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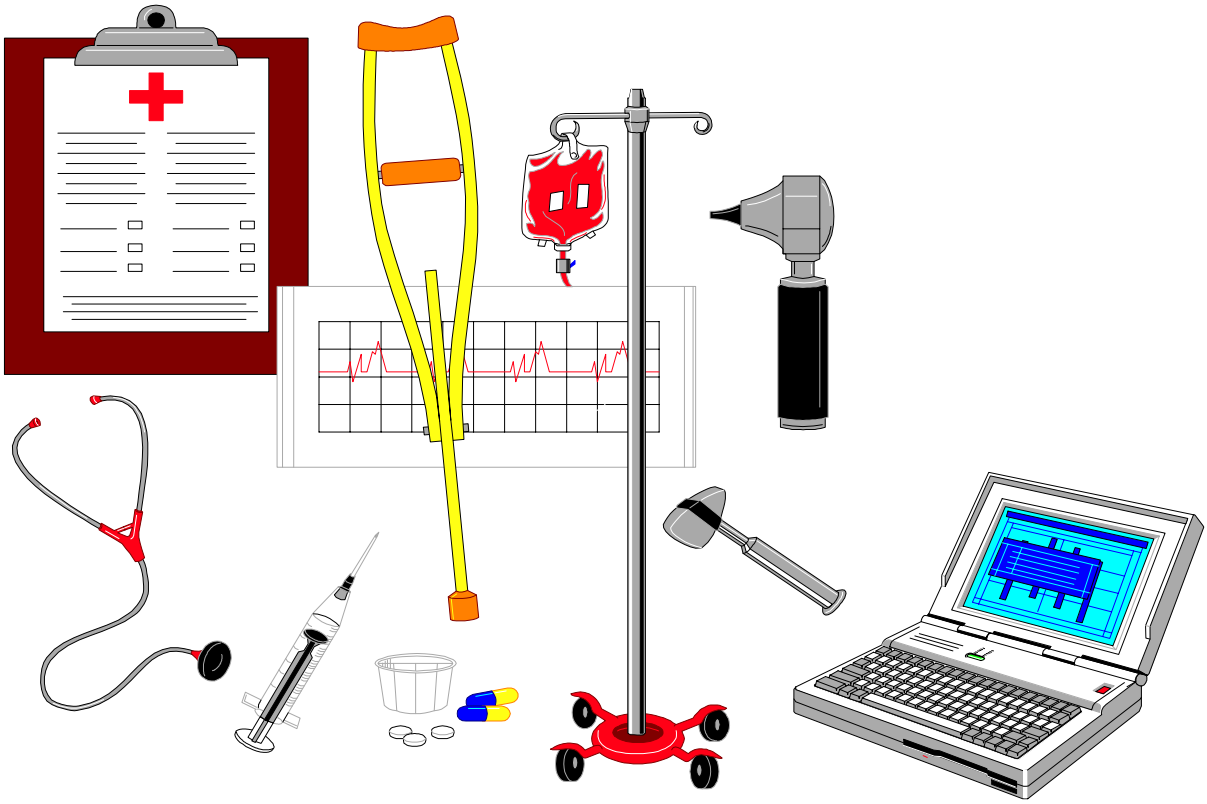
NATIONAL HEALTH INTERVIEW SURVEY



CAPI MANUAL FOR NHIS FIELD REPRESENTATIVES

U S C E N S U S B U R E A U

Helping You Make Informed Decisions

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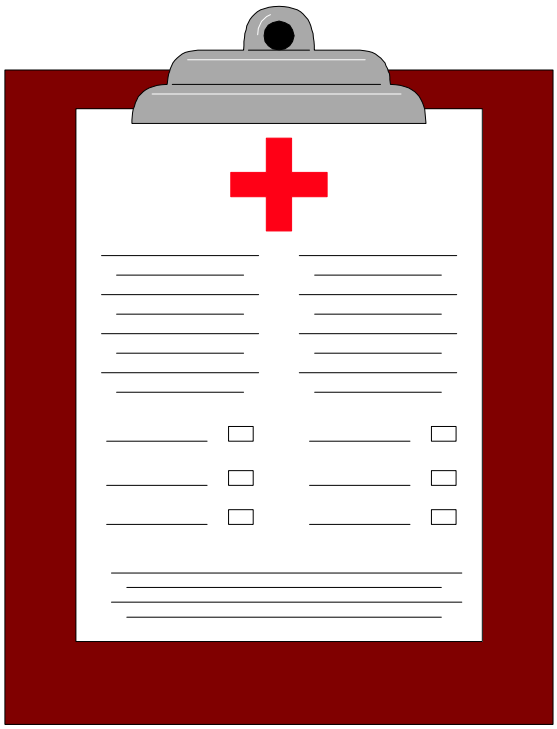
PART A

The National Health Interview Survey



DESCRIPTION OF THE SURVEY

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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

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, welfare assistance, interest income, dividends, rental income, child support, and any other source of income. You will also collect the Social Security Number of the Family Questionnaire respondent if that person is not the Sample Adult.

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

Sample Child Questionnaire

From each family with at least one child 17 years of age or under, who is not married, 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. You will also collect the Social Security Number of the Sample Child.

Sample Adult Questionnaire

From each family, with a household member over the age of 17, a sample adult is randomly selected by the computer, and asked more detailed health related questions. 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. You will also collect the Social Security Number of the Sample Adult.

PART A
SECTION 2
CONDUCTING THE NHIS INTERVIEW

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EXPLAINING THE SURVEY

How to Introduce the Survey

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. The respondent 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-d above.

f. 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 <u>and</u> end the interview.

Authorization

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

Confidentiality

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

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

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

Eligible Household Respondents

Any responsible household member 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.

SPANISH TRANSLATION

Availability and Procedures

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

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

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

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

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

Please send a ccmail 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 -COVER1- screen at the beginning of the CAPI instrument:

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

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

3. SPECIAL SWORN EMPLOYEES (SSEs)

The Census Bureau has the authority to use temporary staff in performing its work as long as such staff is sworn to preserve the confidentiality of the data. These temporary staff members are called Special Sworn Employees (SSEs). SSEs are subject to the same restrictions and penalties as you regarding the treatment of confidential data. 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 <u>not</u> permit unauthorized persons (including members of your family) to listen to an interview. For example:

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

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

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

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

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

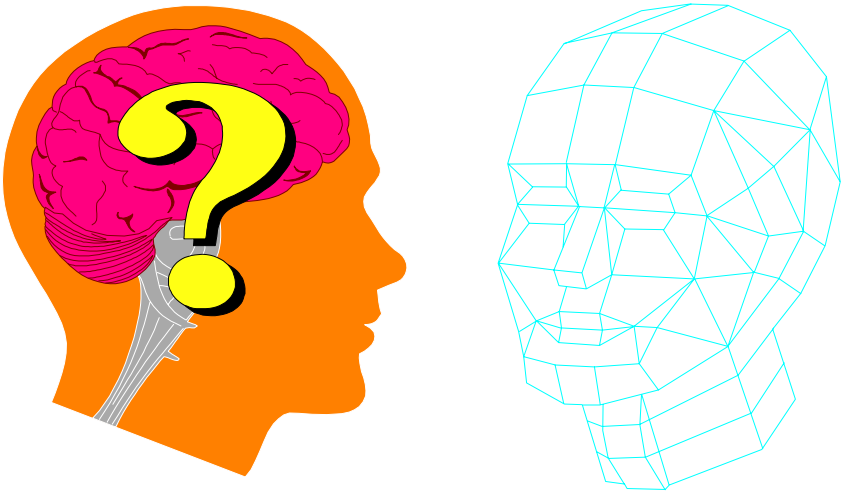
d. **Keeping Forms Secure:** Any forms that contain information about the household must be kept out of view and secure until they are mailed to the appropriate person or office. Keep them in a specially designated place in your home.

6. SUBPOENA OF RECORDS

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

PART B

National Health Interview Survey



CONCEPTS

PART B
SECTION 1
RESPONDENT RULES

Topic	See Page
Purpose	B2
Instructions	B2
Important Terms	B3

PURPOSE

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

INSTRUCTIONS

Who May Respond to Questions in the Front 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 (up to three, at the KNOWSC2 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 <u>not living at home</u>, 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 <u>related</u> 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 "screener."** 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.

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

Special Situations Regarding Household Membership
You may encounter certain situations where household membership is unclear. Below are guidelines for handling these situations. You may have to ask several probe-type questions to determine the actual situation and therefore, make the proper decision as to household membership. *NOTE: Refer also to 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 or commercial schools 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

Topic	See Page
Purpose	B16
Household Roster	B16

PURPOSE

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

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

HOUSEHOLD ROSTER

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

HOUSEHOLD ROSTER

LN	FX	HHSTAT	NAME	AGE	SEX	Relationship
01	1	P R	John Doe	35	Male	Referenceperson
02	1	S	Jane Doe	34	Female	Wife
03	1	C	Cortney Doe	4	Female	Daughter
04	2	S	Steve Smith	26	Male	Boarder
05	2		Eileen Smith	24	Female	Boarder
06	3	S	Scott Jones	22	Male	Boarder

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

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

FX displays family numbers which are assigned in the following way: the 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 not assigned a family number until the questions at FAMNUM /FAMNUM2 are answered. The instrument will assign family number 2 to the first person not related to the reference person in the household roster and any

other persons identified in FAMNUM2 as being related to him/her. Then the next person not related to the reference person that does not have a family number will be assigned number 3, and so on. In the above example, Steve Smith was assigned family number 2 because he was the first person not related to the reference person in the household roster. Since the respondent indicated that Eileen Smith is related to Steve, they were both assigned family number 2. Since there is no one else to whom Scott Jones can be related in the household roster, he is assigned family number 3.

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.

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

PART B
SECTION 5
DEFINITIONS AND PROCEDURES

Topic	See Page
Important Terms	B19
Instructions	B32

IMPORTANT TERMS

An **Adult** is any person 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 **C**omputer **A**ssisted **P**ersonal **I**nterviewing.

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

Case Management (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, less than 18 if ever married, or an emancipated minor.

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 eleven different possible flags that you may see to the left of a person's name in the household/family roster. Flags indicate the status of that person. They are defined below:

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

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

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

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 switch**
SHIFT-F6 Not used "within instrument" in the NHIS
SHIFT-F7 **View NOTES** that were entered for specific question
SHIFT-F8 Not used "within instrument" in the NHIS
SHIFT-F9 Not used "within instrument" in the NHIS

SHIFT-F10 **Show Function Keys**
SHIFT-F11 **Show Standard Abbreviations**
SHIFT-F12 Not used "within instrument" in the NHIS

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

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 12, 2004 and closes out Wednesday, January 28, 2004.

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. <u>It does not include any days of the interview week</u>. For example, if the interview is conducted on Saturday, February 7th, "last week" would refer to the period beginning on Monday, January 26th and ending Sunday, February 1st.

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 3rd, the two-week period would refer to the two weeks beginning on Monday, January 15th and ending Sunday, January 28th.

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 9th, the 30 day reference period would refer to the 30 day period beginning on Saturday, June 5th, and ending on Sunday, July 4th.

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 13th, the two-month reference period would refer to the sixty one day period beginning on Wednesday, June 9th, and ending on Sunday, August 8th.

Three Month Reference Period--This is defined as 91 days prior to the day the injury screener question was asked. In most questions that use this reference period the computer will calculate the day that the period begins on and include that in the question. For example, if the day that you are interviewing is May 14, 2004, question FINJ3M in the Family Section will read as follows: "During the past three months, that is, since February 13, 2004, was anyone in the family..." However, not all questions that use this reference period will have the date included in the question.

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

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 12th, 2004, the six

month reference period would begin on Sunday, January 11th, 2004, and end on Sunday, July 11th, 2004.

Twelve Month Reference Period--This is defined as the 12 months prior to the Sunday before interview week; therefore the 12-month reference period begins on that date and ends on the Sunday night before interview week. For example, for an interview taking place on Wednesday, May 19, 2004, the 12-month period would begin on May 16, 2003, and end on Sunday, May 16, 2004. Again, note that the reference period **does not** include any days of the interview week. Some questions that use this reference period will include the date that the period begins on in the question, and others will not.

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

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

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

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

Screening is a procedure used to "over sample" Blacks 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, <u>and</u>
- The unit is ready for occupancy

Year Built does not apply to:

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

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

No One Home on First Visit

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

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

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 wages.	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 owned business or farm?

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

Determining Employer

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

Government--For employees of a government agency, record the specific organization and indicate whether the organization is Federal (U.S.), state, county, etc. For example, U.S. Treasury Department, STATE Highway police, CITY tax office, COUNTY highway commission. It is not sufficient to report merely "U.S. Government," "City Government," "police department," etc. *NOTE: There are some persons who work full-time for the National Guard. These are considered civilian employees of the State, and should have this item completed as any other State employee, regardless of whether 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 <u>their own</u> homes. Report these businesses as if they were carried on in regular stores or shops. *For example, dressmaking shop, lending library, retail antique furniture store, insurance agency, piano teaching, boarding house, rest home, boarding children (for a foster home), etc.*

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

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

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

Kind of Work and Work Activities

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

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

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

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

In this example, it is important to distinguish between the person who works on auto bodies 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.

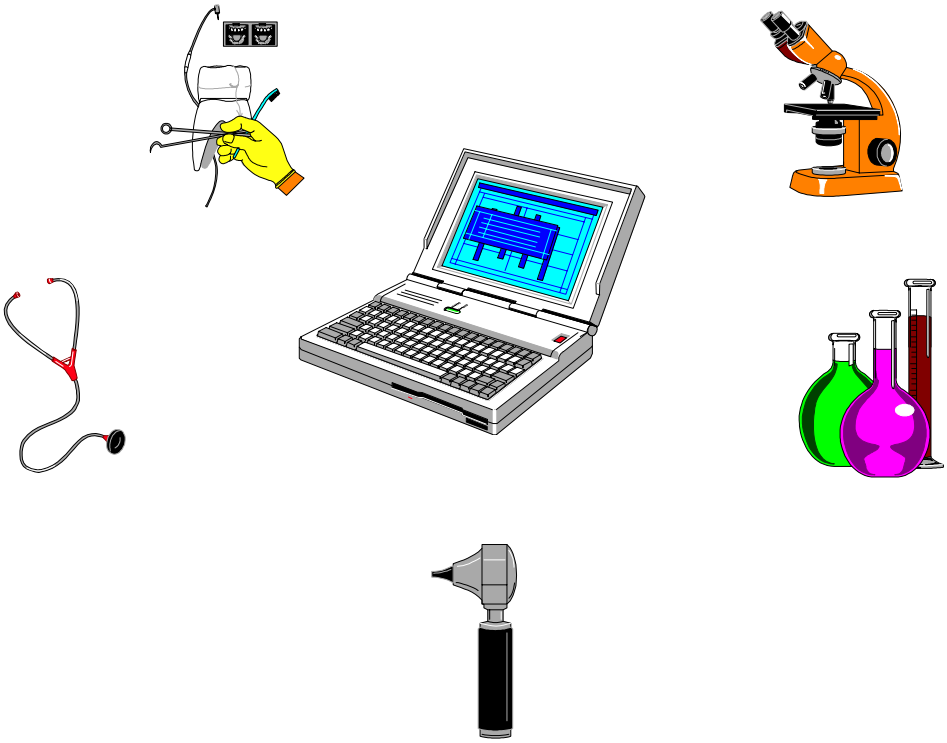
When you need to correct an answer, you will have to make the necessary corrections. If you have not yet left the screen where the correction needs to be made, you can use the backspace key to erase the incorrect answer, enter the correct information, and hit the ENTER key.

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 up arrow key (back up one item). Then, make the necessary change(s), using the backspace key. Changing an answer may require pressing the up arrow key 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
NHIS INSTRUMENT GENERAL FEATURES

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SCREEN LAYOUT

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

COMPONENTS OF A SCREEN

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

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

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

Look at the **Info Pane**:

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

Look at the **Form Pane**:

- to make the appropriate answer entry.

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

INFO PANE

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

It includes the following elements:

- Question text in black letters.
- Flashcard booklet reference in blue letters (if applicable) This is indicated by a "book" icon; the numbers following the icon indicate the pages in the Flashcard Booklet that the respondents should use to answer the question.

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

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

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

FORM PANE

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

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

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

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

- in table format, or
- in column format.

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

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

TWO LEVEL SCREEN INTERACTION

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

CURSOR

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

VARIABLE NAME

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

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

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

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

CASE ID

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

TEXT COLOR AND SHADING

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

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

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

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

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

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

NAVIGATION AND SPECIAL KEYS

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

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

MOUSE OR KEYBOARD

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

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

ARROW KEYS

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

PAGE UP/ PAGE DOWN KEYS

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

FUNCTION KEYS

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

F12 (COPY DOWN) KEY

The F12 function key is particularly useful when the respondent reports the same type of information for more than one person in the family. For example, a family of 5 all has the same Race.

DON'T KNOW AND REFUSED

Besides the Function Keys, there are a number of other special keys that allow you to do specific things (some having to do with navigation, and others having to do with data entry). For example,

if you want to enter a "Don't Know" for a given question, you can do it in two different ways. One way would be to go to the "Answer" option in the Menu Bar located immediately above the Section Tabs; then use the arrow keys to highlight "Don't Know;" and then press "Enter." But to navigate to the "Answer" option in the first place, you must press the special keys "Alt" and "A."

A shorter way would be to press the special keys "Ctrl" and "D," and this would result in directly entering the question mark, which is the symbol for "Don't Know." Similarly, the special keys "Ctrl" and "R" would result in directly entering the exclamation point, which is the symbol for "Refused."

ERROR MESSAGES

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

- Hard error messages, and
- Soft error messages.

HARD ERRORS

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

However, it will allow you to enter "G" to "Go to" the problem entry, so that you can correct the entry.

SOFT ERRORS

"Soft" errors are those, which you do not need to resolve before you can move on. A soft error message, therefore, will always allow you to enter "S" to suppress the entry that is supposedly in error. It also gives you the option to "Go to" and change the problem entry.

HELP SCREENS

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

press the ESC (escape) key and the instrument takes you back to where you were.

PART C
SECTION 2
THE "FRONT" SECTION

Topic	See Page
Purpose	C10
Instructions	C10
Important Terms	C14

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 before entering a case. Therefore, 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 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 "**2"** to quit this case.

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

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

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

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

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

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

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

screen in order to continue the interview.

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

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

After your introduction, begin the initial interview by verifying the "exact" physical 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.

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 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, but you cannot make it within the instrument.

