interview will be conducted at a later date.

If you **cannot conduct the interview** with the sample household **because no one there speaks English and you cannot use an interpreter, this situation is considered a Noninterview.**

- Enter "4" on TYPEA1 screen.

### **Other Type A**

These occupied units are Type A Noninterviews other than "Refusal," "No one at home," "Temporarily absent," and "Language Problem."

- Among others, these reasons could include the following:
  - \* No eligible respondent available
  - \* Death in family

\* Household quarantined

\* Roads impassable

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

If you determine the unit is occupied, this situation is considered a Type A Other Noninterview.

- Enter "5" on TYPEA1 screen.
- On the TYPEA1\_SPC screen, describe the circumstances in the space provided.

If you determine the unit is vacant, this situation is NOT considered a Type A Noninterview.

This situation is considered a Type B Noninterview.

- Follow instructions for Type Bs.

For each Type A Noninterview, you will get screen TYPEA2.

- Enter the race of the household members on the TYPEA2 screen.

## **TYPE B NONINTERVIEWS**

Unlike Type A Noninterviews, Type B Noninterviews are entirely beyond your control. You will enter the appropriate precode on the TYPEB1 screen.

There are 10 categories of Type B Noninterviews.

### **Vacant Units**

Vacant units include the bulk of the unoccupied living quarters, such as houses and apartments which are for rent or for sale or which are being held off the market for personal reasons. This definition includes places which are seasonally closed. It also

includes units which are dilapidated if they are still considered living quarters.



**NOTE:** Units that are unfit for human habitation, being demolished, to be demolished, or condemned are defined below.

Report unusual types of vacant living quarters, such as mobile homes, tents and the like as vacant.

Do **not** consider as vacant, a unit whose occupants are only temporarily absent.

GQ units are also included in this category (e.g., vacant transient quarters, or vacant units in boarding houses or rooming houses).

For sample units that are **presently unoccupied because the structure is undergoing extensive remodeling**, enter the precode corresponding to the appropriate **vacant** category on the TYPEB1 screen.

Report vacant units as follows:

• **Nonseasonal**

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

• **Seasonal**

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

**Occupied entirely by persons with Usual Residence Elsewhere (URE)**

The entire household consists of persons who are staying only temporarily in the unit and who have a usual place of residence elsewhere.

Do **not** interview persons if the sample unit is only a temporary place of residence.

**Occupied entirely by Armed Forces (AF) members**

**ALL** the occupants are active duty members of the Armed Forces.

**Occupied--Screened Out by Household**

The instrument will automatically select this category for occupied households that have been designated for screening and contain no Black or Hispanic household member. This category will not appear as an option on the Type B specification screen. You must complete the Household Composition section through the Race and Ethnicity questions in order to achieve this outcome.

**Unfit or to be demolished**

An unoccupied sample unit that is **unfit for human habitation**. An unoccupied sample unit is unfit for human habitation if the roof, walls, windows, or doors no longer protect the interior from the elements. This situation may be caused by vandalism, fire, or other means such as deterioration. Some indications are windows are broken and/or doors are either missing or swinging open, parts of the roof or walls are missing or destroyed leaving

holes in the structure, parts of the building have been blown or washed away, part of the building is collapsed or missing.

**CAUTION:**

*\* If doors and windows have been boarded up to keep them from being destroyed, they are not to be considered as missing. Also, in the few rural sections of the country where doors and windows are not ordinarily used, do **not** consider them as missing.*

*\* Regardless of the condition of the unit, if it is occupied, do **not** classify unit as unfit or to be demolished.*

For unoccupied units which are to be demolished, if there is positive evidence, such as a sign or notice that the unit is to be demolished, but has not yet had demolition work started; this situation is considered unfit or to be demolished.

**Under construction, not ready**

Sample unit which is being newly constructed but is not completed to the point where all the exterior windows and doors have been installed and usable floors are in place.

**NOTE:** Usable floors can be cement or plywood; carpeted, tiled, or hardwood flooring is not necessary.

If construction has proceeded to this point, classify the unit as one of the vacant categories.

**Converted to temporary business or storage**

Sample unit intended for living quarters but which is being temporarily used for commercial or business purposes, or for the storage of hay, machinery, business supplies, etc.

***EXCEPTIONS:***

*\* Report unoccupied units in which excess household furniture is stored as one of the vacant categories.*

*\* Report unoccupied units permanently converted to business or storage as Type C Noninterviews—"Converted to permanent business or storage."*

*\* Report unoccupied units which are to be used for business or storage purposes in the future, but in which no change or alteration has taken place at the time of interview as one of the vacant categories.*

**Unoccupied site for mobile home, trailer, or tent**

An unoccupied site for a mobile home, trailer, or tent. This category should be used in a mobile home park or recreational park when a site was listed and the site is still present.

**EXCEPTION:** This category should **not** be used when a mobile home is not in a mobile home or recreational park and has been listed by a basic address or 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 on 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.

## **TYPE C NONINTERVIEWS**

- Enter the specific reason in the space provided on the followup screen.

Type C Noninterviews are beyond your control. Explain the situation on an inter-Comm and send it to your regional office. Enter the appropriate precode on the TYPEC1 screen.

There are 9 categories of Type C Noninterviews:

### **Unused line of listing sheet**

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

### **Demolished**

Sample units which existed at the time of listing, but have since been torn down, or destroyed, or are in the process of being torn down.

### **House or trailer moved**

A structure or trailer moved from its site since listing.

This rule applies for trailers or mobile homes only when:

- A basic address (e.g., 801 Main St.) on the listing sheet identifies a trailer

**OR**

- Trailers rather than sites were listed by description only.

**EXCEPTION:** If a site or an address/description plus a site in a mobile home park was listed, and it is now unoccupied (no mobile home on it), this situation is considered a Type B Noninterview "Unoccupied site for mobile home, trailer, or tent."

### **Outside segment boundaries**

When you find that the sample address is located outside the segment boundaries in area segments.

### **Converted to permanent business or storage**

Units which were living quarters at the time of listing, but are now being used permanently for commercial or business purposes, or for the storage of machinery, business supplies, etc.

### **Merged**

Any current sample unit(s) eliminated after applying the rules for mergers. (See Part B-Section 5 for a definition of a Merged Unit).

**EXCEPTION:** An unoccupied sample unit resulting from the merger should be reported as one of the vacant categories.

### **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, 1990**

You are able to determine that the unit was constructed after April 1, 1990 prior to actually entering the case.

**NOTE:** This outcome will be automatically selected for units which were built after April 1, 1990, as determined at screen YRBLT ("When was this structure originally built?"). This situation will occur only in certain area segments for which your regional office has instructed the CAPI instrument to display YRBLT.

### **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 listing" or "never living quarters."

- Enter the specific reason in the space provided on the followup screen.

## **QUITTING OUT OF CASE**

You may need to quit out of a case for one of the following reasons:

- Selected case in error
- No One Home--First Attempt or Only a Few Attempts
- Other

If you need to quit out of a case:

- Enter "Q" (Quit) on the START screen in the Front module of the CAPI instrument.
- Enter notes in the INOTES screen if necessary.
- If you entered the case because of an attempted personal contact with the sample unit (you actually visited the address) then increment the entry in VISITCNT by one. Otherwise, simply press enter, leaving the entry in VISITCNT unchanged.

# **PART D**

## **National Health Interview Survey**

**2002 ADULT  
SUPPLEMENTS**



**PART D**  
**SECTION 1**  
**SAMPLE ADULT ALTERNATIVE HEALTH**

Topic	See Page
Purpose	D2
Instructions	D2
Important Terms	D2

## PURPOSE

The Alternative Health Supplement is sponsored by the National Center for Complementary and Alternative Medicine (NCCAM) which is part of the National Institutes of Health.

The purpose of the supplement is to expand our knowledge of alternative medical services. Who uses alternative medicine and why? Are there significant differences in use by racial or ethnic groups? Do factors such as age, gender, income, or health status influence the use of alternative medical services? What is the level of satisfaction with these services? What is the relationship between alternative medicine and the use of conventional medical practices?

By knowing more about alternative therapies, who uses them, and why, we can:

- better communicate the potential dangers associated with alternative therapy use, whether alone or in conjunction with conventional medical treatments;
- enhance the awareness of alternative medical practices among conventional health professionals;
- improve communication between patients and their primary care physicians about the use of alternative medicine; and
- develop initiatives to increase accessibility to conventional as well as alternative medical services.

In addition, supplement data will be used to identify ways that NCCAM can participate in the Department of Health and Human Services initiative on eliminating racial and ethnic disparities in health status and outcomes.

## INSTRUCTIONS

When going through the supplement, please remember that the first 10 alternative therapies (acupuncture through naturopathy) require seeing a practitioner, while the remaining seven (natural herbs through prayer and spiritual healing) can be practiced alone, without the assistance of a professional.

## IMPORTANT TERMS

**Alternative medicine** refers to therapies not usually taught in U.S. medical schools or generally available in U.S. hospitals. They include a broad range of practices and beliefs such as acupuncture, chiropractic care, relaxation techniques, massage therapy, and herbal remedies.

An **Alternative Provider or Practitioner** is someone who is knowledgeable about a specific alternative health practice. This

person provides care or gives advice about its use, and usually receives payment for his or her services.

For some practices, the provider may have received formalized training and has been certified by a licensing board or related professional association. For example, a practitioner of biofeedback (biofeedback therapist) has usually received training in psychology and physiology, and may be certified by the Biofeedback Certification Institute of America.

**Acupuncture** (AK-you-PUNK-chur) is based on the theory that health is determined by a balanced flow of life energy (*chi* or *qi*) which is thought to be present in all living organisms. This life energy circulates throughout the body along a series of energy pathways (meridians). Each of these meridians is linked to specific internal organs and organ systems. Within this system of energy pathways, there are over one thousand acupoints that can be stimulated, through the insertion of needles. This is thought to help correct and rebalance the flow of life energy, and therefore restore health. Acupuncture has been used to treat a number of health problems and conditions ranging from the common cold to addiction and chronic fatigue syndrome.

**Ayurveda** (EYE-yur-VAY-duh) is a comprehensive system of medicine developed in India over 5,000 years ago. Placing equal emphasis on body, mind, and spirit, the goal of ayurvedic medicine is to restore the natural harmony of the individual. The first step in this process is to identify an individual's "constitution" or overall health profile. To do so, ayurvedic doctors identify the patient's metabolic body type (Vata, Pitta, or Kapha) through a series of personal history questions. Once established, the patient's "constitution" becomes the foundation for a specific treatment plan designed to guide the individual back into harmony with his or her environment. This plan may include dietary changes, exercise, yoga, meditation, massage, herbal tonics, and other remedies.

**Biofeedback** is a method for teaching clients, through the use of simple electronic devices, how to consciously regulate normally unconscious bodily functions (e.g., breathing, heart rate, blood pressure) in order to improve overall health. Among others, clients have used biofeedback to reduce stress, eliminate headaches, recondition injured muscles, control asthmatic attacks, and relieve pain.

**Chelation therapy** (key-LAY-shun) involves a series of intravenous injections of a binding (chelating) agent, such as the amino acid EDTA, to remove toxic metals and wastes from the

bloodstream. Following injection, the binding agent travels through the bloodstream attaching itself to toxic metals and wastes which are subsequently excreted through the patient's urine. Used initially for the treatment of lead poisoning, chelation therapy is being employed by a growing number of practitioners to treat and reverse the process of arteriosclerosis (hardening of the arteries).

**Chiropractic care** (KYE-row-PRAK-tik) involves the adjustment of the spine and joints to influence the body's nervous system and natural defense mechanisms in order to alleviate pain and improve general health. It is primarily used to treat back problems, headaches, nerve inflammation, muscle spasms, and other injuries and traumas.

**Energy Healing Therapy/Reiki** (RAY-key) is a method for facilitating the body's ability to heal itself through the flow and focusing of healing energy (Reiki itself means universal healing energy). During treatment, this healing energy, often considered to be of divine origin, is channeled through the hands of a practitioner into the client's body to restore a normal energy balance and, therefore, health. Energy healing therapy has been used to treat a wide variety of ailments and health problems, and is often used in conjunction with other alternative and conventional medical treatments.

**Folk Medicine** (such as, Curanderismo, (CURE-an-der-RIZ-mo), Native American healing) refers to systems of healing that have persisted since the beginning of culture and flourished long before the development of conventional or allopathic medicine. Folk healers usually participate in a training regimen of observation and imitation, with healing often considered a gift passed down through several generations of a family. Folk healers may employ a range of remedies including prayer, healing touch or laying on of hands, charms, herbal teas or tinctures, magic rituals, and others. Folk healers are found in all cultures and operate under a variety of names and labels.

**Hypnosis** is an altered state of consciousness characterized by increased responsiveness to suggestion. This hypnotic state is attained by first relaxing the body, then shifting the client's attention toward a narrow range of objects or ideas as suggested by the hypnotist or hypnotherapist. The procedure is used to access various levels of the mind to effect positive changes in a person's behavior and to treat numerous health conditions. For example, hypnosis has been used to lose weight, improve sleep, and reduce pain and stress.

**Massage** involves pressing, rubbing, and otherwise manipulating muscles and other soft tissues of the body, causing them to relax and lengthen and allowing for the flow of pain-relieving oxygen and blood to the affected area. Using their hands, and sometimes feet, elbows, and forearms, massage therapists may employ over 75 different methods, such as Swedish massage, deep-tissue massage, neuromuscular massage, and manual lymph drainage. Massage is considered effective for relieving any type of pain in the body's soft tissue, including back, neck, and shoulder pain, headaches, bursitis, tendinitis, etc

**Naturopathy** (NAY-chur-AH-puh-thee) is a broad system of medicine based on the theory that the body is a self-regulating mechanism with the natural ability to maintain a state of health and wellness. Naturopathic doctors, who generally reject invasive techniques and the use of synthetic drugs, attempt to cure illness and disease by harnessing the body's natural healing powers. This is done with the use of various alternative and traditional techniques, including herbal medicine, homeopathy, massage, dietary supplements, and other physical therapies.

**Natural herbs** are plants with medicinal properties. Among the more popular include Echinacea, ginkgo biloba, ginseng, feverfew, garlic, kava kava, and saw palmetto. Garlic, for example, has been used to treat fevers, sore throats, digestive ailments, hardening of the arteries, and other health problems and conditions.

**Homeopathic treatment or Homeopathy** (ho-me-AH-puh-thee) is a system of medical practice based on the theory that any substance that can produce symptoms of disease or illness in a healthy person can cure those symptoms in a sick person. For example, someone suffering from insomnia may be given a homeopathic (ho-me-oh-PATH-ik) dose of coffee. Administered in diluted form, homeopathic remedies are derived from many natural sources, including plants, metals, and minerals. Numbering in the thousands, these remedies have been used to treat a wide variety of ailments including seasonal allergies, asthma, influenza, headaches, and indigestion.

**Reiki** (see Energy Healing)

**Vegetarian diets** are those totally devoid of meat, red or white. There are, however, numerous variations on the non-meat theme. For example, some vegetarian diets are restricted to plant products only, while others may include eggs and dairy products. Another variation limits consumption to raw fruit, sometimes supplemented

with nuts and vegetables. Finally, a number of vegetarian diets prohibit alcohol, sugar, caffeine, or processed foods.

A **macrobiotic diet** is low in fat, emphasizes whole grains and vegetables, and restricts the intake of fluids. Of particular importance is the consumption of fresh, non-processed foods. Daily intakes break out as follows: 50 to 60 percent whole grains; 25 to 30 percent fresh vegetables; 5 to 10 percent beans, soy-based products, and sea vegetables; and 5 to 10 percent soups. Meat, poultry, dairy products, eggs, alcohol, coffee, caffeinated tea, sweets and sugar, and strong spices are to be avoided.

According to the **Atkins diet**, obesity results from the over-consumption of carbohydrates. Therefore, the diet emphasizes a drastic reduction in the daily intake of carbohydrates (40 grams or less), countered by an increase in protein and fat. As suggested by proponents, by reducing the intake of carbohydrates typically consumed for energy, the body naturally loses weight by burning stored fat.

The **Pritikin diet** (or **Pritikin Principle**) is a low-fat diet, (10 percent or less) which emphasizes the consumption of foods with a large volume of fiber and water (low in caloric density), including many vegetables, fruits, beans, and natural, unprocessed grains. According to this diet, weight loss will occur if the average caloric density of a meal is kept below 400 calories per pound.

The **Ornish diet** is a high fiber, low-fat vegetarian diet that promotes weight loss and health by controlling what one eats, not by restricting the intake of calories. Fruits, beans, grains, and vegetables can be eaten at all meals, while non-fat dairy products such as skim milk, nonfat cheeses, and egg whites are to be consumed in moderation. Products such as oils, avocados, nuts and seeds, and meats of all kinds are to be avoided.

With the **Zone** diet, each meal consists of a small amount of low-fat protein (30 percent), fats (30 percent), and carbohydrates in the form of fiber-rich fruits and vegetables (40 percent). The basic goal is to alter the body's metabolism by controlling the production of key hormones. This, according to proponents, will aid in weight loss, help prevent against heart disease, high blood pressure, and diabetes, and enhance athletic performance.

**High dose or megavitamin therapy** refers to the use of vitamins in excess of the Recommended Daily Allowances (RDA) established by the National Academy of Sciences, Food and Nutrition Board. While these therapies have been used for the

prevention and treatment of diseases and illnesses such as cancer, heart disease, schizophrenia, and the common cold, some high dose or megavitamin regimens can produce adverse or toxic effects.

**Yoga**, practiced for over 5,000 years, combines breathing exercises, physical postures, and meditation to calm the nervous system and balance body, mind, and spirit. It is thought to prevent specific diseases and maladies by keeping the energy meridians (see acupuncture) open and life energy (*qi*) flowing. Usually performed in classes, sessions are conducted once a week or more and roughly last 45 minutes. Yoga has been used to lower blood pressure, reduce stress, and improve coordination, flexibility, concentration, sleep, and digestion. It has also been used as supplementary therapy for such diverse conditions as cancer, diabetes, asthma, and AIDS.

**Tai chi** (TIE-CHEE) is a Chinese self-defense discipline and low-intensity, low-impact exercise regimen used for health, relaxation, and self-exploration. Usually performed daily, Tai chi exercises include a set of forms, with each form comprising a series of positions tied together into one continuous movement. A single form may include up to 100 positions and may take as long as 20 minutes to complete. Some of the proposed benefits of tai chi include improved concentration, circulation, and posture, reduction of stress, and prevention of osteoporosis.

**Qi gong** (CHEE-KUNG) is an ancient Chinese discipline combining the use of gentle physical movements, mental focus, and deep breathing designed to integrate the mind, body, and spirit, and stimulate the flow of vital life energy (*qi*). Directed toward specific parts of the body, qi gong exercises are normally performed two or more times a week for 30 minutes at a time, and have been used to treat a variety of ailments including asthma, arthritis, stress, lower back pain, allergies, diabetes, headaches, heart disease, hypertension, chronic pain, and others.

**Meditation** achieves mental calmness and physical relaxation by suspending the stream of thoughts that normally occupy the mind. Generally performed once or twice a day for roughly 20 minutes at a time, meditation is used to reduce stress, alter hormone levels, and elevate one's mood. In addition, the experienced mediator can achieve a reduction in blood pressure, adrenaline levels, heart rate, and skin temperature.

**Guided imagery** involves a series of relaxation techniques followed by the visualization of detailed images, usually calm and

peaceful in nature. If used for treatment, the client may visualize their body as healthy, strong, and free of the specific problem or condition. Sessions, conducted in groups or one-on-one, are typically 20 to 30 minutes in length, and may be practiced several times a week. Guided imagery has been advocated for a number of chronic conditions, including headaches, stress, high blood pressure, and anxiety.

**Progressive relaxation** involves the successive tensing and relaxing of each of the 15 major muscle groups. Performed lying down, one generally begins with the head and progresses downward, tensing each muscle as tightly as possible for a count of five to ten and then releasing it completely. Often combined with deep breathing, progressive relaxation is particularly useful for reducing stress, relieving tension, and inducing sleep.

**Deep breathing** involves slow and deep inhalation through the nose, usually to the count of 10, followed by slow and complete exhalation for a similar count. To help quiet the mind, one generally concentrates fully on breathing and counting through each cycle. The process may be repeated five to 10 times, several times a day.

A **sacrament** is a formal and sacred religious act believed to be instituted or recognized by Jesus Christ.

Performed to strengthen those who are seriously ill or facing difficult surgeries or medical treatments, **anointing of the sick** is a sacrament in which the patient is anointed with holy oil.

The **laying on of hands** is a religious ceremony involving the placement of hands, by one or more persons (lay or clergy), on the body of the recipient. Usually employing prayer, the ceremony may take place in a church or less formal setting, and may be used for minor as well as more serious ailments and illnesses.

**Healing circles** are spiritual gatherings that usually take place in informal settings, may involve invocations (calling upon a higher power or authority), and may use other healing approaches, such as prayer, energy healing therapy/reiki, and natural herbs.

**PART D**  
**SECTION 2**  
**SAMPLE ADULT DISABILITY QUESTIONS**



Topic	See Page
Purpose	D10
Instructions	D10
Important Terms	D11

## **PURPOSE**

The disability questions are part of the Healthy People 2010 Objectives. They are being sponsored by the Centers for Disease Control and Prevention. The questions asked in this portion of the instrument are meant to measure environmental barriers that people may encounter in participating in home, school, work and community activities. Questions are asked about the degree to which things such as the lack of special equipment, layout of the home, buildings, etc. and access to health facilities limit one's participation in activities.

