

FAMILY CORE

Section I--FAMILY RELATIONSHIPS and VERIFICATION OF DEMOGRAPHIC INFORMATION

FID.020

FR: ENTER THE FAMILY NUMBER OF THE FAMILY YOU WISH TO INTERVIEW.

>FAMINT< Family number: _____ (Go to FID.030)
(N) No one is available to interview now. (Go to FID.035)

FID.030 **[If one person family]**

FR: READ IF NECESSARY:
I would like to speak with {you/name}. {Are/Is} {you/he/she} available?
[If multi-person family]

FR: READ IF NECESSARY:
I would like to speak with someone in this family, preferably an adult who is knowledgeable about the family's health, to complete the interview for their family. Is **{READ NAMES FROM ROSTER}** available?

>FAMNEW< (1) Yes, continue with Family section. (FID.045)
(2) No, arrange a callback (FID.035)

FID.035

>ARRANGE1< I need to call back to finish this family's interview.
What date and time would be best?

**FR: TODAY IS {day and date in words}. ENTER CALLBACK DATE AND TIME,
OR ENTER (A) FOR ANYDAY/ANYTIME,
OR ENTER (N) IF CALLBACK BEFORE CLOSEOUT IS NOT POSSIBLE.**

Check item: If a callback cannot be arranged at FID.035, go to FID.040; Else go to FID.020.

FID.040

>FAMNON1< **FR: SPECIFY WHY THIS FAMILY'S INTERVIEW CANNOT BE COMPLETED BEFORE CLOSOUT.**

(Go to FIDCCI1)

FID.045

>RELRESP1< **FR: ENTER THE LINE NUMBER OF THE PERSON YOU ARE SPEAKING TO.**
[Enter Person #] []

Check item: If RELRESP1 is 14-17 years old go to RELRESP2; Else go to FID.050.

You have selected a person less than 18 years old.
Is this correct?

>RELRESP2< (1) Yes, accept this person (FID.050)
(2) No, select another person (FID.045--RELSRESP1)

FID.050

>FAMREF< **FR: {RELRESP1} HAS BEEN SELECTED AS THE FAMILY REFERENCE PERSON FOR THIS FAMILY. IS THIS FAMILY MEMBER AN APPROPRIATE CHOICE? PREFERABLY A CIVILIAN ADULT?**

>FAMREF_A< (1) Yes, accept this person (FID.060)
(2) No, select another person (FID.050--FAMREF_B)

>FAMREF_B< [Enter Person #] []

Check item: If the person number at FID.050--FAMREF_B is 14 to 17 years go to FID.050--FAMREF_C; Else go to FID.060.

You have selected a person less than 18 years old. Is this correct?

>FAMREF_C< (1) Yes, accept this person (FID.060)
(2) No, select another person (FID.050--FAMREF_A)

FID.060

FR: SHOW CARD H1.

What is {PX-name's/your} relationship to {FRP-name/you}?

>FRPREL<	(2) Spouse (husband/wife) (FID.064)	(9) Grandparent (grandmother/father) (Check item)
	(3) Unmarried partner (FID.064)	(10) Aunt/uncle (Check item)
	(4) Child (biological/adoptive /in-law/step/foster) (FID.070)	(11) Niece/nephew (Check item)
	(5) Child of partner (Check item)	(12) Other relative (Check item)
	(6) Grandchild (Check item)	(13) Housemate/Roommate (Check item)
	(7) Parent (biological/ adop tive /in-law/step/foster) (FID.080)	(14) Roomer/Boarder (Check item)
	(8) Brother/sister(biological/ adoptive/ in-law/step/ foster) (FID.090)	(15) Other nonrelative (Check item)
		(16) Legal guardian (Check item)
		(17) Ward (Check item)
		(97) Refused (Check item)
		(99) DK (Check item)

Check item: At FID.060 for responses of 13-15 go to FID.063; if there are no more persons go to FID.100; Else go to FID.060.

FID.063 Is {name} a relative of {rpname}?

- >**FRPREL_C**< (1) Yes, they are relatives, select relationship again (FID.060)
(2) No, they are not relatives (HHC.100)

FID.064

FR: READ IF NECESSARY:

Earlier I recorded {name of 1st spouse/partner} was {FRP name}'s spouse or partner.
You have just reported {fill name 2nd spouse/partner} is also {FRP name}'s spouse or partner.
Which is correct?

- >**SPOUSCK2**< (1) {1st spouse/partner} is the correct spouse/partner. Change relationship entry of {2nd spouse/partner}. (FID.060)
(2) {2nd spouse/partner} is the correct spouse/partner. Change relationship entry of {1st spouse/partner}. (FID.068)

FID.068

- >**SPOUSCG2**< **FR: USING THE F1 KEY, BACKUP TO {fill name of 1st spouse/partner} AND CHANGE RELATIONSHIP TO FAMILY REFERENCE PERSON. WHEN FINISHED, PRESS F3 TO JUMP FORWARD.**

FID.070 Is {PX-name} {FRP-name}'s biological, adoptive, step, foster {son/daughter} or {son/daughter}-in-law?

- >**FDEGREE1**< (1) Biological [fill son/daughter] (5) [fill son/daughter]-in-law
(2) Adoptive [fill son/daughter] (7) Refused
(3) Step [fill son/daughter] (9) Don't know
(4) Foster [fill son/daughter]

Check item: At FID.070 if there are no more persons, go to FID.100; Else go to FID.060 for the next person in the family.

FID.075 You said that {you are/{name's} is} {subject nsmes}'s biological {mother/father}. There are only {1-11} years age difference between {you/them}. Is this relationship correct?

- >**BIOCKF1**< (1) Yes, continue the interview (FID.100)
(2) No, change relationship (FID.070)

FID.080 Is {PX-name} {FRP-name}'s biological (natural), adoptive, step, or foster {mother/father} or {mother/father}-in-law?

- >**FDEGREE2**< (1) Biological [fill mother/father] (5)[fill mother/father]-in-law
(2) Adoptive [fill mother/father] (7) Refused
(3) Step [fill mother/father] (9) Don't know
(4) Foster [fill mother/father]

Check item: At FID.080 if there are no more persons, go to FID.100; Else go to FID.060 for the next person in the family.

FID.090 Is {PX-name} { RP-name}'s full, half, adoptive, step, or foster {brother/sister} or {brother/sister}-in-law?

- >**FDEGREE3**< (1) Full [fill brother/sister] (5) Foster [fill brother/sister]
(2) Half [fill brother/sister] (6) [fill brother/sister]-in-law
(3) Adopted [fill brother/sister] (7) Refused
(4) Step [fill brother/sister] (9) Don't know

Check item: At FID.090 if there are no more persons, go to FID.100; Else go to FID.060 for the next person in the family.

FID.100 Name Sex Age DOB

{name} {SEX} {AGE} {BMONTH/BDAY/BYEAR}

Race: {RACE}
Origin: {Non-hispanic/HISPAN}

FR: VERIFY THE ABOVE INFORMATION WITH THE RESPONDENT AND MAKE CORRECTIONS IF NECESSARY.

- >**HHCHANGE**<(1) Correction(s) needed for this person (FIDCCI3)
(2) No correction/no more corrections for this person (FID.110)

FID.110 Change(s) needed for {name}

FR: ENTER EACH NUMBER THAT APPLIES. IF A WRONG CHOICE, TYPE THAT CHOICE AGAIN. ENTER (N) FOR NO MORE.

- >**CWHAT2**< (M) Mistake -- No correction needed

- >**CWHAT__1**< (1) Name
>**CWHAT__2**< (2) Age or DOB
>**CWHAT__3**< (3) Sex
>**CWHAT__4**< (4) National origin
>**CWHAT__5**< (5) Race

Check item CHG LOOP: If CWHAT__1 eq <X> [go to FID.120]; If CWHAT__2 eq <X> [go to FID.125];
If CWHAT__2 eq <X> [go to FID.180]; If CWHAT__4 eq <X> [go to FID.190]
If CWHAT__3 eq <X> [go to FID.220]; If CWHAT2 eq <M> [go to FID.110];
When all change-needed items are corrected or changed, go to FID.100 for the next family member. When no more eligible persons in the family, go to FIDCCI3.

FID.120

FR: ENTERING "D" OR "R" WILL CANCEL THIS CHANGE AND LEAVE THE ORIGINAL INFORMATION. ENTER "D." or "R." FOR INITIAL. IF NECESSARY ASK:

What is {name}'s correct name?

>CHG_NAM1< FIRST NAME: _____

>CHG_NAM2< MIDDLE NAME: _____

>CHG_NAM3< LAST NAME: _____

(Go to CHG_LOOP)

FID.125 What is {your/name's} correct date-of-birth? Please give month, day, and year for the date of birth.

- | | | |
|--------------|--------------|-----------------|
| (1) January | (5) May | (9) September |
| (2) February | (6) June | (10) October |
| (3) March | (7) July | (11) November |
| (4) April | (8) August | (12) December |
| | (97) Refused | (99) Don't know |

>CHG_AG01< _____ Age/ Number

>CHG_AG02< _____ Time Period

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

Date of Birth:

>DOB_M< MONTH: _____

>DOB_BDAY< DAY: _____

>DOB_Y_P< YEAR: _____

Check item CHG_AGEAL1: C_AGE1 takes information entered in CHG_AG01 and CHG_AG02 and calculates an age.

C_AGE2 takes the date-of birth information entered in FID.125 and calculates an age.

C_AGE3 = current year - birth year -1, C_AGE4 = C_AGE3 + 1. If not enough DOB information was given to calculate an age, "D" will be assigned to C_AGE2.

Check item CHG_AGECK: CHG_AGECK compares the two ages calculated in C_AGE1 and C_AGE2. C_AGE1 and C_AGE2 will either contain an age, or "D" if an age could not be calculated.

If C_AGE1 eq <D> and C_AGE2 ne <D>, set AGE = C_AGE2, go to FID.190
 If C_AGE1 eq <D> and C_AGE2 eq <D>, and C_AGE3 eq blank, go to FID.145
 If C_AGE1 eq <D> and C_AGE2 eq <D>, and C_AGE3 ne blank, go to FID.140
 If C_AGE1 ne <D> and C_AGE2 ne <D>, and C_AGE1 eq C_AGE2, go to FID.190
 If C_AGE1 ne <D> and C_AGE2 ne <D>, and C_AGE1 ne C_AGE2, and CHG_DOBV eq <>, go to FID.130
 If C_AGE1 ne <D> and C_AGE2 ne <D>, and C_AGE1 ne C_AGE2, and CHG_DOBV ne <>, set AGE=C_AGE2, go to FID.190
 If C_AGE1 ne <D> and C_AGE2 = <D>, and (C_AGE1 = C_AGE3 or C_AGE1 = C_AGE4); set AGE = C_AGE1; go to FID.190
 If C_AGE1 ne C_AGE3 and C_AGE1 ne C_AGE4 and birth year eq blank, go to FID.140
 If C_AGE1 ne C_AGE3 and C_AGE1 ne C_AGE4 and birth year ne <>; set AGE = C_AGE1, go to FID.190

FID.130 There is a difference between the age the computer calculated from {your/name's} date-of-birth and the age that you gave me. I recorded {your/name's} date-of-birth as {BMONTH in words}/{BDAY}/{BYEAR}. Is that {your/name's} correct date-of-birth?

>CHG_DOBV< (1) Yes (Go to CHG_LOOP) (2) No (Go to FID.135)
 [equiv DOBVER]

FID.135 What is {your/name's} correct date-of-birth?