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 <u>in the sample unit for the current occupants</u>, 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 <u>for at least a week each time</u> during the past 12 months, add each period and enter the total. Do <u>not</u> 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 of a living quarters can enter and leave either directly from the outside of the structure, or from a common hall or lobby used by other occupants of the structure.

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

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 may include those with open or unheated porches or sheds built onto them.

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

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	C17
Instructions	C18
Important Terms	C19

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.

If more than one family lives at the same housing unit, the instrument will identify the additional family that needs to be spawned into a separate case. A unique Control Number and Case ID will be created for each additional family in the "original" household. The instrument will also spawn new cases for multiple families identified in a "spawned" household. However, spawning will not occur beyond a "spawn of a spawn."

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

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

INSTRUCTIONS

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

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

Students away at college or at a boarding school are NOT considered to be usual 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 person’s age, as some skip patterns later in the instrument will be determined by your guess.

When entering information about a person's race or 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 as long as at least one person remains in the household.

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.

IMPORTANT TERMS

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.

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 workers, 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
(FHS)

Topic	See Page
Purpose	C22
Instructions	C22
Important Terms	C23
Specific Questions	C25

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 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

Because the Family Respondent who supplied answers to the Family questionnaire may not have been chosen as the Sample Adult, similar questions are asked again in the Sample Adult questionnaire - of only the Sample Adult. But, regardless of whether the Sample Adult and the Family Respondent are the same person, the limitations questions in the two sections are slightly different.

For example, FLAWALK in the Family questionnaire asks whether anyone in the family has any difficulty walking without using special equipment. The questions in the Sample Adult questionnaire are more precise: for example, FLWALK asks *how difficult* it is for the Sample Adult to walk a specific distance (a quarter of a mile or three city blocks) without special equipment.

Notice also that the response categories to the limitation questions are very different in the two sections. In the Family questionnaire, the responses are simply "Yes" and "No", whereas in the Sample Adult questionnaire, the response categories make up a "degree of difficulty" scale. The limitations questions in the Sample Adult questionnaire are important because we obtain information *directly* from the Sample Adult regarding the *extent of his/her* disability. But the limitations questions in the Family Questionnaire are just as important because they allow us to obtain information about limitations from *every member* of the family.

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) 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 black with an FR instruction to read the names aloud. 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, you may type in the appropriate code for "Other".

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 under normal circumstances, such as "keep from," "completely keep

from,"and "take part at all." This does not necessarily mean that the activity is impossible under a particular circumstance.

Problem is defined as the respondent's perception of a chronic, perhaps permanent, departure from physical, mental or emotional well being. 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 "90" and "91").

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).

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

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?

The Flashcard (F2) for this question only lists the conditions and health problems for the first 18 categories listed on the screen. The respondent's answer may include as many conditions or health problems that apply. You should **not** read any of the answer categories 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. If you can not find the condition listed, on either the flashcard, or the remaining 17 conditions listed on the screens, you may enter either code "90" or "91", and enter the respondent's exact answer in one of the two other impairment/problem fields. Be sure to include only information about health conditions and medical problems in these fields - this would *not* be an appropriate place for an FR note. While you may not probe for additional answers, you may probe in order to clarify the response (for example, if the respondent has a rare disease that you do not know how to spell, you may politely ask the respondent for their input). When the respondent has no more conditions or health problems, press enter to exit the field.

THESE CONDITIONS ARE PRINTED ON THE FLASHCARD AND ON THE SCREEN.

1. **Vision/ problem seeing** includes:
   "blindness"
   "cataracts"
   "glaucoma"
2. **Hearing problem** includes:
   "deafness"
   "tinnitis"
3. **Arthritis/rheumatism** includes:
   "osteoarthritis"
   "degenerative joint disease"
4. **Back or neck problem** includes:
   "degenerative disc disease"
   "herniated disc(s)"
   "sciatica"
   "scoliosis"
   "spinal stenosis"
5. **Fracture, bone/joint injury** includes:
   "torn cartilage"
   "broken arm," "broken leg," "broken wrist," etc.

6. **Other injury** includes:
   "head injury"
   "car accident injury"
   "burns"
   "chemical injury"
   "gun shot wounds"
   "frost bite"
   "snake bite"
7. **Heart problem** includes:
   "angina"
   "heart attack"
   "heart murmur"
   "heart failure"
8. **Stroke problem** includes "brain aneurysm."
9. **Hypertension/high blood pressure** 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 **NOT** PRINTED ON THE FLASHCARD.

DO **NOT** READ THEM.

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

PART C
SECTION 5
FAMILY INJURIES AND POISONINGS
(FIJ)

Topic	See Page
Purpose	C30
Instructions	C30
Important Terms	C31

PURPOSE

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

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

INSTRUCTIONS

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

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

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

It is important that you record the specific date the injury/poisoning occurred. You have a laminated calendar card to show the respondent in order to help him/her recall the exact date the injury/poisoning occurred. It may be helpful to use reminders such as holidays or other events to zero in on the specific date. If necessary, fields are available for recording approximate dates.

This section includes a question that has an "open text" entry field. This is a question that asks you to write, in some detail, the events that occurred. It is important for you to know that when the answers to these questions are released to the data users, they are NOT edited for grammar and spelling. 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 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 (FAU)

Topic	See Page
Purpose	C33
Instructions	C33
Important Terms	C33

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
(FHI)

Topic	See Page
Purpose	C36
Instructions	C36
Important Terms	C38

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 State Children's Health Insurance Program (CHIP/SCHIP), state sponsored health insurance coverage, and some other government sponsored health care coverages. 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 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. (The exception here, is Blue Cross and Blue Shield, for which you may use the abbreviation BC/BS.)

If the respondent does not know the complete name, ask to see a membership card or other document with the complete name. If 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 (2) and (4)-(10). These plans may be provided in part or full by the persons' employer or union, or may be purchased directly by an individual.

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

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

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

SCHIP (State 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, SCHIP programs have distinct names. The state names for SCHIP can be found in the Flashcard and Information Booklet.

Military Health Care/VA

Military health care includes:

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

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

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

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

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

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

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

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

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

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

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
(FSD)

Topic	See Page
Purpose	C42
Instructions	C42
Important Terms	C43

PURPOSE

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

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

This information, when combined with the health data obtained in other parts of this survey, will provide statistics on the characteristics of people with 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

If you indicate, at screen PLBORN1, that the person was born in one of the 50 States or in the District of Columbia, the instrument will take you to a look-up table listing all 50 States and the District of Columbia, where you can select where in the U.S. the person was born.

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

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. If the country is not listed, enter “ZZ” at PLBORN2.

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

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.

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

Layoffs (other than temporary, 30-day layoffs) can be due to slack work, plant retooling or remodeling, inventory taking, etc. In some instances, companies may combine a vacation shutdown with the remodeling/retooling process. If this is the case, do **not** consider the person to be 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 include:

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

PART C
SECTION 9
FAMILY INCOME
(FIN)

Topic	See Page
Purpose	C47
Instructions	C48
Important Terms	C48

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. If the child no longer lives in the household, the line number for the custodial parent should be entered.

IMPORTANT TERMS

Types of Income

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

Self-employment includes income from businesses and farm income.

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

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

The worker must have contributed to the Social Security fund for the required number of years. Social Security checks arrive in a gold colored envelope, unless a recipient has chosen to have the check "direct deposited" into his/her checking or savings account. 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 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.

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. The following states (and cities) supplement the federal SSI payment: CA, HI, MA, NV, NJ, NY, PA, RI, VT, and DC.

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 (CID)

Topic	See Page
Purpose	C56
Instructions	C56

PURPOSE

The Purpose of the Sample Child Respondent Identification and Verification section is to identify the person you are speaking to, and verify that he/she is knowledgeable about the child's health. If the person you are speaking to is not knowledgeable about the 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 (CHS)

Topic	See Page
Purpose	C58
Instructions	C58
Important Terms	C59

PURPOSE

The main purpose of the Sample Child Conditions, Limitations of Activity and Health Status section is to record basic health information about the sample child. This section collects basic physical data on 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 syndrome, mental retardation or autism
- Other developmental delays
- Attention deficit hyperactivity disorder (ADHD)
- Vision and hearing problems

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

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

Finally, this section collects information about 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.

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 that is part of the Sample Child Conditions, Limitations of Activity and Health Status section; and one set for children age 4-17 years that is asked in the Child Mental Health Supplement which comes after the Child Health Care Access and Utilization section. Although the numbering and wording of answer categories seems the same, they are actually quite 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 0. NOT TRUE, 1. SOMETIMES TRUE, or 2. OFTEN TRUE) is used for for 2-3 year olds, while those answer categories for 4-17 year olds (1. NOT TRUE, 2. SOMEWHAT TRUE, or 3. CERTAINLY TRUE) appear on flashcard C7.

IMPORTANT TERMS

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

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

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

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

Autism is pronounced (aw-tizm) and is a developmental disability affecting verbal and nonverbal communication as well as social interaction, including abnormal speech patterns or loss of speech; lack of eye contact; a restricted range of interests; resistance to change of any kind; obsessive, repetitive body movements, such as hand flapping or spinning; a lack of awareness of the existence or feelings of others; or social isolation. Symptoms can range from mild to severe.

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

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

Developmental delay is a significant delay, as defined by the state and measured by appropriate diagnostic tests, in one of several areas: physical development, cognitive (mental) development, social or emotional development, or adaptive development.

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

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

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

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

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

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

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

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

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

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.

PART C
SECTION 12
SAMPLE CHILD HEALTH CARE ACCESS AND UTILIZATION (CAU)

Topic	See Page
Purpose	C63
Instructions	C63
Important Terms	C65

PURPOSE

The purpose of the Sample Child Health Care Access and Utilization section is to identify all contacts with medical doctors or their assistants during a specific period of time. The information from this section provides measures of how the country's health care system is being utilized by children under age 18. Whereas the Family Access and Utilization section asks about hospital stays and doctor visits for each person in the family, the Sample Child Access and Utilization section asks more detailed questions about the Sample Child's access to 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

The Social Security number of the Sample Child is also collected at the end of this section. This number is useful for matching certain statistical records maintained by the Department of Health and Human Services.

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 <u>would</u> 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.

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 Ctrl-D for Don't Know or Ctrl-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 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 in an F7

note to the SSN screen.

IMPORTANT TERMS

An audiologist is a person skilled in working with hearing problems. These services include: identifying a hearing problem, determining the range and nature of the hearing problem, training the individual to deal with the problem (e.g.; lip-reading), and counseling the family members on how to deal with the problem.

At home refers to the Sample Child's own home and anyone else's home (like the home of family friends or relatives, a hotel, or any other place in which the Sample Child was staying at the time of the health care professional's visit). This could be a house, apartment, motor home, houseboat, trailer, or other dwelling. Do not include visits by a doctor while the Sample Child was in a hospital or institution.

Change of place refers to a change in health care providers, not a change of address for a current provider.

A **chiropractor** is a licensed professional, but not a medical doctor who uses manipulation of the body joints (especially the spine) to restore normal nerve function.

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

A **foot doctor** is someone who treats diseases of the foot and is commonly known as a podiatrist.

A **general physical exam or check-up** is an examination not for a specific condition or problem. This may include the following:

- A periodic health examination
- A complete medical examination
- An annual health check-up
- A comprehensive physical examination

It does not include dental exams and vision tests

A **hospital emergency room** is an emergency care facility at a hospital. It is also sometimes referred to as an emergency department. DO NOT include emergency care received at a clinic or HMO. Include emergency room visits 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 14
SAMPLE ADULT IDENTIFICATION
(AID)

Topic	See Page
Purpose	C69
Instructions	C69

PURPOSE

The purpose of the Sample Adult Identification section is to identify the Sample Adult, and to verify some information. It also allows a proxy respondent if the Sample Adult has a physical or mental problem that prohibits him/her from responding. We collect this proxy respondent's relationship to the Sample Adult and his/her availability to conduct the interview. If the Sample Adult is not the person who acted as the respondent to the Household Composition section, or this is a proxy respondent, the instrument will ask you to verify

- The Sample Adult's sex
- The Sample Adult's age
- The Sample Adult's date of birth

INSTRUCTIONS

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

PART C
SECTION 15
SAMPLE ADULT DEMOGRAPHICS
(ASD)

Topic	See Page
Purpose	C71
Instructions	C71
Important Terms	C72

PURPOSE

The purpose of the Demographic portion of the Sample Adult Questionnaire is to verify the Sample Adult's working status and, if he/she is currently employed, or has ever been employed, to collect additional information, including:

- Where he/she works(ed)
- Kind of business or industry
- Kind of work performed
- Most important activities
- Other questions about his/her job (or most recent job)

INSTRUCTIONS

To be considered looking for work, a person has to have conducted an active job search.

When describing the kind of business or industry the Sample Adult is/was employed by, indicate both a general and specific function for employers and businesses. For example, in "copper mine," the word "mine" is general, while the word "copper" indicates the specific kind of mine.

- **For Government Agencies**: If the title clearly designates the main function of the agency, enter the name of the agency (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 pubic or private educational establishment both in and out of the regular school system.

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

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

A person has **ever worked** if they have held any sort of job or worked at a business, with or without pay. Again, unpaid work consists of at least 15 hours of work per week without pay in a business or farm operated by a related household member. Volunteer efforts and unpaid internships should not be considered as working.

Private company or business: This employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes work for private organizations doing contract work for government agencies.

Federal government includes persons working for any branch of the federal government including persons who were elected to paid federal offices and civilian employees of the Armed Forces and some members of the National Guard. Include employees of international organizations like the United Nations and employees of foreign governments such as persons employed by the French consulate.

State government includes employees of State governments, such as paid state officials, state police, 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 16
SAMPLE ADULT CONDITIONS
(ACN)

Topic	See Page
Purpose	C78
Instructions	C78
Important Terms	C79

PURPOSE

The main purpose of the Sample Adult Conditions section is to record any conditions the person may have, including:

- Chronic physical conditions such as hypertension, heart problems, asthma, ulcers, cancer, diabetes, or arthritis
- Temporary conditions such as recent neck pain, back pain, headaches, facial pain, colds, intestinal illnesses, etc

This section also records the general conditions of the person by asking about things like:

- Pregnancy (women only)
- Hearing
- Vision
- Tooth loss
- General feelings/emotional health

All of this information about the Sample Adult creates a framework of data against which other things can be measured; for example, how an individual's basic health condition is related to the utilization of health care, or to the propensity for injury, as well as to other information collected earlier in the survey.

INSTRUCTIONS

Some of the questions in this section are dependent upon the answers to previous questions within the instrument. You may notice specifically, that if the respondent indicates that he/she has asthma, then a series of follow up questions will be asked about asthma attacks, and asthma related visits to the emergency room. Similarly, if the Sample Adult indicates he/she has cancer, this triggers a series of questions about kinds of cancer and age when cancer was first diagnosed.

Some of the questions make reference to a specific time period, such as the PAST 12 MONTHS, the PAST THREE MONTHS, the PAST 30 DAYS, or the PAST TWO WEEKS. Other questions refer to the person's entire life by asking if he/she EVER had these conditions or limitations. Notice that for the questions relating to head and chest colds, and intestinal illnesses, for example, we are interested only in conditions that occurred during the past two weeks.

When asking about hypertension, remember to only include reports of hypertension/high blood pressure that were diagnosed by a doctor or other health care professional. Do not include home blood pressure testing or testing by a machine in the mall or other

commercial establishment.

IMPORTANT TERMS

Hypertension, also called high blood pressure, is elevated blood pressure resulting from an increase in the amount of blood pumped by the heart or from increased resistance to the flow of blood through the small arterial blood vessels (arterioles).

A **Stroke** is a cerebral hemorrhage or embolism of the cerebral blood vessels.

Emphysema is an abnormal enlargement or distension of the air sacs of the lungs, causing difficulty in breathing. Usually chronic and progressive, the condition is associated with heredity, smoking, and long-standing respiratory ailments such as chronic bronchitis.

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

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.

PART C
SECTION 17
SAMPLE ADULT HEALTH STATUS AND LIMITATIONS OF ACTIVITY (AHS)

Topic	See Page
Purpose	C81
Instructions	C81
Important Terms	C82
Specific Questions	C82

PURPOSE

The Sample Adult Health Status and Limitations of Activity section consists of two parts--health indicators and limitations in function. The purpose of this section is to determine:

- How many days of work the Sample Adult missed in the last year and how many days he/she spent in bed
- Overall health as compared to a year ago
- How much difficulty the Sample Adult may have doing certain activities
- The condition(s) that causes the difficulty in function
- How long he/she has had the condition that causes the limitation in function.

The limitation questions asked in the Sample Adult Questionnaire are different from the limitations asked in the Family Questionnaire. For example, the screen FLAWALK in the Family Health Status section asks whether anyone in the family has any difficulty walking without using special equipment, while the questions in the Sample Adult Health Status section are more precise: for example, FLWALK asks how difficult it is for the Sample Adult to walk *a specific distance* (a quarter of a mile or three city blocks) without special equipment. The response categories to the limitation questions are also very different in these two sections. In the Family Health Status section, the responses are simply "Yes" and "No"; in the Sample Adult Health Status section, the response categories make up a "degree of difficulty" scale. The adult questions are important because we obtain information directly from the Sample Adult regarding the *extent* of his/her disability. But the family questions are just as important because they allow us to obtain information about limitations from *every member* of the family.

INSTRUCTIONS

If the Sample Adult indicates that he/she has difficulty with one of the activities mentioned, the instrument will go to a list of health problems that may cause his/her difficulties. This question asks the respondent to identify which health problem(s) cause the difficulty. Remember that the respondent may chose more than one.

When you show the respondent the list of possible conditions that cause his/her difficulty with activities, and he/she gives you a response, be sure to carefully look at the list of conditions provided on the screen to see if the response fits into any of the precoded categories. If the condition described by the respondent does not appear on the list, enter the code for “Other impairment/problem” and then specify what the exact condition is.

IMPORTANT TERMS

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

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

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

By yourself is considered to be without the help from another person or without hands-on assistance with performing an activity. Another person may be a friend, relative, paid helper, volunteer from an agency or organization or anyone else who helps the family member in doing the activities mentioned. He or she may be a household member or a non-household member.

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

SPECIFIC QUESTIONS

What condition or health problem causes you to have difficulty with *these activities?*

The flashcard for this question only lists the first 18 conditions and health problems from this screen. The respondent's answer to this questions may include as many conditions or health problems that apply. You should **not** read any of the answer categories to the respondent.

If the respondent describes a condition or health problem that is not on the flashcard, you should first try to determine whether the

condition he/she describes belongs in one of those categories, otherwise you may choose to enter the respondent's exact answer in the "Other impairment/problem" field. Be sure to include only information about health conditions and medical problems in these fields - this would not be an appropriate place for an FR note. While you may not probe for additional answers, you may probe in order to clarify the response (for example, if the respondent has a rare disease that you do not know how to spell, you may politely ask the respondent for their input). Enter condition number(s) for all that apply, and separate them with commas. When the respondent has no more conditions or health problems, press enter to continue.