## **INSTRUCTIONS**

### **Examples of special equipment or assistive devices include:**

Hearing aids  
Wheelchairs  
Scooters  
Canes  
Prostheses  
Special phones  
Special computer devices  
Telescopic lenses  
Braille  
Guide dog  
White cane  
CCTV (closed circuit television) - enlarges reading material onto a screen  
Amplifier for the telephone  
TDD  
TTY or teletype  
Closed-caption TV  
Special alarms for hearing impaired persons  
Medically prescribed shoes  
Walker  
Crutches  
Brace  
A raised toilet  
Bath equipment (for transferring from wheelchair to bathtub/to sit in shower)  
Levers, push bars, or SPECIAL knobs on doors  
Ramps  
Elevators or stair lifts (not counting public elevators)  
Voice recognition software  
Software that reads text on a screen (such as JAWS)  
Software that enlarges text on a screen (such as Zoomtext)  
Software that converts speech or text to braille or braille to speech or text  
Software that converts text to voice (such as Kurzweil Reader)

Voice synthesizer (allows speech through computer operated method)  
Dressing equipment (hook to pull up zipper)  
Kitchen equipment (grabber to pick up objects out of reach)  
Lifting devices

**Household or workplace equipment that may be hard to use includes:**

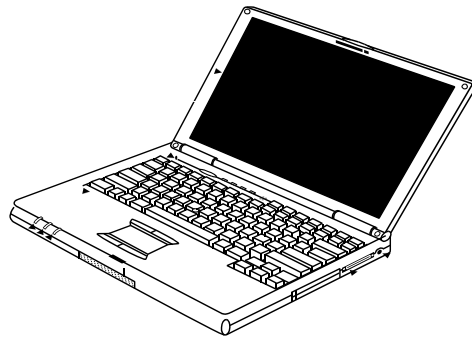
Vacuum cleaners  
Computer keyboards  
Mouse controls

**IMPORTANT  
TERMS**

A **prosthesis** is an artificial leg, foot, arm or hand.

# **PART E**

## **National Health Interview Survey**



### **COMPUTER PROCEDURES**

**PART E**  
**SECTION 1**  
**INTRODUCTION TO COMPUTER-**  
**ASSISTED INTERVIEWING**

Topic	See Page
Advantages for FRs	E2
Questions about Skills and Experience	E2
A Note on FR Evaluation	E3

## **ADVANTAGES FOR FRs**

Field data collection using laptop computers is a new approach for the Census Bureau. Advantages include high data quality without extensive editing and quicker availability of results. Using a laptop computer to collect interview data offers some important advantages to you as well.

**CHECK ITEMS, SKIP PATTERNS, REFERENCE DATES AND PRONOUNS:** The computer presents the correct sequence of questions based on the information and the responses already entered. The correct name or pronoun is inserted into each question as it appears on the screen.

**AUTOMATIC EDITING:** The laptop computer checks responses to ensure that all applicable items are answered appropriately. For example, where possible answers to a question are 1 (YES) or 2 (NO), the laptop rejects other answers such as 3 or 12 or Q.

**RAPID TRANSMISSION OF DATA:** Connecting your laptop to a modem and telephone lines enables you to transmit daily interview data directly to Headquarters. Your Regional Office knows by the next morning what work you have completed and sent in.

**OVERALL EFFECT OF LAPTOP COMPUTERS:** The use of laptop computers is expected to help you do your job more efficiently by eliminating tedious paperwork and freeing you to concentrate on the actual data collection and building rapport with respondents.

## **QUESTIONS ABOUT SKILLS AND EXPERIENCE**

If you have little or no prior experience with computers, you may wonder whether you will enjoy working with the laptop and can learn to use it skillfully.

**EARLY RESULTS:** Several data collection agencies, including the Census Bureau, have switched to Computer-Assisted Personal Interviewing (CAPI) and the feedback has been quite favorable. Interviewers consistently report finding CAPI to be more satisfactory than Paper and Pencil Interviewing (PAPI) because it eliminates editing activities

**COMPUTER EXPERIENCE NOT REQUIRED:** Prior experience with computers is not necessary to be successful with computer-assisted interviewing. Your computer work consists primarily of 1) making selections from "menus" displayed on the computer screen, and 2) entering respondents' answers in the

appropriate spaces on the screen, just as you would fill appropriate blanks on a paper form.

**TRAINING PROVIDED:** A full program of hands-on training is provided for you. All necessary procedures are covered in self-studies, classroom training, on-the-job training and instruction manuals.

**KEYBOARD SKILLS:** You don't need to be a skilled typist. Although a little experience with typewriters or a computer keyboard may be helpful, it isn't necessary. Typing with a few fingers is sufficient for the types of entries that you will make on the keyboard.

As a CAPI FR you will use a laptop computer, rather than paper questionnaires, to conduct personal visit and telephone interviews. Assignments will be sent to your laptop electronically, via your home telephone line. You will send back your completed work in the same manner.

In other respects, your job is very similar to that of a non-CAPI FR. For example, your work will be observed regularly. Your performance evaluations will be based on factors such as response rate, accuracy, and production.

#### **A NOTE ON FR EVALUATION**

The use of laptop computers has greatly changed the way that interviewing is done which makes it necessary to update our methods for evaluating the performance of FRs. Measurements used in evaluating FR's work include response rate, number of don't know and refusal entries. Availability for assignments and the results of observation are also included in the evaluation.

**PART E**  
**SECTION 2**  
**YOUR LAPTOP COMPUTER**

<b>Topic</b>	<b>See Page</b>
Your Laptop Computer Guide	E5
Receiving, Unpacking and Checking the Computer sent to you from the RO	E5
Parts and Equipment	E6
Where Is Everything Located	E7
Connecting the AC Power Adapter 1. AC Adapter Safety 2. Using the Auto Adapter	E10
Battery Power	E11
Power-Conserving Options for Your Laptop 1. The Dark Screen 2. Standby Mode	E12
Making Connections	E13
Connecting the External Module Bay	E13
Disconnecting the External Module Bay	E14



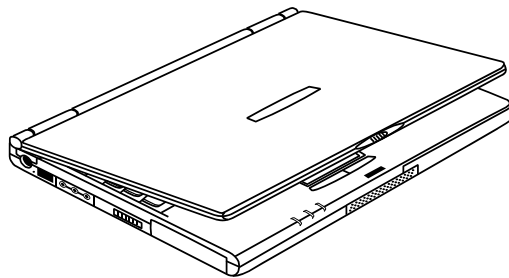
## **YOUR LAPTOP COMPUTER GUIDE**

The following sections contain information on all aspects of your laptop computer. For a more comprehensive and detailed overview please refer to the *Windows Laptop User Guide 11-7(WIN)*.

## **RECEIVING , UNPACKING, AND CHECKING THE COMPUTER THAT IS SENT TO YOU FROM THE RO**

Each FR receives a laptop computer (shown in Figure 2-1), a self-study guide, the Laptop User Guide, and all of the computer's required accessories such as cables, batteries, and a battery charger. This package is sent to the FR prior to initial training. For new FRs, the package may be delivered by an SFR, because the new FR must be sworn in as a

**Figure 2-1  
Your Laptop Computer**



Census Bureau employee before receiving the equipment. (You may also receive a "Getting to Know Your Laptop" video that explains the laptop and its accessories.)

**OPEN CAREFULLY AND SAVE THE BOX:** Open and unpack your computer kit with care. You may use a letter opener or knife to slit the sealing tape, but try to avoid tearing or shredding the box. You must save the box and all internal packaging materials. Store these where they will not get wet, damaged, thrown out, or used for other purposes.

**USE THE BOX FOR RETURNS:** You will use the same box for mailing, whenever you have to return the computer to the RO, for repair or exchange, or at the completion of the project. Without the original packaging, preparing the computer for shipment is inconvenient and the chances that it will be damaged in transit are increased.

## Figure 2-2 Parts and Equipment

### Check all the parts

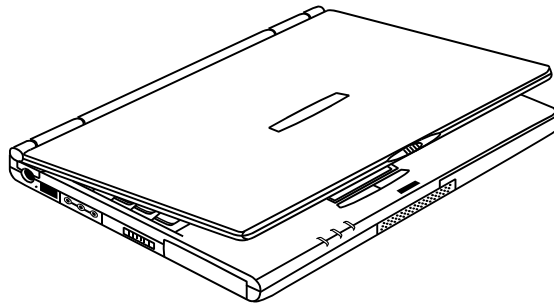
When you receive your computer, fill out the Receipt of Government Property form included, and return it to your RO to indicate that all items were received. Before attempting to use the computer, review this chapter and become familiar with all the pieces of the laptop equipment.



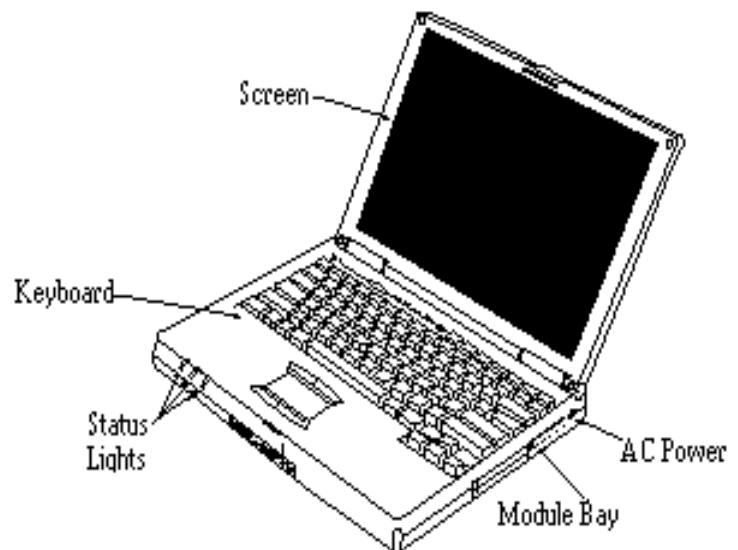
## Where Is Everything Located

### Left View

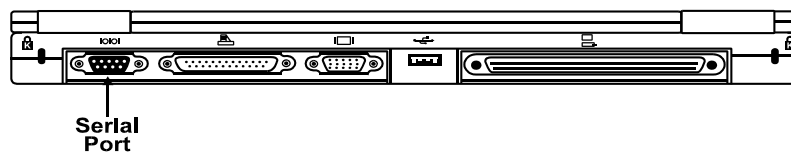
Note: You will not use any features on the left side of the laptop.



### Right View



### Back View

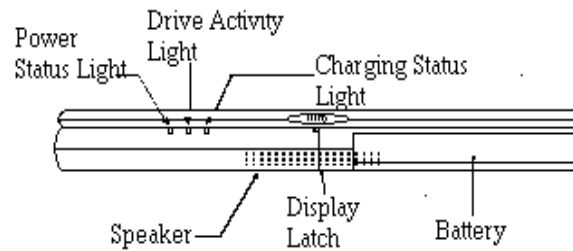


**Serial Port:** Connect the serial cable from the modem her

## Display Latch

Sliding the display latch to the right opens the laptop display.

### Front View with the Display Closed



### The Power Status Light

- ▶ Green: when the laptop is on.
- ▶ Amber: laptop is in Standby or Suspend mode.
- ▶ No light: laptop is either off or in hibernation mode.
- ▶ Green and amber flashing: laptop failed to resume from hibernation mode. When this happens, contact your supervisor or the RO for instructions to reset the laptop.

### Drive Activity Light

- ▶ Green: laptop is accessing the hard disk drive or the drive in the external module bay.

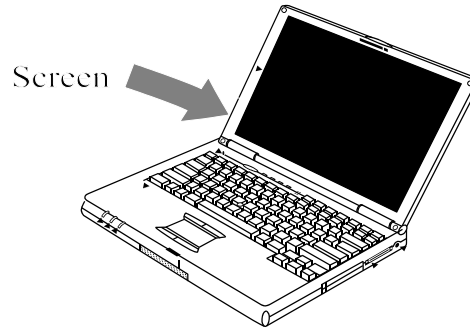
### Charging Status Light

- ▶ Green: laptop is connected to AC power or when the battery is fully charged.
- ▶ Blinks green: laptop is connected to AC power and the battery is charging.
- ▶ Off: laptop is not connected to AC power and/or the battery is fully discharged or is not installed.

**Speaker:** The speaker lets you hear alarms, warning beeps, and other sounds associated with your software.

**Battery:** The primary source of power for the laptop is its rechargeable lithium ion battery pack.

## Front View With the Display Open



**The Screen:** The screen is a liquid crystal display (LCD) that provides a clear, sharp image. The LCD screen features backlighting for better visibility while the laptop is on.

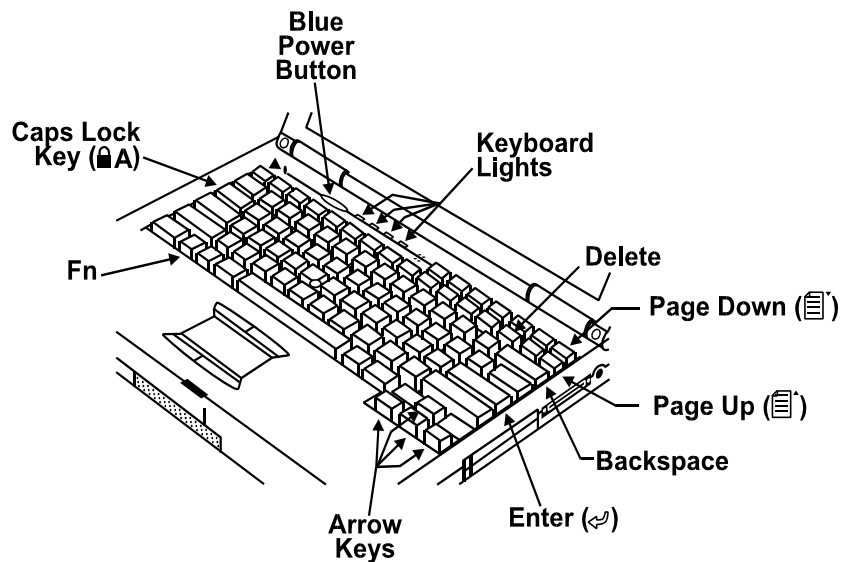
**Power Button:** The blue power button is located on the upper left portion of the keyboard.

## The Keyboard

The 87- key keyboard provides all the functionality of a full-sized keyboard.

## Keyboard Basics

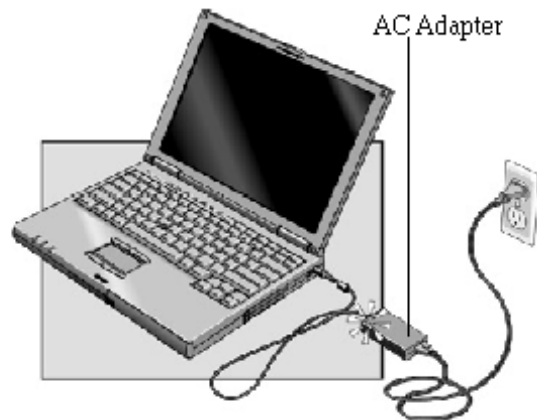
The figure below shows the basic layout of the keyboard:



Refer to the *Windows Laptop User Guide 11-7* for a more detailed overview of the function keys.

## Connecting the AC Power Adapter

The AC power port is located to the right of the Module Bay Port. You can use either an universal AC adapter or a rechargeable battery to provide power to the laptop. The adapter is the little black box.



Note that there is one cord permanently attached to the adapter. This cord plugs into the AC power connector on your laptop. Connect a second cord to the adapter. This cord has a standard wall outlet plug on one end and a smaller connector on the other end that plugs into the AC adapter. The AC Power cord for the laptop has an orange label attached to it to distinguish it from the power cord of the modem.

To assemble the AC adapter:

- Attach the AC Power cord (with the orange label) to your adapter.
- Plug this cord into the nearest electrical outlet.
- Connect the cord attached to the other side of the AC adapter to the AC power port on your laptop.

Notice that there is a small green light on the top of the adapter. The green light means that the adapter is receiving power from the outlet. If the light is not lit, ensure that you plugged the power cord securely into the electrical outlet. Next, check the other end of the cord to see if you securely attached it to the adapter. If both ends of the power cord are securely connected, check to make sure that the outlet is not controlled by a wall switch that could be in the off position. If this fails, try a different electrical outlet.

## **AC Adapter Safety**

There are three important warnings concerning the use of the AC adapter.

1. **Never plug your laptop into an outlet controlled by a dimmer switch because it is a serious fire hazard.**
2. **Use the AC adapter ONLY with the laptop or the battery charger. This adapter also fits the power connection on your modem. If you attempt to use the laptop adapter with the modem, it will damage the modem.**
3. **While the adapters fit both the laptop and the modem, the two adapters are very different. Use the correct one for each device. Remember the AC power cord has an orange label on it.**

## **Using the Auto Adapter**

You can use the compact auto adapter to power your laptop in a car without using the laptop battery. This unit connects to the cigarette lighter and easily connected to your car while traveling. Use only the auto adapter sent to you by the RO with your OmniBook 900, using any other adapter could damage the laptop.

## **Battery Power**

Your laptop functions on battery power as well as with the AC adapter. When fully charged, the battery lasts up to two hours and thirty minutes, depending on the usage. When the battery power gets low, the laptop beeps. If this happens during interviewing, you have two choices:

1. Replace the battery with a fully charged battery.
2. Immediately plug in the AC adapter to a wall outlet and the laptop. You do not have to turn off the laptop to switch from battery to AC power.
3. **If you do not replace the battery or plug into an electric outlet quickly, you could lose all the data you collected and in which case you must restart the interview.**

## **Power-Conserving Options for Your Laptop**

Your laptop has power saving features that extend the life of your battery. You need to look at the power status lights to know which is in effect. There are three different levels of power saving you should know about:

1. The Dark Screen
2. Standby mode
3. Hibernation mode

### **The Dark Screen**

After a few minutes of inactivity, the screen goes dark to conserve power. The laptop is still running, only the screen has shut off. If the power status light is green, it means the laptop is still running. Simply rub your fingertip lightly over the touch pad or press one of the arrow keys to bring the screen back up.

**Warning! If you press the blue power button when the laptop is in this state, you will shut down the laptop.**

### **Standby Mode**

Your laptop goes into Standby mode after 15 minutes of inactivity. This mode conserves even more power because it stops the hard drive from running and turns off the screen. Your data is not saved to the hard drive in Standby mode, so do not attempt to change your battery while in Standby mode...you could lose data!

The power status light is amber (orange) in Standby mode. To bring the laptop back up, press the blue power button. You must be patient! After about 3 seconds, the power status light changes to green. Wait! After about 20 seconds, the Workstation Locked screen appears asking you to press Ctrl+Alt+Delete to log in. Follow the instructions and log in as usual to continue to working. You will be back at the screen where you were when the laptop went into Standby.

**Warning! If you press the power button a second time, you will shutdown the laptop.**

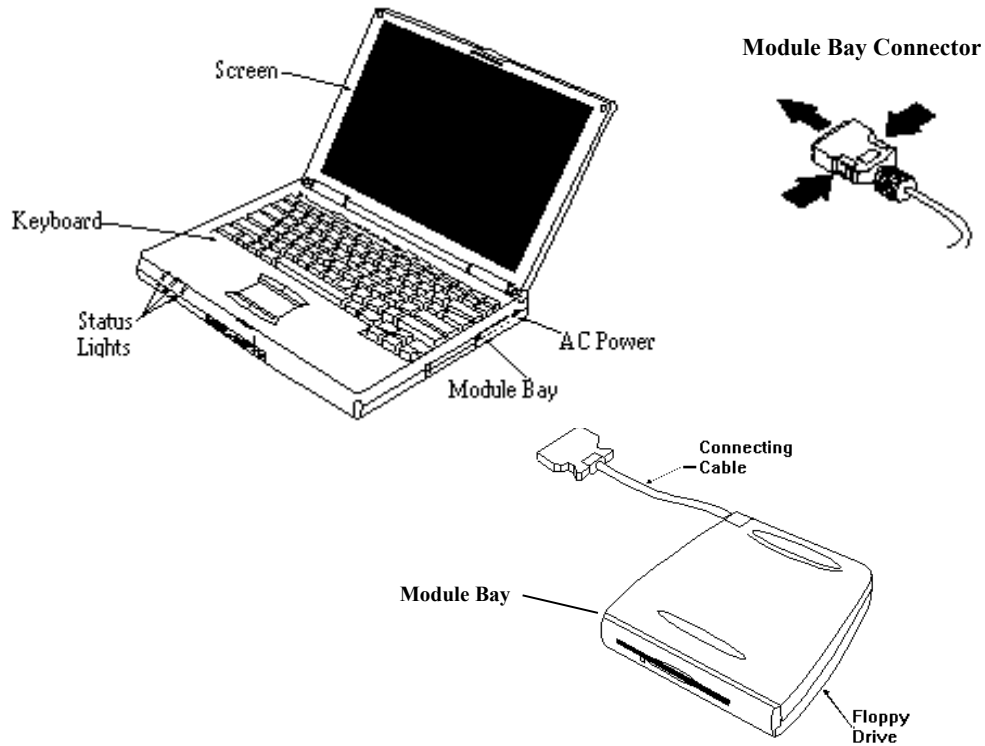
To prevent your laptop from going into Standby mode (for example if you are waiting for a respondent to find records), move your fingertip over the touch pad or touch one of the arrow keys every couple of minutes to keep the screen active.