FR: OLD DATE of BIRTH = {BMONTH/BDAY/BYEAR} ASK IF NECESSARY:

- | | | |
|--------------|--------------|-----------------|
| (1) January | (5) May | (9) September |
| (2) February | (6) June | (10) October |
| (3) March | (7) July | (11) November |
| (4) April | (8) August | (12) December |
| | (97) Refused | (99) Don't know |

>DOB_M< MONTH: _____
 >DOB_BDAY< DAY: _____
 >DOB_B_P< YEAR: _____

(Go to FID.150)

FID.140 {Are you/Would you} say {name} is

- >CHG_AG06 (1) [fill C_AGE3/message] year(s) old? (Go to CHG_LOOP)
- [equiv AGEPIC] (2) [fill C_AGE4] year(s) old? (Go to CHG_LOOP)
- (N) Neither is correct (Go to FID.145)
- (7) Refused (Go to FID.145)
- (9) Don't Know (Go to FID.145)

[If answer is <1,2>, update AGE accordingly; go to CHG_LOOP.]

FID.145 What is your best guess of {name's} age?

FR: IF THE RESPONDENT DOES NOT KNOW THE AGE, ENTER YOUR BEST ESTIMATE OF THE PERSON'S AGE. ENTER (C) FOR COMPUTE IF THE RESPONSE IS A RANGE OF AGES.

>CHG_AG07< ____ Number
[equiv AGEGES11]

>CHG_AG08< ____ Time Period
[equiv AGEGES12]

- (3) Month(s) (Check item)
- (4) Year(s) (Check item)
- (6) Compute from range (FID.165)
- (7) Refused (FID.150)
- (9) DK (FID.150)

Check item: If CHG_AG08 is <3> then AGE eq <NUM/12>; If CHG_AG08 is <4> then AGE eq <NUM>. If DOB_Y_P eq <D,R>; set BYY1 eq <current year-AGE1-1> and BYY2 eq <current year-AGE> go to FID.170; If DOB_Y_P ne <D,R>; set AGE eq <C_AGE1>, go to CHG_LOOP. If CHG_AG08 eq <D,R>, go to FID.150.

FID.150 Certain sections of this interview depend on knowing if a person is 18 years old or older. Could you please tell me if {you/name} {are/is} at least 18 years old?

- >CHG_AG09< (1) Less than 18 (FID.155) (7) Refused (FID.160)
- [equiv AGEGES2] (2) 18 or older (FID.160) (9) DK (FID.160)

FID.155

**FR: ENTER YOUR BEST ESTIMATE OF {name's} AGE.
ENTER "0" IF LESS THAN 1 YEAR OLD.**

>CHG_LESS< Age:_____ (Go to CHG_LOOP)
[equiv LESS18]

FID.160

FR: ENTER YOUR BEST ESTIMATE OF {name's} AGE.

>CHG_GREA< Age: _____
[equiv GREAT18]

(Go to CHG_LOOP)

FID.165

FR: ENTER FIRST AND LAST AGES OF THE RANGE.

First/lower:

>CHG_AG10< Number _____
[equiv AGERNG_1]

>CHG_AG12< Time Period _____
[equiv AGERNG_3]

(3) Month(s)
(4) Year(s)

Last/higher

>CHG_AG11< Number _____
[equiv AGERNG_2]

>CHG_AG13< Time Period _____
[equiv AGERNG_4]

(3) Month(s)
(4) Year(s)

(Go to CHG_LOOP)

[Set AGE = (CHG_AG10 + CHG_AG11) /2]

FID.170 Would you say that {name} was born in:

>CHG_YEAR< (1) [fill with 4-digit BYEAR1] (7) Refused
[equiv YEARPIC](2) [fill with 4-digit BYEAR2] (9) Don't Know
(N)either is correct

(Go to CHG_LOOP)

FID.180

FR: ENTER THE CORRECT SEX FOR [fill name]. IF NECESSARY ASK:

I recorded {your/name's} sex as [fill SEX].
What is {your/name's} correct sex?

>CHG_SEX< (1) Male (2) Female
[equiv SEX]

(Go to CHG_LOOP)

FID.190 I recorded that {your/name's} national origins is

[List all mentioned origin in HISPAN@1 to HISPAN@5; fill other specify description (SPECH_1 and/or SPECH_2) if HISPAN@1 to HISPAN@5 = 8 or 9]

Is that correct?

>CHG_NATO< (1) Yes (CHG_LOOP)
[equiv ORIGIN] (2) No, not correct origin (FID.200)
(3) No, NOT Hispanic (CHG_LOOP)

FID.200

**FR: SHOW CARD H1.
IF A NONHISPANIC GROUP IS NAMED, PRESS "F1" TO RETURN TO
CHG_NATO AND CHANGE THE ANSWER TO <3>. ENTER THE NUMBER FOR
EACH GROUP MENTIONED, ENTER (N) FOR NO MORE.**

- (1) Puerto Rican (7) Hispanic
- (2) Cuban (8) Other Latin American (CHIS_SP1)
- (3) Cuban American (9) Other Spanish or Hispanic (CHIS_SP2)
- (4) Mexican/Mexicano (97) Refused
- (5) Mexican American (99) DK
- (6) Chicano

CHG_HIS1 CHG_HIS2 CHG_HIS3 CHG_HIS 4 CHG_HIS5

[Equiv HISPAN_1 to HISPAN_5]

FID.210

FR: SPECIFY OTHER LATIN AMERICAN

>CHG_SP1< Specified Other Latin American: _____
[equiv SPECH_1]

(Go to CHG_LOOP)

FID.215

FR: SPECIFY OTHER SPANISH OR HISPANIC

>CHIS_SP2< Specified Other Spanish or Hispanic: _____
[equiv SPECH_2]

(Go to CHG_LOOP)

FID.220

**FR: SHOW CARD H2
ENTER THE NUMBER FOR EACH RACE MENTIONED, ENTER (N) FOR NO MORE**

I recorded that {your/name's} race is [CAPI: List all mentioned race in RACE@1 to RACE@5; fill other specify description (RAC_SP1 and/or RAC_SP2) if RACE@1 to RACE @ 5 = 15 or 16]

What race {does/do} {name/you} consider {himself/herself/yourself} to be?

- | | |
|----------------------------|---|
| (1) White | (10) Vietnamese |
| (2) Black/African American | (11) Japanese |
| (3) Indian (American) | (12) Asian Indian |
| (4) Eskimo | (13) Samoan |
| (5) Aleut | (14) Guamanian |
| (6) Chinese | (15) Other Asian, Pacific Islander (CHG_RAC6) |
| (7) Filipino | (16) Some other race (CHG_RAC7) |
| (8) Hawaiian | (97) Refused |
| (9) Korean | (99) Don't know |

CHG_RAC1 CHG_RAC2 CHG_RAC3 CHG_RAC4 CHG_RAC5

[Equiv RACE1 - RACE5]

FID.230

FR: SPECIFY OTHER ASIAN, PACIFIC ISLANDER RACE

>CHG_RAC6< Specified Other Asian, Pacific Islander Race: _____
[equiv RAC_SP1]

(Go to FIDCCI2)

FID.235

FR: SPECIFY OTHER RACE

>CHG_RAC7< Specified Other Race: _____
[equiv RAC_SP2]

(Go to FIDCCI2)

Check item FIDCCI2: If multiple entries in FID.220 Go to FID.240, Else go to CHG_LOOP.

FID.240 Which one of these groups, that is (**FR: READ GROUPS**) would you say BEST represents {your/name's} race?

>CHG_MLTR< (01-16) Race number
[equiv MLTRACE]

(Go to CHG_LOOP)

Check item FIDCCI3: If a screened household and anyone in the household with ORIGIN eq <1> (Hispanic Origin) or RACE eq <2> (Black), then If AGE ge <14> and FID.250 eq <> (not pre-filled) go to FID.250; Else go to FIDCCI4. If a screened household with no one with ORIGIN eq <1> or RACE eq <2>, then set outcome eq <236> (screened out household)

FID.250

FR: ASK OR VERIFY.

(Are/Is) {you/PX-name} now married, widowed, divorced, separated, never married, or living with a partner?

>MARITL< (1) Married (FID.260) (5) Never married (FIDCCI4)
(2) Widowed (FIDCCI4) (6) Living with a partner (FID.280)
(3) Divorced (FIDCCI4) (7) Refused (FIDCCI4)
(4) Separated (FIDCCI4) (9) Don't Know (FIDCCI4)

FID.260

FR: ASK OR VERIFY.

Is {your/PX-name's} spouse living in the household?

>SPOUS< (1) Yes (FID.270) (7) Refused (FIDCCI4)
(2) No (FIDCCI4) (9) Don't Know (FIDCCI4)

FID.270

FR: PROBE AS NECESSARY AND ENTER THE LINE NUMBER OF THE SPOUSE.

>SPOUS2< (01-30) Person number (99) Don't know
(97) Refused

(Go to FIDCCI4)

FID.280 {Have/Has} {you/PX-name} ever been married?

>COHAB1< (1) Yes (FID.290) (7) Refused (FIDCCI4)
(2) No (FIDCCI4) (9) Don't Know (FIDCCI4)

FID.290 What is {PX-name's/your} current legal marital status?

>COHAB2< (1) Married (4) Separated
(2) Widowed (7) Refused
(3) Divorced (9) DK

Check item: For FID.290, if FID.300 is not valid (blank), go to FID.300; Else go to FIDCCI4.

FID.300

FR: PROBE AS NECESSARY AND ENTER THE LINE NUMBER OF THE COHABITING PARTNER.

>**COHAB3**< (01-30) Person number (99) Don't know
(97) Refused

Check item FIDCCI4: If AGE(PX) ge <90> [go to FIDCCI6]; Else
For Reference person's child:
If Reference person's spouse is male, go to FID.305
If Reference person's spouse is female, go to FID.315
For Reference person's partner's child:
If Reference person's partner is male, go to FID.305
If Reference person's partner is female, go to FID.315

FID.305 I recorded that {father's fullname} is the father of {child's fullname}. Is child's fullname} his biological, adoptive, step, foster of {son/daughter}-in-law?

>**DEGREE4**< (1) Biological child (5){Son/daughter}-in-law
(2) Adoptive child (7) Refused
(3) Step child (9) Don't know
(4) Foster child

Check item: If DEGREE4 eq <1>[if (father's age - child's age) less than 12 go to FID.310]; Else go to FIDCCI5.

FID.310 You said that {you/name} {are/is} {PX's name} BIOLOGICAL FATHER. There is only {father's age - child's age} {years/year} agebetween {you/them}. Is this relationship correct?

>**BIOCK4**< (1) Yes, continue the interview (HHCCCI8)
(2) No, Change relationship (DEGREE4)

FID.315 I recorded that {mother's fullname} is the mother of {child's fullname}. Is {child's fullname} her biological, adoptive, step, foster child, or {son/daughter}-in-law? (H)

>**DEGREE5**< (1) Biological child (5) {son/daughter}-in-law
(2) Adoptive child (7) Refused
(3) Step child (9) Don't know
(4) Foster child

Check item: If DEGREE5 eq <1>[if (mother's age - child's age) less than 12 go to FID.320]; Else go to FIDCCI5.

FID.320 You said that {you/name} {are/is} {PX's name} BIOLOGICAL MOTHER. There is only {mother's age - child's age} {years/year} age between {you/them}. Is this relationship correct?

- >**BIOCK5**< (1) Yes, continue the interview (FIDCCI5)
(2) No, Change relationship (DEGREE5)

Check item FIDCCI4A: If MOTHER(PX) ne <> [go to FIDCCI5] (mother already identified); If there are no female family members other than PX with AGE ge <12> [go to FIDCCI5]; Else [go to FID.325].

FID.325

FR: ASK OR VERIFY

Is {PX-name's/your} mother a household member? (Include Mother-in-law)

**ENTER THE LINE NUMBER OF THE MOTHER OR MOTHER-IN-LAW.
IF THE MOTHER OR MOTHER-IN-LAW IS NOT A HOUSEHOLD MEMBER,
ENTER "00".**

- >**MOTHER**< (00) Person not a household member (FID.340) (96) No parent in household; has legal guardian (FID.360)
(01-30) Person number (FID.330) (97) Refused (Go to FIDCCI5)
(99) Don't Know (Go to FIDCCI5)

FID.330 Is {name(mother@)/this person} {PX-name}'s biological (natural), adoptive, step, or foster mother or mother-in-law?