*THESE CONDITIONS ARE PRINTED ON THE FLASHCARD AND ON THE SCREEN***.**

1. **Vision/problem seeing** includes:
   "blindness"
   "cataracts"
   "glaucoma"
2. **Hearing problem** includes:
   "deafness"
   "tinnitis"
3. **Arthritis/rheumatism** includes:
   "osteoarthritis"
   "degenerative joint disease"
4. **Back or neck problem** includes:
   "degenerative disc disease"
   "herniated disc(s)"
   "sciatica"
   "scoliosis"
   "spinal stenosis"
5. **Fracture, bone/joint injury** includes:
   "torn cartilage"
   "broken arm," "broken leg," "broken wrist," etc.
6. **Other injury** includes:
   "head injury"
   "car accident injury"
   "burns"
   "chemical injury"
   "gun shot wounds"
   "frost bite"
   "snake bite"
7. **Heart problem** includes:
   "angina"
   "heart attack"
   "heart murmur"
   "heart failure"
8. **Stroke problem** includes "brain aneurysm."

9. **Hypertension/high blood pressure** 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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*THESE CONDITIONS ARE **NOT** PRINTED ON THE FLASHCARD.*

*DO **NOT** READ THEM.*

19. **Missing limbs (fingers, toes or digits/amputee)**
20. **Kidney, bladder or renal problems**
21. **Circulation problems** (including blood clots)
22. **Benign tumors, cysts**
23. **Fibromyalgia, lupus**
24. **Osteoporosis, brittle bones, tendinitis**
25. **Epilepsy, seizures**
26. **Multiple Sclerosis (MS), Muscular Dystrophy (MD)**
27. **Polio(myelitis), paralysis, para/quadriplegia**
28. **Parkinson's disease, other tremors**
29. **Other nerve damage,** including carpal tunnel syndrome
30. **Hernia**
31. **Ulcer**

32. **Varicose veins, hemorrhoids**
33. **Thyroid problems, Grave's disease, gout**
34. **Knee problems** (*not* “arthritis” (use code 03); *not* “joint injury” (use code 05))
35. **Migraine headaches** (*not* just “headaches”)
36. Other impairment/problem (Specify one)
37. Other impairment/problem (Specify one)

PART C
SECTION 18
SAMPLE ADULT HEALTH BEHAVIORS
(AHB)

Topic	See Page
Purpose	C87
Instructions	C87
Important Terms	C88

PURPOSE

The Sample Adult Health Behaviors section asks questions that record information about general health behavior or habits, including:

- Smoking
- Physical activity
- Alcohol
- Hours of sleep per 24 hour period

This information helps researchers measure how a person's daily habits affect his/her overall heath.

This section also asks for the Sample Adult's current height and weight.

INSTRUCTIONS

This section contains many subsets of questions that are dependent upon the responses to previously asked questions. For example, if the Sample Adult indicates that he/she has smoked at least 100 cigarettes in his/her ENTIRE life, some follow up questions about smoking will be asked. If he/she has not smoked at least 100 cigarettes in his/her ENTIRE life, the instrument will go on to the questions about physical activity.

Similarly, if the respondent indicates that he/she has had at least 12 drinks of any type of alcoholic beverage in his/her lifetime, certain follow up questions will be asked, that would not otherwise be asked.

Because of the selective way that questions are asked, it is extremely important that the respondent understands each question, and clearly understands the specific reference period for each question. This will ensure that the proper follow up questions will be asked.

Some questions ask about behavior over the course of the Sample Adult's ENTIRE life, others ask about behavior during ANY ONE YEAR, <u>but not necessarily the past year</u>, some ask about the PAST 30 DAYS, and some ask about the PAST 12 MONTHS. Be sure that the respondent understands the reference periods that are being asked about.

The questions about physical activity ask about 3 categories of physical activities.

- Vigorous activities

- Light or moderate activities
- Strengthening activities

With the exception of the questions about strengthening activities, there are 2 follow up questions for each of these kinds of activities. The first is "how often do you do it," and the second is "for how long."

Note that the frequency of activities may be recorded in any time reference that the respondent reports: times per day, per week, per month or per year. Maximum frequency is 4 times per day (or its equivalent).

Questions about height and weight give you the option of entering the information in metric measurements by entering 'M'.

IMPORTANT TERMS

A **cigarette** is anything the respondent reports except cigars or any kind or marijuana.

Smoking regularly is respondent defined. If asked about what this means, say that "It is whatever you consider as first starting to smoke fairly regularly."

Exercise, sports, or physically active hobbies are respondent defined.

Vigorous activities might include fast walking, fast bicycling, jogging, strenuous swimming or sports play, vigorous aerobic dance, and strenuous gardening.

Light or moderate activities include such activities as moderate paced or leisurely walking or bicycling, slow swimming or dancing, and simple gardening.

Strengthening activities are activities that require strenuous muscular contractions such as weight lifting, resistance training, push-ups, sit-ups, etc.

Alcohol includes all types of beer (including stout, ale, malt liquor, or light beer, but does not include alcohol-free beer), wine (including port, sherry, sangria wine coolers, and champagne), and liquor (including brandy, liqueurs, scotch, whiskeys, tequila and gin).

PART C
SECTION 19
SAMPLE ADULT HEALTH CARE ACCESS AND UTILIZATION (AAU)

Topic	See Page
Purpose	C90
Instructions	C90
Important Terms	C91

PURPOSE

The purpose of the Sample Adult Health Care Access and Utilization section is to identify all contacts with medical doctors or their assistants during a specific period of time. The information from this section provides measures of how the country's health care system is being utilized by adults. Whereas this section in the Family Questionnaire asked about hospital stays and doctor visits for each person in the family, the Sample Adult Access and Utilization Section asks more detailed questions about the Sample Adult's access to care, including:

- When a medical doctor was last seen
- Where the Sample Adult usually goes for health care
- Whether the Sample Adult has different places of health care because of specific needs
- Delay of care, and affordability of care
- Recent *(past 12 months)* changes in where the Sample Adult gets health care
- Types of physicians seen in the past 12 months
- Emergency room visits
- Doctor's or other health care professional's "house calls"
- 12-month doctor visits
- Surgeries in the past 12 months
- Several kinds of immunizations
- Chickenpox and hepatitis

INSTRUCTIONS

When asking about the place where the Sample Adult USUALLY goes when he/she is sick, note that this may or may not be the doctor or clinic most recently contacted. (*For example, the most recent contact may be with a specialist never seen before.)* Also, it need not be a doctor or clinic the respondent has ever contacted before. In this case, the question refers to the doctor or place the respondent <u>would</u> contact if he/she is sick or needs advice about his/her health.

Be sure to notice if a question refers to a designated time period. For example, generally the questions recording information about health care provider contacts begin with the phrase "DURING THE PAST 12 MONTHS."

DO NOT include as an optician, someone who makes eyeglasses.

When recording emergency room visits, DO NOT include visits to outpatient clinics, urgent care facilities, etc.

If necessary, explain that the hepatitis B vaccine is given in 3 separate doses and has been available since 1991. It is

recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

IMPORTANT TERMS

At home refers to the Sample Adult's own home and anyone else's home, like the home of family friends or relatives, a hotel, or any other place in which the Sample Adult was staying at the time of the health care professional's visit. This could be a house, apartment, motor home, houseboat, trailer, or other dwelling. Do not include visits by a doctor while the Sample Adult was in a hospital or institution.

An **audiologist** is a person skilled in working with hearing problems. These services include: identifying a hearing problem, determining the range and nature of the hearing problem; training the individual to deal with the problem, such as teaching lip-reading; and counseling the family members on how to deal with the problem.

Change of place refers to a change in health care providers, not a change of address for a current provider.

A **chiropractor** is a licensed professional, but not a medical doctor who uses manipulation of the body joints, especially the spine to restore normal nerve function

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

A **foot doctor** is someone who treats diseases of the foot and is commonly known as a **Podiatrist**.

A general physical exam or check-up is an examination not for a specific condition or problem. This may include the following:

- A periodic health examination
- A complete medical examination
- An annual health check-up
- A comprehensive physical examination.

It does not include dental exams and vision tests.

A **hospital emergency room** is an emergency care facility at a hospital. It is also sometimes referred to as an emergency department. DO NOT include emergency care received at a clinic or HMO. Include emergency room visits which resulted in admission for inpatient care. DO NOT include visits to 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 20
SAMPLE ADULT HIV/AIDS
(ADS)

Topic	See Page
Purpose	C95
Instructions	C95
Important Terms	C96

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.

The Social Security number of the Sample Adult is also collected at the end of this section if the Sample Adult was not the Family Respondent. This number is useful for matching certain statistical records maintained by the Department of Health and Human Services.

INSTRUCTIONS

As with other sections, some of the questions in this section are dependent upon the answers to previous questions. You may notice specifically, that if the respondent indicates that he/she has been tested for HIV, the virus that cases AIDS, a different set of follow up questions will appear, than if the person indicated that he/she has never been tested for HIV. Additionally, some of the questions in this section are "age dependent." For example, the questions about STDs will only be asked of Sample Adults age 18-49 years.

As with all sections, be sure you ask the questions exactly as worded, and correctly record the response, so that later follow up questions will make sense in the context of previously recorded information.

There is a screen in this section (STMTRU) that lists 6 statements. This screen has an accompanying flashcard, and instructs the respondent to indicate whether ANY of the statements are true, but not to indicate WHICH ONE is true. It is important that the respondent understands that we are just interested in finding out if ANY of the statements are true, but not WHICH ONE specifically. DO NOT probe for which of the statements is true if the answer is "YES."

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 Ctrl-D for Don't Know or Ctrl-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 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 in an F7 note to the SSN screen.

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 21
RECONTACT
(REC)

Topic	See Page
Purpose	C99
Instructions	C99

PURPOSE

The Recontact Section collects intent to move, additional telephone information, cell phone 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.

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

INSTRUCTIONS

The Recontact section appears after the Sample Adult Questionnaire is completed or has a callback set up. In a few unusual situations this section may appear after the Family Questionnaire or the Sample Child Questionnaire if there are only emancipated minors or only emancipated minors with children in the family. In these situations you will not have a Sample Adult for the family.

If, when explaining the purpose of the Contact Person questions, you are asked when the household will be recontacted, say that NCHS periodically conducts other health surveys with a sample of persons or families who participate in the NHIS. If asked, just say that you don't know when this may take place. **Do not, however, state that there will be no other contacts.** You may need to recontact the household for additional information or the person may be reinterviewed. A respondent's refusal of these items will NOT disqualify the family from being selected for future surveys.

If the respondent is reluctant to give this information, explain how it can save 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 22
THE BACK SECTION

Topic	See Page
Purpose	C102
Instructions	C102

PURPOSE

After completing all appropriate sections for the sample household, you are ready to end the NHIS interview. The "BACK" section of the instrument wraps up the interview. To finish an incomplete interview, you may set appointments for callbacks in this section as well as in the appropriate incomplete section's callback screens.

For each complete and sufficient partial interview, you will enter the answers to a few FR debriefing questions such as language *(English, Spanish, or other),* mode *(telephone or personal visit),* etc.

Based on the progress you made in the interview the "BACK" section evaluates the overall status of the case and sets "OUTCOME" and "ACTION" codes which determine what happens to the case.

INSTRUCTIONS

You will enter the answer to each of the debriefing questions without asking the respondent. These questions record information such as language, mode, level of cooperation, and other important information about the household.

All NHIS interviews should be conducted by personal visit. However, there may be times when the only way you can complete the interview is by telephone.

On the INTMODE screen, indicate 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 <u>most</u> of the interview was conducted****.*

In the past before exiting a case, the INOTES screen would appear. Now, you will get the equivalent of this screen when a windows box pops up called "Case Level Note Editor" after the instrument is exited. Enter any notes about the case that you think may be helpful to you if you still need to make callbacks to complete the interview OR to others who may get this household in sample for another health-related survey.

"Closings" are statements you read to the respondent or statements describing the situation. There are several "closings" in the NHIS CAPI "BACK" Section. You will get only the one(s) most appropriate for the situation.