**Caution: Never remove the battery from the laptop while it's in standby mode.**



## Making Connections

**Note: Always turn the laptop off before making any external connections.**



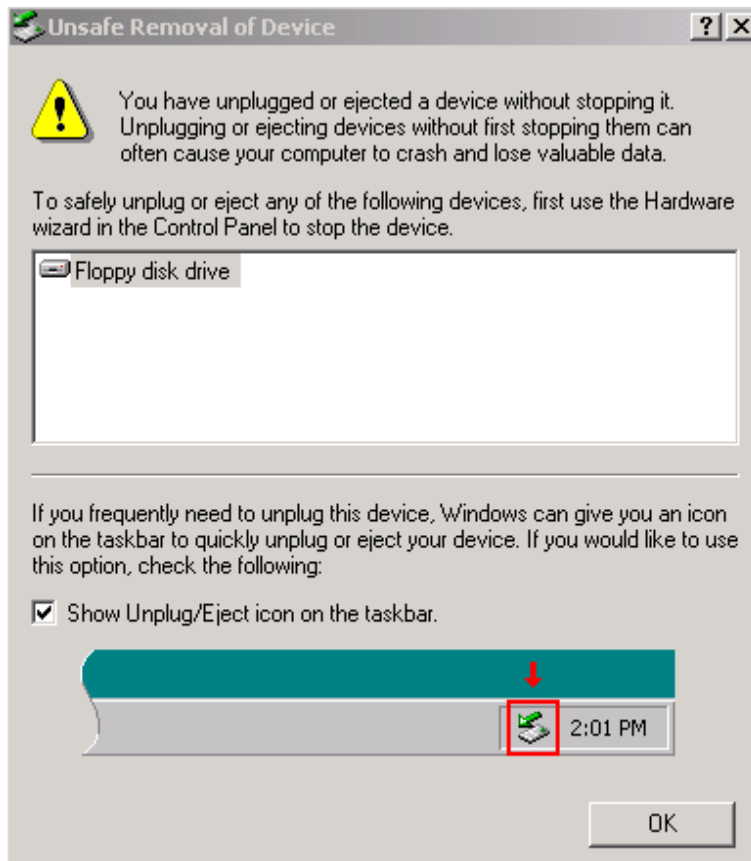
## Connecting the External Module Bay

The module bay port is located on the right side of the laptop behind the small flap. To make the connection, insert the Module Bay Connector into the module bay port on the laptop. Use the screws to tighten the connector. You can use either the external (floppy) disk drive or the CD-ROM drive in the external module bay.

Special Note: If you are swapping the CD-ROM drive with the disk (floppy) drive or vice versa, make sure that you turn the laptop off first. Otherwise you *could* permanently damage the drive.

## Disconnecting the External Module Bay

Before disconnecting the External Module Bay from your laptop, make sure you stop the external disk drive (floppy) or CD ROM drive. Do this by clicking on the Unplug or Eject hardware icon on the Task Bar, which we will discuss later in this User Guide. Loosen the screws and then detach the Module Bay from the laptop. The last step is to close the module bay port flap. The “Unsafe Removal of Device” dialog box appears, if you don’t stop the external disk drive or the CD ROM drive before disconnecting the module bay . Of course, you can disconnect the External Module Bay anytime with the power off.



**PART E**  
**SECTION 3**  
**ACCESSING YOUR LAPTOP**

<b>Topic</b>	<b>See Page</b>
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Guidelines for Creating a Good Password	E16
Helpful Hints for Creating a Good Password	E16
Expired Password	E17
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## **Applications on Your Laptop**

Some of the applications on your laptop still use the DOS programs. DOS is the operating system that was dominant for years but has been virtually replaced by the more versatile Windows operating system. Most of Case Management Programs, the survey instruments, and FRED are still DOS-based. After you access DOS applications through Windows they run in DOS environment.

Some applications were rewritten for the Windows environment. The Mail and Transmissions applications are changed to take full advantage of the capabilities of Windows.

## **Guidelines for Creating a Good Password**

A good password minimizes unauthorized use of your laptop. Guard your laptop password as you would any other important information, such as your ATM number. A good password is:

- easy to remember without writing it down,
- easy to type quickly if someone is watching you type, and
- difficult for someone to guess given access to information about you.

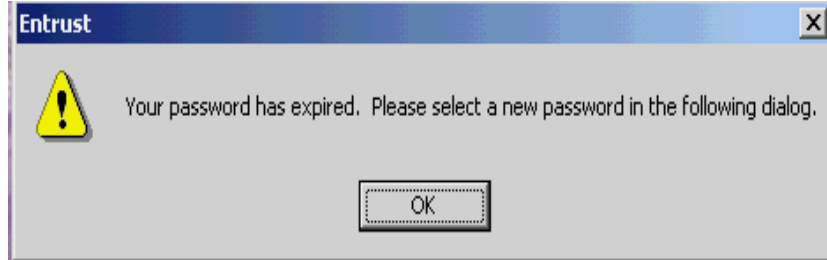
**Remember your password and don't tell it to anyone, even your family or colleagues. Also, don't write your password down anywhere.**

## **Helpful Hints for Creating a Password**

1. Select a word that means something to you but could not be easily guessed. For example, if you used to live in a town called Claymore. You could use that as your starting point for creating a password.
2. Substitute numbers or special characters for letters in the word. Using our example of Claymore, you could substitute a ( for C, a [ for the l, a 0 (Zero) for the O, giving you possibilities of (laymore, C[aymore, or Claym0re.
3. Pick a password that's easy to type one-handed. Use special characters that do not require the use of the shift key, such as - , =, [, ], ; etc.
4. Pick a password that you can remember and then change one number in it each time your password expires. Using our example, you could use c[laymore1 the first time, the c[aymore2 the next time, etc.

## Expired Password

You must change your password every 28 days. Your laptop keeps track of the number of days you used your current password and



displays the Entrust dialog box as shown below when it is time to change your password.

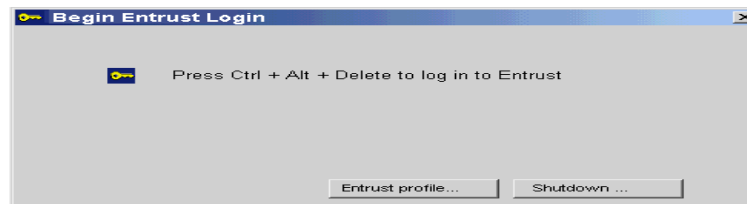
Refer to pages 2-4 thru 2-8 for further detailed instructions on changing your password in the Windows application.

## Turning Your Laptop On

To turn on the laptop, press the blue power button on the top of the keyboard. When you press the power button, the laptop goes through self-test and startup procedures. You will see several messages across the bottom of screen before it loads Windows. The following messages are displayed: "Press <F2> to enter SETUP" and "For troubleshooting and advanced startup options for Windows2000, press F8." Ignore these messages. **Never press the F2 or F8 Function keys when the laptop is starting.**

## Login Procedures

When you power your laptop on, it cycles through several screens before displaying the Begin Entrust Login dialog box. The Ctrl+Alt+Delete keys must be pressed simultaneously. This should be the first time you do anything with the laptop after pressing the power button.



The next screen you see is the Entrust Login screen. You must enter your Entrust password to gain access to your laptop. Entrust is a security program that has a login entry as a security measure to

prevent unauthorized persons from accessing the data on your laptop. If your laptop is lost, stolen, or left unattended, the Entrust

software protects the confidentiality of the data

you collect. If you can't remember your password, call your supervisor. Remember, you will not

be able to do many of your tasks without logging in through Entrust.

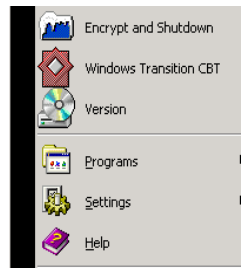


The login entry screen is case-sensitive: you must use uppercase, lowercase, or a combination, exactly the same way every time for your password. Your RO will provide your initial password.

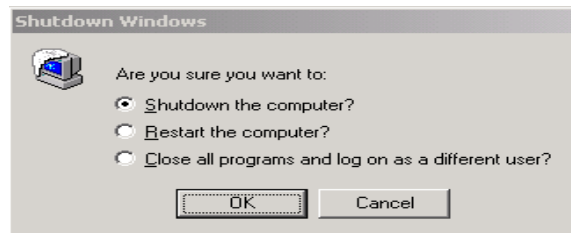
## Shutting Down Your Laptop

For security reasons, it is very important that you shut down your laptop properly when you are finished working.

1. Exit all open programs, such as Case Management, FRED, Mail, etc.
2. Press the **Windows** key. The Start menu is displayed.



3. Type **E** for Encrypt. The Shutdown dialog box is displayed.



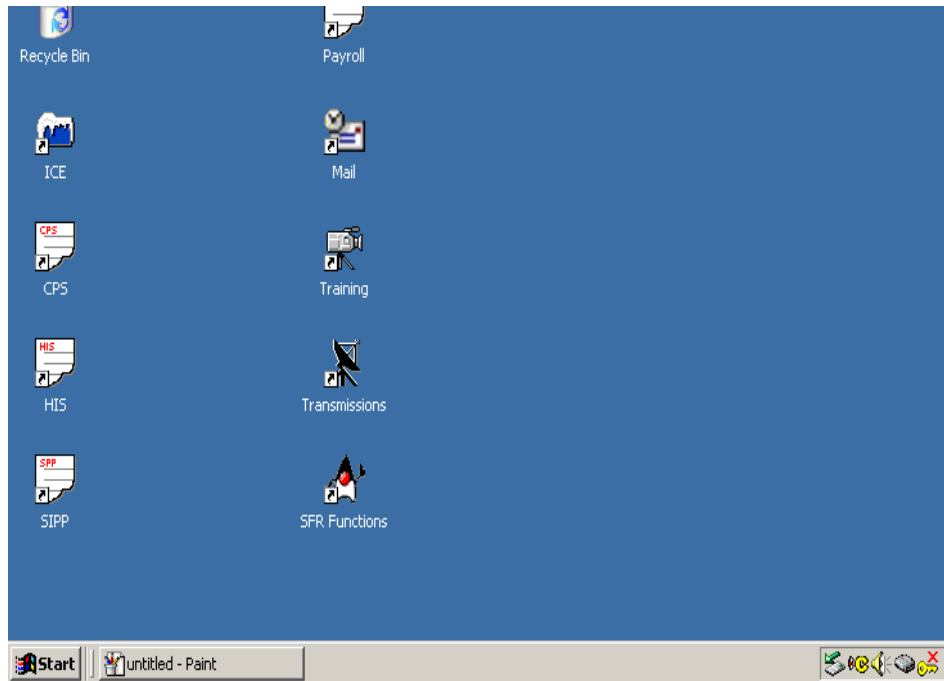
4. If the Title Bar, where it says "Shutdown Windows," is gray instead of bright blue, hold down the **Alt** key and simultaneously press the **Tab** key. This activates the window.
5. The option **Shutdown the Computer?** should be selected.

6. Press **Enter**. The system begins to encrypt your files. Encryption is necessary to protect the confidential data stored on your laptop. This may take a few minutes. After the encryption process is completed, the system displays the following message "It is now safe to turn off your computer." Press the **blue power** button.

If your laptop is performing sluggishly, the **Restart the computer?** option works well. Your laptop encrypts the data before restarting the Windows.

## A Brief Introduction to Windows

After you log onto your laptop, the Windows Desktop (shown below) is displayed.



## Exploring the Desktop

Objects sit on the Windows Desktop like objects sit on top of your desk. Each icon on the Desktop represents a single object, such as a program or folder. A program is a set of instructions for the laptop, while a folder stores documents, programs, and other folders.

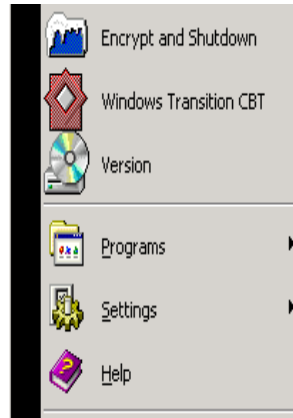
## Starting a Program

To open an application from the Desk Top, double-click on its icon or click anywhere on the screen and then press the first letter of the icon name. If more than one icon name begins with the letter you selected, continue pressing the letter and the laptop cycles through all of the icons starting with the same letter. Once the correct icon is highlighted, press the **Enter** key and the laptop opens that application.

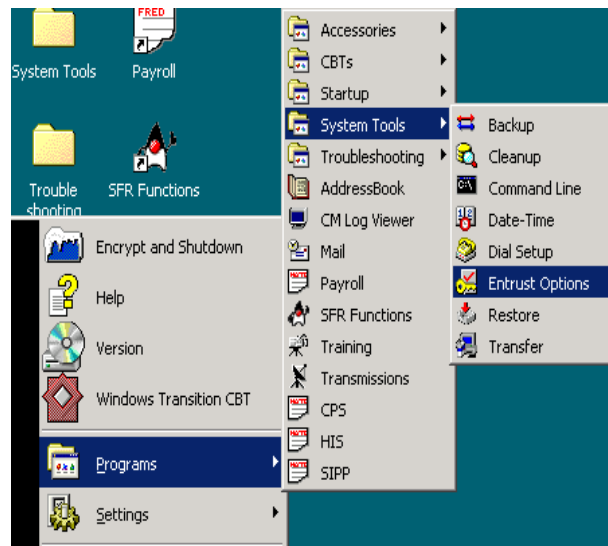


## The Start Menu

A. Press the  Windows key and you will see the Start menu.



B. Type **P** for programs and the Programs submenu opens. Use the **up- or down-arrow** key to select the program you want, and then press **Enter** to start the desired program.



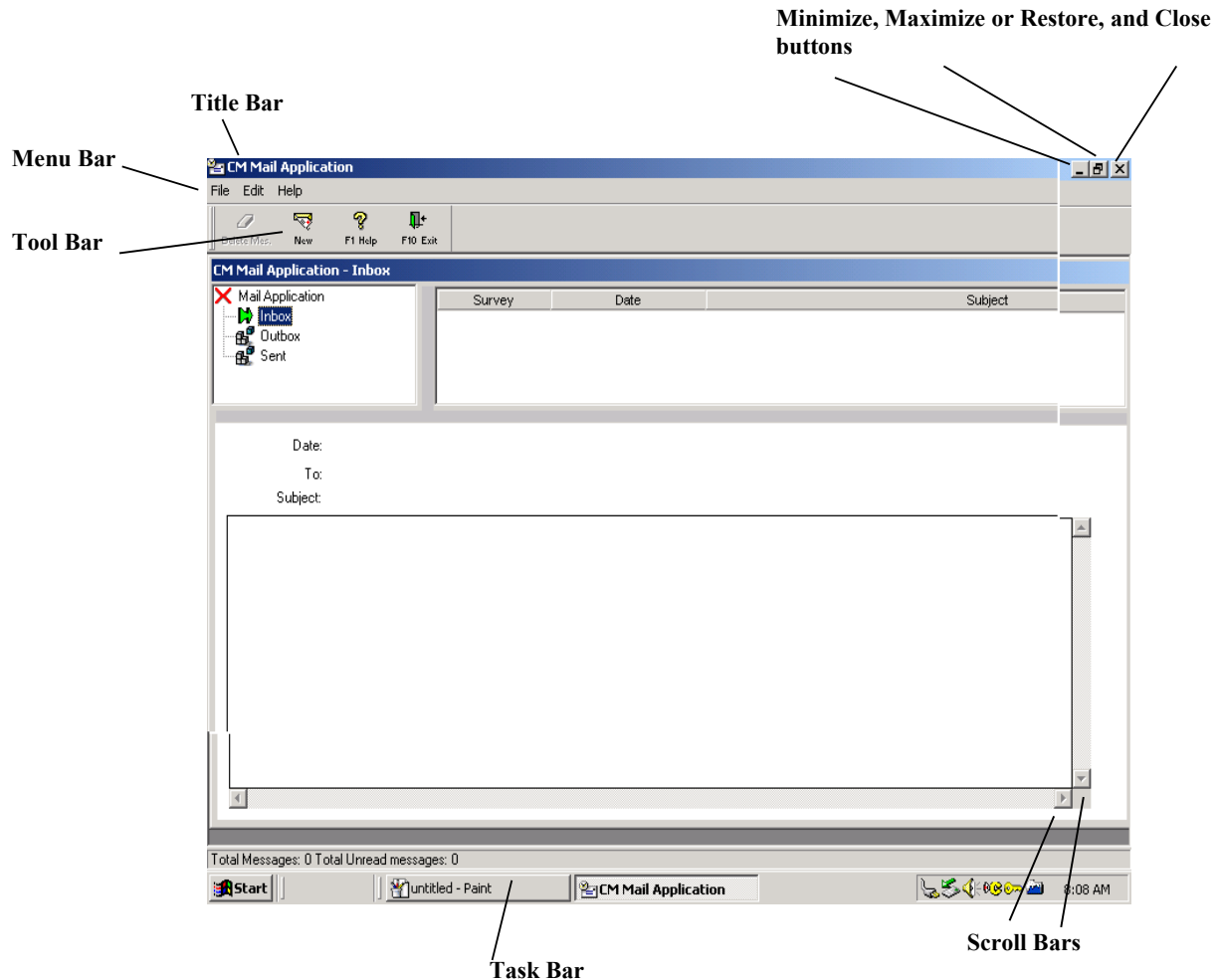
## Using Keyboard Shortcuts

You often use your laptop while standing and conducting an interview. For those who prefer the keyboard to the Touch pad, Windows provides many keyboard shortcuts. The following table contains some commonly used shortcuts:

<b>Keystroke</b>	<b>Action</b>
Tab	Moves forward through fields or button dialog windows
Shift+Tab	Moves backwards through fields or button dialog windows
Arrow Keys	Moves forward, backward, up, or down through fields, menus, or response boxes or lists
Enter	Executes a command or launches an application
Escape	Cancel a command or exits a dialog window
Alt+F4	Closes the active window

## Window Structure

A window is a rectangular frame which defines the work space for an application or a program. A typical window, as shown below, contains a Title Bar, Sizing buttons, a Menu Bar, a Tool Bar, a Scroll Bar, and Task Bar.

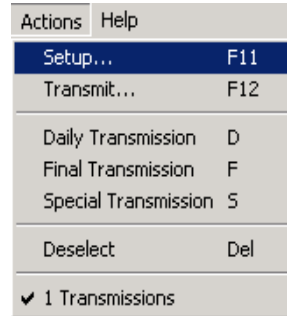


**The Title Bar** - The name of the application currently running is displayed in the Title Bar. When the window is active the Title Bar is dark blue. Found to the top right on the Title Bar are the Minimize, Maximize or Restore, and Close buttons.

- A. **Minimize Button** - Single-clicking on the Minimize button shrinks the window to a button on the Taskbar. To redisplay an application shown on the Task Bar, just click on it's name on the Taskbar.
- B. **Maximize or Restore Button** - The middle button resizes the window, either creating a smaller version of the current window or restoring the window to full size.
- C. **Close Button** - The top right button is used to close the active window.

## Menu Bar

The Menu Bar is under the Title Bar. Press the Alt key to activate the Menu Bar. You can make your selection by typing the underscored character in the task you want.



## *Drop down menus*

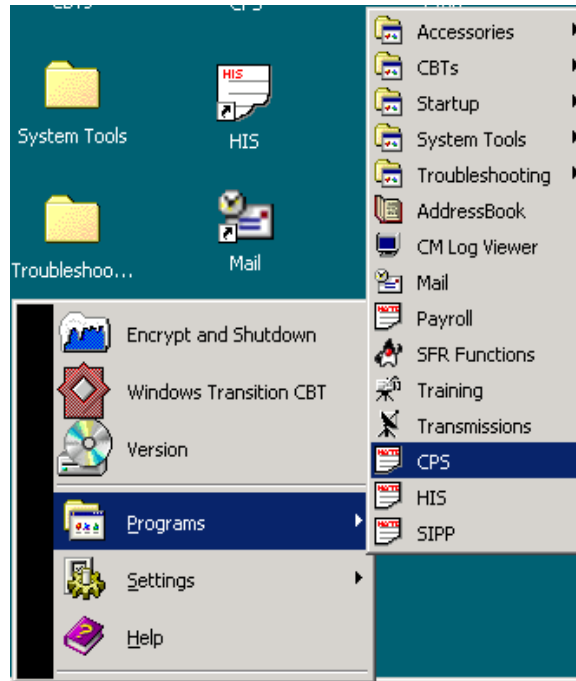
To access a drop down menu, click on it or press the Alt key and the underlined letter within the word. For example, to access the File menu, press Alt+F. A drop down menu appears showing the available options. To activate a menu item:

- use the up- or down- arrow key and press Enter, or
- type the underlined letter (if available) in the option name, or
- click on the choice.

To the right of some items on drop down menus you see shortcut key(s). Once you learn these shortcuts, you can access the menu options without actually opening the menu. In the example above, you could press the F12 key from the main Transmissions window to start a transmission without opening the Actions menu.

## Submenus

Some options listed on the Start or drop-down menu have a small arrow to the right of their titles. This means that there is a submenu offering more options. Use the right arrow to view the submenu. Use the pointer or the up- or down- arrow key to select an option, and then press the Enter to activate the submenu.



