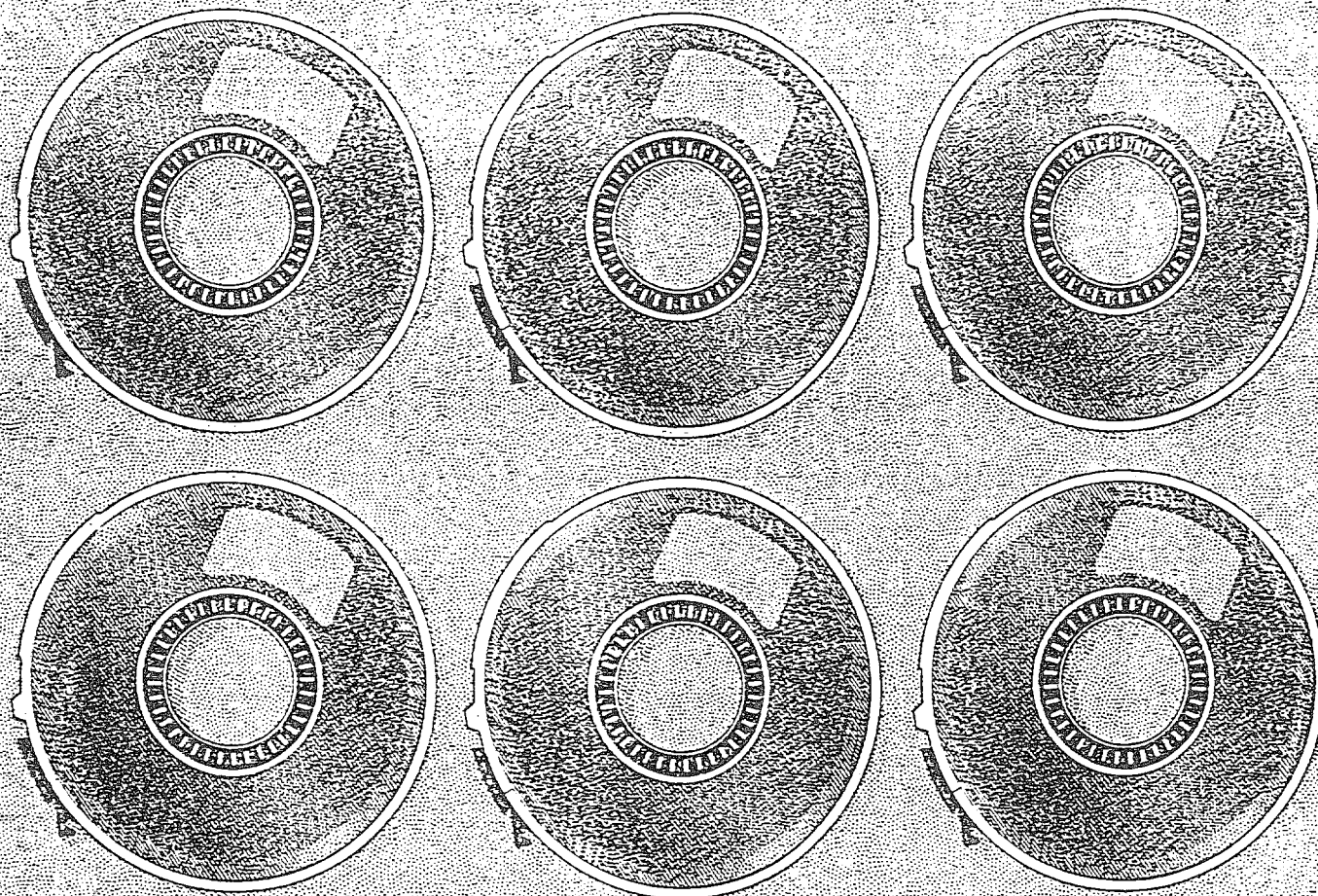


# Public Use Data Tape Documentation

Part II - Interviewer's Manual, HIS-100  
National Health Interview Survey, 1988

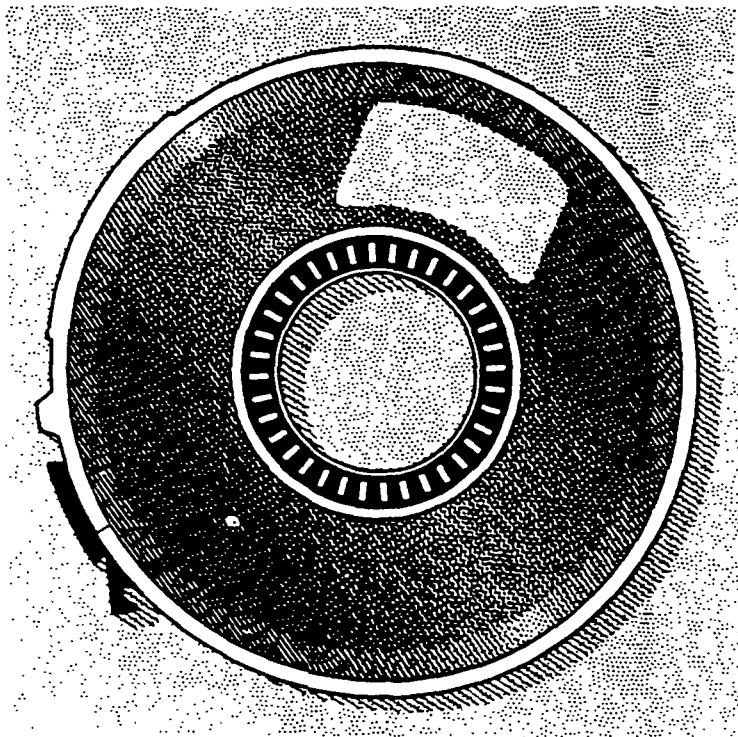


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# Public Use Data Tape Documentation

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Part II - Interviewer's Manual, HIS-100  
National Health Interview Survey, 1988



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

Hyattsville, Maryland  
December 1989

PART A  
THE NATIONAL HEALTH INTERVIEW SURVEY AND YOU

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THE NATIONAL HEALTH INTERVIEW SURVEY AND YOU

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CHAPTER 1. DESCRIPTION OF THE SURVEY

A. Purpose of the  
National Health  
Interview Survey

1. General

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

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

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

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

Public and private health programs were enlarged.