Exiting the Case With the F10 Key

If you exit the case using the F10 key you will go to screen FIN. There are up to five options on the screen, as shown below:

```
Item: FIN
-----------------------------------------------------------------------------------------

        FR: THIS CASE IS NOT COMPLETE.

          (1) Exit Case
          (2) Arrange Callback
          (3) Callback before closeout not possible OR 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 screen you will see is VISITCNT.

An entry of "2" will take you to a screen that allows you to enter callback information:

If the respondent gives a specific date and time, you are obligated to make the callback as near that time as possible. Therefore, it is OK to enter a specific date, but try to avoid arranging for specific times. If you can get the respondent to agree to a wider range of times, enter **"A"** for any time **and** specify the acceptable range of time(s) in the "Case Level Note Editor" after exiting the instrument.

Enter "3" in FIN if it is not possible to callback before closeout, or if the case is a refusal or break-off. An entry of "3" in FIN will take you to one of the following screens, CALLCK, TYPEABC, PARWHY, or THANKS2 depending upon how far you have progressed through the instrument. If you have not yet reached 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 CALLCK, PARWHY, or THANKS2. You will get screen PARWHY for all sufficient and

insufficient partial cases. (Outcome =203 or 215) An entry of "10" in BRKRES will skip to a screen where you will enter the main reason that the respondent terminated the interview before it was completed. An entry of "12" in NCOMRES will skip to a screen where you will enter the main reason that the interview is not complete.

Before exiting a case you will be asked to enter the number of personal visits you made. Include visits to the sample unit for which no one was home and all visits to the sample unit for which you made contact with a household member. **DO NOT INCLUDE** any contact made over the telephone. For cases you complete over the telephone, enter only the number of personal contacts made prior to or other than the telephone contact.

The outcome code, action code, and number of times in the case, can be found in the case management screens. A list of the possible outcome codes and a description of each can be found in the HIS-501(C), Field Representative's Flashcard and Information Booklet.

PART C
SECTION 23
NONINTERVIEWS AND
QUITTING OUT OF A CASE

Topic	See Page
Type A Noninterviews	C106
Type B Noninterviews	C110
Type C Noninterviews	C114
Quitting Out of a Case	C116

TYPE A NONINTERVIEWS

Type A Noninterview occurs in the case of households occupied by persons eligible for interview, whom you should have interviewed, but could not.

Under some circumstances, Type A Noninterviews are unavoidable. However, if you establish good relations with your respondents and make your visits when people are likely to be home, you can avoid many Noninterviews.

There are six categories of transmittable Type A noninterviews, five of which you can set yourself at screen TYPEA1.

If you have not progressed very far into the interview you will be determining whether or not a particular situation is actually a Type A Noninterview.

If you have progressed into the interview to screen NAME in the Household Composition section, but have not completed the EDUC question in the Family section, and are not able to complete the interview before closeout, the case will automatically be assigned code 215 (insufficient partial).

Type As and possible Type As are described below:

Refused

Occasionally, a household may refuse to give any information.

- Enter "1" on the TYPEA1 screen.
- In an F7 footnote, explain the pertinent details regarding the respondent's reason for refusing to grant the interview.
- Explain the circumstances 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 “Case Level Note Editor” after exiting the instrument if necessary.

If you have made a **number of callbacks at various times of the day and still** have been **unable to contact** the respondent, **this situation is considered a Noninterview.**

• Enter "2" on TYPEA1 screen.

NOTE: Do **not** confuse this situation with the Noninterview reason "Temporarily absent."

Temporarily Absent

When no one is home at the first visit, find out from neighbors, janitors, etc., whether the occupants are temporarily absent.

• Report a household as "Temporarily absent" if **ALL** of the following conditions are met:

- ALL the occupants are away temporarily on a vacation, business trip, caring for sick relatives, or some other reason and **will not return before your close-out date for that interview period**.

AND

- The personal effects of the occupants, such as furniture, are there.

NOTE: Even if the furniture is there, be sure it is the occupant's furniture because it could be a furnished unit for rent.

AND

- The unit is <u>not</u> for rent or sale during the period of absence.

EXCEPTION: *The unit is for rent or sale; however, it is not available until a specified time when the present occupants will leave the unit. For example, the present occupants are trying to sell their house with an agreement that they would not have to move until 2 weeks after the selling date.*

If, when you arrive to interview the unit, you discover that it has NOT been sold <u>and</u> 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, <u>and</u> 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.

• Enter the specific reason in the space provided on the followup screen.

TYPE C NONINTERVIEWS

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 10 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.

Spawned in error

If you determine that an “extra” or “additional” unit that was created earlier should not have been created, report this as “Spawned in error.”

If a separate family was spawned into a separate case, but should not have been created, report this as “Spawned in error” as well.

In the past, these situations were generally coded as an “Other Type C.”

QUITTING OUT OF CASE

You may need to quit out of a case for one of the following reasons:

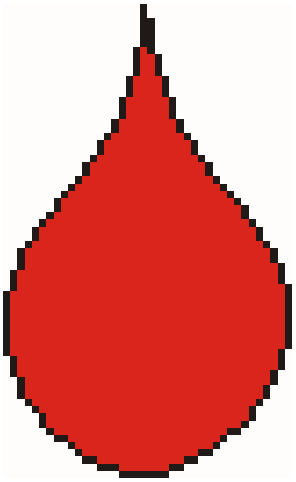
- Selected case in error
- No One Home--First Attempt or Only a Few Attempts
- Other

If you need to quit out of a case:

- Enter "Q" (Quit) on the START screen in the Front module of the CAPI instrument.
- Enter notes in the Case Level Note Editor if necessary.
- If you entered the case because of an attempted personal contact with the sample unit (you actually visited the address) then increment the entry in VISITCNT by one. Otherwise, simply press enter, leaving the entry in VISITCNT unchanged. (If this is the first time you have entered the case, you will have to make an entry in VISITCNT before you can get out of the instrument.)

PART D

National Health Interview Survey



2004 SUPPLEMENTS

PART D
SAMPLE CHILD SUPPLEMENTAL QUESTIONS

Topic	See Page
Child Mental Health Supplement	D2
Purpose	D2
Instructions	D2
Specific Questions	D2

CHILD MENTAL HEALTH SUPPLEMENT

PURPOSE

The purpose of the mental health supplement, known as the Strengths and Difficulties Questionnaire (SDQ-EX) is to begin to monitor emotional and behavioral problems in children and the impact that these problems have on children's lives. The SDQ is being included in the 2004 Sample Child Questionnaire as a special supplement for children aged 4 to 17. It is replacing the core questions used in the Sample Child Questionnaire on emotional problems and behavior, with the exception of the questions for the 2 to 3 year old group. These supplemental questions were also included in the 2001 NHIS and the 2003 NHIS.

INSTRUCTIONS

Please note that parents are to answer these questions based on a 6 month time period.

Parents are to respond to the questions about the child's behavior in general.

You will notice that some of these questions will have a slightly different wording depending on the age of the child, either 4-11 or 12-17. This will be handled automatically by the computer.

Some of the items include more than one behavior, such as "lies or cheats." For those questions, emphasize the OR. Be sure the respondent understands that the question should be answered positively if the child does ANY part of the question.

If the parent indicates that the child is taking medication, the parent should answer the questions as best as possible describing their child's behavior when the child is NOT on the medication. However, do not ask if the child is on medication. *Only if* the parent states that the child takes medication and they do not know how to respond to the question, inform the parent to answer as best as they can describing the child when the child is NOT on the medication.