## Tool Bar

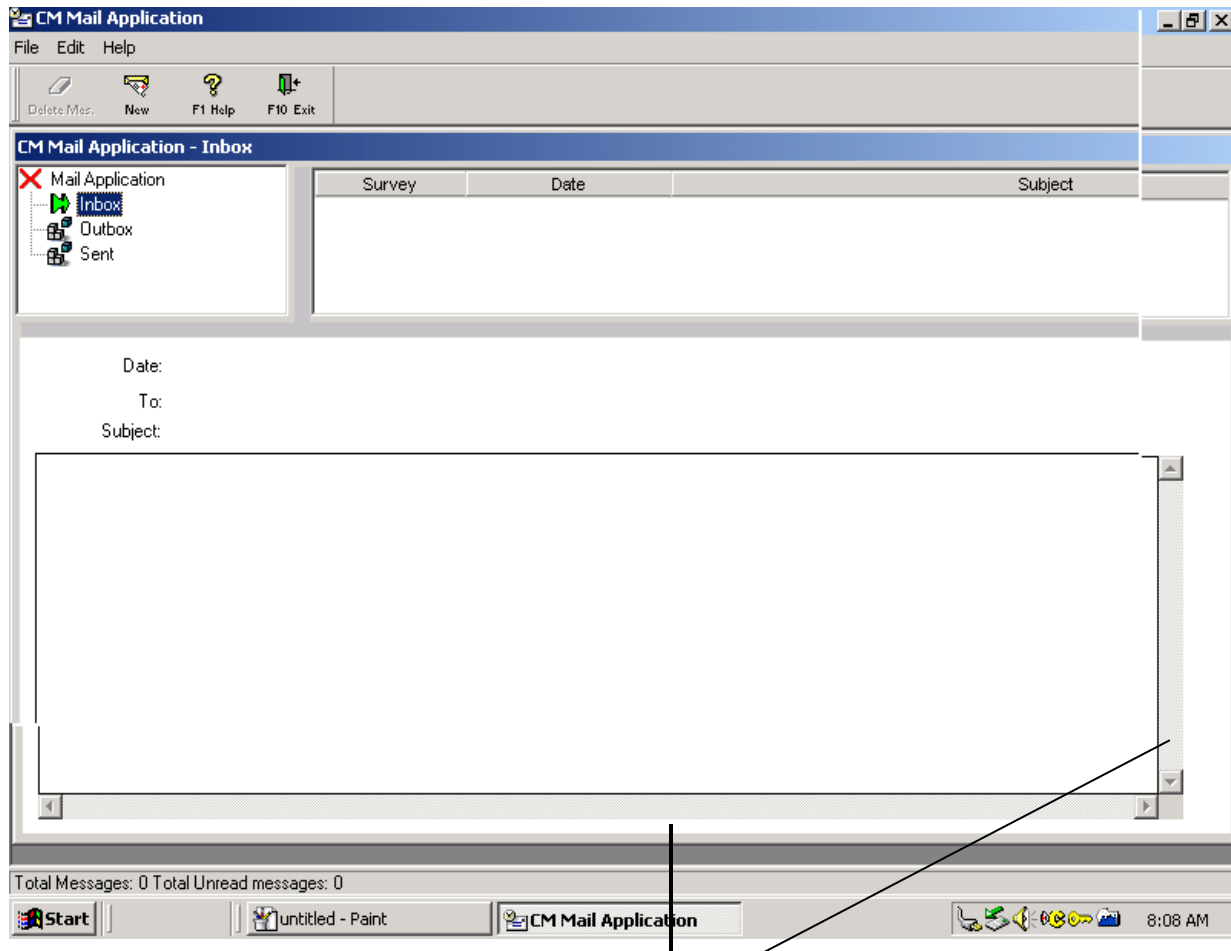
The Tool Bar contains a collection of icons that provide quick access to certain functions on the menus. Position your pointer on the icon then single-click either left button of the Touch pad to use the function. If the icon indicates a function key, e.g., F10, F12, press the indicated function key to perform the task instead of clicking on the icon.



## Scroll Bars

When the information within a window cannot be displayed all at once, scroll bars appear along the bottom or the right side of the window, sometimes both. Located at both ends of the scroll bar are buttons containing arrows. Between the arrows is a scroll box, a solid grey movable button. The scroll box shows your position within the window or frame. For example, if the scroll box is all the way to the right of the horizontal scroll bar, the window is displaying the information on the right side of the window. You can move to the different points in the application by clicking on the arrow button or by clicking and dragging (discussed later) the scroll box along the scroll bar.

The scroll bar changes your view of the application, not your position within it. To change your position, you must use the keyboard or the pointer to move your cursor.



Scroll Bars

## Taskbar



The Task Bar is located at the bottom of your screen (see below). It tells you what programs are currently running on your laptop. To switch between programs, click on the name of the program on the Task Bar, or you can also press Alt+Tab key to switch between open applications.

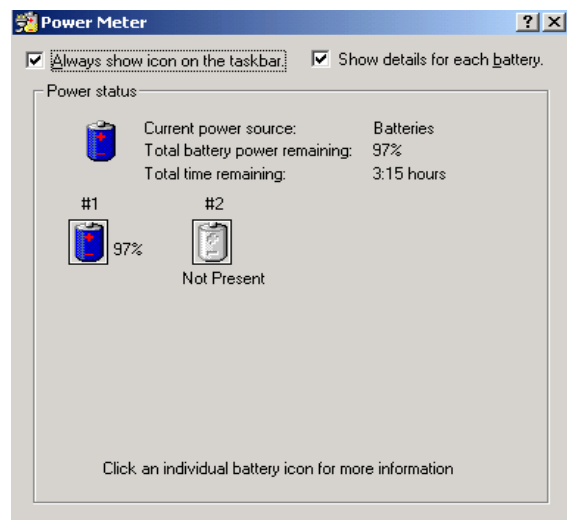
On the right side of the Task Bar is a set of small icons which reflect your laptop settings. This section of the Task Bar is called the System Tray.



## The Battery Icon

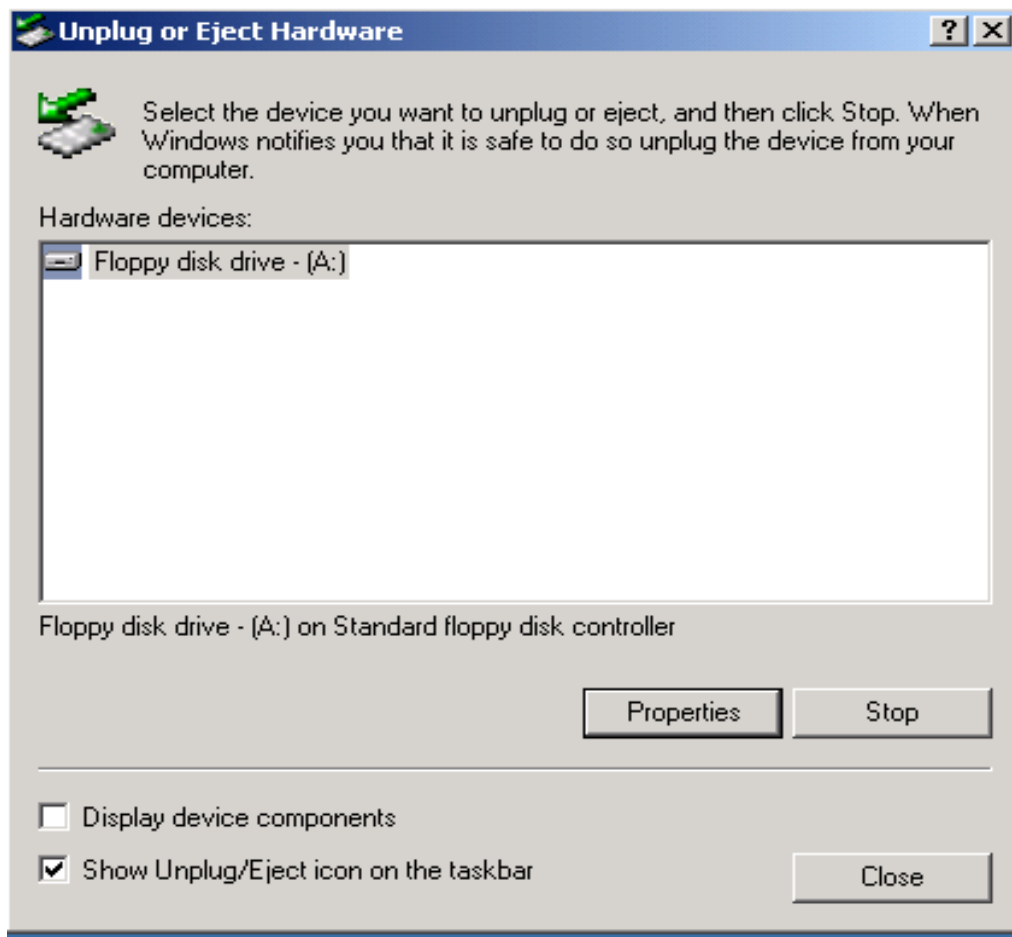
You need to know about two very important icons:

This icon lets you check the status of your battery. Double-click on the icon to display a Power Meter, as shown below, which is a more detailed description of the battery's condition. As your battery runs down, the filling inside the battery icon changes to show the remaining battery power is left. When you plug your laptop into a wall outlet, a plug icon replaces the battery icon.



## Unplug or Eject Hardware Icon

The Unplug or Eject Hardware icon lets you unplug an external device such as a modem or an external floppy disk drive. Double-click on the icon to display the dialog box shown below. From this dialog box, you can determine what devices are connected to the laptop. Before you unplug your external module bay containing the floppy drive or the CD-ROM drive, select it from this screen and then either click on the Stop button or use the Tab key to highlight the Stop button, and then press Enter.





## **Closing a Program**

Once you finish working with a program, you should close the program to free up space in the laptop's memory. While you can run several programs simultaneously, having several programs and documents open can slow your system. To close a program, use the application-defined shortcut (usually F10 or Esc) to close it. If an application does not have a shortcut, you can:

1. Type Alt+F (to activate File menu) then type **X** for **Exit** option.
2. Or type Alt+F, then type **C** for the **Close** option.
3. Or type Alt+F4.
4. Click the close button (☒) at the top right of the Window Title Bar.

**PART E**  
**SECTION 4**  
**SYSTEM TOOLS**

<b>Topic</b>	<b>See Page</b>
System Tools	E31
Opening the System Tools	E31
BackUp Procedure	E33
CleanUp Function	E34
Command Line	E35
Setting the Date and Time	E35
Dial Setup	E37
Entrust Options	E38
Restore Files	E38
Transfer Function	E38

## System Tools

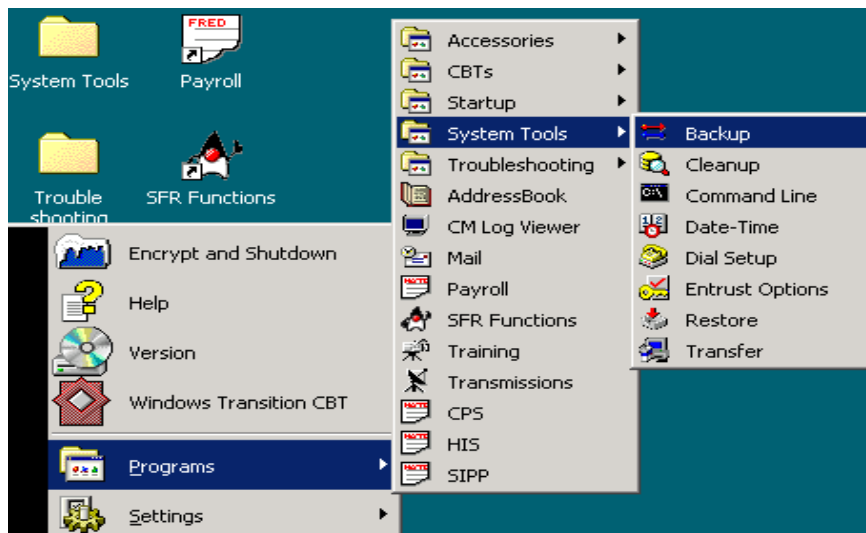
With the exception of the Backup, the System Tools contain many options you won't use regularly. However, these tools are extremely important to the job you have to do. The System Tools include:

- Backup
- Cleanup
- Command Line
- Date-Time
- Dial Setup
- Entrust Options
- Restore
- Transfer

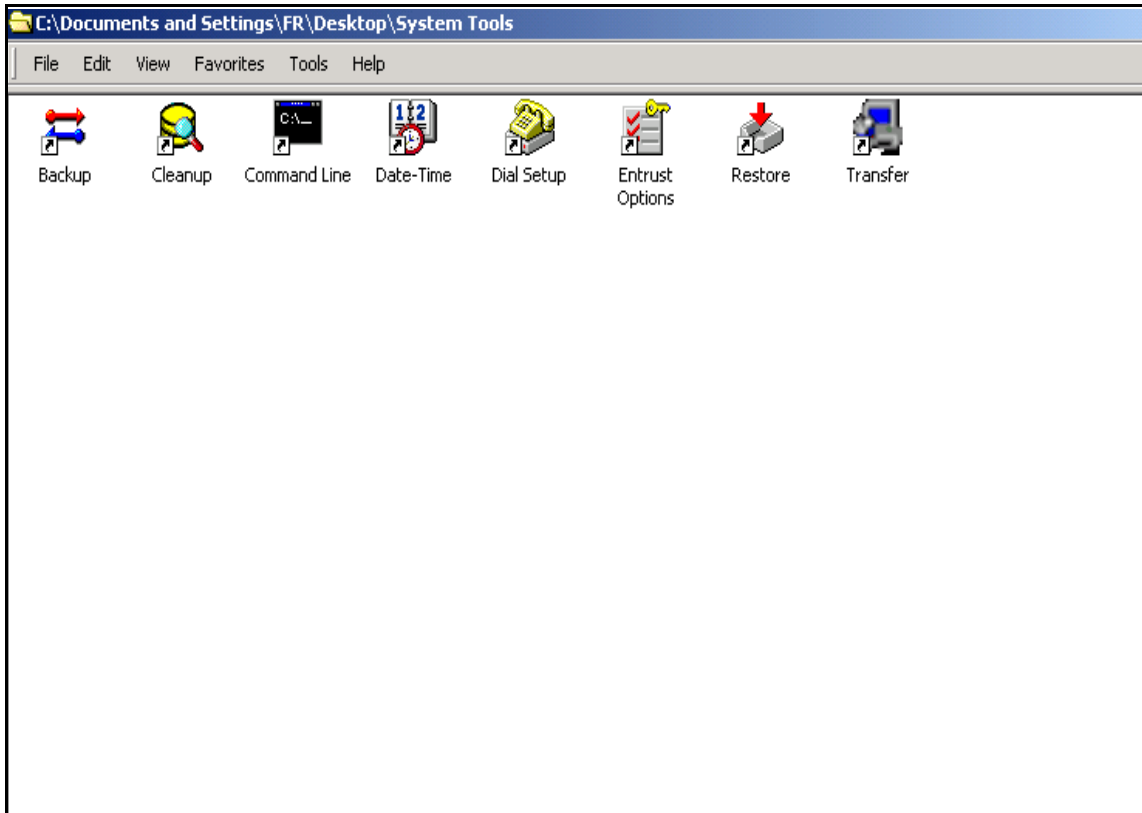
## Opening the System Tools

To open the **System Tools** folder:

1. Press the **Windows** key.
2. Press **P** to highlight **Programs**, and the **Programs** submenu appears.
3. Press **S** until **System Tool** highlights.
4. Press the right-arrow key and you will see the **System Tools** submenu. Use the down-arrow key to select the function you need to use, then press **Enter**.

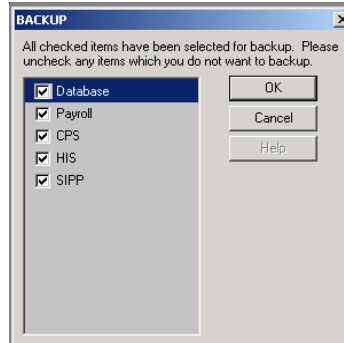


If you use the point-and-click method to open the **System Tools** folder from the Desktop, you will see the window shown below. From this window, select the function you need to use by double-clicking on that function's icon.



## Backup Procedure

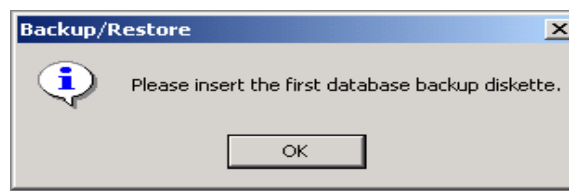
- A. Before starting the Backup application, be sure to shut down your laptop and connect your floppy drive to your laptop. Turn your laptop on again, log in, and open the **Backup** application. You will see the backup dialog box (shown below).



All of the surveys on your laptop are selected (checked) by default since the normal process is to back up all your surveys. Notice that there are also options to back up the database and payroll data. You should back up your Database, surveys, and payroll every day that you work.

**Note:** It is very important to back up the Database every day you work as it is to back up your surveys.

- B. You must deselect any items you do not want to back up. To do this, use the up- or down-arrow keys to highlight the item(s) you do not want to back up and then press the spacebar to deselect the check mark. Pressing the spacebar again would select the item again. You can also click in the check box to select or deselect an item(s).
- C. When you have the item(s) selected, press **Enter** to select **OK** (or click on the **OK** button) to start the backup process.
- D. If you select the database, a copy of the database is made on a diskette. The following message prompting you to insert the first diskette is displayed. Follow any other instructions on the screen to complete the database backup.

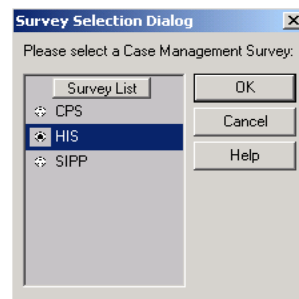


- E. The process to back up your payroll and surveys remains unchanged from how it was done on your old laptop. Follow the instructions on the screen for inserting and labeling diskettes.
- F. Sometimes, you'll encounter a problem in the process and may get one of the following two messages:
  - A. **Not ready reading drive A:** You normally see this message when you have not properly connected the floppy drive to the laptop or there is no diskette in the floppy drive. Check the floppy drive's connection to the laptop and try again
  - B. **Sector not found writing drive A:** You see this message when the disk you are using to backup is bad. Use a different disk.

## Cleanup Function

Use the **Cleanup** function at the end of a survey period. Your Regional Office informs you when to clean up a survey. Never use this function during an interviewing period.

1. To begin, select Cleanup option from the System Tools submenu of the Start menu or double-click on the Cleanup icon in the Systems Tools folder.
2. In the Survey Selection Dialog box, choose the relevant survey using the up- or down-arrow key and press **Enter**.



3. At that point, the DOS program displays instructions for Cleanup.

The cleanup function removes the survey instrument and cases from the laptop. Only the cases and instrument pertinent to the selected survey and interview period are deleted from the laptop. Follow the procedures for cleaning up as you currently do.

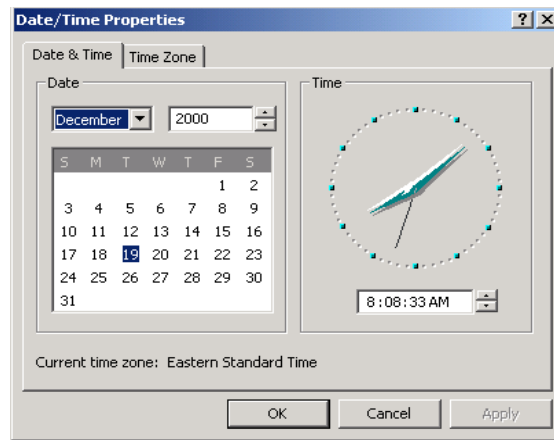
## Command Line

The Command Line option in System Tools replaces the DOS prompt on your old laptop and is used only for troubleshooting. You should never use the Command Line function unless your RO or someone from Headquarters provides specific instructions.

## Setting the Date and Time

To reset the day and time:

3. Select **Date-Time** option from the System Tools submenu of the Start menu or double-click on the **Date-Time** icon in the System Tools folder.
4. The **Date/Time Properties** window appears.



To change the date and time:

1. Press the **Tab** key to move between fields in the window, such as from the month field to the year field, and then from the year field to the dates.
2. Use up- and down-arrow key to change the value for an item. Use the right- or left-arrow key to change dates in the calendar. In the illustration on the previous page, the month field is the highlighted field. Pressing the up-arrow key once would change the month to November.
3. Once you set the date and time, press **Enter** to save your changes and close the **Date/Time Properties** window.
4. If you do not want to close the window but want to save your changes, press the **Tab** key until the **Apply** button is selected (small dotted line around the word), and then press **Enter** to apply your changes.

To set the correct time zone for where you live:

1. Open **Date-Time** from the **System Tools** submenu or from the **System Tools** folder.
2. Press the **Tab** key until the **Date & Time** tab has a dotted line around it.
3. Press the right-arrow key to open the **Time Zone** tab as shown below.
4. Or single-click on the **Time Zone** tab.



5. To change the time zone, press the **Tab** key to highlight the time zone tab. Use the up and down arrow keys to select the appropriate time zone for where you live.
6. If daylight saving time is used where you live, make sure to check the box **Automatically adjust clock for daylight saving changes**. Press the **Tab** key until there is a dotted line around the phrase and then press the spacebar to remove or place a check mark in the box. You can also click on the box to check it.
7. When you set the field appropriately, press **Enter** to save your changes and to close the Date/Time Properties window.

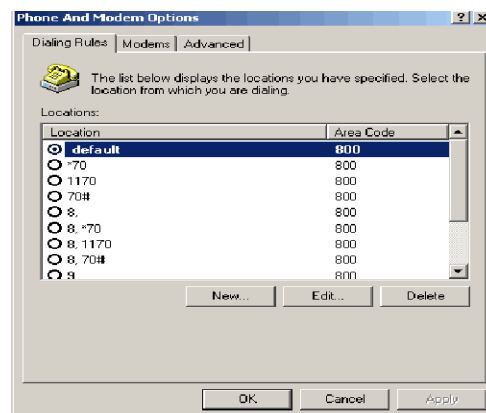


## Dial Setup

When you transmit, the system dials a toll free 1-800 phone number. Sometimes you need to add a dialing prefix to this number, such as to dial from a hotel room or an office building where you dial an 8 or a 9 in front of the number. Also, if you have call waiting on your phone, you will need a call blocking code (usually \*70) to prevent incoming calls from interrupting your transmission. Use the Dial Setup screen to add these prefixes to the phone number.

To change your dial setup:

1. Open **Dial Setup** from the **System Tools** submenu or from the **System Tools** folder.
2. When you select the Dial Setup option, the **Phone and Modem Options** window appears. Use the up or down-arrow key and the spacebar to select the appropriate prefix(es) for your situation.
3. Select the **Default** option when you do not need to use any prefixes.
4. Select **8**, option or the **9**, option if you need to dial 8 or 9 to get an external line.
5. Select **\*70**, **1170**, or **70#**, if you have a call waiting. Select the code that is appropriate for you phone service.
6. After you make your selection, press **Enter** to save your changes and to close the window.