- >**MOTHERC1**< (1) Biological mother (5) Mother-in-law
(2) Adoptive mother (7) Refused
(3) Step mother (9) Don't know
(4) Foster mother

Check item: If the age difference between the mother and child is less than 12 years at MOTHERC1, go to MOTHERC2; Else go to (FIDCCI5).

[If MOTHERC1 eq <1>; If <AGE(MOTHER) - AGE(PX)> lt <12> display:]

You said that {name(MOTHER@)} is the BIOLOGICAL MOTHER of {PX-name}. There is only {age difference} years age difference between them, is this relationship correct?

- >**MOTHERC2**< (1) Yes, continue the interview (FIDCCI5)
(2) No, select different person as MOTHER (FID.325)
(3) No, change relationship (FID.330--MOTHERC1)

Check item FIDCCI5: If AGE(PX) ge <90> [go to FIDCCI6]; If FATHER(PX) ne <> [go to FIDCCI6] (father already identified); If there are no male family members other than PX with AGE ge <12> go to FIDCCI6; Else go to FID.340.

FID.340 Is {PX-name}'s father a household member? (Include father-in-law).

**ENTER THE LINE NUMBER OF THE FATHER.
IF THE FATHER IS NOT A HOUSEHOLD MEMBER, ENTER "00".
IF THE PERSON HAS NO PARENTS PRESENT BUT HAS A LEGAL GUARDIAN,
ENTER "96".**

- >FATHER< (00) Person not a household member (FIDCCI6)
- (01-30) Person number (FID.350)
- (96) No Parent in Household; Has legal guardian (FID.360)
- (97) Refused (FIDCCI6)
- (99) Don't Known (FIDCCI6)

FID.350 Is {name(father@)/this person} {PX-name}'s biological (natural), adoptive, step, or foster father or father-in-law?

- >FATHERC1< (1) Biological father (5) Father-in-law
- (2) Adoptive father (7) Refused
- (3) Step father (9) Don't know
- (4) Foster father

Check item: If the age difference between the mother and child is less than 12 years at FATHERC1, go to FATHER2; Else go to (FIDCCI6).

[If FATHERC1 eq <1>; If <AGE(FATHER) - AGE(PX)> lt <12> display:]

You said that {name(FATHER@)} is the BIOLOGICAL FATHER of {PX-name}, there is only {age difference} years difference between them, is this relationship correct?

- >FATHERC2< (1) Yes, continue the interview (FIDCCI6)
- (2) No, select different person as FATHER (FID.340)
- (3) No, change relationship (FID.350--FATHERC1)

FR: PROBE AS NECESSARY AND ENTER THE PERSON NUMBER OF {px-name's} GUARDIAN. IF THE GUARDIAN IS NOT A HOUSEHOLD MEMBER, ENTER "00".

FID.360

- >GUARD< (00) Person number (FIDCCI6) (97) Refused (FIDCCI6)
- (01-30) Person number (FIDCCI6) (99) Don't Know (FIDCCI6)

Check item FIDCCI6: Set HHSTAT4 to <E> (Emancipated minor) in the following conditions:
(1) If a person is 14-17 years of age and married or cohabiting; or
(2) If a person is 14-17 years old and no other adults present in the family.
Go to SASEL

Check item SASSEL: 1. Sort all adults (AGE >= 18) of the same FX and NOT flagged "A" or "D" in descending age order -- from the oldest to the youngest.
If no persons in this sorted group, GO TO SCSEL.
If one person only in this sorted group, flag with "S" and GO TO SCSEL.
Else, GO TO step 2.
2. Generate a random number from 1 to N (number of persons in sort).

Set HHSTAT4 of the person whose person number corresponding to the random number to <S> (Sample Adult); GO TO SCSEL.

Check item SCSEL: 1. Sort all children (AGE < 18) of the same FX and NOT flagged "A" or "D" or "E" in descending age order -- from the oldest to the youngest.
If no persons in this sort and more than 1 person in family, Go to SAID
If one person only in this sort, set the person's HHSTAT4 to <C>, go to SAID;
Else continue with step2.
2. Generate a random number from 1 to N (number of persons in sort).

Set HHSTAT4 of the person whose person number corresponding to the random number to <C> (Sample Child); Go to SAID.

[If there is a sample adult selected]

FID.370 [fill "S" flagged person name] IS SELECTED AS THE SAMPLE ADULT
>SAID< **FOR FAMILY** [fill FX].
[endif]
[If there is a sample child selected]
[fill "C" flagged person name] **IS SELECTED AS THE SAMPLE CHILD**
FOR FAMILY [fill FX].

FID.380

FR: VERIFY OR ASK.

Who in the family would you say knows about the health of all the family members?

FR: ENTER THE NUMBER FOR EACH PERSON MENTIONED (UP TO 3).

[KNOW = 'x' for each person mentioned.]

Check item: If the family has a sample child, go to FID.630; Else go the next section- Family Health Status and Limitation.

FID.630

>KNOWSC< We select one child in each family for additional health questions. In this family that is {sample child name}. Who in the family would you say knows about the health of {sample child name}?

FR: ENTER THE LINE NUMBER FOR EACH PERSON MENTIONED (UP TO 3 PERSONS).

[KNOWSC = 'x' for each person mentioned.]

(Go to next section -- Family Health Status and Limitation)

FAMILY CORE
Section II-- HEALTH STATUS AND LIMITATION OF ACTIVITIES

>FINTRO<

FR: IF ANY PERSONS LISTED BELOW ARE NOT PRESENT, SAY:

We would like to have all adult family members who are at home take part in the interview. Are (READ NAMES BELOW) at home now? **IF YES, ASK:** Could they join us? (ALLOW TIME)

FR: ENTER LINE NUMBER(S) OF FAMILY MEMBERS LISTED BELOW THAT ARE CURRENTLY PRESENT. ENTER UP TO 10 NUMBERS.

<input type="checkbox"/> >FINTRO01<	<input type="checkbox"/> >FINTRO05<	<input type="checkbox"/> >FINTRO09<
<input type="checkbox"/> >FINTRO02<	<input type="checkbox"/> >FINTRO06<	<input type="checkbox"/> >FINTRO10<
<input type="checkbox"/> >FINTRO03<	<input type="checkbox"/> >FINTRO07<	
<input type="checkbox"/> >FINTRO04<	<input type="checkbox"/> >FINTRO08<	

FR: ASK IF NECESSARY: With whom am I speaking?

ENTER PERSON NUMBER OF THE RESPONDENT FOR THE FAMILY QUESTIONS FOR THIS FAMILY. IF MORE THAN ONE, ENTER THE NUMBER OF THE ONE YOU CONSIDER TO BE THE MAIN RESPONDENT.

>FAMRESP< [Enter Person #] []

>HLTH_BEG< I am now going to ask about {your/the} general health { /of family members} and the effects of any physical, mental, or emotional health problems.

Check item FHSCCI1: If any family member is less than 5 years old go to FHS.005; If any family member is greater than 4 and less than 18 years old go to FHS.050; If all family members are greater than 17 go to FHS.070.

FHS.005 Are {fill names of children under 5}/Is {fill in name of child under 5} limited in the kind or amount of play activities he/she/they can do because of a physical, mental, or emotional problem?

>FLAPLYLM< (1) Yes (FHS.010) (7) Refused (FHS.050)
(2) No (FHS.050) (9) DK (FHS.050)

FHS.010 Who is this? (Anyone else?)

>PLAPLYLM< [] [] []
[] [] []

FHS.020 Is {subject's name listed in PLAYPLYLM} able to take part AT ALL in the usual kinds of play activities done by most children {subject's name}'s age?

>PLAPLYUN< (1) Yes (FHS.050) (7) Refused (FHS.050)
(2) No (FHS.050) (9) DK (FHS.050)

FHS.050 Do any of the children under 18 in this family, {fill names of children under age 18} receive Special Educational or Early Intervention Services?

>FSPEDEIS< (1) Yes (FHS.060) (7) Refused (FHS.070)
(2) No (FHS.070) (9) DK (FHS.070)

FHS.060 Who is this? (Anyone else?)

>PSPEDEIS<

FHS.070 Because of a physical, mental, or emotional problem, {do/does} {you/anyone in the family} need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?

>FLAADL< (1) Yes (FHS.080) (7) Refused (FHS.150)
(2) No (FHS.150) (9) DK (FHS.150)

FHS.080 Who is this? (Anyone else?)

>PLAADL<

FHS.090 {Do/Does} {you/subject's name} need the help of other persons with?
(1) Yes (FHS.150) (7) Refused (FHS.150)
(2) No (FHS.150) (9) DK (FHS.150)

>LABATH< Bathing or showering?
>LADDRESS< Dressing?
>LAEAT< Eating?
>LABED< Getting in or out of bed or chairs?
>LATOILT< Using the toilet, including getting to the toilet?
>LAHOME< Getting around inside the home?

FHS.150 Because of a physical, mental, or emotional problem, {do/does} {you/anyone in the family} need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

>FLAIADL< (1) Yes (FHS.160) (7) Refused (FHS.170)
(2) No (FHS.170) (9) DK (FHS.170)

FHS.160 Who is this? (Anyone else?)

>PLAIADL<

FHS.170 Does a physical, mental, or emotional problem NOW keep {you/anyone in the family (fill in names of family members aged 18 and older)} from working at a job or business?

>FLAWKNOW<(1) Yes (FHS.180) (7) Refused (FHS.190)
(2) No (FHS.190) (9) DK (FHS.190)

FHS.180 Who is this? (Anyone else?)

>PLAWKNOW< [] [] []
[] [] []

FHS.190 {Are/(Other than the persons mentioned), are any of these family members} {you/repeat adult names if needed} limited in the kind OR amount of work {you/they} can do because of a physical, mental or emotional problem?

>FLAWKLIM<(1) Yes (FHS.200) (7) Refused (FHS.210)
(2) No (FHS.210) (9) DK (FHS.210)

FHS.200 Who is this? (Anyone else?)

>PLAWKLIM< [] [] []
[] [] []

FHS.210 Because of a health problem, {do/does} {you/anyone in the family} have difficulty walking without using any special equipment?

>FLAWALK< (1) Yes (FHS.220) (7) Refused (FHS.230)
(2) No (FHS.230) (9) DK (FHS.230)

FHS.220 Who is this? (Anyone else?)

>PLAWALK< [] [] []
[] [] []

FHS.230 {Are/is} {you/anyone in the family} LIMITED IN ANY WAY because of difficulty remembering or because {you/they} experience periods of confusion?

>FLAREMEM<(1) Yes (FHS.240) (7) Refused (Check item FHSCCI2)
(2) No (Check item FHSCCI2) (9) DK (Check item FHSCCI2)

FHS.240 Who is this? (Anyone else?)

>PLAREMEM< [] [] []
[] [] []

Check item FHSCCI2: For family members NOT in the entry in FHS.010, FHS.060, FHS.080, FHS.160, FHS.180, FHS.200, FHS.220, or FHS.240 go to FHS.250; Otherwise, go to Check item FHSCCI3.

FHS.250 Are {you/anyone in the family (list names of persons without limitation if needed)} LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

>FLIMANY< (1) Yes (FHS.260) (7) Refused (Check item FHSCCI3)
(2) No (Check item FHSCCI3) (9) DK (Check item FHSCCI3)

FHS.260 Who is this? (Anyone else?)

>PLIMANY<

Check item FHSCCI3: For family members with an entry in FHS.010 through FHS.260:
If AGE is less than 18 go to FHS.270; Else go to FHS.290. If none with entry in FHS.010 through FHS.260, or the family roster is exhausted go to FHS.310.

FHS.270 What conditions or health problems cause {subject's name} limitations?

FR: SHOW CARD F1. DO NOT READ. CODE ALL THAT APPLY, UP TO 5, BUT DO NOT PROBE. ENTER (N) FOR NO MORE.