SPECIFIC QUESTIONS

Often COMPLAINS of headaches, stomach-aches, or sickness

The interviewer should emphasize the word COMPLAINS. We are not interested in how often the child is sick, but only in whether the child complains a lot, regardless of whether or not they are sick.

Shares readily with other children/youths for example toys, treats, and pencils (for ages 4 to 11) CDs, games, and food (for ages 12 to 17)

For this item, we are interested in whether or not the child shares possessions, NOT feelings.

Many worries or often seems worried

This question is to get an overall picture of whether the child worries a lot.

Kind to younger children

This item refers to the child/youth being kind in general. If the child/youth is kind to most younger children, but not their kid brother or sister, it should be TRUE.

Many fears, easily scared.

This item attempts to get an overall picture of whether the child is easily frightened. This could include fears of monsters or scary movies if the parent feels that the child is more afraid than other children.

Overall, do you think that (child) has difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?

If parents ask for the time period for this question, tell them it is also for the past six months.

Do the difficulties interfere with your child's EVERYDAY life in the following areas?

Home life
Friendships
Classroom learning
Leisure activities

While it is true that some leisure activities may involve other children or youths, they may also include family or solitary activities such as reading or some hobbies.

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

Topic	See Page
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

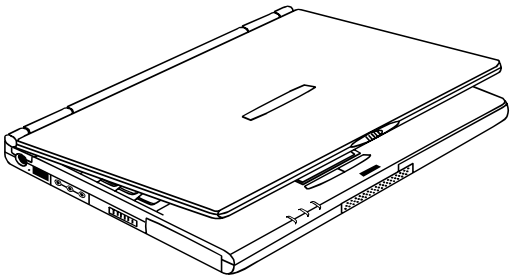
YOUR LAPTOP COMPUTER GUIDE

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 it's accessories.)

OPEN CAREFULLY AND SAVE THE BOX: Open and unpack your computer kit with care. You may use a letter opener or knife to slit the sealing tape, but try to avoid tearing or shredding the box. You must save the box and all internal packaging materials. Store these where they will not get wet, damaged, thrown out, or used for other purposes.

USE THE BOX FOR RETURNS: You will use the same box for mailing, whenever you have to return the computer to the RO, for repair or exchange, or at the completion of the project. Without the original packaging, preparing the computer for shipment is inconvenient and the chances that it will be damaged in transit are increased.

Figure 2-2 Parts and Equipment

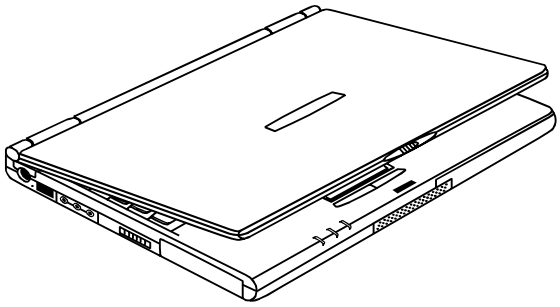
Check all the parts

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.

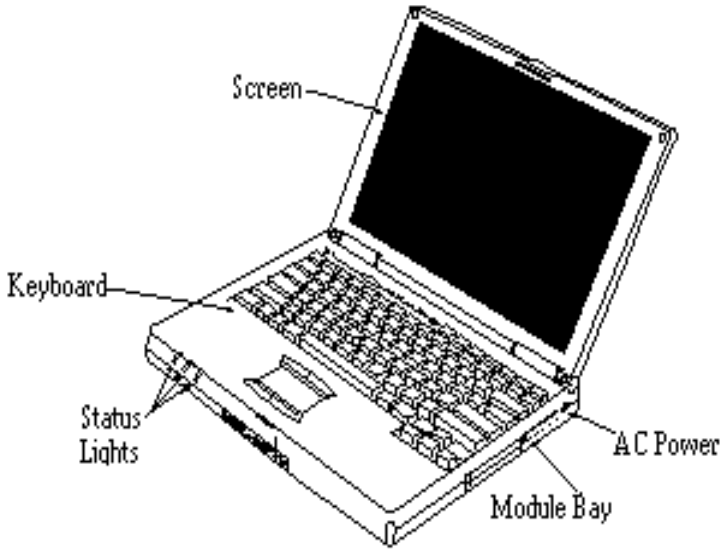
Where Is Everything Located

Left View

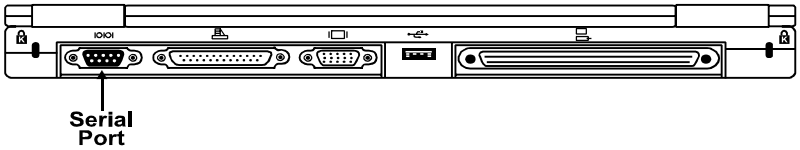
Note: You will not use any features on the left side of the laptop.



Right View



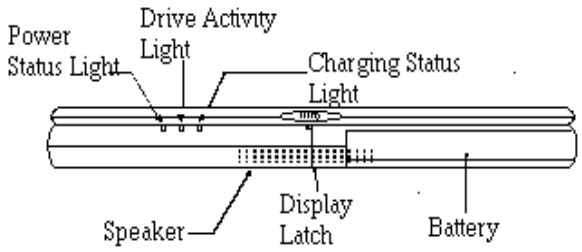
Back View



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.

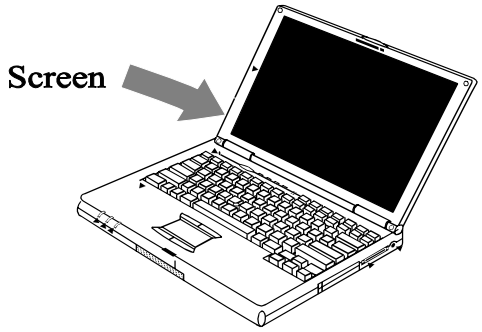
Charging Status Light

< 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.

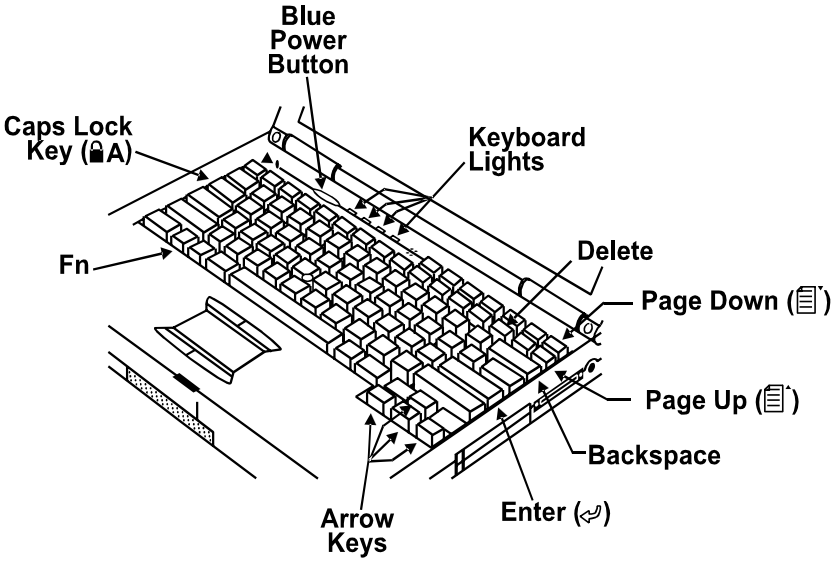
Power Button: The blue power button is located on the upper left portion of the keyboard.

The Keyboard

The 87- key keyboard provides all the functionality of a full-sized keyboard.

Keyboard Basics

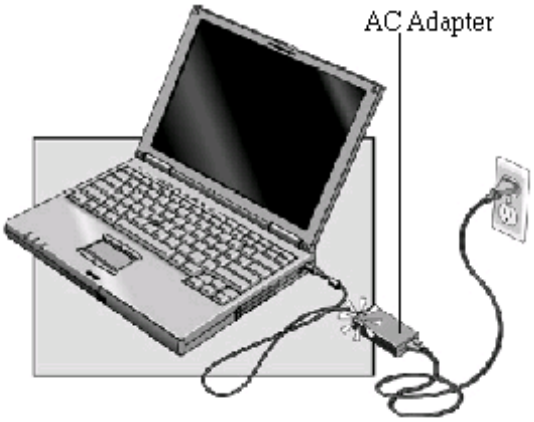
The figure below shows the basic layout of the keyboard:



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. Ithis 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. 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.

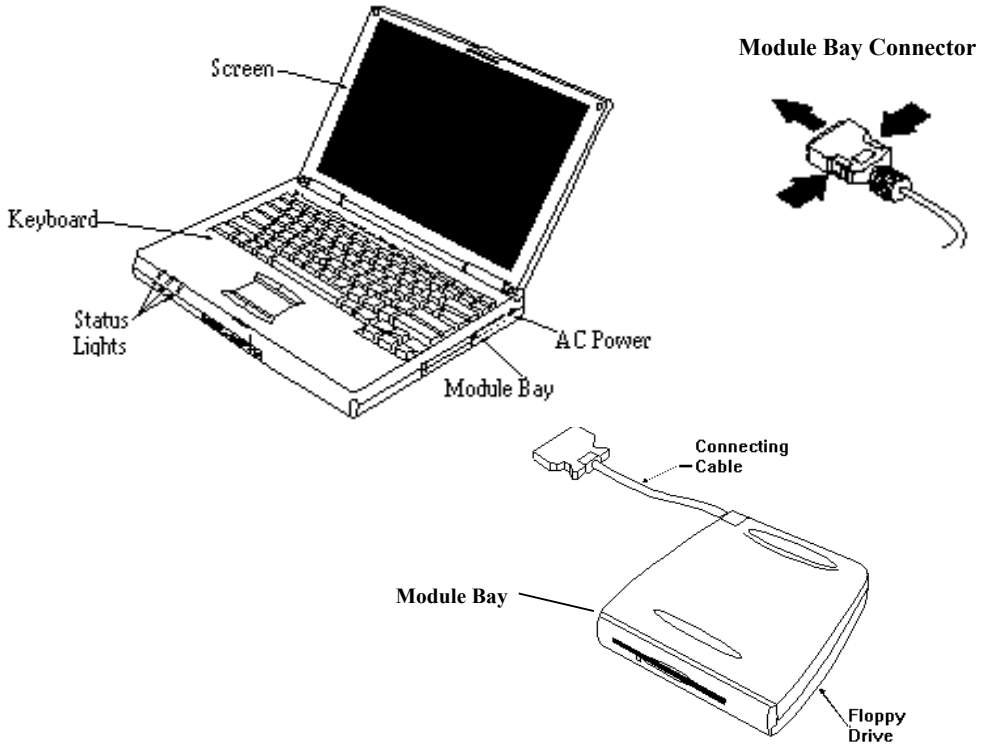
Warning! If you press the power button a second time, you will shutdown the laptop.

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.



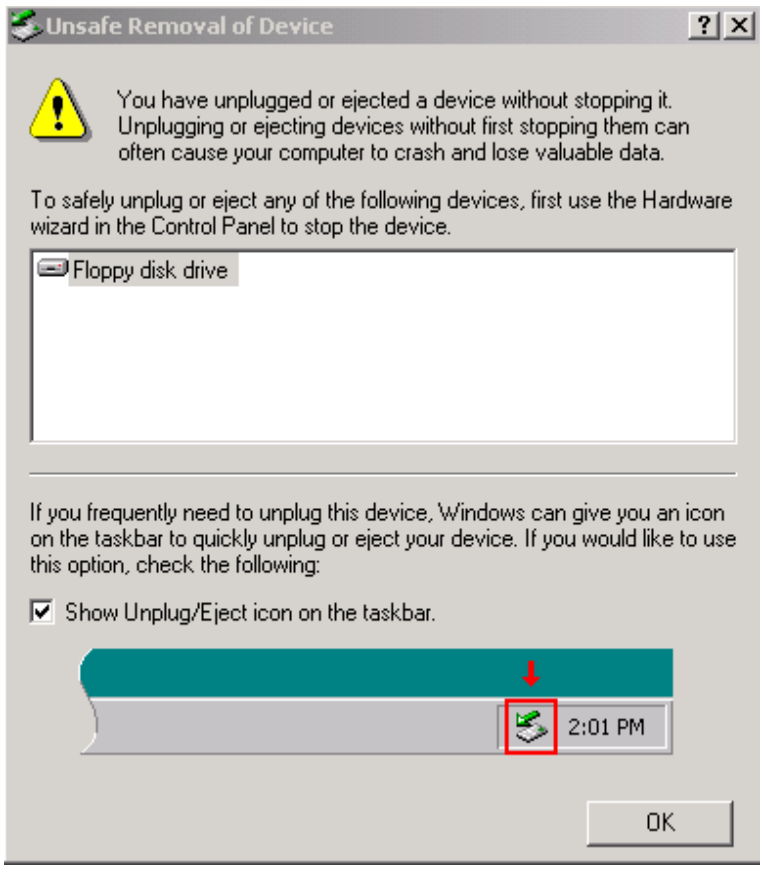
Connecting the External Module Bay

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

Topic	See Page
Applications on Your Laptop	E16
Guidelines for Creating a Good Password	E16
Helpful Hints for Creating a Good Password	E16
Expired Password	E17
Turning Your Laptop On	E17
Login Procedures	E17
Shutting Down Your Laptop	E19
A Brief Introduction to Windows	E20
Exploring the Desktop	E20
Starting a Program	E20
The Start Menu	E21
Using Keyboard Shortcuts	E22
Window Structure	E23
Menu Bar 1. Drop Down Menus 2. Submenus	E24
Tool Bar	E25
Scroll Bars	E26
Taskbar	E27
The Battery Icon	E27
Unplug or Eject Hardware Icon	E28
Closing a Program	E29

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.

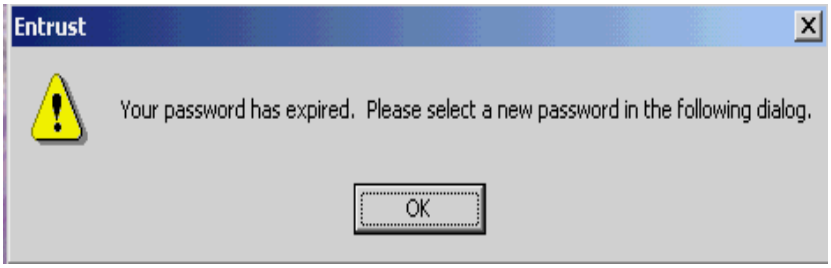
3. Pick a password that's easy to type one-handed. Use special characters that do not require the use of the shift key, such as - , =, [,], ; etc.

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.

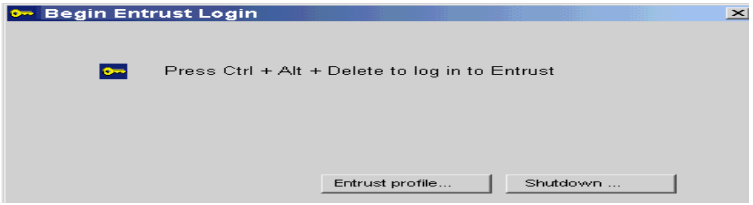
Refer to pages 2-4 thru 2-8 for further detailed instructions on changing your password in the Windows application.

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 able to do many of your tasks without logging in through Entrust.

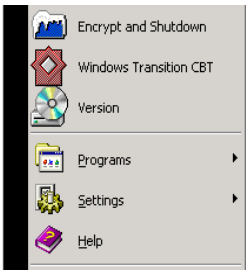
The login entry screen is case-sensitive: you must use uppercase, lowercase, or a combination, exactly the same way every time for your password. Your RO will provide your initial password.

Shutting Down Your Laptop

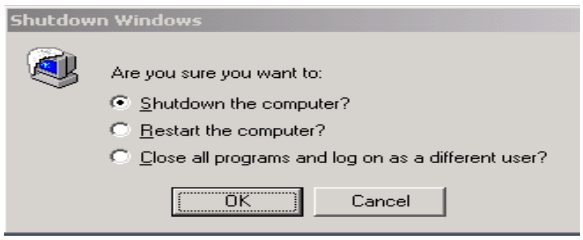
For security reasons, it is very important that you shut down your laptop properly when you are finished working.

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.

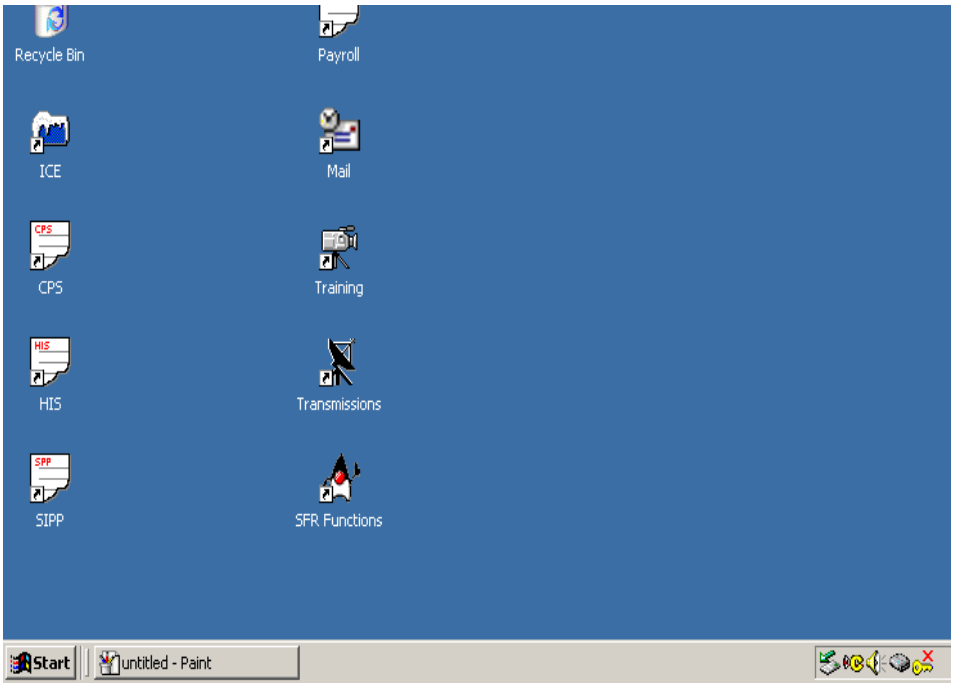
5. The option **Shutdown the Computer?** should be selected.

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.

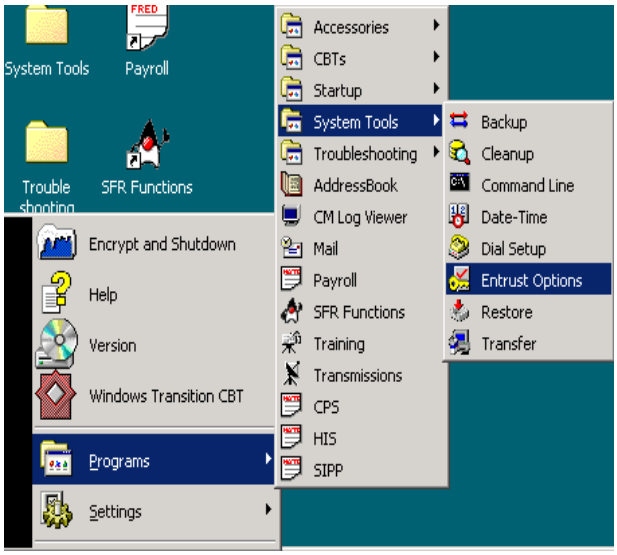
Starting a Program

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.



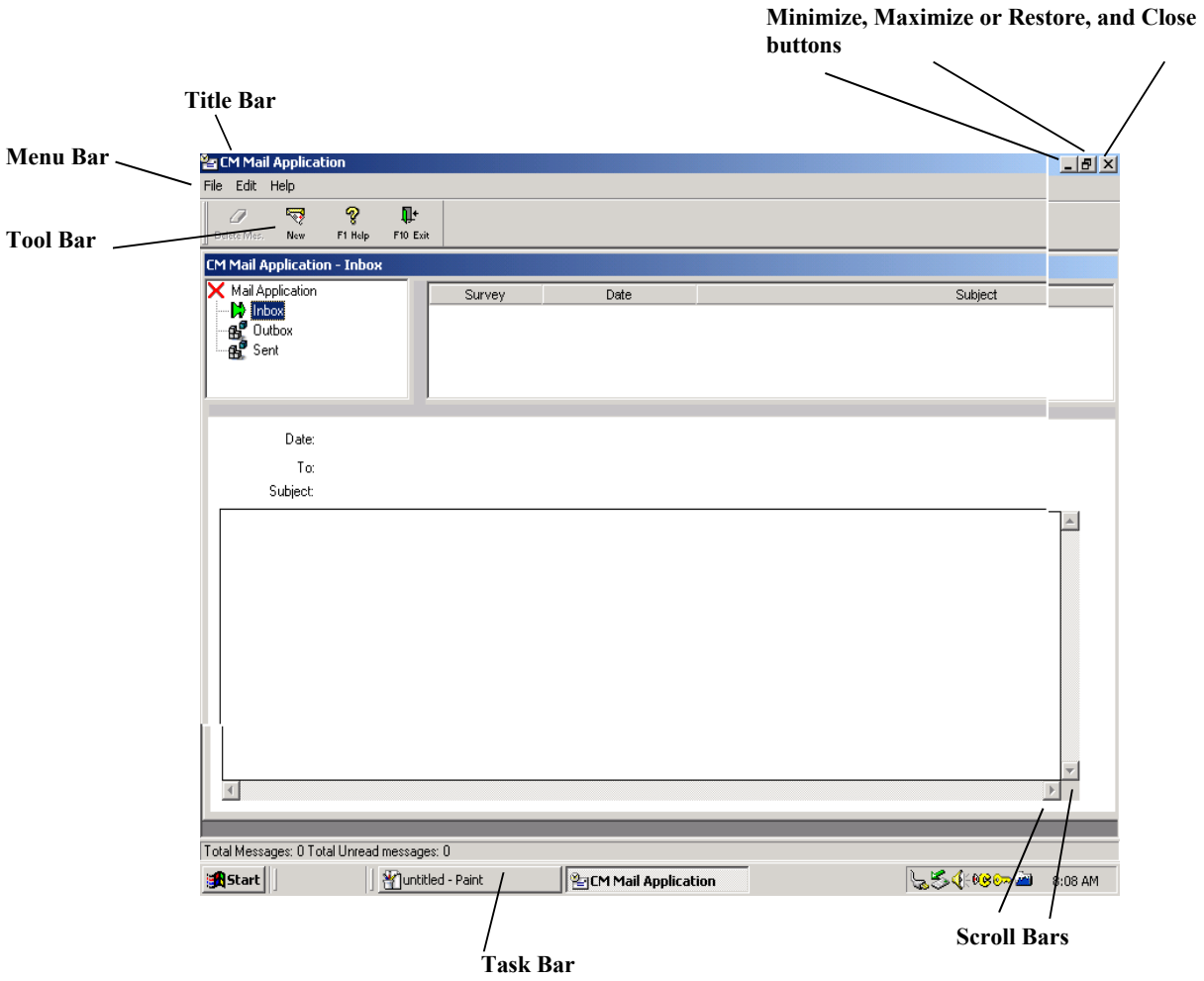
Using Keyboard Shortcuts

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:

Keystroke	Action
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	Cancels 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.

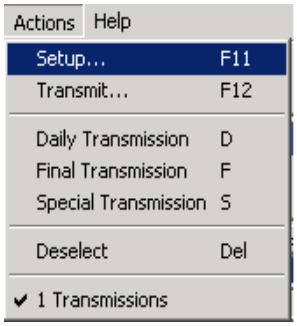
A. **Minimize Button** - Single-clicking on the Minimize button shrinks the window to a button on the Taskbar. To redisplay an application shown on the Task Bar, just click on it's name on the Taskbar.

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

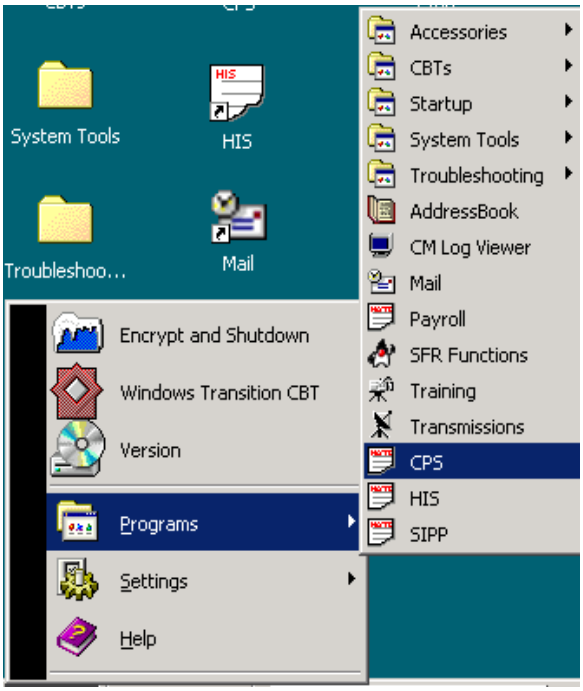
To access a drop down menu, click on it or press the Alt key and the underlined letter within the word. For example, to access the File menu, press Alt+F. A drop down menu appears showing the available options. To activate a menu item:

- 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.



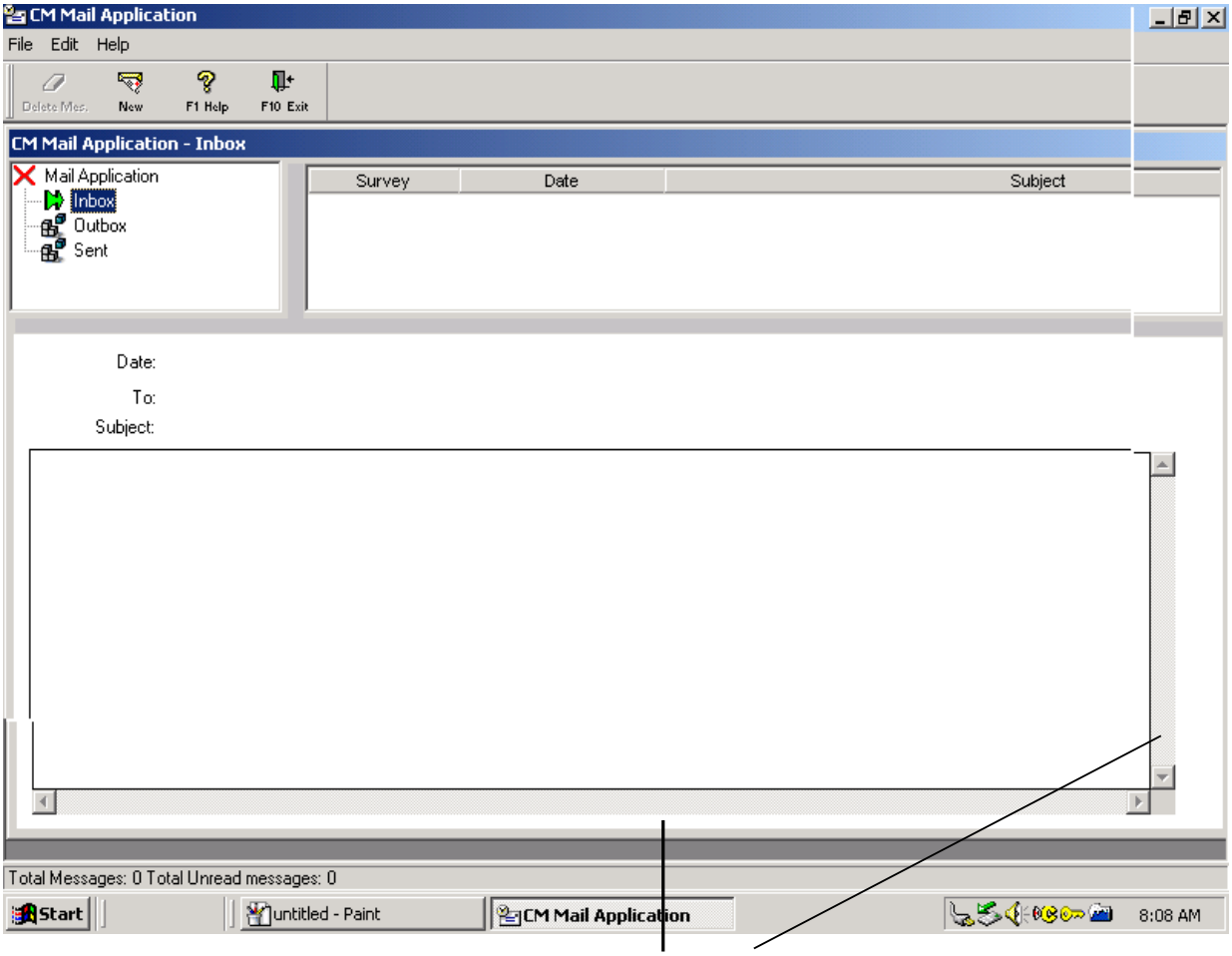
Tool Bar

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

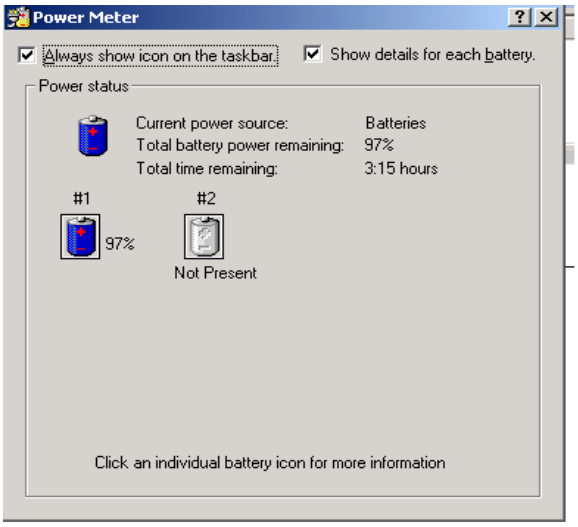
The Task Bar is located at the bottom of your screen (see below). It tells you what programs are currently running on your laptop. To switch between programs, click on the name of the program on the Task Bar, or use can also press Alt+Tab key to switch between open applications.

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

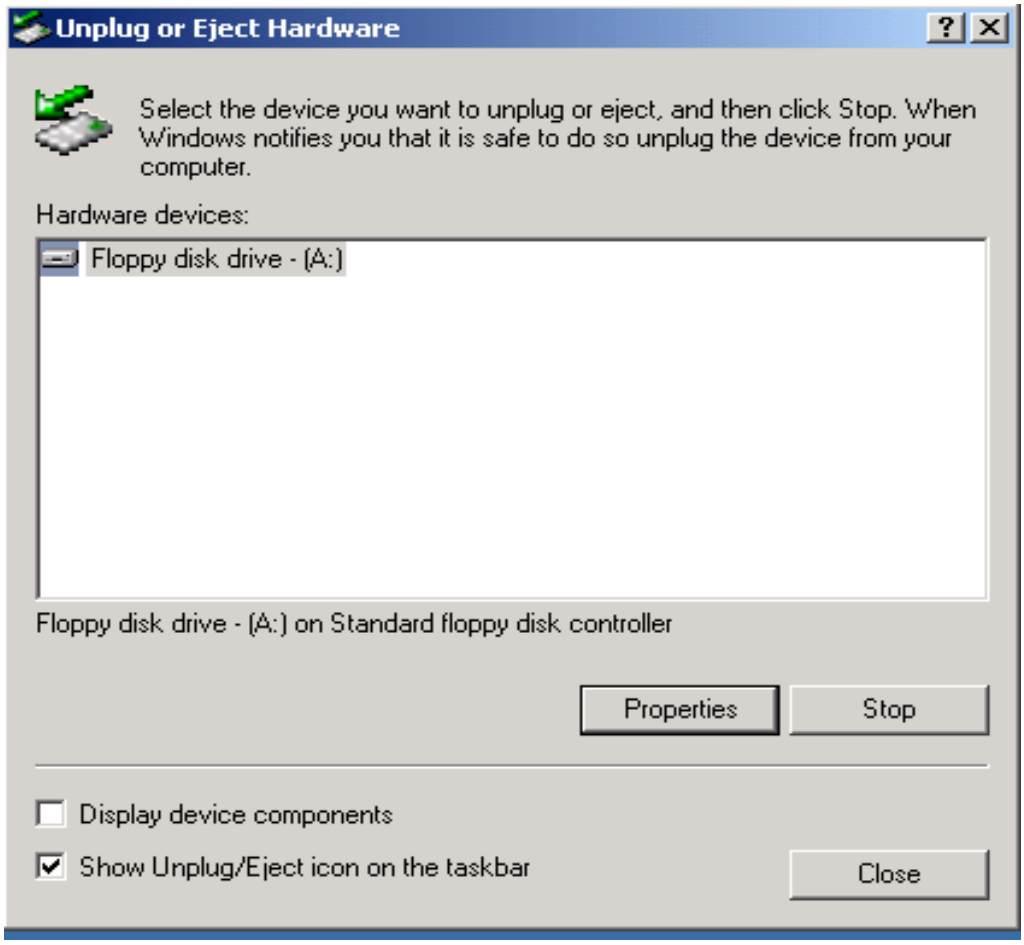
You need to know about two very important icons:

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 **E<u>x</u>it** option.

2. Or type Alt+F, then type **C** for the **<u>C</u>lose** 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

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Opening the System Tools	E31
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CleanUp Function	E34
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System Tools

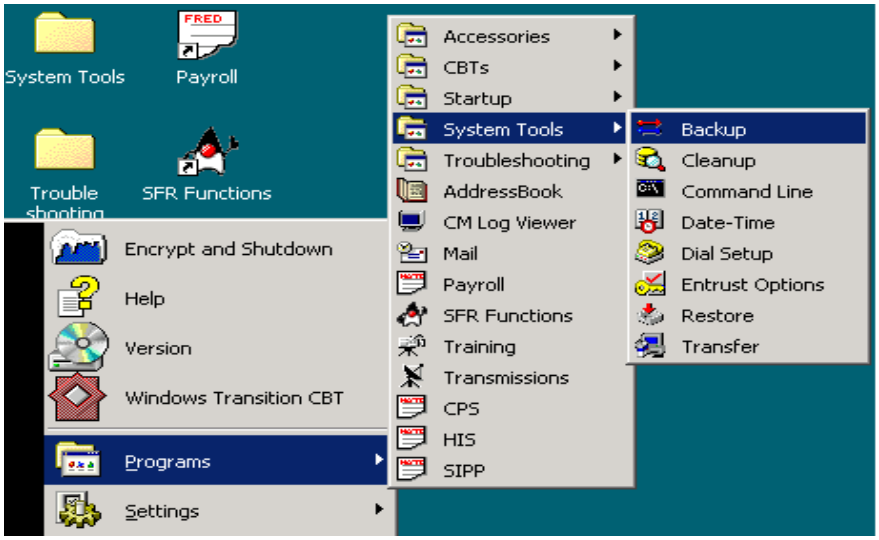
With the exception of the Backup, the System Tools contain many options you won't use regularly. However, these tools are extremely important to the job you have to do. The System Tools include:

- Backup
- Cleanup
- Command Line
- Date-Time
- Dial Setup
- Entrust Options
- Restore
- Transfer

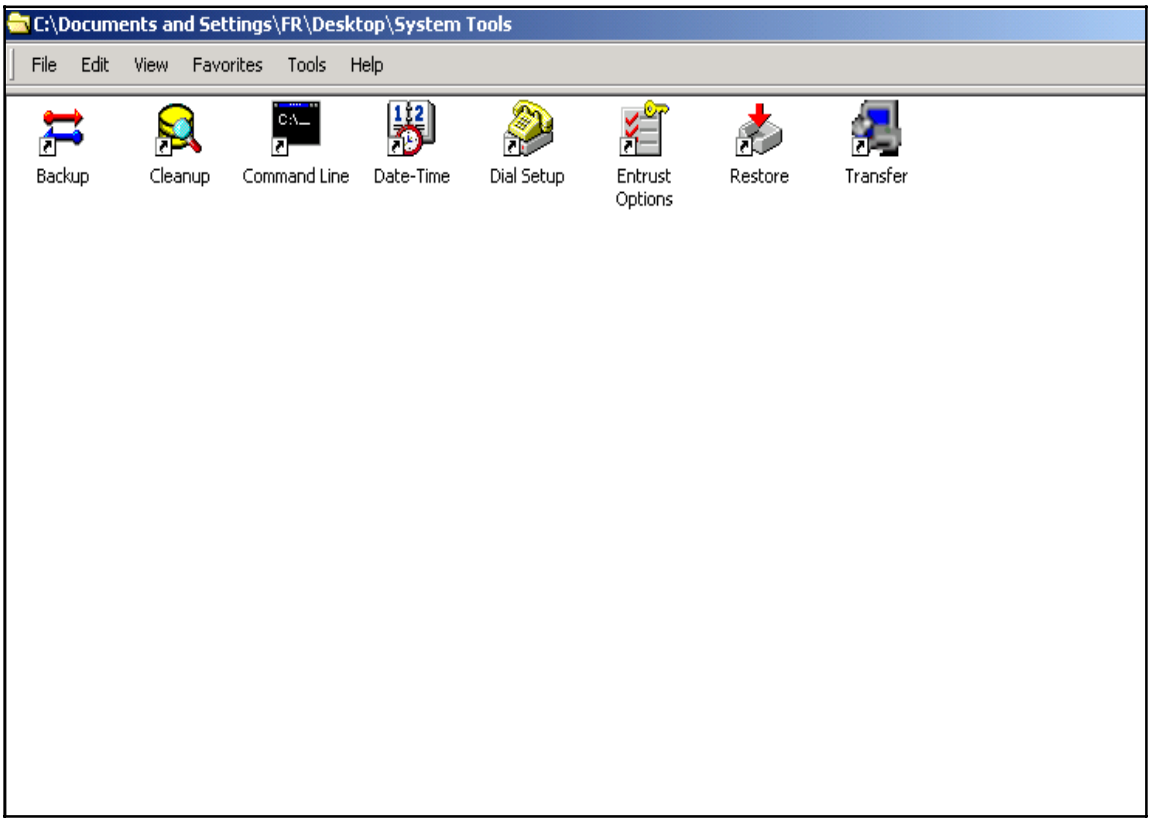
Opening the System Tools

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**.

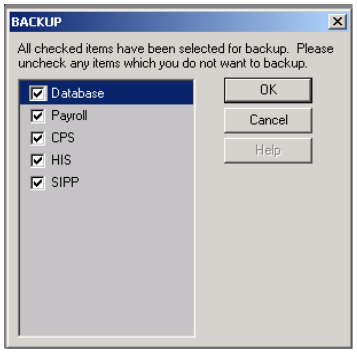


If you use the point-and-click method to open the **System Tools** folder from the Desktop, you will see the window shown below. From this window, select the function you need to use by double-clicking on that function's icon.



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).

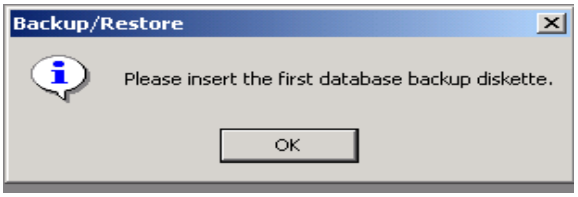