**Note:** Do not make any other changes in this window unless instructed by your RO or Headquarters.

**Entrust Options**

See Chapter 2 of the Windows Laptop User Guide, Changing Password, for an explanation of the Entrust options. Do not use any other option unless your RO or someone from Headquarters provides specific instructions.

**Restore Files**

Use the **Restore** application to copy files from your backup diskettes to your laptop. Use this application cautiously. **Restore** deletes all interviews you've completed since your last backup! You will use the **Restore** application only when your RO instructs you to. Call your RO for step-by-step instructions on how to restore files.

**Transfer Function**

The **Transfer** function is used ONLY as part of the conversion to the Windows laptop and should never be used again, unless your RO specifically instructs you to.

**PART E**  
**SECTION 5**  
**MAIL**

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Mailboxes	E41
Selecting Mailboxes	E42
Message List	E43
Reading a Message	E44
Creating a New Message	E45
Editing a Message	E48
Deleting a Message	E50
Exiting the Mail Application	E50

## Mail

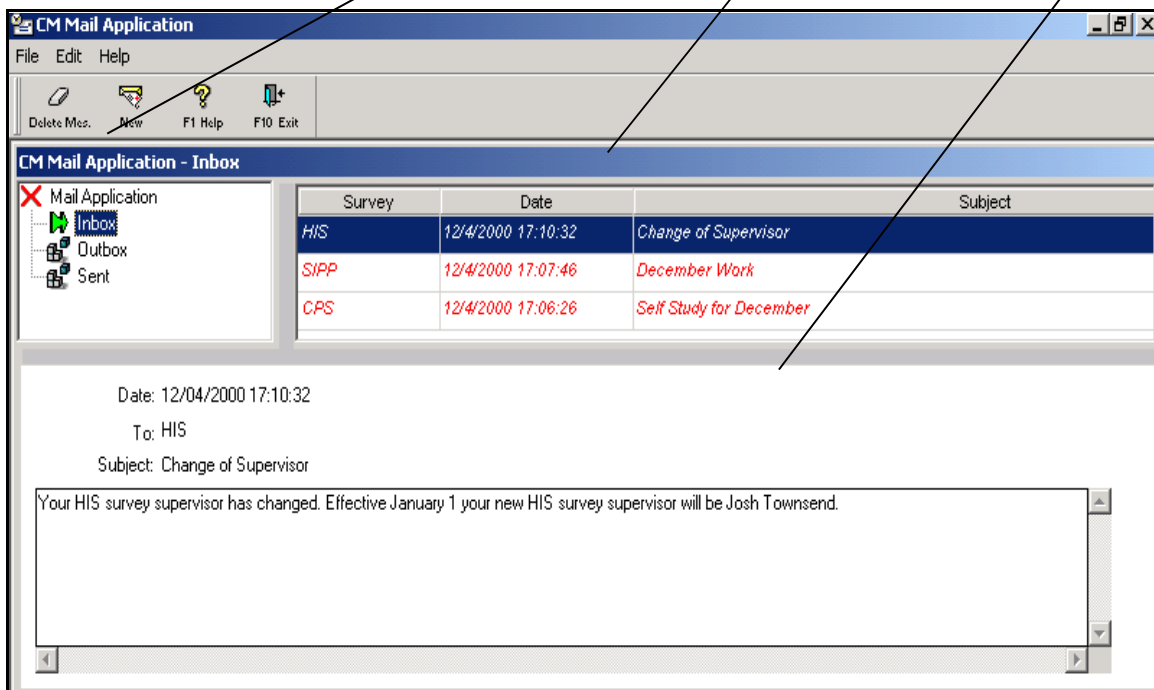
The **Mail** application lets you send and receive messages to and from the RO.

### Opening the Mail Application

To open the Mail application:

1. Press the **Windows** key. The **Start** menu opens.
2. Press **P** to open the **Programs** submenu.
3. Press **M** to select **Mail**. The **Mail** application opens immediately.

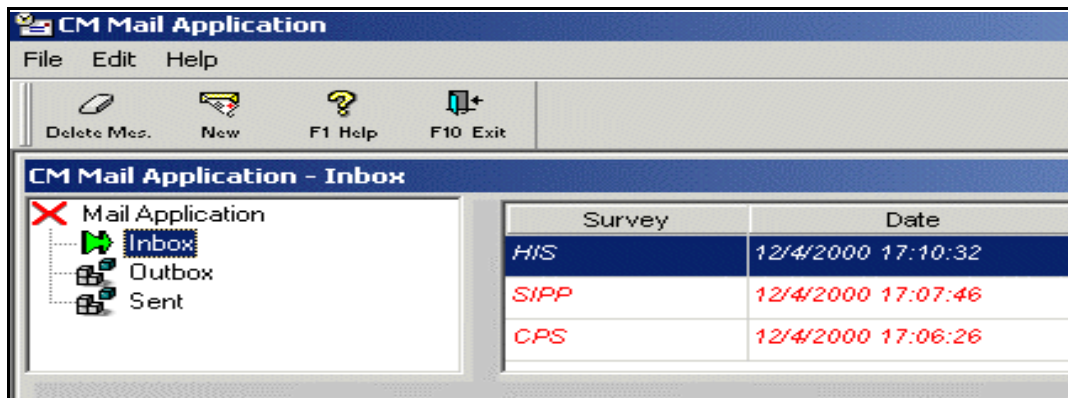
The Mail application contains three areas: **Mailboxes**, **Message List**, and **Current Messages**.



## Mailboxes

The **Mail** application contains three mailboxes: the **Inbox**, **Outbox**, and **Sent** box. Notice the green arrow next to the **Inbox**. The green arrow indicates the active mailbox. The **Outbox** contains the messages written by you that are waiting to be sent. The **Sent** box contains the messages you sent. The laptop moves the messages from the **Outbox** to the **Sent** box after they are sent during a transmission.

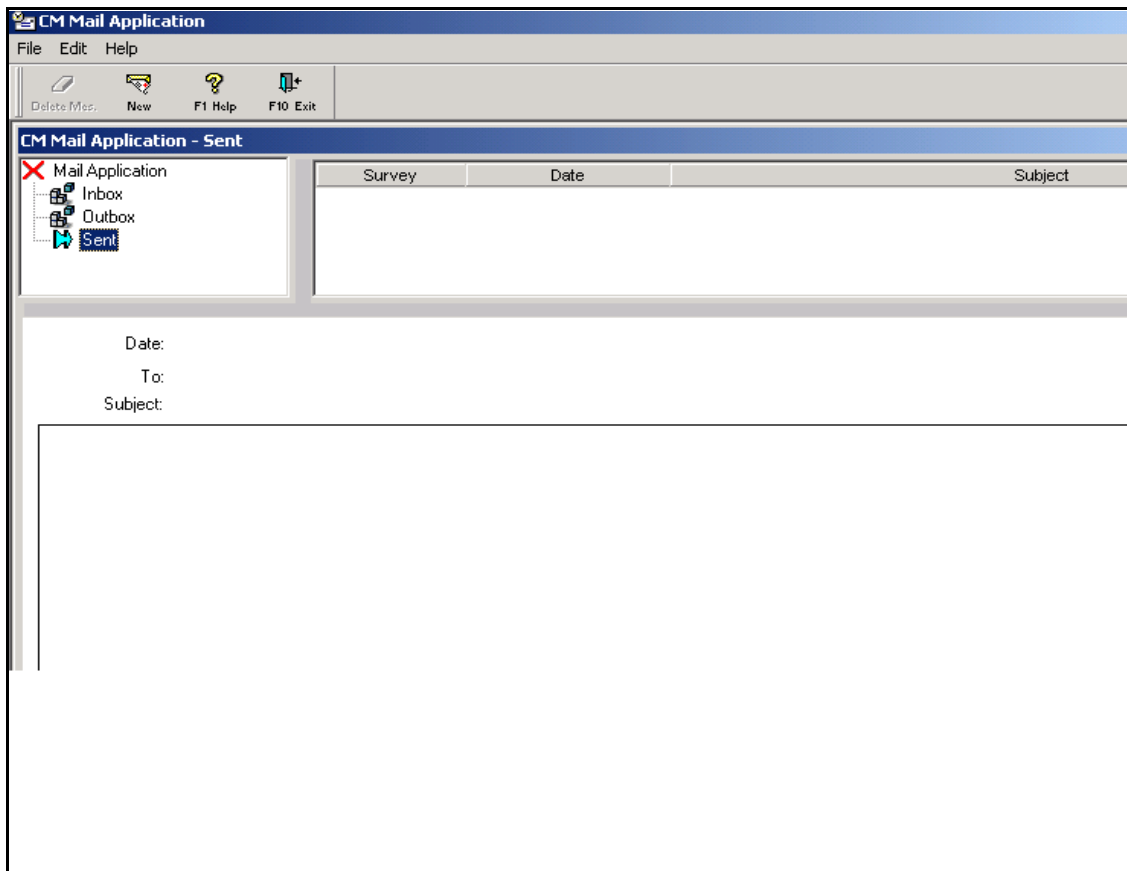
Notice that the name of the currently active mailbox is displayed in the **Title Bar** above the list of mailboxes. The **Inbox** holds the messages sent to you.



## Selecting Mailboxes

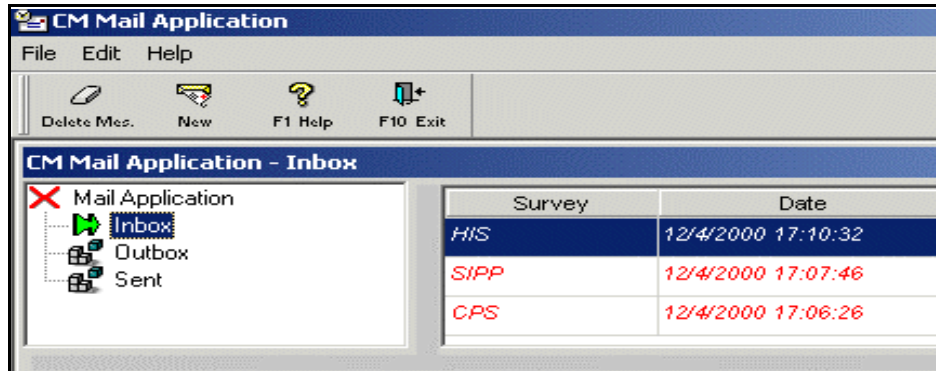
Use the arrow keys to select a different mailbox. When you press the down-arrow key, the Outbox becomes the active mailbox. The **Title Bar** changes as well.

When you press the down-arrow key again, the **Sent** box becomes the active mailbox. **Sent** is displayed in the **Title Bar**, and the green arrow is now in front of **Sent** in the list of mailboxes.

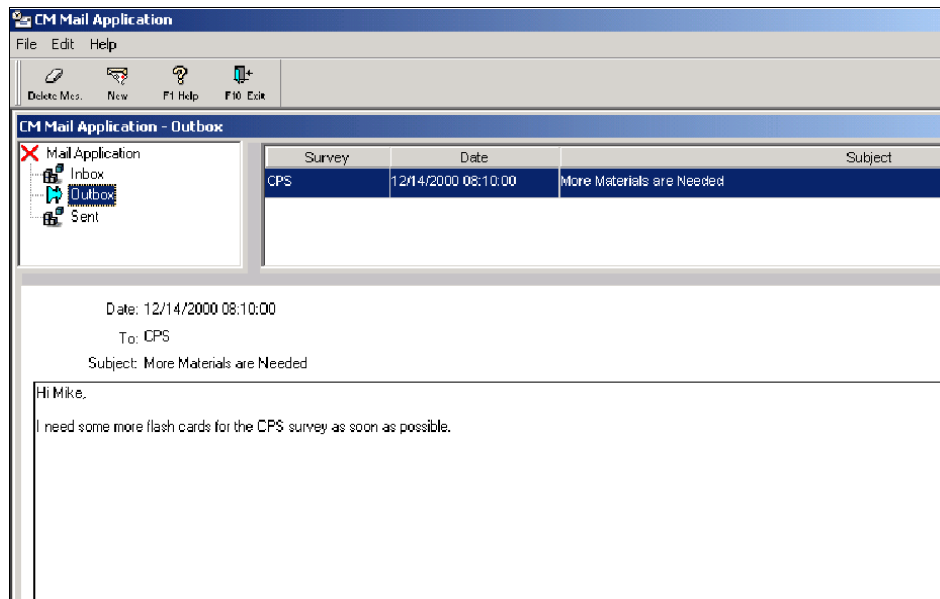


## Message List

The **Message List** is next to the **Mailboxes** area. It lists the messages contained in the active mailbox. To move from the mailbox area to the message list, press the **Tab** key. When you are in the message list, the mailbox is no longer highlighted.



When you select a different mailbox, the information in the **Message List** changes. The **Current Message** is displayed in the lower half of the **Mail** application window. The **Current Message** is the message that is highlighted in the **Message List**. This area allows you to read the message selected from the **Message List**.

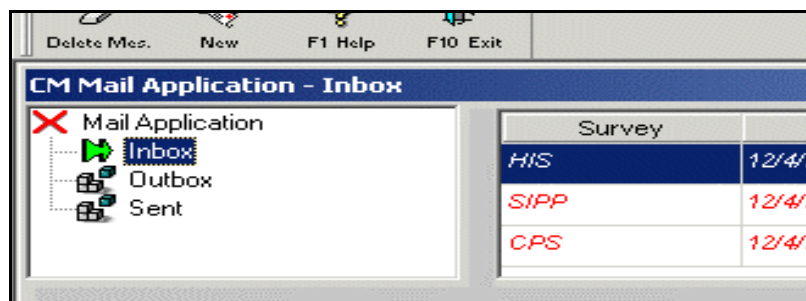


## Reading a Message

To read a message that you received:

1. If the **Inbox** is not already highlighted, use the up- or down-arrow key until the green arrow points to the Inbox. When you start the **Mail** application, the **Inbox** is automatically selected. You won't need to use the arrow keys unless you selected a different mailbox during the session.
2. Press the **Tab** key to activate the **Message List**. This also deactivates the **Mailboxes** area and the **Inbox** is no longer highlighted.
3. Press the **down-arrow** key to highlight the message you would like to read. The corresponding message is displayed in the **Current Message** area. To return to the **Mailboxes** area from the **Message List**, press the **Tab** key twice.

Newly received messages appear in red italics in the **Message List**. These messages are considered unread messages even if you looked at them in the **Current Message** screen. To change a message to read, double-click on the message in the **Message List**. This brings up a pop-up window where you can see more of the message if it is a long one. Press **Enter** to select **Close**, and the message will be marked as read. The message in the message list now appears in black, non-italicized letters, indicating it was read.

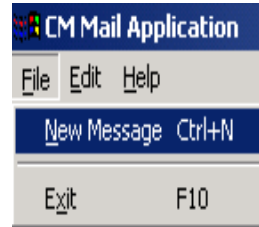




## Creating a New Message

To create a message:

1. Open the **New Message** window by pressing the **Alt** key to activate the access keys for the **Menu Bar**. Notice the first letter for each word is now underlined.

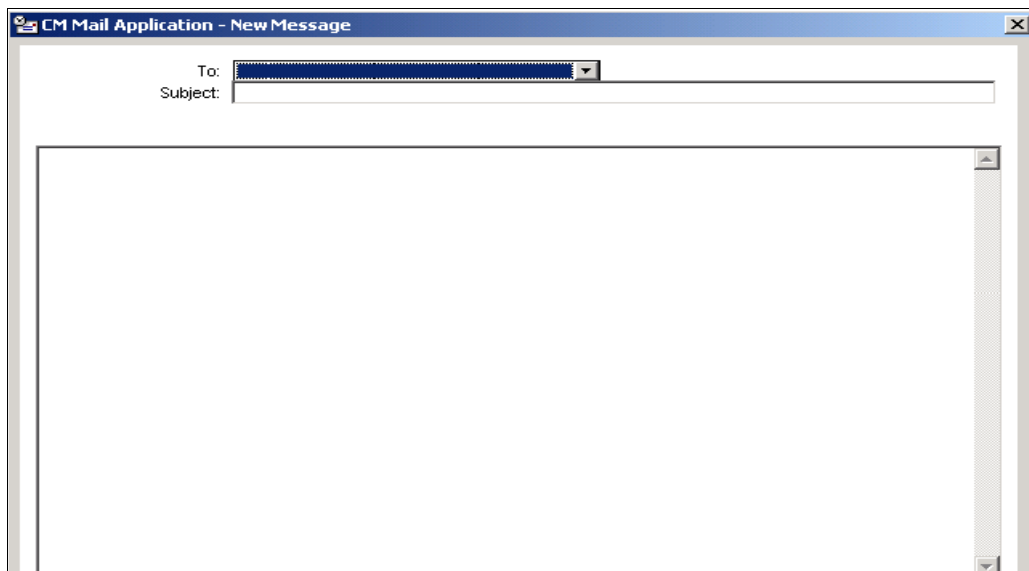


2. Press **F** to display the **File** drop-down menu.
3. Type **N** to display the **New Message** window (or press **Enter** since **New Message** is highlighted) and the window (shown below) will appear.

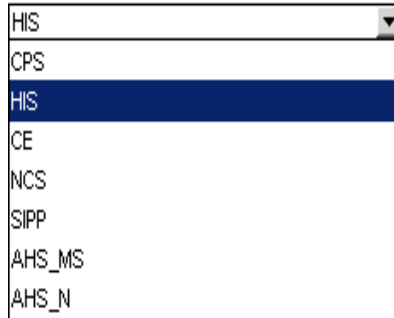
You can also create a new message by clicking on the **New** icon on the Tool Bar or by pressing Ctrl+N.

The new message window has three fields:

- The **To** field displays the recipient of the message.
- The **Subject** field is where you enter the topic of the message.
- The **Message** field is where you enter the message text.



4. Click on the down-arrow key to see the list of recipients. Select the desired recipient by using the up- or down-arrow key to highlight the name then press **Enter**. You can also click on the name of the recipient. In this example below, **HIS** is selected.

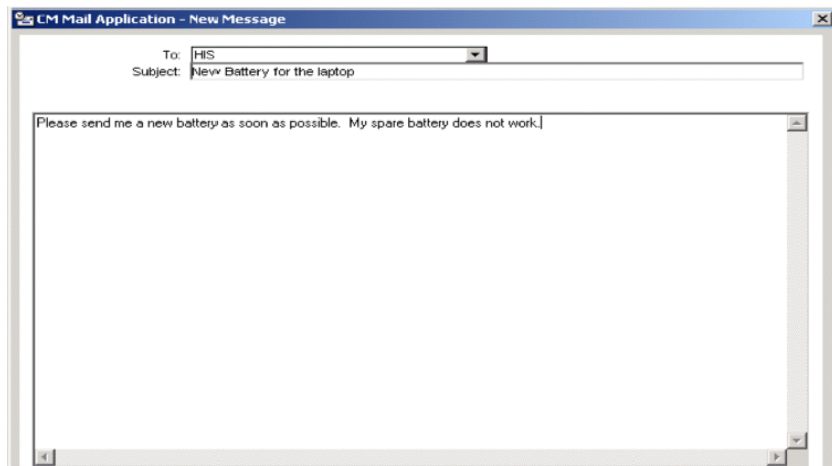


5. Press the **Tab** key to move to the **Subject** field and type the subject of the message.

To:

Subject:

6. Press the **Tab** key to move to the **Message** field and type your message.



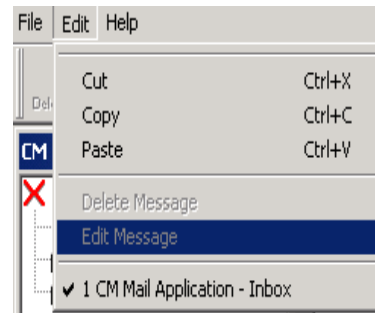
7. Press the **Tab** key to highlight the **OK** button and press **Enter** to save the message and close the **New Message** window.

The saved message is stored in the **Outbox**. When you create a message, it stays in your **Outbox** until you send it or delete it. To send a message, you must make a transmission. Once mail messages have been transmitted, they will be moved to the **Sent** mailbox.

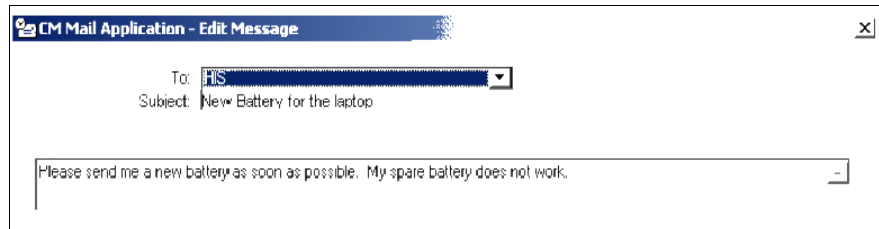
## Editing a Message

There may be times that you want to edit a message that has been created but not sent yet. Follow the steps below to edit a message:

1. Press the **Tab** key until the mailboxes area is active.
2. Select the **Outbox** mailbox, press the **Tab** key to go to the **Message List**, then use the arrow keys, if necessary, to highlight the message you want to edit. The message text appears in the **Current Message** area.
3. Press the **Alt** key. The options on the **Menu Bar** are activated. Notice the underlined letters in **F**ile, **E**dit, and **H**elp.
4. Type **E** for **Edit**.



5. Type **E** again for **Edit Message**. The **Edit Message** window opens, with the fields filled with the data from the Current Message you selected. The **To** field is selected. You may change the information in any of the fields.