>LAHCC< (1) Vision/ problem seeing (9) Other mental, emotional, or behavioral problem
(2) Hearing problem (10) Bone, joint, or muscle problem
(3) Speech problem (11) Epilepsy
(4) Asthma/breathing problem (12) Other impairment/problem (specify one)(FHS.271)
(5) Birth defect (13) Other impairment/problem (specify one)(FHS.272)
(6) Injury (97) Refused
(7) Mental retardation (99) DK/not sure
(8) Other developmental problem
(e.g. cerebral palsy)

(Go to FHS.280)

FHS.271

FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.

>LACCSPEC< CONDITION: _____

FHS.272

FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.

>LACCSPEC_1< CONDITION: _____

FHS.280 How long {have/has} {you/subject's name} had [fill condition entered in FHS.270]?

NUMBER

- >LHCCLN< (01-94) 1-94 times (97) Refused
- (95) 95+ times (99) DK
- (96) Since birth

TIME PERIOD

- >LHCCLT< (1) Days(s) (6) Since Birth
- (2) Week(s) (7) Refused
- (3) Month(s) (9) DK
- (4) Year(s)

[Go back to Check item FHSCCI3 for next family member. If no more family members go to FHS.310.]

FHS.290 What conditions or health problems cause {subject's name} limitations?

FR: SHOW CARD F2. DO NOT READ. CODE ALL THAT APPLY, UP TO 5, BUT DO NOT PROBE. ENTER (N) FOR NO MORE.

- >LAHCA< (1) Vision/ problem seeing (12) Cancer
- (2) Hearing problem (13) Birth defect
- (3) Arthritis/rheumatism (14) Mental retardation
- (4) Back or neck problem (15) Other developmental problem (e.g. cerebral palsy)
- (5) Fractures, bone/joint injury (16) Senility
- (6) Other injury (17) Depression/anxiety/emotional problem
- (7) Heart problem (18) Weight problem
- (8) Stroke problem (19) Other impairment/problem (specify one)(FHS.291)
- (9) Hypertension/high blood (20) Other impairment/problem (specify one)(FHS.292)
- pressure (97) Refused
- (10) Diabetes (99) DK/not sure
- (11) Lung/breathing problem

[If item (19) mentioned, go to FSH.291; If item (20) mentioned go to FHS.292; Else go to FHS.300.]

FHS.291

FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.

>LACASPEC< CONDITION: _____

FHS.292

FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.

>LACASPEC_1< CONDITION: _____

FHS.300 How long {have/has} {you/subject's name} had [fill condition entered in FHS.290]?

[] NUMBER

>LHCALN< (01-94) 1-94 (97) Refused
(95) 95+ (99) DK
(96) Since birth

[] TIME PERIOD

>LHCALT< (1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) DK
(4) Year(s)

[Go back to Check item FHSCCI3 for next family member. If no more family members go to FHS.310.]

Ask this question for each member separately:

FHS.310 Would you say {subject's name} health in general is excellent, Very good, good, fair, or poor?

>PHSTAT< (1) Excellent (5) Poor
(2) Very good (7) Refused
(3) Good (9) DK
(4) Fair

(Go to next section--Injuries)

Section III -- INJURIES

Injuries are a major health problem. In order to develop new ways to help prevent both accidental and intentional injuries, we need to know more about them. In this next set of questions, I will ask about injuries that happened in the past 3 months; Note here that we are only interested in injuries that required medical advice or treatment.

FIJ.010 DURING THE PAST THREE MONTHS, that is since {91 days before today date}, {were/was} {you/anyone in the family} injured seriously enough that {you/they} got medical advice or treatment?

>FINJ3M< (1) Yes (FIJ.020) (7) Refused (FIJ.300)
(2) No (FIJ.300) (9) DK (FIJ.300)

FIJ.020 Who was this? (Anyone else?)

>PINJ3MR<

FIJ.030 How many different times in the past three months {were/was} {you/subject's name} injured seriously enough to seek medical advice?

>IJNO3M< Times Injured (01-94): _____

FIJ.040 **[If FIJ.030 equals 1, ask:]**

When did {subject's name} injury happen?

>IJDATE_M< MONTH: _____
>IJDATE_D< DAY: _____
>IJDATE_Y< YEAR: _____

[If FIJ.030 greater than 1, ask:]

Now I'm going to ask a few question about {subject's name} most recent injury. When did that injury happen?

>IJDATE_M< MONTH: _____
>IJDATE_D< DAY: _____
>IJDATE_Y< YEAR: _____

[If FIJ.030 equals 2 or more, ask:]

We just talked about {subject's name} injury on {recent injury date}. When did {subject's name} injury BEFORE THAT happen?

>IJDATE_M< MONTH: _____
>IJDATE_D< DAY: _____
>IJDATE_Y< YEAR: _____

[FIJ.050 to FIJ.295 are asked for each injury episode]

FIJ.050 At the time of the injury, what part(s) of {subject's name} body was hurt? What kind of injury was it? Anything else?

	BODY PART		KIND OF INURY
>IJBODY1<	_____	>IJKIND1<	_____
>IJBODY2<	_____	>IJKIND2<	_____
>IJBODY3<	_____	>IJKIND3<	_____
>IJBODY4<	_____	>IJKIND4<	_____

FIJ.070 How did {subject's name} injury(s) happen? Please describe fully the circumstances or events leading to the injury(s), and any object, substance, or other person involved.

FR: ENTER THE VERBATIM RESPONSE, PROBING FOR AS MUCH DETAIL AS POSSIBLE, INCLUDING SPECIFICALLY WHAT THE INJURED PERSON WAS DOING AT THE TIME AND ALL CIRCUMSTANCES SURROUNDING THE EVENT. RECORD ALL VOLUNTEERED INFORMATION.

>IJHOW1< _____
 >IJHOW2< _____
 >IJHOW3< _____
 >IJHOW4< _____

FIJ.080

FR: ENTER THE FIRST APPROPRIATE BOX WHICH DESCRIBES THE CAUSE OF THE PERSON'S INJURY FROM THE LIST BELOW.

- >CAUS<
- | | |
|---|-----------------------|
| (1) Vehicle as transportation, including Motor Vehicle/
bicycle/motorcycle/pedestrian/train/boat/airplane(FIJ.090) | (5) Fall (FIJ.170) |
| (2) Gun/being shot (FIJ.190) | (6) Other (FIJ.200) |
| (3) Fire/burn/scald related (FIJ.150) | (7) Refused (FIJ.200) |
| (4) Near drowning/water in lungs (FIJ.160) | (9) DK (FIJ.200) |

FR: THE NEXT SET OF QUESTIONS ARE ASKED TO VERIFY DETAILS OF THE CIRCUMSTANCES SURROUNDING THE INJURY(S). IF YOU ALREADY KNOW THE ANSWER BECAUSE OF THE VERBATIM RESPONSE FOR HOW THE INJURY(S) OCCURRED, VERIFY THE ANSWER WITH THE RESPONDENT. OTHERWISE, ASK THE QUESTION.

FIJ.090 {Were/Was} {you/subject's name} injured as the driver of a vehicle, a passenger in a vehicle, a bicycle rider, or as a pedestrian?

- >MVWHO<
- | | |
|--------------------------------------|--------------------------|
| (1) Driver of a vehicle (FIJ.100) | (4) Pedestrian (FIJ.140) |
| (2) Passenger of a vehicle (FIJ.100) | (7) Refused (FIJ.200) |
| (3) Bicycle rider (FIJ.130) | (9) DK (FIJ.200) |

FIJ.100 What type of vehicle {were/was} {you/subject's name} in?

- >MVTYP<
- | | |
|--|---|
| (01) Passenger car (FIJ.120) | (07) Farm equipment (tractor) (FIJ.200) |
| (02) Light truck (including pickups,
vans and utility vehicles) (FIJ.120) | (08) Airplane (FIJ.200) |
| (03) Bus (FIJ.200) | (09) Boat (FIJ.200) |
| (04) Large truck (FIJ.120) | (10) Train (FIJ.200) |
| (05) Motorcycles (including mopeds,
minibikes) (FIJ.130) | (11) Other (FIJ.200) |
| (06) All terrain vehicle or ski/snow-
mobile (FIJ.130) | (97) Refused (FIJ.200) |
| | (99) DK (FIJ.200) |

FIJ.120 **[If AGE is greater than or equal to 5, ask:]**

{Were/Was} {you/subject's name} wearing a safety belt at the time of the accident?

[Else, ask:]

{Were/Was} {you/subject's name} buckled in a car safety seat at the time of the accident?

- >SBELT<
- | | |
|---------|-------------|
| (1) Yes | (7) Refused |
| (2) No | (9) DK |
- (Go to FIJ.200)

FIJ.130 {Were/Was} {you/subject's name} wearing a helmet at the time of the accident?

- >HELMT<
- | | |
|---------|-------------|
| (1) Yes | (7) Refused |
| (2) No | (9) DK |
- (Go to FIJ.200)

FIJ.140 What type of vehicle {were/was} {you/subject's name} struck by?

- >MVHIT<
- | | |
|--|---|
| (01) Passenger car | (07) Farm equipment (tractor) |
| (02) Light truck (including pickups,
vans and utility vehicles) | (08) Bicycle |
| (03) Bus | (09) Train |
| (04) Large truck | (10) Boat (includes all on)
water vehicles |
| (05) Motorcycle (including mopeds
and minibikes) | (11) Other |
| (06) All terrain vehicle or ski or
snow-mobile | (97) Refused |
| | (99) DK |
- (Go to FIJ.200)

FIJ.150 What was it that burned/scalded {you/subject's name}?

FR: IF RESPONSE IS FIRE OR SMOKE ASK:

What caused the fire/smoke?

- >**BURN**<
- | | |
|---|----------------------|
| (01) Cigarette, cigar, pipe | (07) Other explosive |
| (02) Cooking unit | (08) Water or steam |
| (03) Heater | (09) Food |
| (04) Wiring | (10) Chemicals |
| (05) Motor vehicle battery caps,
radiator caps | (11) Other |
| (06) Fireworks | (97) Refused |
| | (99) DK |

(Go to FIJ.200)

FIJ.160 What body of water was involved?

- >**WATER**<
- | | |
|---------------------|------------------|
| (1) Bathtub | (5) River, creek |
| (2) Swimming pool | (6) Other |
| (3) Lake, pond | (7) Refused |
| (4) Bay, ocean, sea | (9) DK |

(Go to FIJ.200)

FIJ.170 How did {you/subject's name} fall? Anything else?

FR: SHOW CARD F3. RECORD UP TO 2 RESPONSES. ENTER 'N' FOR NO MORE.

On or down or from:

- >**FALL**<
- | | |
|------------------------------|---|
| (1) Escalator | (7) Building or other structure |
| (2) Stairs or steps | (8) Chair, bed, sofa or other furniture |
| (3) Floor/level ground | (9) Tree |
| (4) Curb, including sidewalk | (10) Toilet, commode |
| (5) Ladder or scaffolding | (11) Bathtub, shower |
| (6) Playground equipment | |

Into:

- | | |
|----------------------------|--------------|
| (12) Swimming pool | (97) Refused |
| (13) Hole or other opening | (99) DK |
| (14) Other | |
| [] | [] |

FIJ.180 What caused {you/subject's name} to fall? Was it due to:

- >FWHY<
- | | |
|--|-----------------------|
| (1) Slipping, tripping or stumbling | (5) Or something else |
| (2) Jumping or diving | (7) Refused |
| (3) Collision with/pushing, shoving
by another person | (9) DK |
| (4) Loss of balance/dizziness/
becoming faint/seizure | |

(Go to FIJ.200)

FIJ.190 What kind of gun was it?

- >GUNTP<
- | | |
|---------------------------------------|-------------|
| (1) Firearm (handgun, shotgun, rifle) | (4) Other |
| (2) BB or pellet gun | (7) Refused |
| (3) Dart gun | (9) DK |

FIJ.200 What {were/was} {you/subject's name} doing when the injury(s) happened?

FR: SHOW CARD F4. RECORD UP TO 2 RESPONSES. ENTER 'N' FOR NO MORE.