All of the surveys on your laptop are selected (checked) by default since the normal process is to back up all your surveys. Notice that there are also options to back up the database and payroll data. You should back up your Database, surveys, and payroll every day that you work.

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 the 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

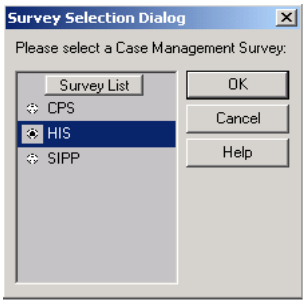
B. **Sector not found writing drive A:** You see this message when the disk you are using to backup is bad. Use a different disk.

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

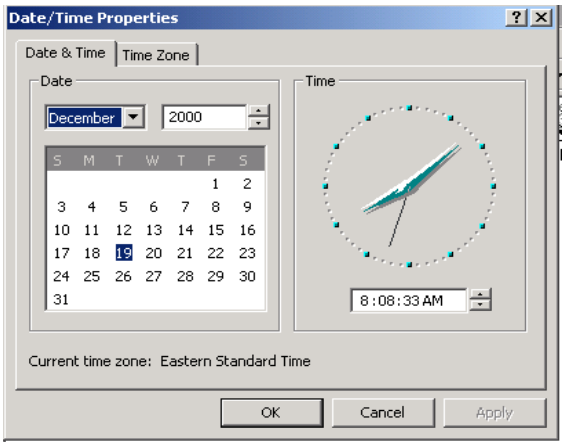
The Command Line option in System Tools replaces the DOS prompt on your old laptop and is used only for troubleshooting. You should never use the Command Line function unless your RO or someone from Headquarters provides specific instructions.

Setting the Date and Time

To reset the day and time:

1. 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.

2. 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 calender. 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 **Appl**y button is selected (small dotted line around the word), and then press **Enter** to apply your changes.

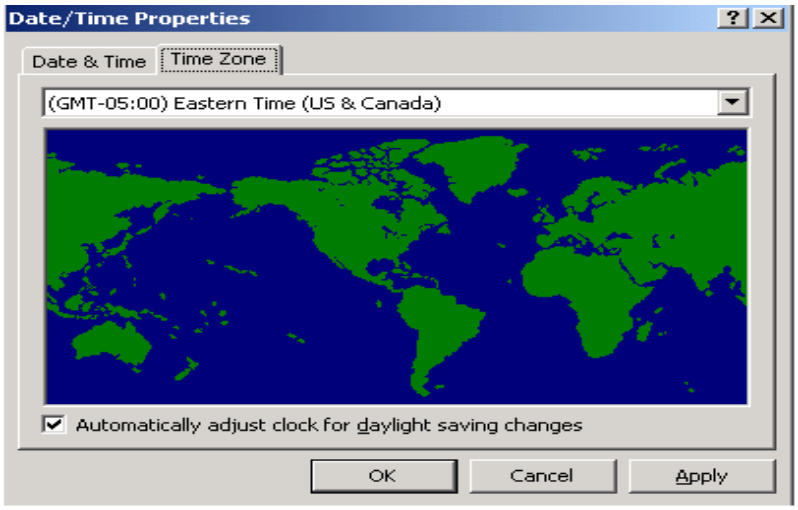
To set the correct time zone for where you live:

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 **Ente**r 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.

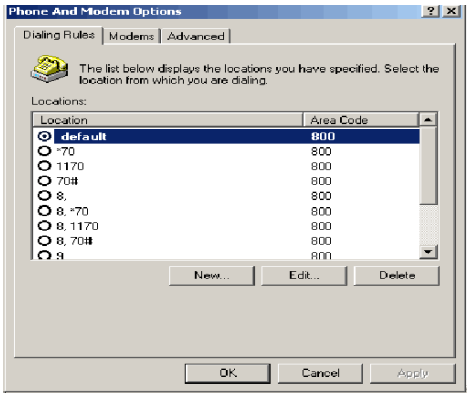
2. When you select the Dial Setup option, the **Phone and Modem Options** window appears. Use the up or down-arrow key and the spacebar to select the appropriate prefix(es) for your situation.

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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Creating a New Message	E43
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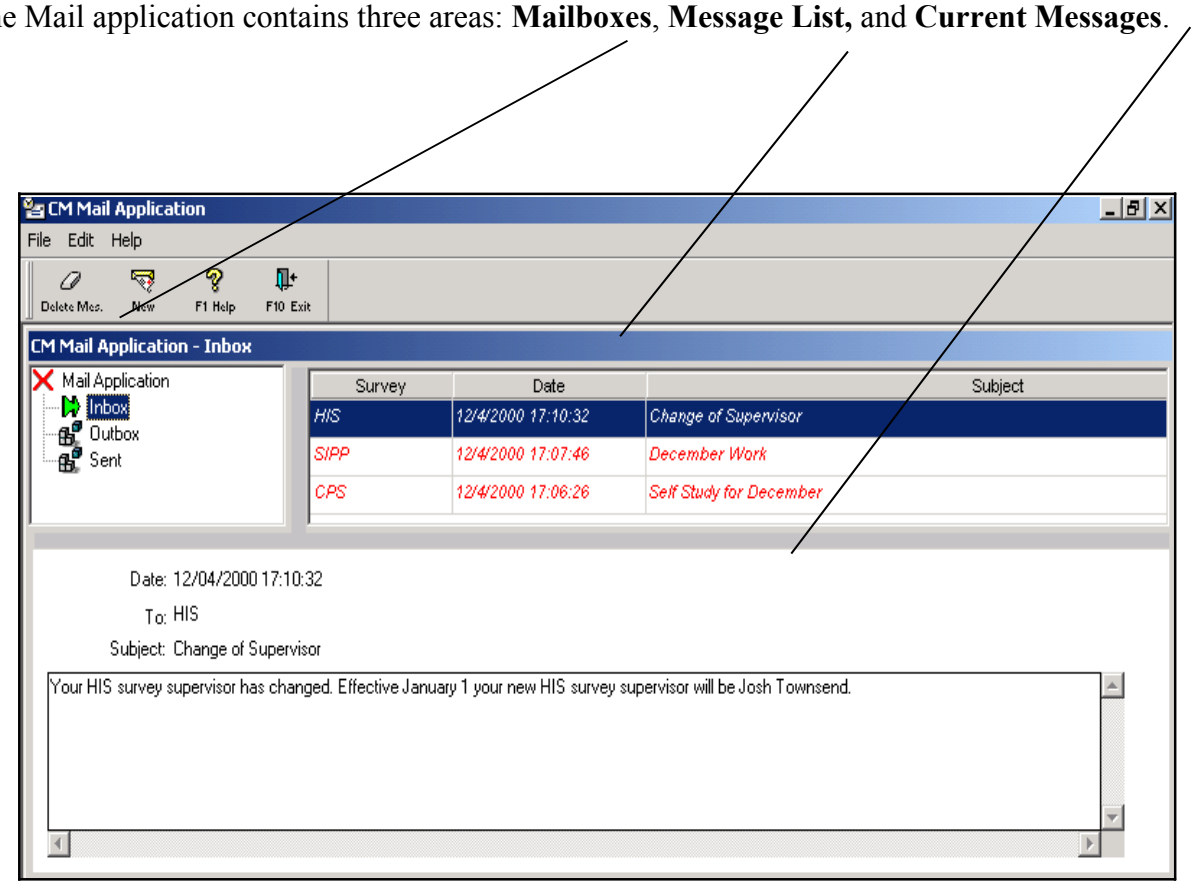
Mail

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.

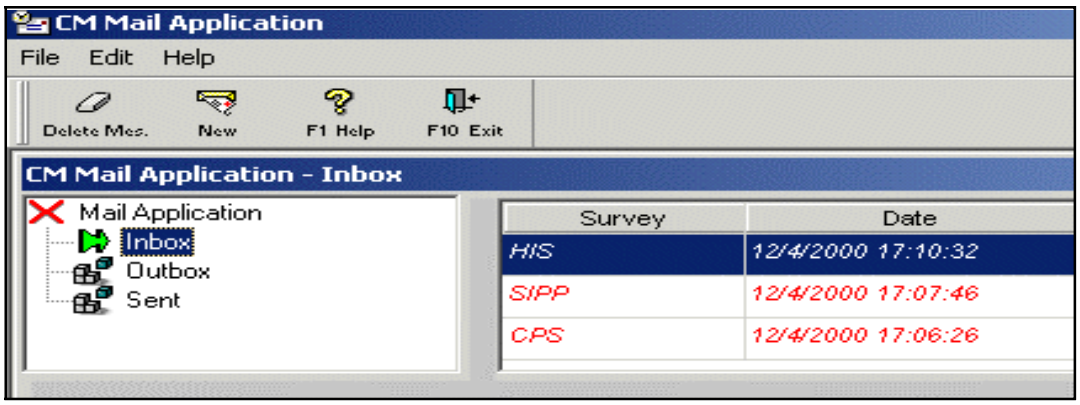
The Mail application contains three areas: **Mailboxes**, **Message List,** and **Current Messages**.



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.

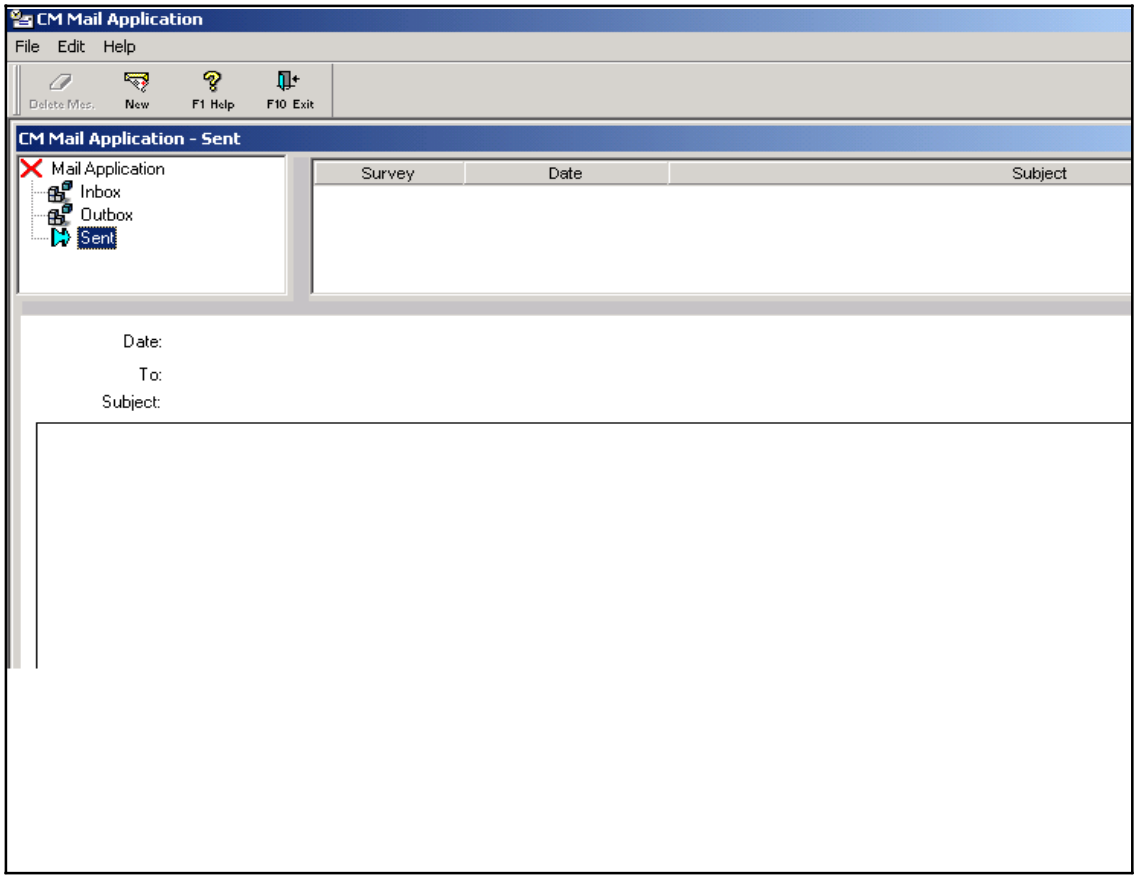
Notice that the name of the currently active mailbox is displayed in the **Title Bar** above the list of mailboxes. The **Inbox** holds the messages sent to you.



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 **Mailboxe**s 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.

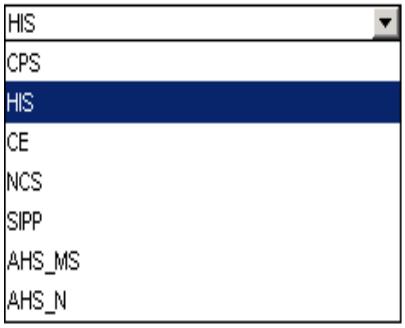
2. Press **F** to display the **File** drop-down menu.
3. Type **N** to display the **New Message** window (or press **Enter** since **New Message** is highlighted) and the window (shown below) will appear.

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:

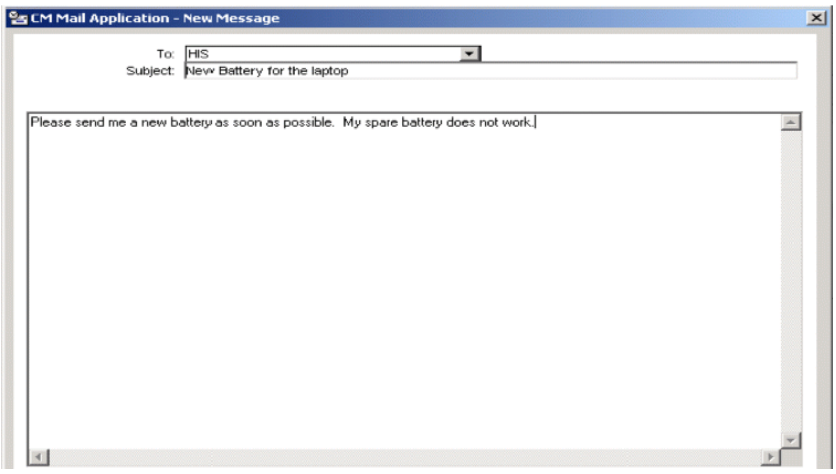
- The **To** field displays the recipient of the message.
- The **Subject** field is where you enter the topic of the message.
- The **Message** field is where you enter the message text.

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.

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.

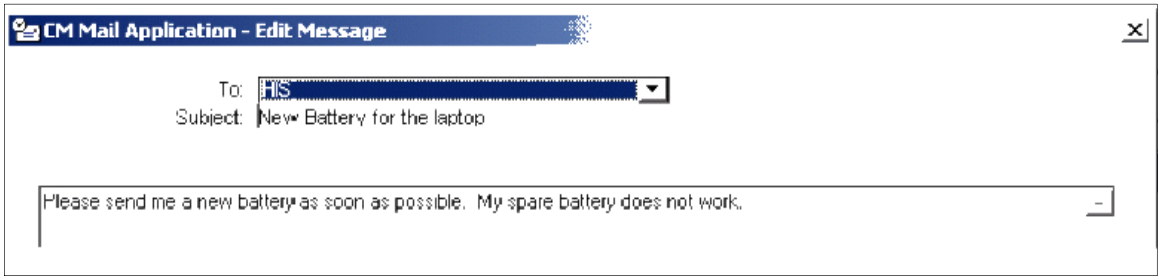
The saved message is stored in the **Outbox**. When you create a message, it stays in your **Outbox** until you send it or delete it. To send a message, you must make a transmission. Once mail messages have been transmitted, they will be moved to the **Sent** mailbox.

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.

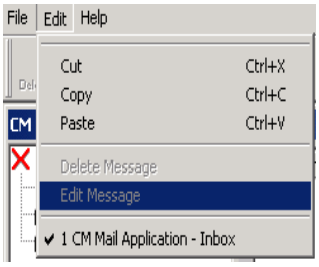
2. Select the **Outbox** mailbox, press the **Tab** key to go to the



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 **File, Edit**, and **Help**.

4. Type **E** for **Edit**.



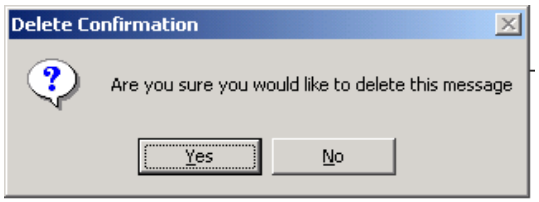
5. Type **E** again for **Edit Message**. The **Edit Message** window opens, with the fields filled with the data from the Current Message you selected. The **To** field is selected. You may change the information in any of the fields.

6. Press the **Tab** key to move from field to field. When you are finished, 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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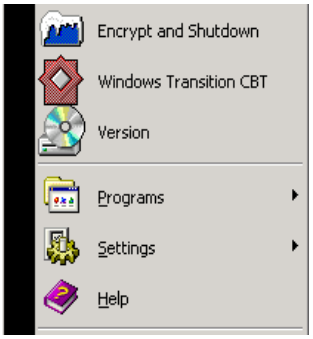
Accessing Case Management in Windows

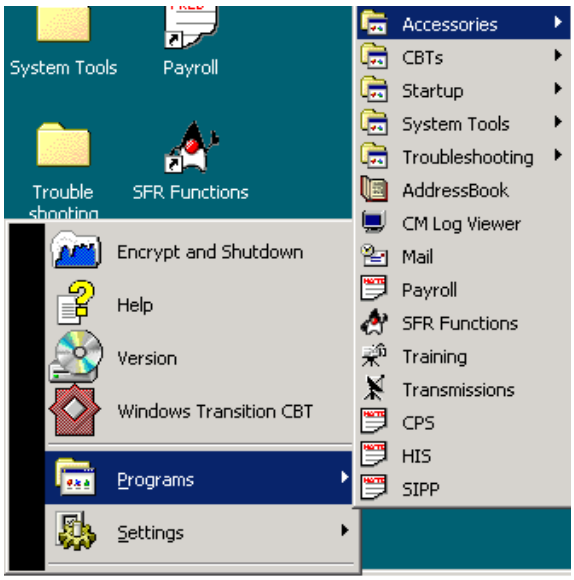
Now it is time to look at your survey case management. You can use the keyboard or the point-and-click method.

Opening Survey Case Managment Using the Keyboard

1. Press the **Windows** key to open the Start menu.



2. Type **P** to open the Programs submenu.



3. Type the first letter of the survey until the one you want is highlighted on the Program submenu, and then press **Enter** to open case management. If more than one item starts with the same letter, you may have to type the letter more than once.

Opening Survey Case Management Using the Point-and-Click Method

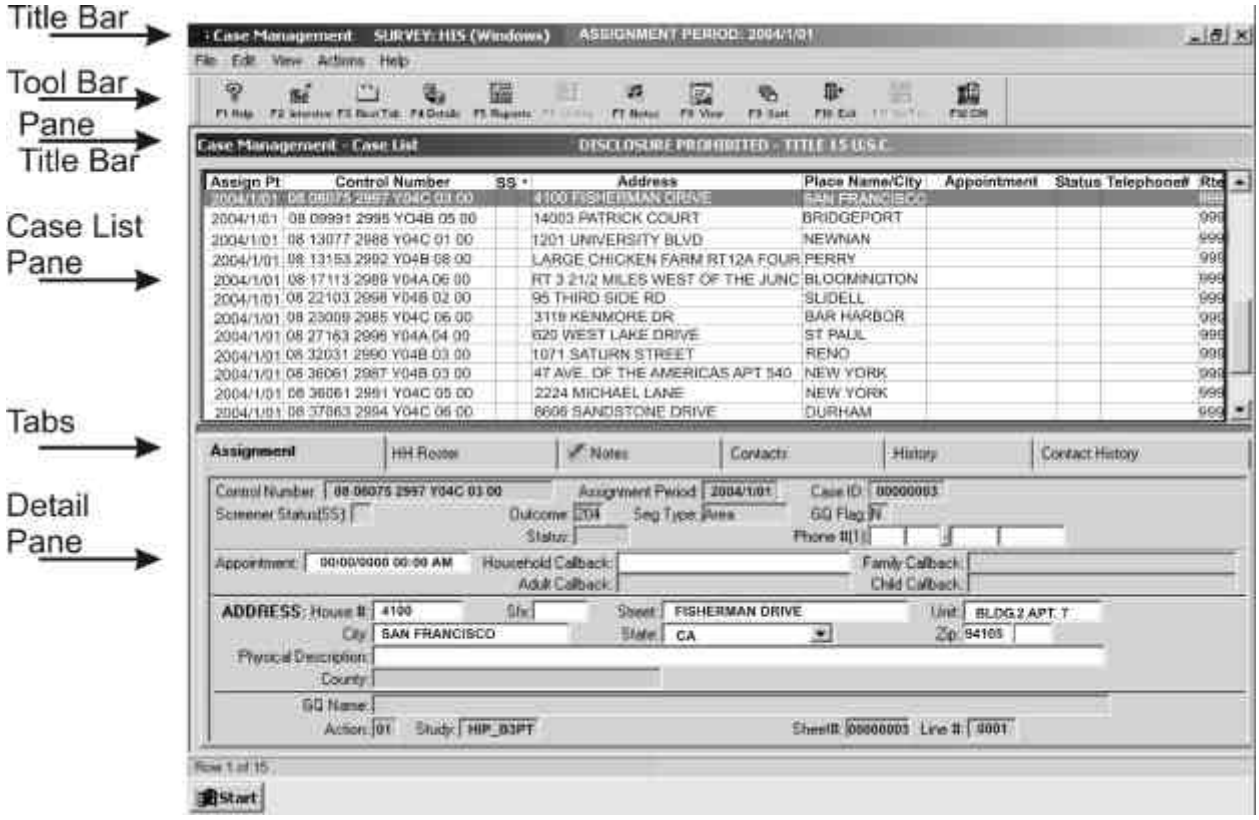
Move the pointer on top of the survey icon on the Desktop. Using either left click button, double click on the icon.

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.

Case Management Main Display



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

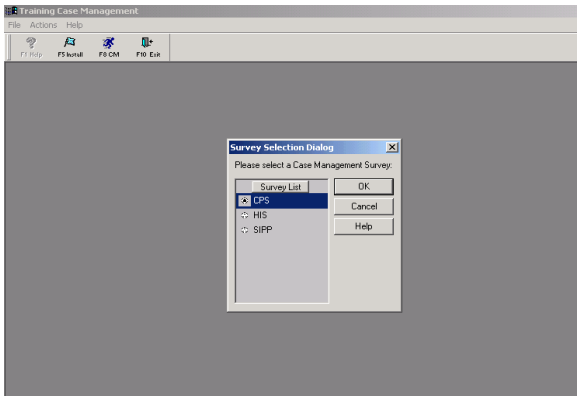
NOTE: The F1 through F12 keys perform different functions in the case management program than during an interview.

Training Case Management

Using Refresher Training

To access Training Case Management :

1. Turn on your computer and click on the Training icon.
2. At the Survey Selection Dialog screen, highlight HIS (Windows) and press Enter (or click OK using the mouse).



Pressing Enter at "HIS (Windows)" takes you to the Training Case Management screen. It is at this screen where you will install your training cases and go into Training Case Management.

Title Bar

At the very top of the screen in blue is the Title Bar. This area shows the title, Training Case Management.

Menu Bar

Just below the Title Bar is the *Menu Bar,* containing 3 menus. They are:

File
Actions
Help

Press the Alt Key, first

To toggle to the Menu Bar, you will first press one of the **Alt** keys, located to the left or to the right of the spacebar. Once you are on the Menu Bar, the first letter of each menu is underlined. Then you can simply enter the letter of the menu you wish to select. Or you can press the left and right arrow keys.

File

Press **F** to go to the File menu. The File menu is highlighted by default. When you press "F" or Enter a "drop-down" menu appears which reads Exit F10.

At this point you can press the "x" (notice that it is underlined) to go back to the Survey Selection Dialog Box, located on the previous screen.

There are 2 other ways to return to the Survey Selection Dialogue Box. You can press Enter or you can press F10. Press Enter and then press F10 to get out of the Menu Bar. You will have to press F10 again to exit back to the Survey Selection Dialog Box on the previous screen.

The "File" option is useful if you have chosen the wrong survey by mistake. It will return you to the Survey Selection Box where you can select the correct survey. Press "x" or press "Enter" now to go back to the Survey Selection Dialog Box on the previous screen.

Return to your Desktop Screen

If you wanted to return to your Desktop screen, you can do this in one of the 3 ways:

- Click on the "X" at the top right hand of the Selection box;
- Click on the "Cancel" button; or
- Press Alt+F4 at the same time

Now, in the Survey Selection Dialog box, the highlight is on HIS (Windows). Press "OK" or "Enter" to return to the Training Case Management screen. Then press one of the Alt keys to go back to the Menu Bar.

Actions

Let's look at the next menu, titled *Actions*.

The Actions button has a "drop-down" menu with the following options:

1. Install your Training cases. You can also do this by simply pressing Function key, F5.

2. Run your training cases either by pressing Enter on this option or by pressing Function key, F8.

Help

The third menu on the Menu Bar is Help. Pressing "H" on the Menu Bar brings up a "drop-down" list of help options about Training Case Management.

Now, let's take a close look at how to do these same activities by pressing a function key.

Tool Bar

Just below the Menu Bar is what we call the *Tool Bar*. The icons here are labeled "F1 Help;" "F5 Install;" "F8 CM;" and "F10 Exit" and are the shortcut function keys for doing the activities on the Menu Bar.

F5 Install

Pressing F5 will install your training cases. You can press F5 whenever you need to refresh your training cases.

F8 CM

Pressing F8 brings up your training cases and is your entrance into Case Management.

F10 Exit

F10 takes you back to the Survey Selection Dialog box.

Title Bar