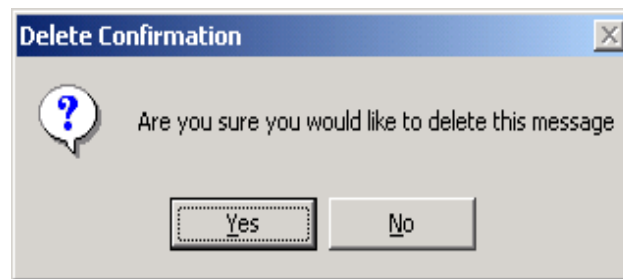


5. Press the **Tab** key to move from field to field. When you are finished, press **Tab** until the **OK** button highlights, then press **Enter**. The edited message is stored in the **Outbox**.

## Deleting a Message

You may delete messages from any of the mailboxes. If you delete a message from the Outbox, the message will not be sent. To save space, you should delete messages in the other mailboxes from time to time. Keep in mind, though, that when you delete a message from the Sent mailbox, you are deleting only your copy of the message. The recipient already has a copy.

1. Activate the mailboxes area, if it is not activated (a mailbox is highlighted).
2. Select the mailbox which contains the message you need to delete.
3. Tab to the message list and use the arrow keys to highlight the message you want to delete.
4. Press the **Delete** key.
5. The **Delete Confirmation** dialog box appears (shown below).



6. The default button is **Yes**. If you decide you don't want to delete the current message, press **Tab** to highlight the **No** button (or press the **N** key).
7. Press **Enter**. Now the message no longer appears in the **Message List** of your **Outbox**.

## Exiting the Mail Application

Press F10 to exit the Mail application.

**PART E**  
**SECTION 6**  
**CASE MANAGEMENT**

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Accessing Case Management in Windows	E53
Opening Survey Case Management Using the Keyboard	E53
Opening Survey Case Management Using the Point and Click Method	E54
Introduction to Case Management	E55
Case Management Main Display 1. Control Number 2. Screening Status 3. Address 4. Place 5. WIS/QTR 6. Callback 7. The STAT Column 8. The Notes Column	E55
Case Management Function Key Operation 1. Function Key Actions	E58
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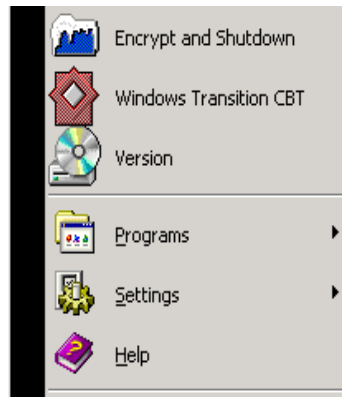


## Accessing Case Management in Windows

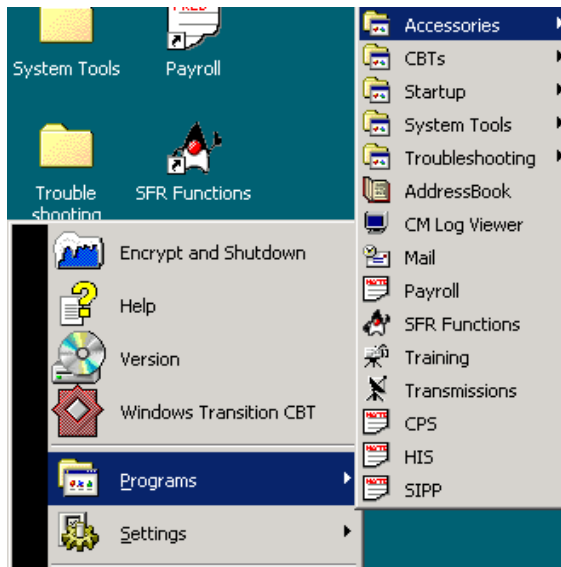
### Opening Survey Case Management Using the Keyboard

Now it is time to look at your survey case management. You can use the keyboard or the point-and-click method.

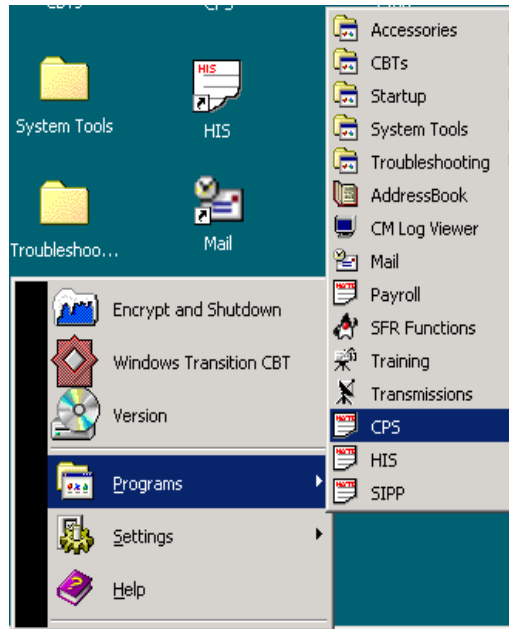
1. Press the **Windows** key to open the Start menu.



- b. Type **P** to open the Programs submenu.



3. Type the first letter of the survey until the one you want is highlighted on the Program submenu, and then press **Enter** to open case management. If more than one item starts with the same letter, you may have to type the letter more than once.



4. Case management and the survey instruments are in DOS. Refer to the other chapters in this FR manual for specific information on these applications.

**Opening Survey  
Case Management  
Using the Point-and-  
Click Method**

1. Move the pointer on top of the survey icon on the Desktop.
2. Using either left click button, double click on the icon.

Once in the survey, you can navigate within that survey using the function keys, including closing the survey instrument.

## Introduction to Case Management

The case management program on the laptop provides a variety of functions to help you prepare and manage your workload during the interview period. These functions include a concise case list (main case management display) which presents pertinent information about each case. The information available is the control number, it's 1st line of address, and other management information. Since the case management screens will vary between surveys go into case management on your laptop and view the screen display for your particular survey. Additional case information can be accessed for each case. Some of the surveys may want to add extra units, set appointments, edit the name and address data for a case, sort cases in a different sequence on the list, and enter notes. Special view options let you search the list by address or control number. You can review the number of cases you have completed and the outcome types, as well as the number you have yet to complete. Lastly, you can begin an interview from the initial case screen, as well as the full display screen.

When you select CASE MANAGEMENT for the Health Interview Survey (HIS), the main case management display appears as

HIS Version 2002.										
F1	HELP	F2	INT	F3	FULL	F4	ADD	F5	EDIT	F6
F7	NOTES	F8	VIEW	F9	SORT	F10	F12			
CONTROL NUMBER	S	ADDRESS	PLACE	WIS/	CALLBACK	STAT				
	S			QTR						
Y9513199300606	I	115 PARKWAY NORTH	PHILADELPHIA	03/3	Y	O	Y			
Y9513199300609	I	986 PARKWAY SOUTH	PHILADELPHIA	03/3	Y	P	Y			

illustrated below.

## Case Management Main Display

### Main Case Management Display

Across the top of the screen is a list of what each of the function keys do. On the lower part of the screen is a list of cases to be interviewed. Up to 15 cases are shown at once, one line per case.

- To move the highlight bar through the list of cases, use the arrow keys (↑↓).
- To move down a page (15 records) in your case list, use the PAGE DOWN key or the DOWN ARROW (↓). To move up a page use the page up key or the up ARROW (↑).

**Control Number**

The **CONTROL NUMBER** for each case will vary between surveys. For HIS the control number consists of the Survey (2), Field PSU (5), Segment # (4), Segment # Suffix (2), Sample Designation and Suffix (4) Serial #(2) and Serial # Suffix (1).

**Screening Status**

The **SCREENING STATUS** column will show either an "I," for interview, or an "S," for screening. If you see an "I" in this column, interview the household without checking for specific conditions. If you see an "S" in this column, you will only interview the household if specific conditions are met.

**Address**

The **ADDRESS** for each case consists of the first line of address.

**Place**

The **PLACE** column, shows the place or city name for the sample unit.

**WIS/QTR**

This displays the week and quarter of the case.

**Callback**

Displays callback information which can be added/edited in the F5 key and also in the instrument.

**The STAT Column**

The **STAT** column displays the status code for the case. A blank means that the current status of the case is "not interviewed or opened." Other codes that may appear in this column are:


P = partial    O = open

A **partial** status indicates that only a portion of the interview has been completed. To review the actual outcome code that has been assigned to the case thus far, use the full display (F3) option. An **open** status means that the case has been touched, but no data has been gathered.

Final cases (completed interviews and noninterviews) are not included in this display. The case list shows only what you still need to work on. To view completed cases, noninterviews, counts of cases transmitted and received at HQ, use the F8 key (VIEW) as described below.

You can use the STAT column to organize your workload by sorting (F9) the case list by case status.

### **The Notes Column**

The **NOTES**  column will either be blank or display a Y if there are notes that can be viewed. You use the F7 Notes key to review these notes. These INotes will be displayed in the F7 notes in case management.

**Case Management  
Function Key  
Operation**

On the case management main display, the function, or "F", keys allow you to manage your assignment. These keys are at the top of your computer's keyboard above the digits; they are labeled F1 through F12. The keyboards may vary from one laptop to another.

**Keyboard Layout of FR Computer**



**NOTE: The F1 through F12 keys perform different functions in the case management program than during an interview.**

The complete list of the **Function Key Actions** in the case management program are:

**F1**            Obtain on-screen **HELP**

<b>F2</b>	Begin an <b>INTERVIEW</b>
<b>F3</b>	View a <b>FULL</b> case record display
<b>F4</b>	<b>Add</b> an <b>EXTRA</b> unit
<b>F5</b>	<b>EDIT</b> the record to make name and address corrections. Place an <b>APPOINTMENT</b> in a case record on the full display
<b>F7</b>	Review <b>NOTES</b>
<b>F8</b>	<b>VIEW</b> certain case(s) or count cases of a certain type
<b>F9</b>	<b>SORT</b> cases by week-in-sample, address, or status codes, or zipcodes.
<b>F6, F10, F11</b>	These keys are reserved for survey specific
<b>F12</b>	functions in the future.
<b>ESC</b>	<b>EXIT</b> the current screen to the previous screen

The availability of these functions will vary between surveys.

## **F1 HELP**

F1 is the standard key in both case management and the interview to use for the HELP function. The HELP screen will provide additional information or instructions. The contents of the F1 Help screens will vary, depending on where you are in the case management screen or in the interview. To request help, press F1. To return to the case management main display, press ESC.

## **F2 INT (INTERVIEW)**

Highlight a case and press F2 to begin the interview. The following prompt appears to verify that you are at the correct address and have, indeed, selected the right case record for the interview you are about to begin.

You have selected:  
 2401 MUSTANG DR  
 SUITLAND, MD 06051

Do you wish to continue (Y/N)?

- Press N followed by <Enter> to return to the main case management display.
- Press Y followed by <Enter> to continue with the interview.  
If you continue with the interview, the next screen you will see is the -PRE\_START- screen. This screen will instruct you to:
- Verify that the date and time shown on the screen are accurate. If you answer "No," you will be able to correct either or both.

The -COVER1- screen appears next. It provides you with information about our confidentiality guarantee, the average length of an HIS interview, and an address to which the respondent can write concerning any aspect of the collection process.

The next introductory screen, -START-, identifies the case id, the sample designation, interview week, case status, PSU, segment, serial number, current date and time.

At this screen, you are given the option of entering:

- (P) to proceed with the interview
- (Q) to quit the interview
- (N) to identify a final noninterview.

If you are resuming a partial interview for HIS, you will go through the same screens--PRE\_START, COVER1, AND START.

### **F3 FULL**

To display full case management data for one case, highlight the specific case and press F3.

The full display screen for HIS in Figure 5-3 below.



### Full Display Screen for HIS

CONTROL NUMBER:	08131993021 Y99A03	CASEID:	0M000001
ADDRESS:			(404) 555-4949
1465 BENSONHURST PARKWAY			
DECATUR, GA 30343			
HOUSEHOLD CALLBACK: 2-14-98 7:30 PM			
WEEK-IN-SAMPLE		NOTES?	Y
QUARTER:	3	LIST?	N
01			
SCREEN STATUS:	I	SHEET NO:	006
0			
STATUS:			
STUDY NAME:	HHS-D52	LINE NO:	0003
005		ARCNUM:	

At the bottom of the full display screen, you will see the following symbols:

[Page-Up] ↑ [Page-Down] ↓ [F2]Int [F7] Notes  
[M] View More [Esc] Exit

- Use the page up or page down key to view the full display screen for the previous or next case on the list. If there are no more cases to display in a particular direction, the same case remains on the display screen.
- To begin an interview from the full case screen, press F2.
- To review notes for a case, press F7.
- To view contact person information press M.
- To return to the case management main display, press ESC.

## **FULL DISPLAY ITEMS**

The NHIS full display screen shows you the following items:

CONTROL NUMBER For HIS, you will see a 20-digit number, that is comprised of the Survey (2), Field PSU(5), Segment #(4), Segment # Suffix (2), Sample Designation and Suffix (4), Serial #2, and Serial # Suffix (1).

Case ID (sequence number) The number used by your RO to name the files associated with this case. This number changes each month.

ADDRESS The sample unit's address, plus place name, state abbreviation, and ZIP code. The first line of this address is displayed on the initial case list.

TELEPHONE NUMBER A telephone number will appear, if available.

HOUSE CALLBACK Displays callback information which can be added from the F5 or entered in the instrument.

WEEK-IN-SAMPLE Identifies into which week the case belongs.

QUARTER Identifies into which quarter the case belongs.

SCREEN STATUS Either an "I" or "S" will appear here. "I" indicates that you interview as usual. "S" indicates that you will screen the household before determining whether or not to interview.

NOTES A "Y" indicates the presence of permanent interviewer notes for the case. Press F7 to view the notes.

LIST? Will show either a "Y" or an "N" to indicate whether or not listing activities are required for the sample address. Refer to your CAPI-35 for specific information about listing.

SHEET NO and LINE NO Identifies the sheet and line number to find the sample unit on the listing sheet in your segment folder.

OUTCOME A 3-digit code indicating the current outcome or completion status of the case.

ACTION A 2-digit code used to send the case through the correct processing paths.

STATUS A letter code that is derived from the outcome code. Included in the STAT column is the Transmission status indicated by a T (Transmitted) or a R (Received) in the STAT column.

ARCNUM 3 A 3digit code used as a processing identifier.

STUDY You will need to use this study name when copying a trace file.

The information in the full display screen will vary from one survey to another

#### **F4 ADD**

The F4 key is used when you discover that an extra unit must be added to the sample. HIS will use this function.

- Place the highlight bar on the case whose address is most closely related to that of the case to be added. This case is referred to as the "Parent Unit."
- Press F4 to display the Case ID and address of the "Parent Unit".

- You are prompted to enter case management data for the new case.

#### **Adding an EXTRA Unit**

---

CONTROL NUMBER: Y9513199300102A CASEID: A0000002

HOUSE # SUFX STREET UNIT DESIGNATION  
432 JACKSON WAY

LOCATION:

PLACE ZIP COUNTY  
ATLANTA, GA 30333

---

- The serial number suffix is pre-filled with a letter. If this is the first unit added off of the Parent Case, an A will be filled. If it is the second case being added off of the case, a B will appear, etc.
- Correct the first line of address as needed and add a second line when necessary.

To keep all or part of the present address, press <Enter>. To replace characters, type over them. To delete characters, use either the backspace key (-) or the DELETE key. To insert characters, press the INSERT key. Use the arrow keys to position the cursor where you want to add the character(s), and type the character(s). Press INSERT again to turn off the insertion mode. "Ins" appears in the upper right corner of the screen when the INSERT has been turned on.

- Place as much of the street address or location description on the first address line as possible.

When all information for the new case is correct, press F10 to save the record. Press ESC to quit without saving the record. After you save a record for a new case, the case appears on your case management list.

**NOTE on adding a record by mistake:** Be cautious when saving a new record. You cannot delete a record after it has been added. If you add a record by mistake, place notes in the record explaining the mistake.

Send the supervisor an electronic mail message, separate from these notes, explaining the problem and listing the case id.

**NOTE on adding an extra unit to a completed case:** Completed cases are not displayed on your active case list. To add an extra unit when the parent case has already been completed:

- From the Case Management Main Display, select F8 (VIEW) to access the record for the parent case.
- Select DISPLAY CASES.
- Select ALL cases to display.
- Highlight the appropriate case.
- Press F4 to add the new case, using the same instructions as listed above.
- Use F10 to save the new case record.

## **F5 EDIT**

The F5 key permits you to edit selected items on the case management record for the highlighted case. Use F5 to make a correction if you discover, for example, that any portion of an address is incorrect.

- When you press F5, the following screen is displayed:

## Case Management Edit Screen

CONTROL NUMBER:	08131993021	CASEID:	0M000002		
ADDRESS:	1465 BENSONHURST PARKWAY DECATUR, GA 30343				
	(404) 555-4949				
HOUSEHOLD CALLBACK:	2-14-96 7:30 PM				
WEEK-IN-SAMPLE:	03	NOTES?	Y	OUTCOME:	202
QUARTER:	3	LIST?	N	ACTION:	01
SCREEN STATUS:	I	SHEET NO:	006	STATUS:	0
STUDY:	HIS-TRNI	LINE NO:	0003	ARCNUM:	005
[F10] Save Changes [ESC] Exit					

**ONLY the highlighted fields can be edited.** For HIS, these fields include address, location description, telephone number, appointment date and time.

Move the cursor (the blinking underline) to the beginning of the appropriate field using the TAB key.

1. Use the left (←) and right (→) arrow keys to move to the desired position within the name, address or phone number if only certain characters are to be changed.
2. The <Enter> key moves down, or back to the top of the record if you are already in the last field.

- To make corrections, you can type over existing characters. Use the backspace key (-) to erase characters to the left of the cursor or use DELETE (the delete key) to erase the character at the cursor position.
  - To insert characters, place the cursor at the desired spot, press the INSERT key, then type the characters to be inserted. The insert key acts as a toggle, press it again to turn off the function.
  - Press F10 to save the corrections and return to the main display; use ESC to return without saving the changes. The F5 key also permits you to enter an appointment for the case record that is currently highlighted.
3. To return to the beginning of the edit screen, press page up.
  4. To delete an existing appointment, use the <space bar> to blank out fields.

Press F10 to save your entries or changes and return to the main display. Press ESC to exit without saving the appointment.

## **F7 NOTES**

By pressing F7 at the case list, you can enter notes concerning the case while in Case Management. These notes are carried into the instrument where they can be edited and then are carried back out of the instrument in Case Management.

After entering a note, always enter your FR code and the current date. To save your note in case management, press F10. Press ESC to leave the notes screen without saving the note.

## **F8 VIEW**

The F8 View key has a multitude of uses. It helps you to:

- Retrieve a count of completed, transmitted, and HQ-received cases in your assignment,

- Display certain types of cases on a modified case management screen, and
- You can also use the F8 View function to add an extra unit when the parent case has already been completed
- Press F8 to use the VIEW option. VIEW offers 2 choices, listed at the top of the screen
- Use the up (↑) and down (↓) arrow keys to highlight the option and press <Enter>.



**Count Cases**

NHIS will give an option of counting cases for a specific Q/W or all cases.

**Count Cases Screen  
(counts for all cases)**

Not Interviewed	: 3
Interviewed cases	: 0
Open cases	: 0
Partial Interview	: 2
Type A cases	: 0
Type B cases	: 0
Type C cases	: 0
X cases (Report to RO)	: 0
Total cases	: 5
<hr/>	
Transmitted cases	: 0
Cases received at HQ	: 0

This screen may vary between surveys. When you are done viewing this screen, press any key to continue.

1. TOTAL cases equals the sum of the categories above it.
2. TRANSMITTED cases include all cases that have been sent to the HQ computer, including completed interviews, final noninterviews, and final partial interviews.
3. RECEIVED cases at HQ includes all transmitted cases whose receipt in HQ has been acknowledged. There is a one-day lag on this acknowledgment.

## Display Cases

The display cases screen offers several search possibilities. When you select DISPLAY CASES from the "View Options" menu, a list appears showing the possible types of cases that can be displayed.

This list is illustrated below.

Display Cases
All
Not Interviewed
Interviewed
Open
Partial
Type A
Type B
Type C
X Cases
Transmitted

### Display Cases Screen

Options on this screen provide modified case management displays that list a variety of cases, sorted by particular type.

You can view all cases in your assignment, those still on your case list, as well as, those already completed.

You can view cases not interviewed, as well as, those interviewed.

You can also receive displays of cases that are partially complete, Type A, B, or C, and those that have been transmitted. You can also retransmit a case from the display cases screens.

On the ALL cases list, you see a screen listing the same columns found on the initial case list, but your available options at the bottom of the screen are limited. These options are F2 to interview a case, F3 to display the full display for a case, F4 to add a case, F7 for notes, (S) to restart a case, and ESC to exit.

**NOTE:** If you restart a case, you will lose any information collected during the interview. Always check with your supervisor before restarting a case.

On the list of Not Interviewed, Interviewed, Partial, Type A, B, and C, you see the same type of screen as for the ALL cases option.

On the list of Transmitted cases, you see the same type of screen as for the ALL cases option, with the addition of "R," which allows you to retransmit a case. Chapter 4, section 4M, explains how to retransmit a case.

## F9 SORT

The F9 SORT function for HIS permits you to resequence your list of cases by week-in-sample, address, status, and zipcode. The sequence cases are sorted by will vary between surveys. Refer to case management to determine the sort sequence for your survey.

- When you press F9, all four options are offered on the screen. This is illustrated on the following page:

### Sort Pop-Up Menu

Version 02					
F1 HELP	F2 INT	F3 FULL	F4 ADD	F5 EDIT	F6
F7 NOTES	F8 VIEW	F9 SORT	F10	F11	F12
<b>Sort By: Week-In-Sample</b>		<b>Address</b>	<b>Status</b>	<b>Zip</b>	

- Use the left and right arrow keys to highlight an option and then press <Enter>. Your case list will be resequenced and reappear almost immediately in the chosen sequence.