- >WHAT<
- | | |
|--|---|
| (1) Driving | (7) Leisure activity (excluding sports) |
| (2) Working at paid job | (8) Sleeping, resting, eating, drinking |
| (3) Working around the house or yard | (9) Cooking |
| (4) Attending school | (10) Being cared for (hands on care from
other person) |
| (5) Unpaid work (incl. housework,
shopping, volunteer work) | (11) Other |
| (6) Sports (organized team or individual
sport such as running, biking,
skating) | (97) Refused |
| [] | (99) DK |
| [] | [] |

FIJ.220 Where (were/was) {you/subject's name} when the injury(s) happened?

FR: SHOW CARD F5. RECORD UP TO 2 RESPONSES. ENTER 'N' FOR NO MORE.

- >WHERE<
- | | |
|--|--|
| (1) Home (inside) | (11) Farm |
| (2) Home (outside) | (12) Park/recreation area (fields, bike
or jog path), |
| (3) School (not residential) | (13) River/lake/stream/ocean |
| (4) Child care center or Preschool | (14) Swimming pool |
| (5) Residential institution (excl. hosp.) | (15) Industrial or construction area |
| (6) Health care facility (incl. hospital) | (16) Mine/quarry |
| (7) Street/highway | (17) Other public building |
| (8) Parking lot | (18) Other |
| (9) Sport facility, ath. field or playground | (97) Refused |
| (10) Trade and service areas (restaurant,
store, bank, gas station) | (99) DK |
| [] | [] |

FIJ.240 {Were/Was} {you/subject's name} hospitalized for at least one night as a result of this injury/these injuries?

>IHOSP< (1) Yes (FIJ.250) (7) Refused (FIJCCI1)
(2) No (FIJCCI1) (9) DK (FIJCCI1)

FIJ.250 How many nights {were/was} {you/subject's name} in the hospital?

FR: IF "STILL IN HOSPITAL," ASK HOW MANY NIGHTS UP TO TODAY.

>IHNO< (01-94) 1-94 nights (97) Refused
(95) 95+ nights (99) DK

Check item FIJCCI1: If AGE is greater than 13 then go to FIJ.260; Else
If AGE is greater than 4 and less than 14 then go to FIJ.270; Else
If AGE is less than 5 then return to FIJ.040 for next injury episode or next person.
If there are no more persons and no more injury episodes, go to FIJ.300.

FIJ.260 As a result of this injury/these injuries, how much work did {you/subject's name} miss?

FR: SHOW CARD F6.

>WKLS< (0) None (6) Not employed at the time of the injury
(1) Less than 1 day (7) Refused
(2) 1 to 5 days (9) DK
(3) Six or more days

FIJ.270 As a result of this injury/these injuries, how much school did {you/subject's name} miss?

FR: SHOW CARD F7.

>SCLS< (0) None (6) Not in school at the time of the injury
(1) Less than 1 day (7) Refused
(2) One to five days (9) DK
(3) Six or more days

FIJ.280 As a result of this injury/these injuries {do/does} {you/subject's name} now need the help of other persons with {your/his/her} personal care needs, such as eating, bathing, dressing or getting around this home?

>IJADL< (1) Yes (FIJ.285) (7) Refused (FIJ.290)
(2) No (FIJ.290) (9) DK (FIJ.290)

FIJ.285 Do you expect {you/subject's name} will need this help for a total of 6 months or longer?

>LIMTM< (1) Yes (7) Refused
(2) No (9) DK

FIJ.290 As a result of this injury/these injuries {do/does} {you/subject's name} now need the help of other persons in handling routine needs such as everyday household chores, doing necessary business, shopping or getting around for other purposes?

>LJIAD< (1) Yes (FIJ.295) (7) Refused (FIJCCI1A)
(2) No (FIJCCI1A) (9) DK (FIJCCI1A)

FIJ.295 Do you expect {you/subject's name} will need this help for a total of 6 months or longer?

>HLIMT< (1) Yes (7) Refused
(2) No (9) DK

Check item FIJCCI1A: Return to FIJ.040 for next injury episode or next person.
If there are no more persons and no more injury episodes, go to FIJ.300.

FIJ.300 The next questions are about POISONING, which includes coming into contact with harmful substances, and overdose or wrong use of any drug or medication. Do not include any illnesses such as poison ivy or food poisoning.

FR: HAND CALENDAR CARD.

DURING THE PAST THREE MONTHS, that is since {91 days before today's date}, did {you/anyone in the family} have a poisoning that caused someone to seek medical advice or treatment, including calls to a poison control center?

>FPOIS3M< (1) Yes (FIJ.310) (7) Refused (FAU.010)
(2) No (FAU.010) (9) DK (FAU.010)

FIJ.310 Who was this? (Anyone else?)

>PPOIS3MR< [] [] []
[] [] []

FIJ.320 How many different times in the PAST THREE MONTHS {were/was} {you/subject's name} poisoned?

(01-94) 1-94 times (97) Refused
(95) 95+ times (99) DK

FIJ.330 **[If FIJ.320 equals 1, ask:]**

When did {subject's name} poisoning happen?

>POIDTEM1< MONTH: _____
>POIDTED1< DAY: _____
>POIDTEY1< YEAR: _____

[If FIJ.320 is greater than 1, ask:]

Now I'm going to ask a few question about {subject's name} most recent poisoning. When did that happen?

>POIDTEM1< MONTH: _____
>POIDTED1< DAY: _____
>POIDTEY1< YEAR: _____

[If FIJ.320 is greater than or equal to 2, ask:]

We just talked about {subject's name} poisoning on {recent poisoning date}. When did {subject's name} poisoning BEFORE THAT happen?

>POIDTEM#< MONTH: _____
>POIDTED#< DAY: _____
>POIDTEY#< YEAR: _____

[FIJ.340 to FIJ.410 are repeated for each poisoning episode.]

FIJ.340 Did {you/subject's name} poisoning result from:

FR: SHOW CARD F8.

- >POITPR2#< (1) a drug or medical substance used mistakenly or in overdose (FIJ.360)
(2) a harmful or toxic solid or liquid substance (FIJ.360)
(3) inhaling gases or vapors (FIJ.360)
(4) eating a poisonous plant or other substance mistaken for food (FIJ.360)
(5) a venomous animal or plant (FIJ.360)
(6) something else (FIJ.350)
(7) Refused (FIJ.360)
(9) DK (FIJ.360)

FIJ.350

FR: ENTER THE VERBATIM RESPONSE.

>PSPEC_1< _____
>PSPEC_2< _____
>PSPEC_3< _____
>PSPEC_4< _____

FIJ.360 Did you or did someone else call a poison control center for advice in treating {subject's name} poisoning?

- >POICC#< (1) Yes (7) Refused
(2) No (9) DK

FIJ.370 {Were/Was} {you/subject's name} hospitalized for at least one night as a result of this poisoning?

>PHOSP#< (1) Yes (FIJ.380) (7) Refused (FIJ.390)
(2) No (FIJ.390) (9) DK (FIJ.390)

FIJ.380 How many nights {were/was} {you/subject's name} in the hospital?

FR: IF "STILL IN HOSPITAL," ASK HOW MANY NIGHTS UP TO TODAY.

>PHNO#< (01-94) 1-94 nights (97) Refused
(95) 95+ nights (99) DK

Check item FIJCCI2: If AGE greater than 13 then go to FIJ.400; Else
If AGE greater than 4 and less than 14 then go to FIJ.410; Else
If AGE less than 5 then return to FIJ.330 for the next poisoning event or the next person.
If there are no more persons and no more poisoning events, go to FAU.010.

FIJ.400 As a result of this poisoning, how much work did {you/subject's name} miss?

FR: SHOW CARD F6.

>PWKLS#< (0) None (6) Not employed at the time of poisoning
(1) Less than 1 day (7) Refused
(2) One to five days (9) DK
(3) Six or more days

FIJ.410 As a result of this poisoning, how many days of school did {you/subject's name} miss?

FR: SHOW CARD F7.

>PSCLS#< (0) None (6) Not in school at the time of poisoning
(1) Less than 1 day (7) Refused
(2) One to five days (9) DK
(3) Six or more days

Check item FIJCCI3: Return to FIJ.330 for next poison episode or next person.
If there are no more persons and no more poison episodes, **go to next section--Health Care Access and Utilization.**

Section IV -- HEALTH CARE ACCESS AND UTILIZATION

Part A -- Access To Care

FAU.010 The following questions are about the use of health care. Do not include dental care.

DURING THE PAST 12 MONTHS, has medical care been delayed for {you/anyone in the family} because of worry about the cost?

>**FDMED12M**< (1) Yes (FAU.020) (7) Refused (FAU.030)
(2) No (FAU.030) (9) DK (FAU.030)

FAU.020 For which family member was medical care delayed? (Anyone else?)

>**PDMED12M**< [] [] []
[] [] []

FAU.030 DURING THE PAST 12 MONTHS, was there any time when {you/anyone in the family} needed medical care, but did not get it because {you/the family} couldn't afford it?

>**FNMED12M**< (1) Yes (FAU.040) (7) Refused (FAU.050)
(2) No (FAU.050) (9) DK (FAU.050)

FAU.040 Who didn't get needed care? (Anyone else?)

>**PNMED12M**< [] [] []
[] [] []

Part B -- Hospital Utilization

FAU.050 DURING THE PAST 12 MONTHS {were/was} {you/anyone in the family} a patient in a hospital OVERNIGHT? (Do not include an overnight stay in the emergency room.)

[If there is a child <1 year old in the family add]

Remember to include any new mothers and/or babies who were hospitalized for the baby's birth.

>FHOSPYR< (1) Yes (FAU.060) (7) Refused (FAU.120)
(2) No (FAU.120) (9) DK (FAU.120)

FAU.060 Who was in a hospital overnight? (Anyone else?)

>PHOSPYR< [] [] []
[] [] []

FAU.070 How many different times did {you/subject's name} stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

>HOSPNO< (001-365) 1-365 Times (999) DK
(997) Refused

FAU.110 Altogether how many nights {were/was} {you/subject's name} in the hospital DURING THE PAST 12 MONTHS?

>HPNITE< (001-365) 1-365 Nights (999) DK
(997) Refused

[If FAU.070 < FAU.110 go to NEXT_HOSP; Else go to FAU.115]

FAU.115

FR : DO NOT READ ALOUD:

[fill HPNITE_N] is less than the total number of times just reported that {you/subject's name} was in the hospital overnight. PROBE TO CORRECT.

>HPVER< (1) Increase total number of nights in hospital (FAU.110)
(2) Decrease total number of times [you/subject's name] stayed in hospital (FAU.070)
(3) Proceed without correcting (NEXT_HOSP)

Check item: NEXT_HOSP: Go back for next person listed in FAU.060. When no more people, go to FAU.120.

Part C -- Health Care Contacts

These next questions are about health care received during the 2 WEEKS outlined on that calendar. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists, and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors. DO NOT INCLUDE DENTAL CARE.

FAU.120 [If FAU.050 equals 1, add:]

Do not include care while an overnight patient in a hospital.

[Else, continue to read:]

During those 2 WEEKS, did {you/anyone in the family} receive care AT HOME from a nurse or other health care professional?

[Exclude children born during interview week]

>FHCHM2W< (1) Yes (FAU.130) (7) Refused (FAU.150)
(2) No (FAU.150) (9) DK (FAU.150)

FAU.130 Who received care at home? (Anyone else?)

>PHCHM2W< [] [] []
[] [] []

FAU.140 How many home visits did {you/subject's name} receive during those 2 WEEKS?

>PHCHMN2W<(01-49) 1-49 Visits (97) Refused
(50) 50+ Visits (99) DK

FAU.150 During those 2 WEEKS, did {you/anyone in the family} talk over the PHONE with a doctor, nurse, or other health care professional about a member of this family? Include phone calls for medical advice, prescriptions or test results, but do NOT include phone calls to make appointments.