The Title Bar shows the title of the survey and the assignment period. This area is informational only and has no function.

Menu Bar

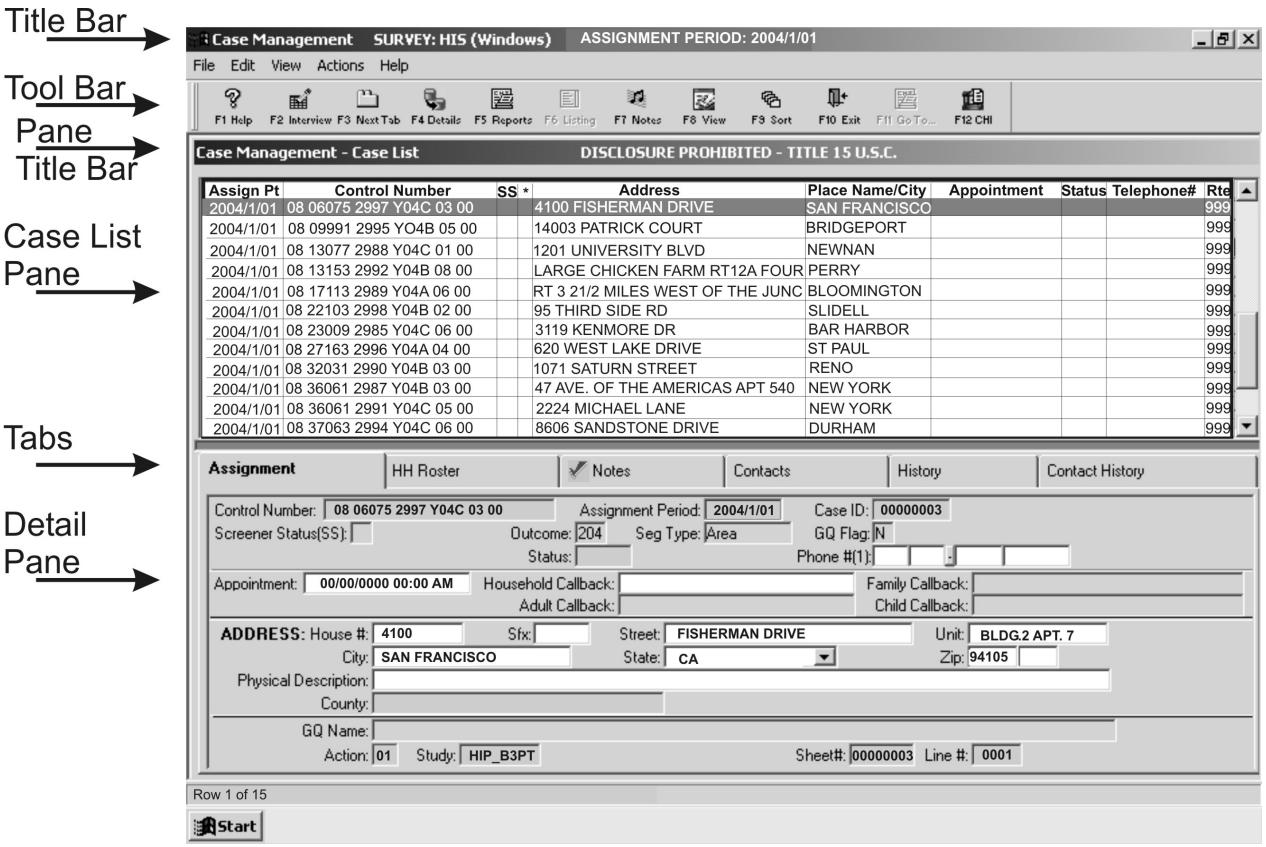
Look at the Menu Bar. There are some additional menus here. This Menu Bar works the same way as the Menu Bar on the previous screen (before you entered Case Management). You have to press one of the Alt keys first to toggle to it. Then press the underlined letter of the menu you want to enter or press the left and right arrow keys. The "drop-down" list for each menu contains different options than you saw before you entered Case Management. Press "Alt" to toggle to the Menu Bar, and then press the left arrow to each menu and see what options it offers.

The Pane Title Bar

The Pane Title Bar is located directly under the Tool Bar. This area identifies which pane is active (Case List or Details) and contains the confidentiality reminder.

The Case List Pane

Below is an illustration of the NHIS Case List screen.



All of your active cases are listed in the case list pane, and information for the highlighted case is listed in the Detail Pane.

Your list of cases is located in what we call the Case List Pane. Scroll through your list of cases by pressing the up and down arrows.

As you scroll through the list of cases (in the Case List Pane), the information in the Detail Pane (located in the bottom half of the Case List screen) will change to reflect the case that is currently highlighted. Note how the information in the Detail Pane changes.

As you have probably noticed, the information displayed in the Case List Pane is very similar to the type of information you have seen in your DOS case list.

The Case List Pane, Continued

You have the control number, address, appointments, and telephone numbers, just to name a few components.

Asterisk

Assign Pt	Control Number	SS *	Address	Place Name/City	Appointment	Status	Telephone#	Rte
2004/1/01	08 08075 2987 Y04C 03 00		4100 FISHERMAN DRIVE	SAN FRANCISCO				999
2004/1/01	08 09991 2995 Y04B 05 00		14003 PATRICK COURT	BRIDGEPORT				999
2004/1/01	08 13077 2988 Y04C 01 00		1201 UNIVERSITY BLVD	NEWNAN				999
2004/1/01	08 13153 2992 Y04B 08 00		LARGE CHICKEN FARM RT12A FOUR	PERRY				999
2004/1/01	08 17113 2989 Y03A 06 00		RT 3 21/2 MILES WEST OF THE JUNC	BLOOMINGTON				999
2004/1/01	08 22103 2998 Y04B 02 00		95 THIRD SIDE RD	SLIDELL				999
2004/1/01	08 23009 2985 Y03C 06 00		3119 KENMORE DR	BAR HARBOR				999
2004/1/01	08 27163 2996 Y04A 04 00		620 WEST LAKE DRIVE	ST PAUL				999
2004/1/01	08 32031 2990 Y04B 03 00		1071 SATURN STREET	RENO				999
2004/1/01	08 36061 2987 Y04B 03 00		47 AVE. OF THE AMERICAS APT 540	NEW YORK				999
2004/1/01	08 36061 2991 Y04C 05 00		2224 MICHAEL LANE	NEW YORK				999
2004/1/01	08 37063 2994 Y04C 06 00		8606 SANDSTONE DRIVE	DURHAM				999

Asterisk (*)

Notice the asterisk **(*)** in the column next to the column labeled "SS."

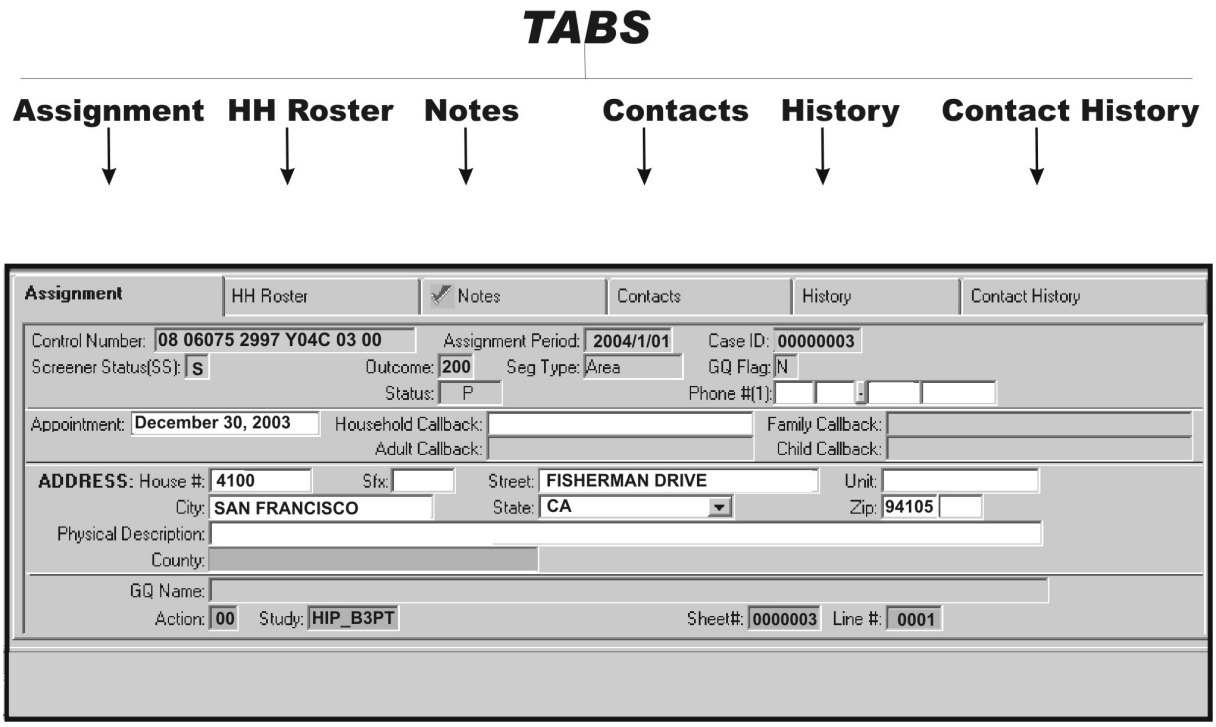
If there is something special about one or more of your cases, Case Management flags that case with an asterisk in the Case List Pane. Then there will be one or more small icons in the upper-right corner of each tab in the Details Pane.

You can access "Help" to get more information on these icons. Please press F1, located in the upper left-hand corner of the keyboard. We need to be on the Index tab. If you are not already there, press "Alt," then the letter "n" (notice that the "n" in "Index" is underlined) to bring up the list of indexed topics.

Rte

One new component on the Case List you will notice is the last column, "Route." Route is a function that will be used to prioritize cases. The entry of "999" that you see for all of your cases is the default setting for Route. Press F1. In the space labeled "Type in the keyword to find," type the word "Route" and press Enter.

The Detail Pane Notice that there are six tabs on the Detail Pane.



Assignment The Assignment tab (which is highlighted by default) shows you information about the highlighted case similar to what you've seen in the past when looking at the full display (formerly the F3 key). On this tab, you will be able to edit information about a highlighted case.

HH Roster The HH Roster tab will show the names of the household members after you have interviewed the household.

Notes The Notes tab will show you the notes regarding a case.

Contacts The Contacts tab displays the name, address, and a telephone number of a relative or friend who would know where the family could be reached in the event that the family moves. This information will appear once you have conducted the interview.

History

If you have made changes in the household's address information, the History tab will display the household's previous address information.

The History tab also records the outcome and action codes for an opened case and the date and time of each instance you entered the instrument.

Contact History

Pressing the Contact History tab brings up a cumulative history of contact attempts for the highlighted case. This information comes from the Contact History Instrument, which is a short series of questions that come up through an auto launch mechanism just after you exit the case or when you press F12 on the Case List tool bar. The CHI provides a way for you to keep an organizedhistory of your contacts and what you have done with your interview or your attempts to contact the household.

The Tool Bar

Now, let's take a closer look at each of the function keys, located on the Tool Bar (at the top of your screen).

F1

The F1 key is the "Help" key. By pressing this key, the laptop provides an alphabetical index of topics about Case Management-related topics. There are three ways you can look up information as noted on the tabs on the upper left-hand side of the window. They are:

1.) Contents (which provides a general list of topics);

2.) Index (which is the default setting and provides a comprehensive list of topics in alphabetical order);

3.) Search (where you would type in the keyword in the space provided to bring up the specific topic).

To move from one tab to another, first press the "Alt" key. Then press the underlined letter of the tab. Remember, to close the help screen, click on the "X," located in the upper left-hand corner of the help window or press Alt-F4.

F2 - Interview

You are already familiar with the F2 key, which brings up the interview for the highlighted case.

F3-Next Tab

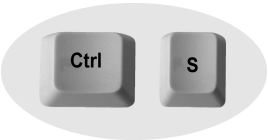
You already read about the different tabs within the Detail Pane. Pressing F3 takes you from one tab to the next for a highlighted case.

F4 - Detail/Case Lists

The F4 key allows you to switch your focus between the Case List Pane and the Detail Pane. Depending on where you are, the Pane Title Bar (located directly under the Tool Bar) will read either "Case List" or "Details." If you are in the Case List Pane, pressing F4 will send you to the Detail Pane where one of the tabs will be highlighted in red.

If you make any changes on the Assignment tab in the Detail Pane, you must save those changes before returning to the Case List Pane. Only then will the change appear in the Case List Pane.

Ctrl-S



Ctrl-S is the shortcut stroke for saving changes you make in the Assignment tab. You can also press the Alt key to go to the Menu Bar and press Enter on the "File" menu. Then arrow down to "Save" and press Enter.

If you make any changes before saving them and you press F10 to exit Case Management or F2 to open the case, you will get a message asking if you want to save your changes.

Tab

To move around to the various fields, you would press the Tab button, located on the left-hand side of the keyboard. Note that if you tab through the last field in the Assignment tab, it will send you to the Case List Pane.

F5 - Reports

Before you enter Case Management, F5 installs your training cases. Once you've entered Case Management, F5 takes on a different function.

By accessing the F5 function key in Case Management, you will be able to view various reports that will help you check the status of your overall assignment.

Some of the types of reports you will be able to see are counts of your cases (all complete interviews, all Type As, etc.), response rates, and so on.

F6 - Listing

The F6 key icon is "grayed out" and you will not be using this key for NHIS.

F7 - Notes

The F7 key works the same way as F7 in CASES. However, in Blaise, you no longer have the note length limitation that you did in CASES instruments. You can now write as much as you want in your notes. You also do not have to enter "N" like in CASES.

F8 - View