The new sequence continues in effect until you change it. This means that your sort will still be effective even when you turn your computer on/off or begin/end an interview.

## **Sorting by Week-In-Sample**

For HIS, you will normally have more than one week's assignment on your case list. At times, you could even have cases more than one quarter on your case list. This option will help you keep track of your assignments.

### **Sorting by Address**

If you sort by address, the cases will be displayed alphabetical order by place name.

### **Sorting by Status**

Cases of each status code are grouped together, with the codes listed alphabetically: blanks are first, then O and P. This is useful when searching for cases grouped by Not interviewed vs. Partial status code. To get additional status information (is., A, B, C, T, R) review Display cases under the Find F8 option.

### **Sorting by Zipcode**

This selection will sort the cases by zip code in ascending order.

### **ESC - EXIT**

The escape key (marked ESC) is the standard way to return to the previous screen in case management.

Use the ESC key if you make a selection that you did not want, or whenever you want to exit the screen without saving any changes you have made.

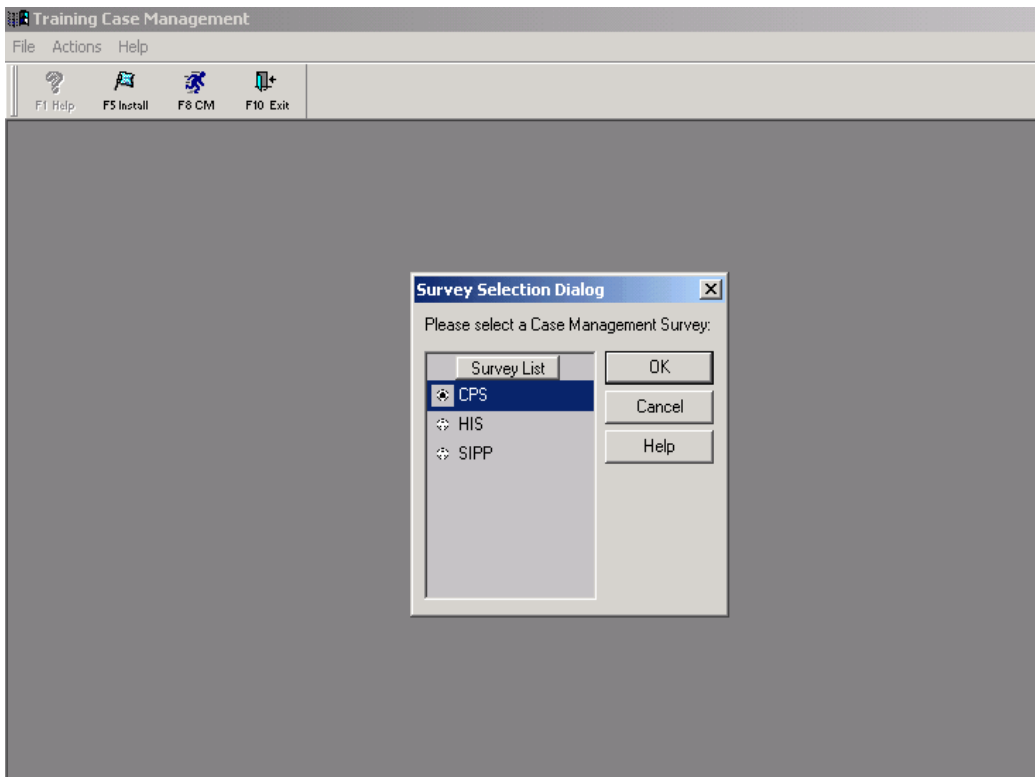
REMINDER: Once in the interview, do not use ESC to back up.

## Training Case Management

## Using Refresher Training

To access Training Case Management :

1. Press the **Windows** key.
2. Press **P** to open the **Programs** submenu.
3. Press **T** as many times as necessary to highlight the **Training** option.
4. Press **Enter** to open the Training application. A dialog box with a list of available surveys appears.
5. Use the up- or down-arrow key to select the survey you need.
6. Press **Enter**.



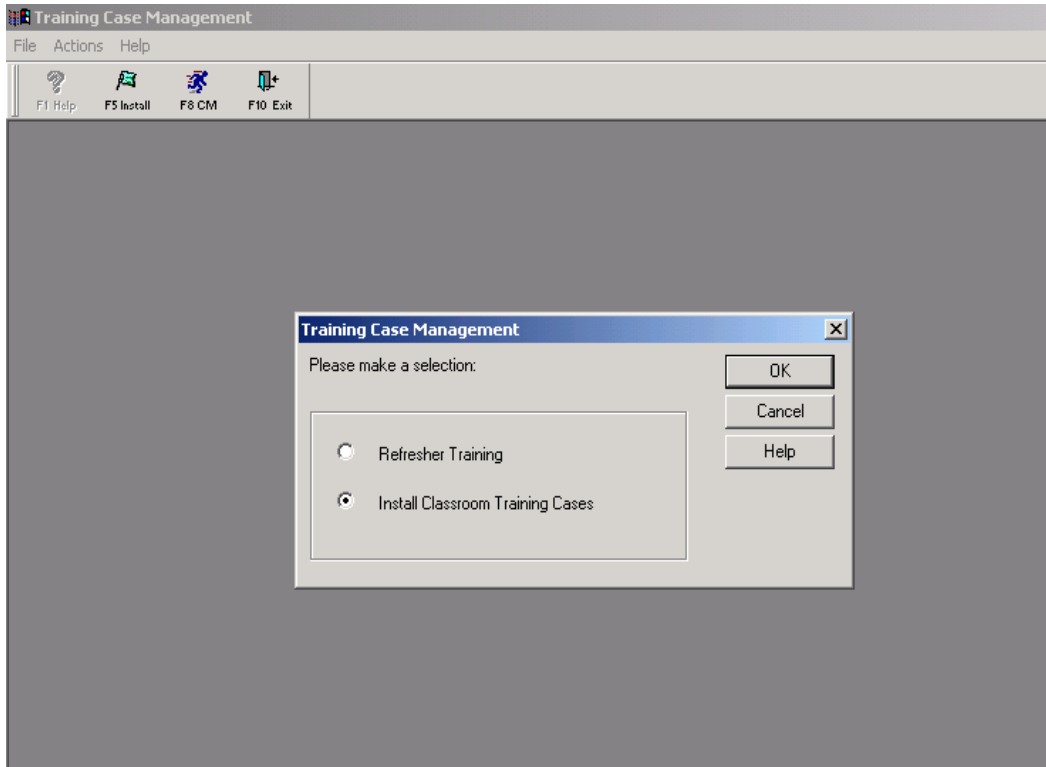
7. Select **Refresher Training** from the Training Case Management dialog box. Refresher Training option is the default. Press **Enter** to select **OK**. The Refresher Training option appears.
  
8. Select Install <Survey> Refresher Cases or <Survey> Refresher Case Management as instructed.

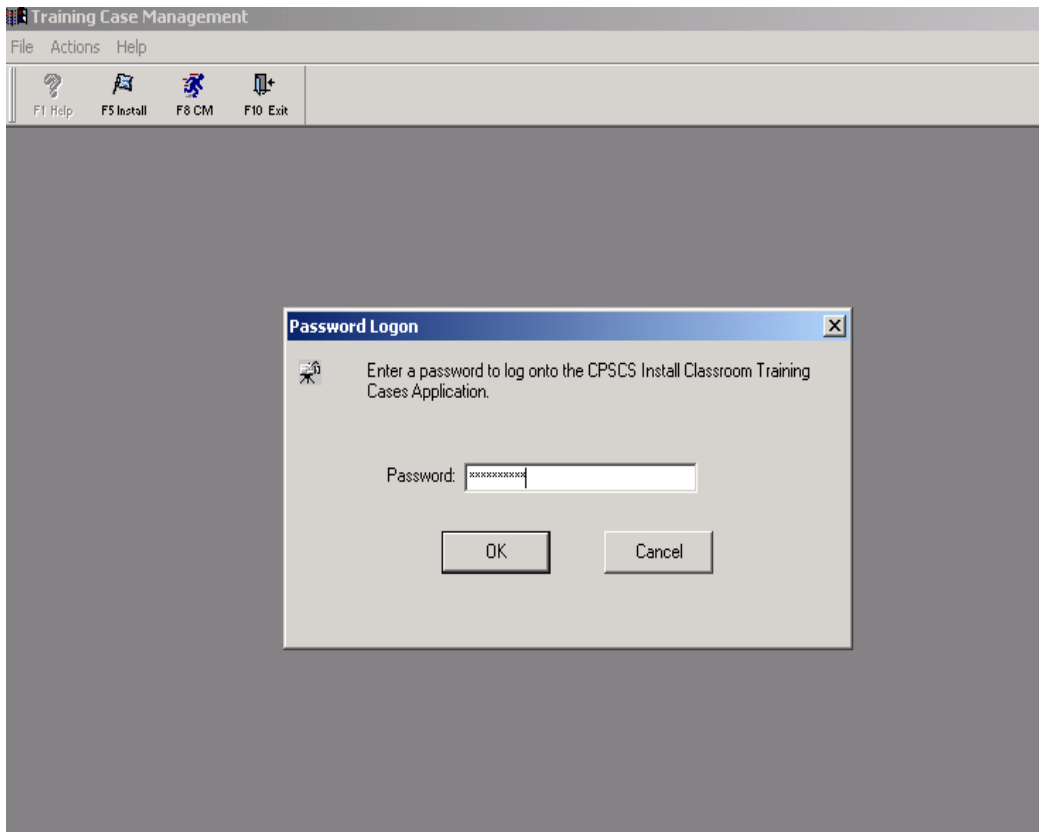
### **Install Training Cases**

To install training cases:

1. Open the Training application.
  
2. Press **Windows** key.
  
3. Press **P** to open the **Programs** submenu.
  
4. Press **T** as many times as necessary to highlight the **Training** option.
  
5. Press **Enter** to open the Training application. A dialog box with a list of available surveys is displayed.
  
6. Use the down arrow key to select the survey.
  
7. Press **Enter**.

8. The Training Case Management dialog box is displayed. Use the down arrow key to select **Install Classroom Training Cases** and press **Enter**.





9. The **Password Logon** dialog box appears. Enter the password to log on to the Install Classroom Training Cases application.
10. After you enter your password, the laptop switches into a DOS window for installing classroom training cases. Type **Y** to install the training cases.



**PART E**  
**SECTION 7**  
**ADDRESS BOOK**

<b>Topic</b>	<b>See Page</b>
Address Book	E78
Opening the Address Book	E78
Adding Contacts to Your Address Book	E79
Editing a Contact	E81
Deleting a Contact	E82
Required Information for the Address Book	E83
Finding a Contact	E83

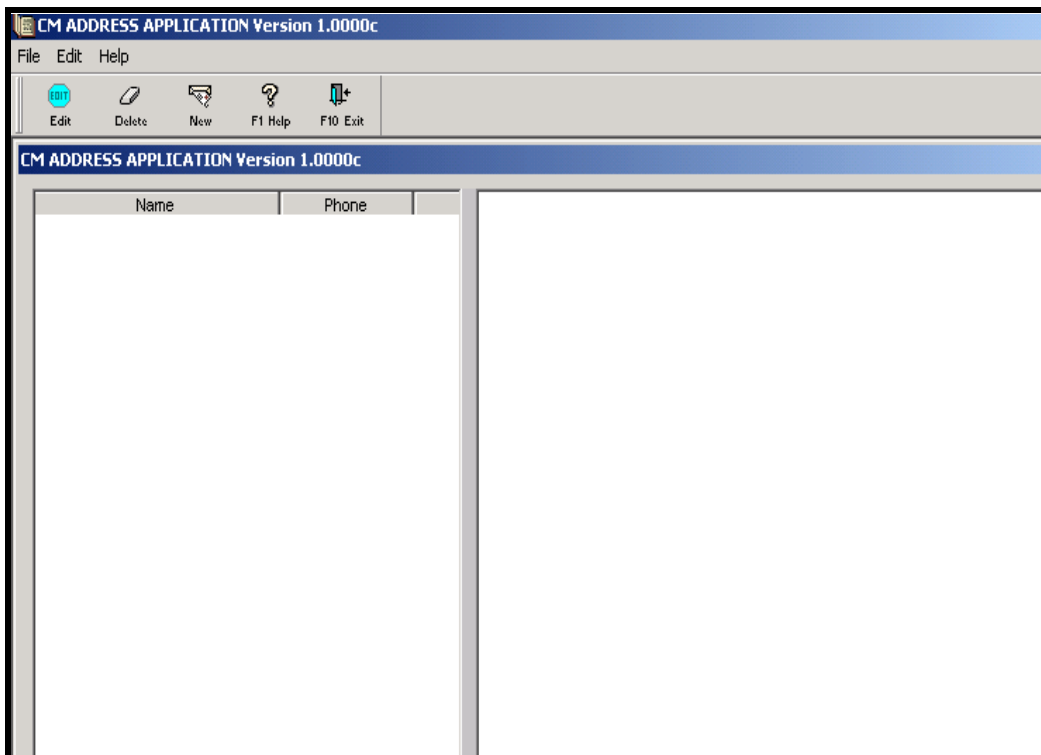
## Address Book

You can save information in the Address Book about your contacts for official business only, such as the FRs on your team and your survey supervisor(s). However, you cannot send mail to contacts directly from your address book.

## Opening the Address Book

10. Press the **Windows** key.
2. Press **P** for **Programs**.
3. Press the letter **A** for **Address Book**.
4. Press **Enter** to open the **Address Book**.

When opening the Address Book for the first time (blank address book), it will look similar to the following screen:



## Adding Contacts to Your Address Book

1. Open your address book.
2. Type **Ctrl+N** for a **New Contact**. You will see the screen shown below.
3. Enter the person's first name.
4. Use the Tab key to move from field to field and enter first and last name, position, FR code and surveys worked.
5. Tab to **Phones** field. Use the arrow keys to select the location or the type of phone.
6. Tab to enter the **phone number**.
7. Click on the **Primary** field next to the phone number where the person can best be reached.
8. Enter the e-mail and mailing addresses if appropriate.

**CM Address Book - New Contact**

First Name:   
Last Name:   
Position:   
FR Code:

Surveys Worked


Phones:

<input type="text"/>	{ } -	Ext:	<input type="text"/>
<input type="text"/>	{ } -	Ext:	<input type="text"/>
<input type="text"/>	{ } -	Ext:	<input type="text"/>
<input type="text"/>	{ } -	Ext:	<input type="text"/>
<input type="text"/>	{ } -	Ext:	<input type="text"/>

Primary

Yes  
 Yes  
 Yes  
 Yes  
 Yes  
 Yes  
 None

Email Address:

**Mailing Address:**  
Street Address:   
City:  State:  Zip:  -

**Parcel Address:**  
Street Address:   
City:  State:  Zip:  -

**Notes:**

OK Cancel

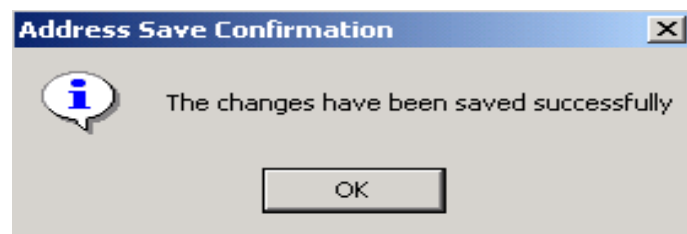
9. Enter any notes that you may have about the contact in the **Notes** section.

**Notes:**

Sam has a day off every other Monday

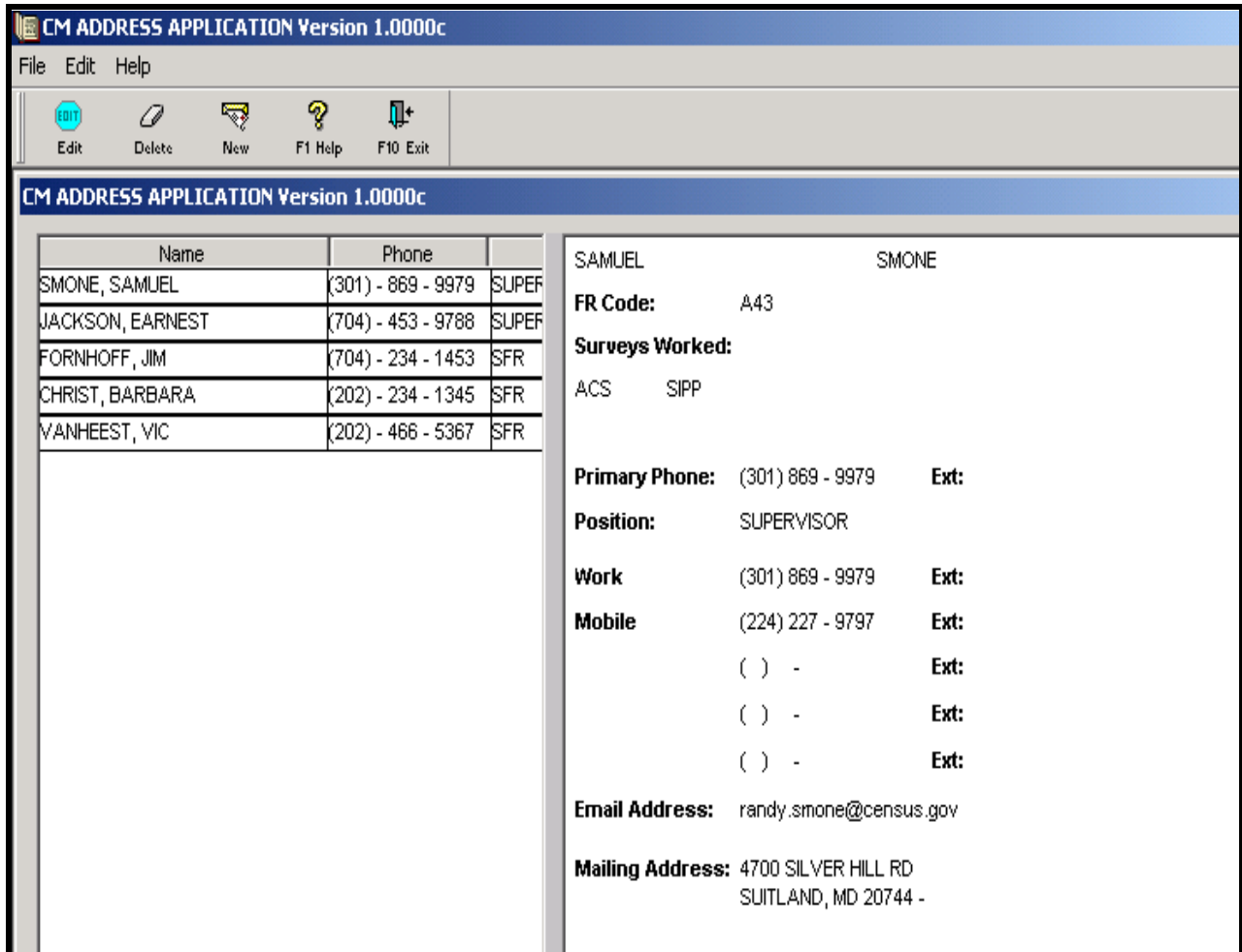
10. Press **Enter** when finished . The laptop displays the **Address Save Confirmation** dialog box as shown.

11. Press **Enter** (or click OK) to close the dialog box.



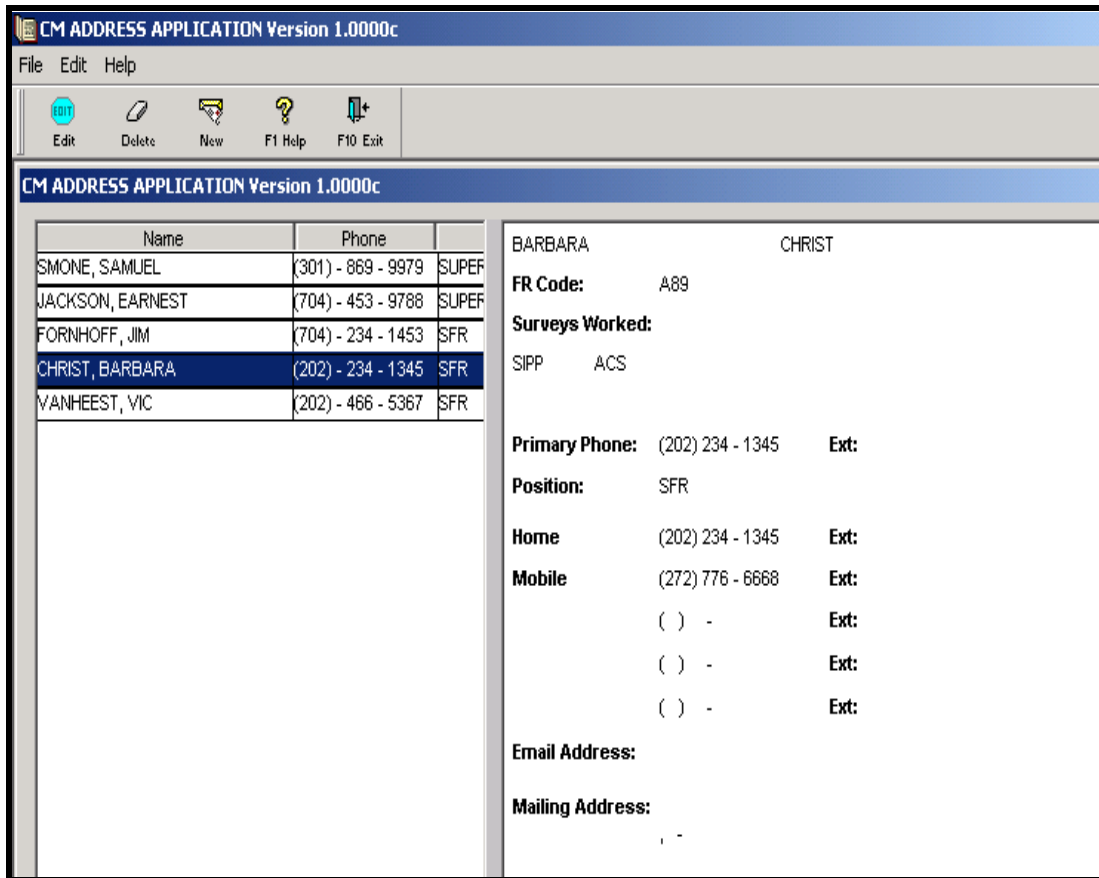
## Editing a Contact

To edit information for a contact in your address book:



1. Open the Address Book application.
2. Use the down arrow key to highlight the contact you need to edit. The Address book for the person appears.
3. Press the **Alt** key. The options on the **Menu Bar** are activated. Notice the underlined letters in **File**, **Edit**, and **Help**.
4. Type **E** for **Edit Contact**.
5. Tab through the fields and type in the information which has changed.