[Exclude children born during interview week]

>FHCPH2W< (1) Yes (FAU.160) (7) Refused (FAU.180)
(2) No (FAU.180) (9) DK (FAU.180)

FAU.160 Who was the phone call about? (Anyone else?)

>PHCPH2W< [] [] []
[] [] []

FAU.170 During those 2 WEEKS, how many telephone calls were made about {you/subject's name}?

>PHCPHN2W<(01-49) 1-49 Calls (97) Refused
(50) 50+ Calls (99) DK

FAU.180 During those 2 WEEKS, did {you/anyone in the family} see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place? (Do not include times during an overnight hospital stay.)

[Exclude children born during interview week]

>FHCDV2W< (1) Yes (FAU.190) (7) Refused (FAU.210)
(2) No (FAU.210) (9) DK (FAU.210)

FAU.190 Who received care? (Anyone else?)

>PHCDV2W<

FAU.200 How many times did {you/subject's name} visit a doctor or other health care professional during those 2 WEEKS?

>PHCDVN2W< (01-49) 1-49 Times (97) Refused
(50) 50+ Times (99) DK

FAU.210 During the past 12 MONTHS did {you/anyone in the family} receive care from doctors or other health care professionals 10 or more times?

>F10DVYR< (1) Yes (FAU.220) (7) Refused (Go to next section - Health Insurance)
(2) No (Go to next section - Health Insurance) (9) DK (Go to next section - Health Insurance)

FAU.220 Who received care 10 or more times? (Anyone else?)

>P10DVYR<

(Go to next section--Health Insurance)

Section V -- HEALTH INSURANCE

FHI.010 The next questions are about health insurance.

Are you familiar with the family's health care coverage?

>**HRFHI**< (1) Yes (FHI.050) (7) Refused (FHI.020)
(2) No (FHI.020) (9) DK (FHI.020)

FHI.020 Who else in the family could answer questions about the family's health insurance?

>**PHIWHO**< [Enter person #s] [] [] [] [] [] [] [] []

FHI.030 Is {the person/anyone that} you just mentioned available now to answer questions about health insurance?

>**FAVAIL**< (1) Yes (FHI.040) (7) Refused (FHI.050)
(2) No (FHI.050) (9) DK (FHI.050)

FHI.040

FR: SELECT APPROPRIATE PERSON TO ANSWER DETAILED HEALTH INSURANCE QUESTIONS.

>**FAVAIL31**< [Enter person #] []

Check item FHICCI1: If FHI.040 has more than 1 input: show message "FR: PLEASE MARK ONLY ONE RESPONDENT. <1> Back up and make a correction", go back to FHI.040 for correction.

FHI.050 **FR: HAND CARD F9.**

[If FAVAIL eq <1>]

The next questions are about health insurance.

[If FAVAIL ne <1>]

Since no one else is available to answer these questions, we can just continue. Just give the best answers you can.

{Are you/Is anyone} covered by health insurance or some other kind of health care plan?

FR: READ IF NECESSARY: INCLUDE HEALTH INSURANCE OBTAINED THROUGH EMPLOYMENT OR PURCHASED DIRECTLY AS WELL AS GOVERNMENT PROGRAMS LIKE MEDICARE AND MEDICAID THAT PROVIDE MEDICAL CARE OR HELP PAY MEDICAL BILLS.

>**FHICOV**< (1) Yes (FHI.060) (7) Refused (FHICCI9)
(2) No (FHICCI9) (9) DK (FHICCI9)

FHI.060 Who has coverage? (Anyone else?)

>PHICOV< [Enter person #s]

[For members who were not marked in FHI.060, go to FHICCI9; Those family members who were marked in FHI.060, go to FHI.070.]

FHI.070 What kind of health insurance or health care coverage {do/does} {you/subject’s name} have? EXCLUDE private plans that only provide extra cash while hospitalized or pay for only one type of service (nursing home care, accidents, or dental care). (Anything else?)

**FR: SHOW CARD F9.
MARK “X” ALL THAT APPLY.**

- >HIKINDA< (01) Private health insurance plan from employer or workplace
- >HIKINDB< (02) Private health insurance plan purchased directly
- >HIKINDC< (03) Private health insurance plan through a State or local government program or community program
- >HIKINDD< (04) Medicare
- >HIKINDE< (05) Medi-GAP
- >HIKINDF< (06) Medicaid
- >HIKINDG< (08) Military health care/VA
- >HIKINDH< (09) CHAMPUS/TRICARE/CHAMP-VA
- >HIKINDI< (10) Indian Health Service
- >HIKINDJ< (11) State-sponsored health plan
- >HIKINDK< (12) Other government program

Check item FHICCI3: (Medicare Coverage) Loop through every non-deleted and non Armed Forces family member roster:

1. If the person in FHI.070 marked 5 and not 4, mark HIKINDD=X and go to FHI.080.
2. If the person in FHI.070 marked 4, go to FHI.080.
3. If the person in FHI.070 did not mark 4, go to Check item FHICCI4

FHI.080 Earlier I recorded that {you/subject name} {are/is} covered by Medicare. May I please see {your/subject’s name} Medicare card to determine the type of coverage and to record the Health Ins. Claim Number? This number is needed to allow Medicare records of the Health Care Financing Administration to be easily and accurately located and identified for statistical or research purposes. We may also need to link it with other records in order to re-contact you. Except for these purposes, NCHS will not release your Health Insurance Claim Number to anyone, including any other government agency. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on your benefits. This number will be held in strict confidence.

FR: READ IF NECESSARY: THE PUBLIC HEALTH SERVICE ACT IS TITLE 42, UNITED STATES CODE, SECTION 242K.

>MCNO_1< Claim Number (only numbers): _____ - _____ - _____
>MCNO_2< (any characters): - ____

FHI.090

FR: FILL IN APPROPRIATE COVERAGE TYPE BELOW

- >MCPART< (1) Part A - Hospital Only (Check item FHICCI4) (4) Card Not Available (FHI.100)
- (2) Part B - Medical Only (FHI.100) (7) Refused (FHI.100)
- (3) Both Part A & Part B (FHI.100) (9) DK (FHI.100)

FHI.100 {Are/Is} {You/subject's name} under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency).

- >MCHMO< (1) Yes (7) Refused (FHICCI4)
- (2) No (FHICCI4) (9) DK (FHICCI4)

[If answer equals 1, ask:]

FHI.110 What is the name of the HMO?

>MCHMO_NA< Name: _____

Check item FHICCI4: (Medicaid Coverage) If the person in FHI.070 marked 6 then go to FHI.120; Else go to Check item FHICCI5.

FHI.120

FR: SHOW CARD F10 FOR STATE MEDICAID NAMES

The next questions are about Medicaid coverage. In this State it is also called (state name). {You/subject's name} {are/is} listed as having Medicaid coverage. Can {you/subject's name} go to ANY doctor who will accept Medicaid or MUST {you/he/she} choose from a book or list of doctors or is a doctor assigned?

- >MACHMD< (1) Any doctor (FHI.140) (7) Refused (FHI.140)
- (2) Select from book/list (MACHMD_1) (9) DK (FHI.140)
- (3) Doctor is assigned (MACHMD_2)

FHI.130 **[If answer equals 2, ask:]**

What is the name of the health plan that provided the book or list?

>MACHMD_1< Name: _____ (FHI.140)

[If answer equals 3, ask:]

What is the name of the health plan that assigned the doctor?

>MACHMD_2< Name: _____ (FHI.140)

FHI.140 {Are/Is} {you/subject's name} required to sign up with a certain primary care doctor, group of doctors, or certain clinic which {you/he/she} must go to for all of {your/his/her} routine care? (Do not include emergency care or care from a specialist {you/he/she} was referred to).

>MAPCMD< (1) Yes (7) Refused
(2) No (9) DK

FHI.150 If {you/subject's name} {need/needs} to go to a different doctor or place for special care, (do/does) {you/he/she} need approval or a referral? (Do not include emergency care.)

>MAREF< (1) Yes (7) Refused
(2) No (9) DK

[When roster exhausted go to Check item FHICCI5.]

Check item FHICCI5: Loop through the family member roster:
If any person with -
- Private health insurance plan from employer or workplace (in FHI.070 marked 1),
- Private health insurance plan purchased directly (in FHI.070 marked 2),
- Private health insurance plan through a State or local government program or community program (in FHI.070 marked 3)
- Medi-gap (in FHI.070 marked 5),
Then go to Check item FHICCI6; Else go to Check item FHICCI7.

Check item FHICCI6: The next questions are about private health insurance plans obtained through work, purchased directly, or through a State or local government or community program.

[If more than 1 person has private insurance plan say:]

We have the following persons listed as being covered by such plans {read names}.

FHI.160 It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?

FR: REMIND RESPONDENT IF NECESSARY: Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.

FR: IF NECESSARY: Do you have something with the plan name on it?

>HIPNAM_N< Name: _____

FHI.170 Which family members are covered by that plan?

>HIPNAM_B< [Enter person #s] [] [] [] [] [] [] [] []

FHI.171 Are there any more health insurance plans?

>MORPLAN< (1) Yes (FHI.172) (2) No (FHICCI7)

FHI.172 What is the name of the next plan?

>NEXTPNM1< Name: _____

FHI.173 Which family members are covered by that plan?

>NEXTPNM4< [Enter person #s] [] [] [] [] [] [] [] []

FHI.174 Are there any more health insurance plans in addition to those already mentioned?

>MORPLAN2< (1) Yes (FHI.175) (2) No (FHICCI7)

FHI.175 What is the name of the next plan?

>NEXTPNM5< Name: _____

FHI.176 Which family members are covered by that plan?

>NEXTPNM6< [Enter person #s] [] [] [] [] [] [] [] []

FHI.177 Are there any more health insurance plans in addition to those already mentioned?

>MORPLAN3< (1) Yes (FHI.178) (2) No (FHICCI7)

FHI.178 What is the name of the next plan?

>NEXTPNM7< Name: _____

FHI.179 Which family members are covered by that plan?

>NEXTPNM8< [Enter person #s] [] [] [] [] [] [] [] []

Check item FHICCI7: If any private insurance covered person wasn't list on any of the above plans, go to FHI.180. If there are no such persons, go to Check item FHICCI8.

FHI.180 {Subject's name} is listed as having private insurance but was not mentioned as being covered by any of the plans we just discussed. Is {subject's name} covered by private insurance?

>HIVER1< (1) Yes (FHI.190) (7) Refused (FHI.070)
(2) No (FHI.070) (9) DK (FHI.070)

FHI.190 Is the health insurance plan of {subject's name} the same as one of those already mentioned?

FR: MARK "X" ANY THAT APPLY (fill in from FHI.170: HIPNAM, NEXTPNM, NEXTPNM2).

- >HIVER2_1< []1 [fill HIPNAM]
- >HIVER2_2< []2 [fill NEXTPNM] (if available)
- >HIVER2_3< []3 [fill NEXTPNM2] (if available)
- >HIVER2_4< []4 [fill NEXTPNM3] (if available)
- >HIVER2_5< []5 Some other plan not already mentioned

Check item FHICCI8: FHI.200-FHI.246 are repeated for each health plan.

FHI.200 **[If multiple plan names (i.e. from FHI.160 - FHI.179), read:]**

Now I am going to ask some questions about the {plan/plans} you just told me about, {/starting with} [fill plan name].

[else read]

Next I would like to ask you about [fill plan name].

[Read to everyone]

Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

FR: ENTER (0) FOR POLICYHOLDER OUTSIDE OF FAMILY.

>WHONAM#< [Enter person #] []

FHI.210 Was this plan originally obtained through the workplace, such as through a present or former employer or union?

- >PLNWRK#< (1) Employer (5) No
- (2) Union (7) Refused
- (3) Through workplace, but DK if employer or union (9) DK
- (4) Through workplace, self-employed or professional association

FHI.220 Who pays for this health insurance plan?

FR: ENTER ALL THAT APPLY. IF GOVERNMENT PROGRAM IS REPORTED, PROBE FOR MEDICARE OR MEDICAID BEFORE ENTERING CODE 6. IF GOVERNMENT IS THE EMPLOYER, ENTER CODE 2.