The F8 key retains its "view" function in Blaise, and allows you to look at your cases in a variety of ways, such as those you have not opened, those you have already interviewed, etc. Press F8 now to see the different categories. At this time, there are no records available for you to view. Press "OK" or "Enter" to leave the screen.

F9 - Sort

The F9 key is used for organizing your work by sorting your cases in a different order, according to any column heading or any field within the detail pane.

With the F9 key, you can do a mutiple-field sort. Your laptop will remember your new sort order, so you won't have to reset it each time you open your Case List.

When you press F9, the "Sort - Option" box appears, which gives you the options to either "Specify new sort" or "Restore default sort."

Selecting "Specify new sort" brings up an alphabetized list of columns available for sorting.

F9-Sort, Continued

Notice that in the right-hand column, the default sort is by assignment period (assign_pd) and by control number (control_number). The sort is in ascending order as noted in the shaded area just above the check boxes.

If you want the cases sorted from high to low for that column, highlight it and press the spacebar to uncheck the ascending box. Highlight the control_number and press the spacebar to remove the checkmark. Then click OK or press Enter to see the descending sort by control number.

(Note: If the cursor is not in the "Sort Columns," move it to the right side of the window and click anywhere in that space.)

Changing the sort involves dragging the columns on the left-hand side under "Columns Available for Sorting" to the "Sort Columns" on the right-hand side. You can also drag the sort column from the left-hand column to the right.

Now, there is an easier way to move the columns from left to right and vice versa - and that is with using Ctrl-S. Please press the Tab key to move to the "Help" button, located in the bottom of the "Sort - Specify New Sort" window to access "Help." Press Enter when the "Help" button is highlighted and read the topic, "Setting a New Sort."

(Note: To begin moving the scroll bar in the help window, click anywhere inside this window, then click on the down arrow on the scroll bar.)

When you have completed your reading, close "Help" by clicking on the "X," or by pressing **Alt-F4.**

When you sort by clicking on the column heading, only that column can control the sorting. Remember, the first time you click the column heading, the cases will sort from low to high (ascending order). Clicking that column again will sort them from high to low (descending order

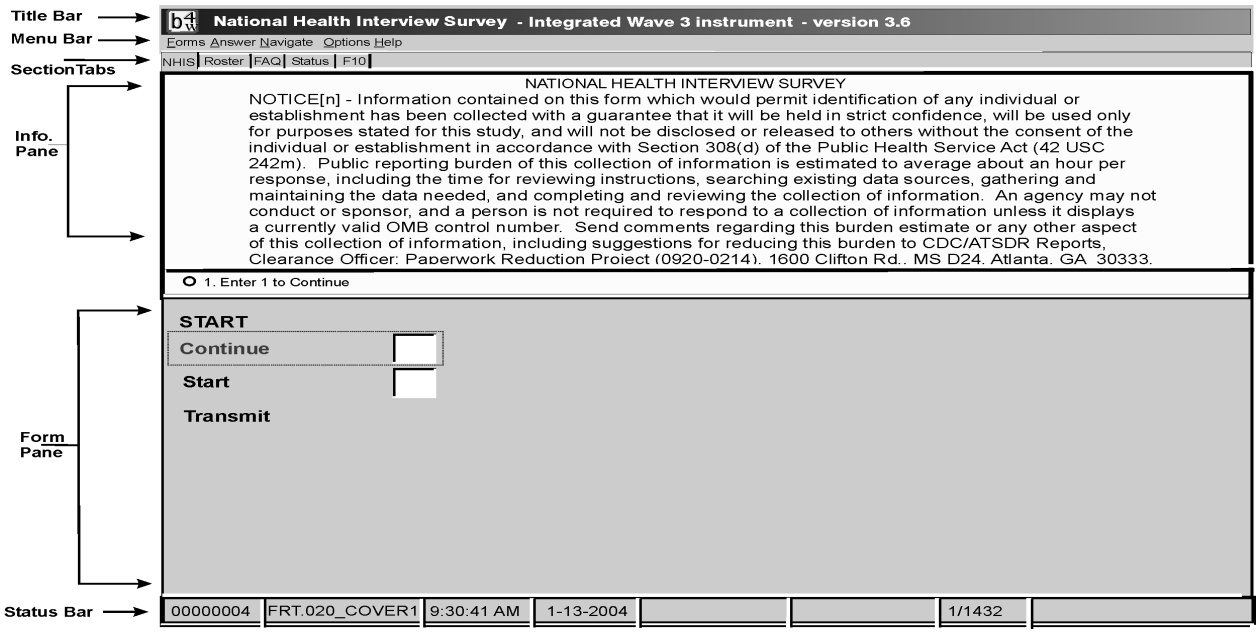
F10 - Exit	Use the F10 function key to exit Case Management.
F11 - Go to…	The F11 key icon is "grayed out" and you will not be using this key for NHIS.
F12 - CHI	Use the F12 function key to enter the Contact History Instrument.

The NHIS Instrument Keys

Now lets take a look at the keys within the NHIS instrument.

COVER1

The "COVER1" screen is the first screen you see within the NHIS instrument. Let's look at the components of this screen.



Menu Bar

Like the Case Management screens, the Menu Bar is located just under the Title Bar. It contains five menus: **Forms, Answer, Navigate, Options, and Help**. Each menu contains a "drop-down" list of options that will help you navigate, enter data, and access help throughout the NHIS instrument. To go to the Menu Bar, first press the Alt key and then press the first letter of the menu as you did on the Case Management Menu Bars. Or simply press the left and right arrow keys after pressing Alt.

When the "drop-down" list opens, you then press the up and down arrow keys to navigate through the list. At this point, some of the options on the list may be grayed-out, either because they are not used in the NHIS or because they are not applicable on this particular screen.

Section tabs

Located just under the Tool Bar are the Section tabs. The tabs are a convenient way to jump to parallel blocks in the instrument. A parallel block is a group of related questions in the instrument, such as the **Frequently Asked Questions.**

NHIS

The first tab is called NHIS and is highlighted by default once you've entered the Menu Bar. This is the main level of the instrument. Whenever you leave the main level of the instrument (for example, to bring up the FAQs, to see the Status of the interview, to exit the case, etc), you can press the NHIS tab (or press the F8 key) to get back to the main level of the instrument; that is, where you left off in the interview.

Roster

Clicking on the Roster tab will bring up the household roster. You can also press Shift-F1 or press F4 and arrow down to Household Roster Display and then press Enter. To come out of the Roster, enter 1 to continue (or press F8 to return to the interview).

FAQ

Clicking on the FAQ tab will bring up the "Frequently Asked Questions?." You can also press Shift-F2 or press F4, arrow down to Frequently Asked Questions, and then press Enter. Follow the screen instructions for exiting the FAQs or press F8 to return to the interview.

Status

Clicking on the Status tab will bring up a screen displaying the status of each section of the instrument. You can also press F5 or press F4, arrow down to "Interview Status/Progress, and then press Enter. To return to the interview, Enter 1 or press F8.

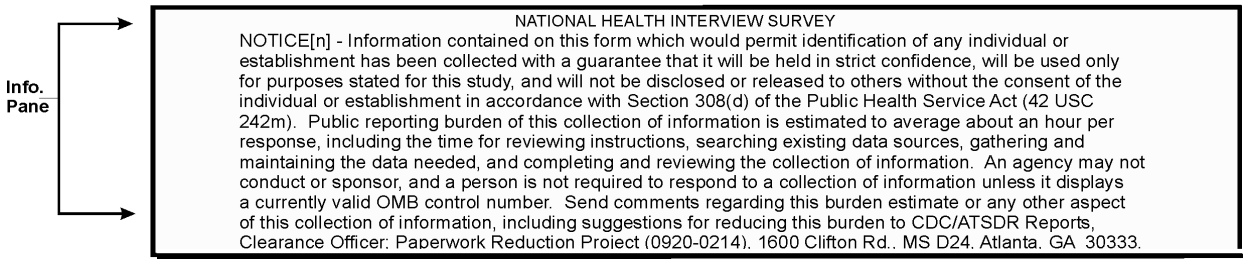
F10

Clicking on the F10 tab will take you to the back of the instrument to the "FIN" screen to exit the case. Click on the NHIS tab or press F8 to return to the "COVER1"screen.

Info Pane

Just below the section tabs is the Info Pane. The panes are simply different areas of the screen. Each pane is surrounded by a border.

The survey questions, FR instructions, and other survey information appear in the Info Pane, which is the light yellow part of the screen.

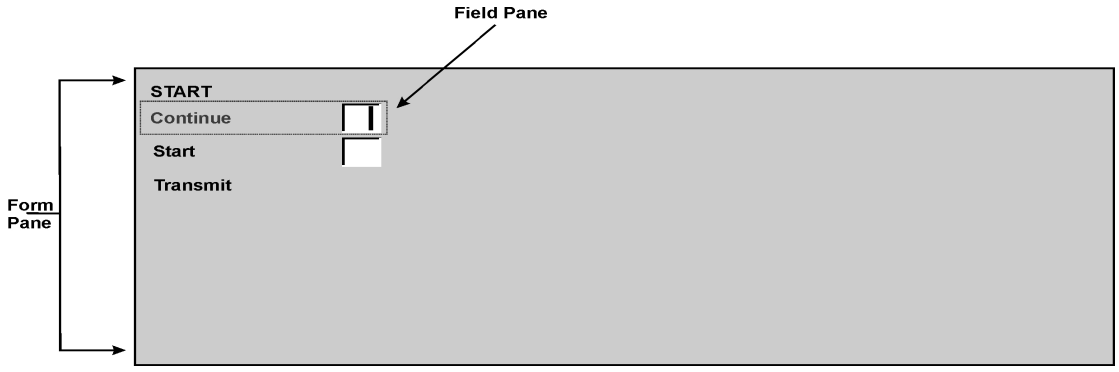


Answer Pane

There is also an Answer Pane for most questions. The Answer Pane for the "COVER1" screen displays the instruction, "Enter 1 to Continue." There are different types of answers located in the Answer Pane for other screens (for example, pre-defined answer codes such as "1.Yes" and "2. No").

Form Pane

The Form Pane is located just below the Answer Pane, (or sometimes the Info Pane) and is the light gray part of the screen. It displays the entries that you make in the instrument.



Field Pane

You will also see that the cursor is located in the blank space called the Field Pane for the phrases, words, or statements that you enter. (See the illustration of the Field Pane within the Form Pane on page 69.)

Status Bar

The Status Bar is the last row of the screen and gives information about the case you are interviewing, such as the case ID, the variable name (which is similar to the screen name you were used to seeing in CASES), the current time and current date.

PART E
SECTION 7
PAYROLL

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Opening the Payroll Application Using Point and Click Method	E71
Closing the Payroll Application	E71

Payroll

Opening the Payroll Application Using the Keyboard:

1. Press the **Windows** key.
2. Type **P** for **Programs**.
3. 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
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You Receive a Non-System Disk Error Message	E77
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The AC Adapter Works Correctly But the Battery	E78
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Volume is too loud or too soft	E80

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:

1. 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.

2. 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 appearx 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 you 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

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ERROR DBCMD/2001 Workarea not in use: DBGOBOTTOM

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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

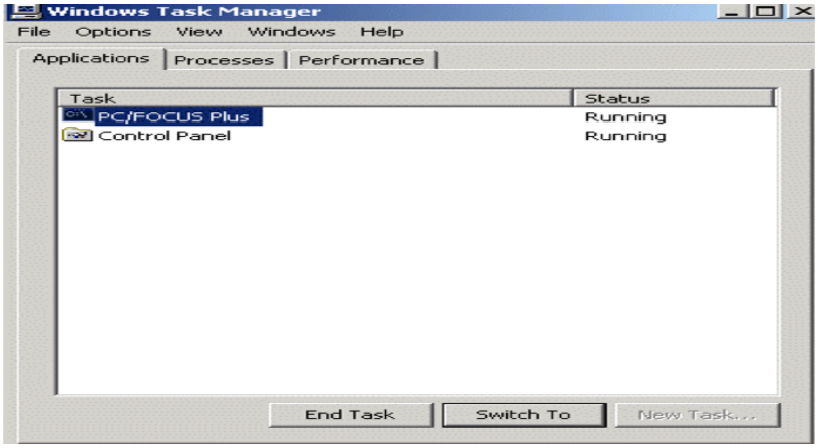
Means you have tried to open a survey case management that is already open. Press the Enter key to select Quit then look on the Task Bar (at the bottom of the desktop) and look for the name of the survey you want to open. Single-click on it to bring up the case management or press the Alt key and the 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.

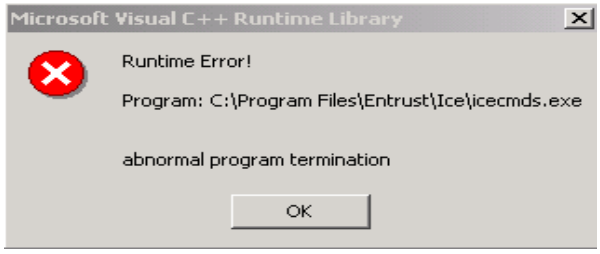
E. Shutdown the laptop if the system still is not responding.

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. Rrestart 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.

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
290	Spawned in error