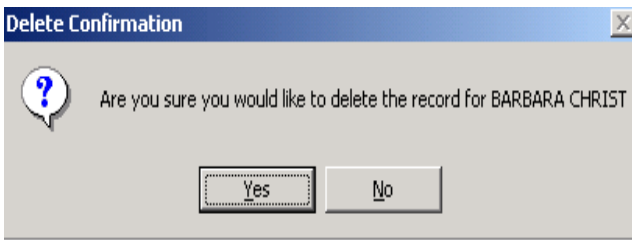
6. Tab to the **OK** button and press **Enter** to save the information.



### Deleting a Contact

There are times when you want to remove someone from your address book.

- A. Open the Address Book.
- B. Use the up or down arrow keys to select the contact you need to delete.
- C. Press the **Delete** key.



The **Delete Confirmation** dialog box appears

6. Press **Enter** to remove the contact from your address book.

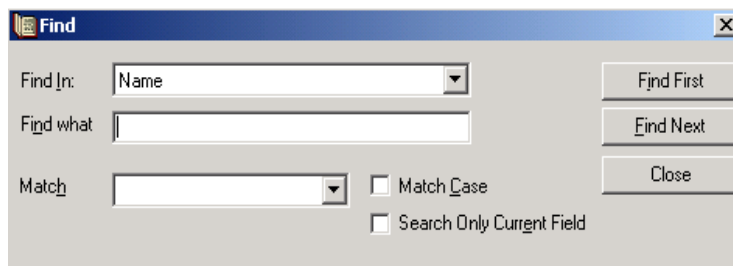
### **Required Information for the Address Book**

Each address book must have a first name, last name and a primary phone number. If any of this information is missing an error message appears such as one shown below.

### **Finding a Contact**

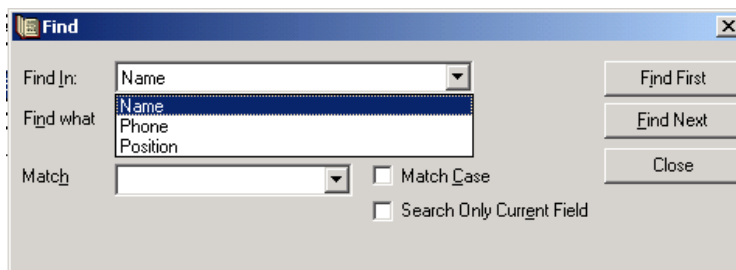
The find option is used to search for any text, such as phrases, words, or individual characters in the Address Book. You can use the **Name**, **Phone**, or **Position** as search criteria to find the required information.

1. Open the **Address Book** Application.
2. Press the **Alt** key. The Menu Bar is activated for keyboard commands.
3. Type **E** for the **Edit** options. Type **F** and press Enter to activate the **Find** command. The Find dialog box appears.

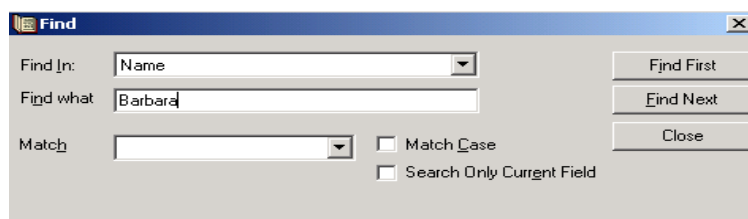


5.

Click on the down arrow in the **Find In** field to select the search criteria.

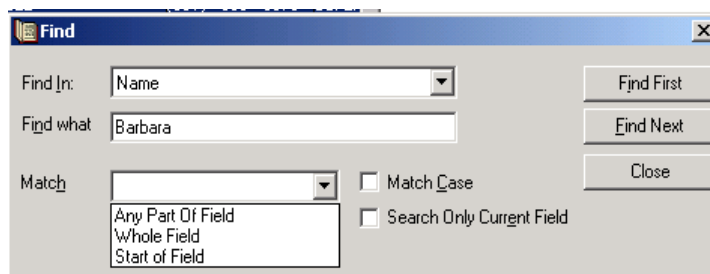


6. Press the Tab key to move to the “**Find what**” field. Type in the information you require.



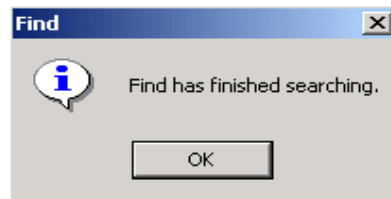
7. Click on the down-arrow in the **Match** field to select filters for the search. You can assign three available filters in the **Match** field to narrow your search: **Any Part Of Field**, **Whole Field**, or **Start of Field** as appropriate. Use the Match menu to find precise matches of text.

- **Any Part Of the Field** tries any match within the field.
- **Whole Field** tries to match an entire field.
- **Start of Field** tries to match only the start of the field.

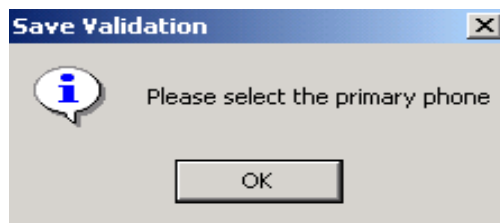




8. Select **Match Case** if needed. You can match the upper and lower case of text by checking the **Match Case** box.
9. Select **Search Only Current Field** if needed. This option limits the search to the field selected in “**Find In.**”
10. Click **Find First** or **Find Next** as appropriate. Use **Find First** to search for first occurrence of text in the Address Book and **Find Next** to search forward in the document.
11. The first occurrence of the information in a address book is highlighted and displayed on your screen. Press **Find Next** again if it is not the desired information. The laptop displays the following dialog box when it has cycled through all of the address books.



12. Click on the **Close** button when finished.



**PART E**  
**SECTION 8**  
**PAYROLL**

Topic	See Page
Payroll	E87
Opening the Payroll Application Using Point and Click Method	E87
Closing the Payroll Application	E87

## **Payroll**

### **Opening the Payroll Application Using the Keyboard:**

10. Press the **Windows** key.
11. Type **P** for **Programs**.
12. Type **P** for **Payroll**.

The **FRED** Main Menu appears. Make entries in the Payroll application according to payroll procedures.

---

**FRED Main Menu v1.11**  
**Enter/Update Payroll Data**  
**No Payroll for Pay Period**  
**Any Per Diem (Y/N)?**  
**Prepare FRED Payroll for New Pay Period**  
**View Current Payroll Data**  
**View Prior Payroll Data**  
**View FRED Mail Messages**

---

### **Opening the Payroll Application Using Point-and-Click Method**

1. Move the pointer on top of the **Payroll** icon on the Desktop.
2. Using the left click button, double click on the icon. Once you are in the application, you can no longer use the pointer.

### **Closing the Payroll Application**

1. From the Main Menu, use the down-arrow to highlight **Exit** and **Save**.
2. Press **Enter** to exit the application.

**PART E  
SECTION 9  
TROUBLESHOOTING**

Topic	See Page
Laptop Problems	E89
Troubleshooting	E89
Forgotten Password Recovery	E89
Continue Interviewing If DOS Case Management	E89
Recover Password	E90
Software Problem	E91
Your Program Stops Responding	E92
You Receive a Non-System Disk Error Message	E93
Run Time Error Message	E93
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The AC Adapter Works Correctly But the Battery	E94
The Battery Appears Not to Power the Laptop for as	E94
Problems with the Disk Drives	E94
Trouble Accessing a Diskette	E95
You Can't Access the External Diskette Drive	E95
A Diskette Won't Go into the External Diskette Drive	E95
The Drive Can't Read a Diskette	E95
Problems with the Modem	E95
Modem won't receive or transmit properly	E95
Modem is on and still won't transmit or receive data	E95
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The screen is difficult to read	E96
Volume is too loud or too soft	E96

## **Laptop Problems**

You may encounter problems when using your laptop. Some are relatively easy to identify and resolve. Others may require assistance from your supervisor or a laptop technician in the RO.

This section aims to help you resolve many problems yourself without additional help. It covers the problems you are most likely to encounter.

It is difficult to provide a fail-safe set of steps you can follow every time you experience a problem with the laptop. Your ability to resolve problems will improve as you learn how the laptop and the software application work together. Get familiar with this User Guide, as well as with the CBT and the video. As you resolve your problems, make notes in the Notes section, so you will have the solution(s) if you should encounter the problem again.

## **Troubleshooting**

The more you work with your laptop, the greater the chance is that you will encounter one or more of the following problems. Don't panic! You can resolve most of them easily.

## **Forgotten Password Recovery**

If you forget your Entrust password, you will not be able to perform your work on the laptop because files you need to use are encrypted. You need your Entrust password to decrypt them. There are two things you can do if you forget your password:

3. If you are in the field interviewing when you forget your password, you can continue doing interviews as long as you're interviewing on a survey that still has DOS Case Management.
4. When you are at home where you have access to your modem, you can recover your password through the use of a special type of transmission.

## **Continue Interviewing If DOS Case Management**

1. When you are at the Entrust Login screen where you need to enter your password, press the Esc key to Cancel out of the Entrust login.
2. You will see a Login Information screen where the User name is **fr**. Type the password **fieldrep** and press the Enter key.
3. The Entrust Login screen appears again. Press the Esc key again to Cancel.

4. Continue interviewing as you normally would. As long as you are in DOS Case Management you will be able to interview but you will not be able to transmit your work until you recover your password.

## **Recover Password**

1. Hook up your modem and computer as you do when making your nightly transmission.
2. Login as instructed in Section 11.1.2 above, bypassing the Entrust login.
3. Open the Troubleshooting folder, either by double clicking on the folder icon on the desktop or by pressing the **Windows** key, then **P** for **Programs**, then **T** until **Troubleshooting** highlights, then **Enter**.
4. From the Troubleshooting folder or submenu, select **Recover Password**.
5. You will see a warning message instructing you to only use this application if you need to recover your password. Press **Enter**.
6. The application dials into the Headquarters Connect:Remote server and makes a short transmission, which copies your original Entrust files to your laptop.
7. When the transmission ends, the application attempts to copy your original profile files to their proper location on the laptop. If you receive any error messages, notify your supervisor and provide them with the exact error message.
8. If the password recovery is successful, you will see a message telling you that your profile has been successfully recovered. Press **Enter** to acknowledge the message and then complete the password recovery process using the next few steps.
9. Log off by pressing **Ctrl+Alt+Delete** and typing **L** to **Log Out**. Press **Enter** to say OK to the message "This will end your Windows NT session."
10. At the Begin Entrust Login screen, press **Ctrl+Alt+Delete** again.

11. Your password will have been set back to the very first, original password, which was provided to you on a separate document, Form 11-12(WIN), Password
12. Recovery Information. Refer to that form for your original Entrust password. Enter the password and press **Enter**.
13. You will see a message about “Working offline...”. Move the pointer to the little box next to “Don’t show this message again.” and single click in the box to check it. Press **Enter** to select **OK**.
14. You will see an **Entrust Security Warning - Entrust/Sign on** message. Press **Enter**.
15. You will see a **Login Information** screen with User name filled in with **fr**. Enter **fieldrep** in the Password field and press Enter.
16. You will see an **Entrust Security Warning - Entrust/Ice(TM)**. Press Enter.
17. Your login should proceed as normal.

It is quite likely your original password expired when you login. If you see a message saying your password has expired, enter the original password as stated in step 11 above then enter a password you create in the **New password** field. Enter the new password

---

ERROR DBCMD/2001 Workarea not in use: DBGOBOTTOM

---

again in the **Confirm new password** field. If all the rules have a green check next to them, your password is okay. Press Enter twice.

## Software Problem

### Workarea not in use: DBGOBOTTOM Error Message

If you see the following error message:

Or a message

---

Error BASE/1002 Alias does not exist: <various>

Quit

Retry

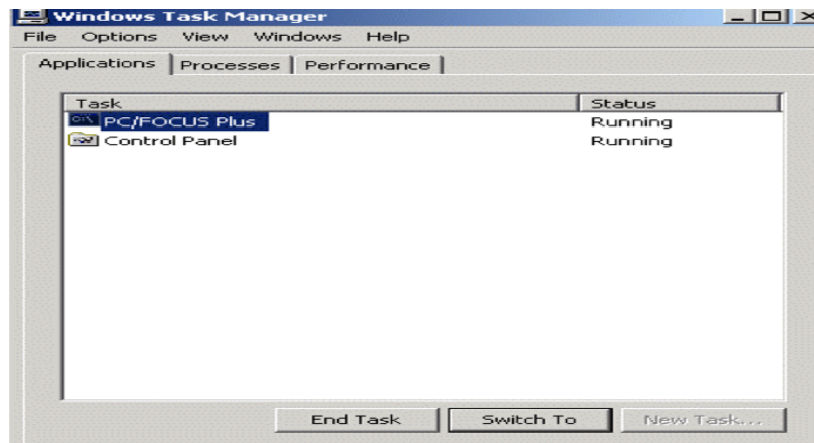
Means you have tried to open a survey case management that is already open. Press the Enter key to select Quit then look on the Task Bar (at the bottom of the desktop) and look for the name of the survey you want to open. Single-click on it to bring up the case management or press the Alt key and the Tab key simultaneously.

## Your Program Stops Responding

If you are working with a program that suddenly freezes all operations, the program has probably stopped responding. You can exit the failed program without shutting down the laptop.

To close a program that has stopped responding:

- A. **Press Ctrl+Alt+Del once.** Entrust Security dialog box appears. Select the **Task Manager** option by typing **T** or by clicking on the **Task Manager** button. The Windows **Task Manager**, appears listing all the programs and processes



currently in operation.

If a program has stopped responding, the words “not responding” appear beside its name in the list, instead of **Running** as shown in the illustration below. Do not continue unless the status is **Not Responding**.

- B. Use the up and down arrow key to select (highlight) the program you want to close. Press the **Tab** key until **End Task** is highlighted (dotted line around it) and press **Enter** (or single-click on **End Task**). Closing the failed program should allow you to continue working. If it does not, continue with Step 3.



C. Close the remaining open programs, if necessary.

D. Press the Esc key to exit the Task Manager.

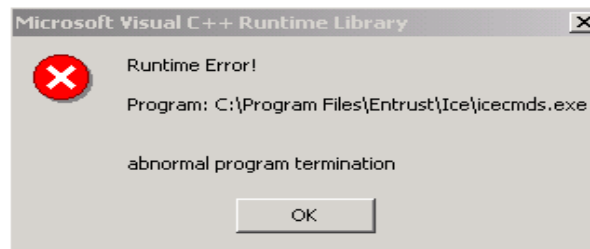
E. Shutdown the laptop if the system still is not responding.

### **You Receive a Non-System Disk Error Message**

A Non-System error message indicates that a diskette is in the disk drive while the laptop is starting Windows. Remove the diskette from the drive and press any key to continue.

### **Run Time Error Message**

You may see a Runtime Error message (shown below) during the shut-down procedure. This will happen if you did not log in using your Entrust password. Remember, logging into your laptop through the Entrust application is the normal login method. If you use the **Cancel** button at the Entrust Login screen, you bypassed the laptop's capability of encrypting your data at shutdown and the Runtime Error message is a reminder of this abnormal termination.



If you receive this message, press Ctrl+Alt+Del and select the Shutdown option.

### **Hardware Problems**

If your laptop or a device connected to it isn't working properly, try this procedure first:

1. Turn off the laptop and the peripheral devices connected to it. This includes your modem and any other external devices.
2. Plug in another electrical device to the wall outlet to check the power source, such as a lamp.
3. Check that you plugged in the power cord firmly.
4. Check that all cables connecting peripheral devices to the laptop are correctly and firmly attached. Loose cables can

cause signal errors.

5. Turn the laptop on.
  
6. If you are running the laptop on battery power, check that you have sufficiently charged the battery. If the equipment is still not working properly, call your supervisor.

### **Problems with Power and the Batteries**

Your laptop receives its power through the AC adapter or from the battery. Power problems are interrelated, for example, a faulty AC adapter will neither power the laptop nor recharge the batteries. Here are some typical problems and how to resolve them:

#### **The AC Adapter Light Doesn't Come on When You Plug in the AC Adapter**

Make sure the AC adapter is firmly plugged into both the wall outlet and the laptop. If the AC adapter light still does not come on, check that the wall outlet is working properly by plugging in another electrical device, such as a lamp.

#### **The AC Adapter Works Correctly, But the Battery Won't Charge**

The main battery may not be inserted correctly in the laptop. Turn off the laptop, remove the battery, clean the battery contacts with a soft cloth dipped in alcohol, and replace the battery.

The battery may be too hot or too cold to charge properly. If you think this is the probable cause, let the battery reach room temperature and try again. If the battery has completely discharged, it will not begin charging immediately. Leave the AC adapter connected, wait 20 minutes, and see whether the battery is charging.

If the battery light is glowing after 20 minutes, allow the laptop to continue charging the battery for another 20 minutes before you turn the laptop on.

If the battery light does not glow after 20 minutes, the battery may have reached the end of its useful life. Try replacing it.

**The Battery Appears Not to Power the Laptop for as Long as it Usually Does**

Is your program using the hard disk more heavily? Was the battery fully charged to begin with? All these conditions affect how long the charge lasts. If you frequently recharge a partially charged battery, it may not charge fully. Always let the battery discharge completely, then charge it again.

**Problems with the Disk Drives**

Problems with the hard disk or with an external disk drive usually show up as an inability to access the disk or as sector errors. Sometime a disk problem may damage one or more files.

**You are Having Trouble Accessing a Diskette**

Make sure you are identifying the drive by its correct name (A).

**You Can't Access the External Diskette Drive**

Make sure that you connect the external Module Bay cable securely to the module bay connector.

**A Diskette Won't Go into the External Diskette Drive**

You may already have a diskette in the drive. Make sure that the drive is empty.

You may be inserting the diskette improperly. Hold the diskette with the hub side facing down and insert it so the metal head window cover goes into the drive first.

The metal cover or a loose label may be obstructing the path into the drive. Carefully inspect the diskette. If the metal cover is

loose, replace the diskette. If the label is loose, replace the label and try inserting the diskette again.

**The Drive Can't Read a Diskette**

Try another diskette, preferably a different brand. If you can access the second diskette, the first diskette (not the diskette drive) is probably causing the problem. If you are trying to save data to a diskette and are having problems, make sure that the Write/Safe tab is not in Safe position. When you see an open hole on the diskette that means, the tab is in Safe position. Then gently push the tab with your fingers to write position.

**Problems with the Modem**

This section lists common modem problems.

**The Modem Won't Receive or Transmit Properly**

Make sure the RJ-11 cable (the one that goes from the modem to the telephone line) is firmly connected to the modem RJ-11 jack and to the telephone line socket.

**The Modem is On, Configured Properly, and Still Won't Transmit or Receive Data**

Make sure the line has a dial tone. Connect a telephone handset to the line to check this.

The system at Headquarters may be busy or off-line.

Make sure your dial setup options are correct. Restart the laptop before trying another transmission.

**Problems with the Display**

This sections lists the problems with the display screen.

**The Laptop is On, but the Screen is Blank**

Press the spacebar or move the pointer to see if the laptop is in power saving mode. Press Fn+F1 or Fn+F2 to adjust the display brightness. Press Fn+F5 in case you disabled the internal display. Do this three times to return to the original state.

**If the Screen is  
Difficult to Read**

Check the brightness by pressing Fn+F1 Fn+F2 to adjust brightness.

**Volume is Too Loud  
or Too Soft**

Press Fn+up-arrow or Fn+down-arrow to adjust the volume on your laptop.

PART E - NHIS  
APPENDIX 3. NHIS CAPI VALID OUTCOME CODES

OUTCOME CODE	DESCRIPTION
200	New case, not started
201	Complete interview
202	Accessed instrument, no progress
203	Partial interview, no follow-up
204	Partial interview, follow-up needed
213	Language problem
215	Insufficient Partial
216	No one home, repeated calls
217	Temporarily absent, no follow-up
218	Refused
219	Other Type A
220	Temporarily absent, follow possible
223	Occupied entirely by Armed Forces members
225	Occupied entirely by persons with URE
226	Vacant, nonseasonal
228	Unfit or to be demolished
229	Under construction, not ready
230	Converted to temporary business or storage
231	Unoccupied site for mobile home, trailer, or tent
232	Permit granted, construction not started
233	Other Type B
235	Vacant, seasonal
236	Occupied - screened out by household
240	Demolished
241	House or trailer moved
242	Outside segment boundaries
243	Converted to permanent business or storage
244	Merged
245	Condemned
246	Built after 4/1/1990
247	Unused line of listing sheet
248	Other Type C