- >PLNPAY##< (1) Self or Family (FHI.230) (5) Medicaid (FHI.240)
- (2) Employer or Union (FHI.240) (6) State or local government
- (3) Someone outside the household (FHI.240) or community program (FHI.240)
- (4) Medicare (FHI.240) (7) Refused (FHI.240)
- (9) DK (FHI.240)
- [] [] []
- [] [] []

FHI.230 During the PAST 12 MONTHS, how much did {you/your family} spend for health insurance premiums for {plan name}? Please include payroll deductions for premiums.

FR: SHOW CARD F12.

>HICOST#< (1) Less than \$500 (5) \$3,000 or more
(2) \$500-\$999 (7) Refused
(3) \$1,000-\$1,999 (9) DK
(4) \$2,000-\$2,999

FHI.240 Is {plan name} an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-of-Service), or is it some other kind of plan?

FR: ACCEPT PPO AS A VALID RESPONSE IF THE RESPONDENT OFFERS IT. ENTER CODE 2 FOR PPO. READ IF NECESSARY: Health Maintenance Organizations, or HMOs, and Individual Practice Associations, or IPAs, are plans whose members are required to use only those doctors who work for or in association with the plan. Sometimes members may choose to go to doctors not associated with the plan, but usually at greater cost to the member. Generally, members do not have to submit claims for costs of medical care services.

>PLNMGD#< (1) HMO/IPA (4) Other
(2) PPO (7) Refused
(3) POS (9) DK

FHI.242 Under this plan, can {you/the family member(s) with this plan} choose ANY doctor or MUST {you/they} choose one from a specific group or list of doctors?

>MGCHMD#< (1) Any doctor (FHI.244) (7) Refused (FHICCI9)
(2) Select from group/list (9) DK (FHICCI9)
(FHI.246)

FHI.244 Do {you/the family member(s) with this plan} have the option of choosing a doctor from a preferred or select list at a lower cost?

>MGPRMD#< (1) Yes (7) Refused
(2) No (9) DK

FHI.246 If {you/the family member(s) with this plan} select a doctor who is not in the plan, will {plan name} pay for any part of the cost?

>MGPYMD#< (1) Yes (7) Refused
(2) No (9) DK

Check item FHICCI8A: If there are more health plans, return to FHICCI8; Else go to FHICCI9.

Check item FHICCI9: Loop through each non-deleted family member: If any member is in a family with a family member in the armed forces, go to FHI.320; Else if any member with no entry marked in FHI.060 , go to FHI.260; Else if any member marked FHI.070 with 10 or 11 go to FHI.250; Else go to FHI.300.

HI.250 Earlier I recorded that {you/subject's name} {are/is} covered by a state-sponsored or other public program (other than Medicaid) that pays for health care. What is the name of the plan?

>STNAME< Plan: _____

FHI.260 Earlier I recorded that {you/subject's name} {do/does} not have health care coverage of any kind. {Do/Does} {you/he/she} have Medicare, Medicaid,

FR: READ STATE NAME FOR MEDICAID AND STATE SPONSORED HEALTH INSURANCE PROGRAM FROM CARDS F10 AND F11.

CHAMPUS or CHAMPVA... or any private insurance?

>HICHECK< (1) Yes (FHI.060) (7) Refused (FHI.270)
(2) No (FHI.270) (9) DK (FHI.270)

FHI.270 About how long has it been since {subject's name} last had health care coverage?

FR: SHOW CARD 13.

>HILAST< (1) 6 months or less (4) More than 3 years
(2) More than 6 months, but not more than 1 year ago (5) Never
(3) More than 1 year, but not more than 3 years ago (7) Refused
(9) DK

FHI.280 Which of these are reasons {you/subject's name} stopped being covered or do not have health insurance?

FR: SHOW CARD F14.

- | | |
|--|---|
| (1) Person in family with health insurance lost job or changed employers | (7) Medicaid/Medical plan stopped after pregnancy |
| (2) Got divorced or separated/death of spouse or parent | (8) Lost Medicaid/Medical plan because of new job or increase in income |
| (3) Became ineligible because of age/left school | (9) Lost Medicaid (other) |
| (4) Employer does not offer coverage/ Or not eligible for coverage | (10) Other (specify) _____ |
| (5) Cost is too high | (97) Refused |
| (6) Insurance company refused coverage | (99) DK |

>HISTOP< [] [] []
[] [] []

(Go to

FHI.320)

FHI.300 In the PAST 12 MONTHS, was there any time when {subject's name} did NOT have ANY health insurance or coverage?

>HINOTYR< (1) Yes (FHI.310) (7) Refused (FHI.320)
(2) No (FHI.320) (9) DK (FHI.320)

FHI.310 In the PAST 12 MONTHS, about how many months {were/was} {you/subject's name} without coverage?

>HINOTMYR< (01-12) 1-12 months (97) Refused (99) DK

FHI.320 During the PAST 12 MONTHS, about how much did {you/your family} spend for medical care, including dental care? Do NOT include the cost of health insurance premiums, over the counter remedies, or any costs for which you expect to be reimbursed.

FR: SHOW CARD F15.

>HCSPFYR< (0) Zero (4) \$3,000-\$4,999
(1) Less than \$500 (5) \$5,000 or more
(2) \$500-\$1,999 (7) Refused
(3) \$2,000-\$2,999 (9) DK

(Go to next section--Socio-Demographic Background)

Section VI -- SOCIO-DEMOGRAPHIC BACKGROUND

[FSD.001 to FSD.130 are asked for each person in the family.]

FSD.001 In what country {were/was} {you/subject's name} born?
>PLBORN< (001) United States (010) Ecuador (022) India
 (002) Puerto Rico (011) El Salvador (023) Iran
 (003) Outlying Area of the U.S. (012) England (024) Ireland/Eire
 (American Samoa, Guam, U.S. (013) France (025) Italy
 Virgin Islands, Northern (014) Germany (026) Jamaica
 Marianas, Other U.S. Territory)(015) Greece (027) Japan
 (004) Canada (016) Guatemala (997) Refused
 (005) Cambodia (017) Guyana (999) DK
 (006) China (018) Haiti
 (007) Colombia (019) Honduras
 (008) Cuba (020) Hong Kong
 (009) Dominican Republic (021) Hungary

OTHER COUNTRIES FOR NATIVITY

>PLBORN2< (028) Laos (041) Vietnam (300) Bermuda
 (029) Mexico (042) Yugoslavia (376) Bolivia
 (030) Nicaragua (200) Afghanistan (377) Brazil
 (031) Peru (375) Argentina (205) Burma
 (032) Philippines (185) Armenia (378) Chile
 (033) Poland (102) Austria (311) Costa Rica
 (034) Portugal (501) Australia (155) Czech Republic
 (035) Russia (130) Azores (105) Czechoslovakia
 (036) Scotland (333) Bahamas (106) Denmark
 (037) Korea/South Korea (202) Bangladesh (338) Dominica
 (038) Taiwan (334) Barbados (415) Egypt
 (039) Thailand (310) Belize (417) Ethiopia
 (040) Trinidad & Tobago (103) Belgium (507) Fiji

OTHER COUNTRIES FOR NATIVITY

>PLBORN3< (108) Finland (224) Malaysia (156) Slovakia/Slovak Rep.
 (421) Ghana (436) Morocco (449) South Africa
 (138) Great Britain (128) Netherlands (134) Spain
 (340) Grenada (514) New Zealand (136) Sweden
 (126) Holland (440) Nigeria (137) Switzerland
 (211) Indonesia (142) Northern Ireland (237) Syria
 (213) Iraq (127) Norway (240) Turkey
 (214) Israel (229) Pakistan (195) Ukraine
 (216) Jordan (253) Palestine (387) Uruguay
 (427) Kenya (317) Panama (180) USSR
 (183) Latvia (132) Romania (388) Venezuela
 (222) Lebanon (233) Saudi Arabia (353) Caribbean
 (184) Lithuania (234) Singapore (318) Central America

OTHER REGIONS/CONTINENTS FOR NATIVITY

>PLBORN4< (389) South America (252) Middle East (555) Elsewhere
(304) North America (468) North Africa (462) Other Africa
(148) Europe (527) Pacific Islands (245) Asia

If PLBORN=1 go to FSD.002; all others go to FSD.003.

FSD.002 In what state {were/was} {you/subject's name} born?

>USBORN< State: _____ (Go to FSDCCI1)

FSD.003

FR: READ IF NECESSARY:

Earlier I recorded {your/subject's name} date of birth as {fill in date of birth}.

In what year did {you/subject's name} come to the United States to stay?

>USYR< Year: _____
(1900-1998) 1900-1998 years (FSD.005)
(9997) Refused (FSD.004)
(9999) DK(FSD.004)

FSD.004

FR: READ IF NECESSARY:

Earlier I recorded that {you/subject's name} {are/is} _____ years old.

About how long {have/has} {you/subject's name} been in the United States?

FR: ENTER 95 FOR 95 OR MORE YEARS. IF LESS THAN 1 YEAR, GIVEN AS A RESPONSE, CODE THE ANSWER AS "1".

>USLONG< Years: _____
(1-94) years (97) Refused
(95) 95+ years (99) DK

FSD.005

FR: SHOW CARD F16.

{Are/Is} { you/subject's name } a CITIZEN of the United States?

- >**CITIZEN**< (1) Yes, born in the United States
(2) Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
(3) Yes, born aboard to American parent(s)
(4) Yes, U.S. citizen by naturalization
(5) No, not a citizen of the United States
(7) Refused
(9) DK

Check item FSDCC11: If AGE is less than or equal to 6, go to FSD.006. When no more family members AGE is less than or equal 6, then go to FSD.010.

FSD.006 Is {subject's name} now attending Head Start?

- >**HEADST**< (1) Yes (FSD.010) (7) Refused (FSD.007)
(2) No (FSD.007) (9) DK (FSD.007)

FSD.007 Has {subject's name} ever attended Head Start?

- >**HEADSTEV**< (1) Yes (7) Refused
(2) No (9) DK

FSD.010 What is the HIGHEST level of school {you/subject's name} {have/has} completed or the highest degree {you/subject's name} {have/has} received? Please tell me the number from the card. Enter highest level of school:

FR: SHOW CARD F17.

- >**EDUC**< (00) Never attended/
kindergarten only (14) GED or equivalent
(01) 1st grade (15) Some college, no degree
(02) 2nd grade (16) Associate degree: occupational,
technical, or vocational program
(03) 3rd grade (17) Associate degree: academic program
(04) 4th grade (18) Bachelor's degree
(05) 5th grade (Example: BA, AB, BS, BBA)
(06) 6th grade (19) Master's degree
(07) 7th grade (Example: MA, MS, MEng, MEd, MBA)
(08) 8th grade (20) Professional School degree
(09) 9th grade (Example: MD, DDS, DVM, JD)
(10) 10th grade (21) Doctoral degree (Example: PhD, EdD)
(11) 11th grade (22) Child under 5 years old
(12) 12th grade, no diploma (97) Refused
(13) HIGH SCHOOL GRADUATE (99) Don't know

FSD.041 {Have you/Has anyone in the family} ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corp, or Coast Guard? (If so, who? Anyone else?)

FR: SERVICE IN NATIONAL GUARD OR RESERVES IS NOT CONSIDERED ACTIVE DUTY

>MILTRYDS<

Check item FSDCCI2: Go through all non-deleted family members, If AGE greater than or equal to 18 go to FSD.050; Else go to next section (Income and Assets). When the family roster is exhausted, go to next section (Income and Assets).

FSD.050 Which of the following {were/was} {you/subject's name} doing LAST WEEK?

>DOINGLW< (1) Working at a job or business (FSD.070) (7) Refused (FSD.060)
(2) With a job or business but not at work (FSD.060) (9) DK (FSD.060)
(3) Looking for work (FSD.060)
(4) Not working at a job or business (FSD.090)

FSD.060 Did {you/subject's name} do any work at a job or business at all LAST WEEK (includes unpaid work in family farm or business)?

>WRKLW< (1) Yes (FSD.070) (7) Refused (FSD.100)
(2) No (if FSD.050=3 Go to FSD.100; ELSE FSD.090) (9) DK (FSD.100)

FSD.070 How many hours did {you/subject's name} work LAST WEEK at ALL jobs or businesses?

>WRKHRS< Hours: _____

(01-94) 1-94 hours (FSD.080) (97) Refused (FSD.080)
(95) 95+ (FSD.110) (99) DK (FSD.080)

FSD.080 {Do/Does} {you/subject's name} USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

>WRKFTALL<(1) Yes (7) Refused
(2) No (9) DK

(Go to FSD.110)

FSD.090 **[If FSD.050 equals 2, ask:]**

What is the main reason {you/subject's name} did not work last week?

[Else, ask:]

What is the main reason {you/subject's name} did not have a job or business last week?

>WHYNOWRK< (1) Keeping house (5) On layoff
(2) Going to school (6) Other
(3) Retired (7) Refused
(4) Unable to work for health reasons (9) DK

FSD.100 [If FSD.060 equals 7 or 9, ask:]

Did {you/he/she} work for pay at any time in {last year in 4 digit format}?

[Else, ask:]

Although you reported that {you/subject's name} did not work at any time in the LAST week, did {you/he/she} work for pay at any time in {last year in 4 digit format}?

>WRKLYR< (1) Yes (FSD.110) (7) Refused (Check item FSDCCI3)
(2) No (Check item FSDCCI3) (9) DK (Check item FSDCCI3)

FSD.110 How many months in {last year in 4 digit format} did {you/subject's name} have at least one job or business?

FR: IF LESS THAN ONE MONTH, ENTER (1).

>WRKMYR< (01-12) 1-12 months (99) DK
(97) Refused

FSD.120 What is your best estimate of {your/subject's name} earnings (include hourly wages, salaries, tips and commissions) before taxes and deductions from ALL jobs and businesses in {last year in 4 digit format}?

FR: ENTER 999,995 IF THE REPORTED INCOME IS GREATER THAN \$999,995.

>ERNYR< (000001-999994) 1-999994 dollars (999997) Refused
(999995) \$999,995+ (999999) DK

Check item FSDCCI3: If FSD.050 equals 1 or 2, go to FSD.130; Else, go to Check item FSDCCI2 for next person. When roster exhausted, go to next section (Income and Assets).

FSD.130 Was health insurance offered to {you/subject's name} through {your/his/her} workplace?

>HIEMPOF< (1) Yes (7) Refused
(2) No (9) DK

(Go to next section--Income and Assets)

Section VII -- INCOME AND ASSETS

Part A -- Sources of Income

>INTROINC<

FR: READ THE FOLLOWING:

The next questions are about {your/your combined family} income. Each income question refers to income received in {last calendar year}.

FIN.010 When answering these questions, please remember that by "combined family income", I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home) BEFORE TAXES.

Are you knowledgeable about your family's finances?

>FCINC< (1) Yes (FIN.030) (7) Refused (FIN.011)
(2) No (FIN.011) (9) DK (FIN.011)

FIN.011 Who else in the family could answer questions about the family's finances?

>PINWHO> [] [] [] [] []

FIN.012 Is anyone that you just mentioned available now to answer questions about finances?

>FINAVAIL< (1) Yes (FIN.013) (7) Refused (Check item FINCCI1)
(2) No (Check item FINCCI1) (9) DK (Check item FINCCI1)

FIN.013 Person number of respondent for detailed income questions.

>PNINDT< [Enter person #s] [] [] [] [] [] [] [] []

Check item FINCCI1: If an entry in FIN.011 equals respondent, set SAINFLG = 1 (SAINFLG = Sample Adult Income Flag), go to FIN.030.

FIN.030 **[If FINAVAIL eq <2>, ask:]**

Since no one else is available to answer these questions, we can just continue. Just give the best answers you can.

[If one person family, ask:]

Did you receive income in {last year in 4 digit format} from... Wages and Salaries?

[else, ask:]

Did any family members 18 and older, that is (READ NAMES), receive income in {last year in 4 digit format} from... Wages and Salaries?

>FSAL< (1) Yes (FIN.040) (7) Refused (FIN.050)
(2) No (FIN.050) (9) DK (FIN.050)

FIN.110 Did {you/any family members living here} receive Supplemental Security Income (SSI)?

FR: READ IF NECESSARY:

Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue colored envelope.

>FSSI< (1) Yes (FIN.120) (7) Refused (FIN.150)
(2) No (FIN.150) (9) DK (FIN.150)

FIN.120 Who in the family received this? (Anyone else?)

>PSSI< [] [] []
[] [] []

FIN.122 Did {you/subject's name listed in PSSI} receive SSI because {you/he/she} {have/has} a disability?

>PSSID< (1) Yes (7) Refused
(2) No (9) DK

FIN.150 At any time during {last year in 4 digit format}, even for one month, did {you/any family member living here} receive any government assistance payments because your income was low, such as welfare or temporary assistance for needy families?

>FTANF< (1) Yes (FIN.160) (7) Refused (FIN.162)
(2) No (FIN.162) (9) DK (FIN.162)

FIN.160 Who in the family received this? (Anyone else?)

>PTANF< [] [] []
[] [] []

FIN.162 At any time during {fill year}, did {you/anyone in your family} have lower rent because a government program for persons with low income was paying part of the cost?

>FGAH< (1) Yes (7) Refused
(2) No (9) DK

FIN.164 At any time during {fill year}, did {you/anyone in the family} receive any OTHER kind of welfare assistance such as help with getting a job, placement in education or job training programs, or help with transportation or child care?

>FOWEN< (1) Yes (FIN.166) (7) Refused (FIN.170)
(2) No (FIN.170) (9) DK (FIN.170)

FIN.166 Who received this? (Anyone else?)

>POWEN< [] [] []
[] [] []

FIN.170 Did {you/anyone in the family} receive interest from savings or other bank accounts?

>FINTRST< (1) Yes (FIN.180) (7) Refused (FIN.190)
(2) No (FIN.190) (9) DK (FIN.190)

FIN.180 Who received this? (Anyone else?)

>PINTRST<

FIN.190 Did {you/anyone in the family} receive income from... dividends received from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?

>FDIVD< (1) Yes (FIN.200) (7) Refused (FIN.210)
(2) No (FIN.210) (9) DK (FIN.210)

FIN.200 Who received this? (Anyone else?)

>PDIVD<

FIN.210 Did {you/anyone in the family} receive income from... child support?

>FCHLDSP< (1) Yes (FIN.200) (7) Refused (FIN.230)
(2) No (FIN.230) (9) DK (FIN.230)

FIN.220 Who received this? (Anyone else?)

>PCHLDSP<

FIN.230 Did {you/anyone in the family} receive income from any other source such as alimony, contributions from family/others, VA payments, Worker's Compensation, or unemployment compensation?

>FINCOT< (1) Yes (FIN.240) (7) Refused (FIN.250)
(2) No (FIN.250) (9) DK (FIN.250)

FIN.240 Who received this? (Anyone else?)

>PINCOT<

Part B -- Amounts and Home Ownership

FIN.250 Now I am going to ask about the total combined income {for you/of your family} in {last year in 4 digit format}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

FR: IF NECESSARY REMIND RESPONDENT THAT TOTAL COMBINED FAMILY INCOME IS THEIR INCOME PLUS THE INCOME OF ALL FAMILY MEMBERS INCLUDING COHABITING PARTNERS AND ARMED FORCES MEMBERS LIVING AT HOME BEFORE TAXES.

>FAMINC< (0-999995) 0-999995 dollars (FIN.280) (999997) Refused (FIN.260)
(999996) 999,995+ dollars (FIN.280) (999999) DK (FIN.260)

FIN.260 You may not be able to give us an exact figure for your { /total combined family} income, but can you tell me, if your income in {last year in 4 digit format} was

>FINC20< (1) \$20,000 or more (FIN.270) (7) Refused (FIN.280)
(2) Less than \$20,000 (FIN.270) (9) DK (FIN.280)

**FR: IF ANSWER FOR FIN.260 EQUALS 1, SHOW CARD F18.
IF ANSWER FOR FIN.260 EQUALS 2, SHOW CARD F19.
READ IF NECESSARY: INCOME IS IMPORTANT IN ANALYZING THE HEALTH INFORMATION WE COLLECT. FOR EXAMPLE, THIS INFORMATION HELPS US TO LEARN WHETHER PERSONS IN ONE INCOME GROUP USE CERTAIN TYPES OF MEDICAL SERVICES OR HAVE CERTAIN CONDITIONS MORE OR LESS OFTEN THAN THOSE IN ANOTHER GROUP.**

FIN.270 Of those income groups, can you tell me which letter best represents {your/the total combined FAMILY} income during {last year in 4 digit format}?

>FINCCAT< (00) A (08) I (16) Q (24) Y (32) GG (40) OO
(01) B (09) J (17) R (25) Z (33) HH (41) PP
(02) C (10) K (18) S (26) AA (34) II (42) QQ
(03) D (11) L (19) T (27) BB (35) JJ (43) RR
(04) E (12) M (20) U (28) CC (36) KK (97) Refused
(05) F (13) N (21) V (29) DD (37) LL (99) DK
(06) G (14) O (22) W (30) EE (38) MM
(07) H (15) P (23) X (31) FF (39) NN

FIN.280 Is this house/apartment owned, being bought, rented or occupied by some other arrangement by {you or anyone in the family/you}?

>HOUSEOWN<(1) Owned (4) Other arrangement
(2) Being bought (7) Refused
(3) Rented (9) DK

Part C -- Program Participation

FIN.300 Have {you/any of these family members living here EVER applied for Supplemental Security Income or SSI, {/This includes people who applied for benefits} even if the claim was denied?

>FSSAPL< (1) Yes (FIN.310) (7) Refused (FIN.330)
(2) No (FIN.330) (9) DK (FIN.330)

FIN.310 Who in the family applied for it? (Anyone else?)

>PSSAPL<

FIN.330 Have {you/any of these family members living here EVER APPLIED for disability benefits from Social Security, {/This includes people who applied for benefits} even if the claim was denied?

>FSDAPL< (1) Yes (Go to FIN.340) (7) Refused (FINCCI3)
(2) No (FINCCI3) (9) DK (FINCCI3)

FIN.340 Who in the family applied for it? (Anyone else?)

>PSDAPL<

Check item FINCCI3: If persons not in FIN.160 go to FIN.360; Else go to FIN.350.

FIN.350 Earlier I recorded that {you/subject's name} received government assistance payments from programs such as welfare or temporary assistance for needy families in {last year in 4 digit format}. During {last year in 4 digit format}, about how many months did {you/subject's name} receive welfare or temporary assistance for needy families?

FR: IF LESS THAN 1 MONTH, ENTER (1).

>TANFMYR< (01-11) 1-11 months (97) Refused
(12) 12 months or all (99) DK

FIN.360 {Were/Was} {you/anyone in the family} authorized to receive food stamps (which includes a food stamp card or voucher, or cash grants from the state for food) at anytime during {last year in 4 digit format}?

FR: AN AUTHORIZED PERSON IS ONE WHOSE NAME APPEARS ON A CERTIFICATION CARD

>FFSTIP< (1) Yes (single person family FIN.380; else FIN.370) (7) Refused (next questionnaire)
(2) No (next questionnaire) (9) DK (next questionnaire)

FIN.370 Who was authorized to receive Food Stamps? (Anyone else?)

>PFSTP<

FIN.380 During {last year in 4 digit format}, about how many months {were/was} {you/subject's name} authorized to receive Food Stamps?

FR: IF LESS THAN 1 MONTH, ENTER (1).

>FSTPMYR< (01-11) 1-11 months (97) Refused
 (12) 12 months or all (99) DK

(Go to next questionnaire)