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

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

Despite extensive research on individual diseases in the years 1937-1957, one important element had been missing. We had only piecemeal information from the people themselves on their illness and disability or the medical care they obtained. Many persons, although sick or injured, never became a "health statistic," since requirements for reporting illnesses were limited to hospitalized illnesses and certain contagious diseases.

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

2. Examples of uses of the data

How is the information obtained from the National Health Survey used? Here are some examples taken from a discussion of the program before the Congress.

a. Helps give direction to health expenditures

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

b. Occurrence and severity of illness and disability

Data on health statistics are valuable tools for the public health officer. The nationwide system of reporting communicable diseases has been an important factor in the reduction, and in some instances virtual eradication, of 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.

c. Control of accidents

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

d. Health of the aged

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

e. Health education and research

Governmental health programs have their counterparts in many of the national and local voluntary associations and organizations. These associations collect many millions 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.

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

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

g. Factors related to various diseases

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

3. Who uses the data

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

B. Sponsorship of the Survey

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

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

1. **The National Health Interview Survey (HIS)**  
The National Health Interview Survey, which is covered in this Manual, is the one which you will be working on most of the time. It is referred to simply as "HIS" to distinguish it from the other surveys which are described below.
  
  2. **The National Health and Nutrition Examination Survey (HANES)**  
The National Health and Nutrition Examination Survey, as the name suggests, collects health information primarily by means of an actual clinical examination. Census interviewing played an important role in past cycles of this survey in that it identified the representative sample of persons who were asked to participate in the examinations. The latter were conducted by doctors and dentists from the Public Health Service.
  
  3. **The National Hospital Discharge Survey (HDS)**  
The National Hospital Discharge Survey collects information on hospital stays for persons discharged from short-stay hospitals, such as length of stay, age, race, sex, marital status, diagnoses, and operations.
  
  4. **The National Medical Expenditures Survey (NMES)**  
The National Medical Expenditures Survey contains information on health, access to and use of medical services, associated charges and sources of payment, and health insurance coverage.
- C. **Design of the HIS Sample**
- The National Health Interview Survey is based on a sample of the entire civilian noninstitutionalized population of the United States. Over the course of a year, a total of approximately 50,000 households are interviewed. These households are located in the 50 states and the District of Columbia.
1. **Selection of sample PSUs**  
The HIS sample is designed as follows:
    - a. All the counties in the United States, as reported in the 1980 Decennial Census, are examined.
    - b. Counties which have similar characteristics, are grouped together. These include geographic region, size and rate of growth of population, principal industry, type of agriculture, etc.

- c. From each group, one or a set of counties is selected to represent all of the counties in the group. The selected counties (or sets of counties) are called primary sampling units, which we abbreviate to PSU. There are 201 PSUs in the HIS sample.

2. Sample EDs and segments

Within each PSU:

- a. A sample of Census Enumeration Districts (EDs) is selected.
- b. Each selected ED is divided into either small land areas or groups of addresses. These land areas and groups of addresses are called segments.
- c. Each segment contains addresses which are assigned for interview in one or more samples. Two types of segments, Area and Block, are land area segments, the third type of segment, Permit, is a sample of new construction addresses. (See paragraph 4, below.)

3. Sample units

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

4. Sample of newly constructed units

In areas where building permits are issued for new construction (Permit Areas), we select a sample of building permits issued since the 1980 Decennial Census. These addresses are assigned as Permit segments.

In places where no building permits are required (Non-Permit Areas), newly constructed units are listed and, if in sample, interviewed in Area Segments only. In Non-Permit Areas, only Area segments are assigned. In these segments, units built after 4/1/80 are eligible for interview since they are not selected in the permit universe.

5. Sample of special places

Some sample units are located in places with special living arrangements, such as dormitories, institutions, convents, or mobile home parks. These type of living quarters are classified as special places. Units in special places are listed and interviewed in Area and Block segments.



6. The quarterly sample

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

The sample designation identifies the calendar year and quarter in which sample units are interviewed. For example, 881 designates the sample beginning in January 1988, 882 designates the sample beginning in April 1988, etc.

D. Scope of the survey

Each year, health information is gathered for every civilian person in about 50,000 sample households. Adult residents, found at home at the time of your call, provide the information required.

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

E. Information accorded confidential treatment

All information which would permit identification of the individual is held strictly confidential, seen only by persons engaged in the National Health Survey (including related studies carried out by the Public Health Service) and not disclosed or released to others for any other purpose without the written consent of the individual. (See Appendix A to part E of this manual for a thorough discussion of confidentiality.)

CHAPTER 2. YOUR JOB PERFORMANCE ON THE HIS

A. General

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

B. Basic field duties

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

1. Listing or updating units at time of interview in Permit Segments.
2. Prelisting or updating Area and Block Segments.
3. Interviewing at units designated for the current sample in various types of segments.

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

C. Additional duties

You will also be expected to:

1. Be available for day and evening work.
2. Read instructional material and complete home study exercises.
3. Complete your assignment within a prescribed period of time.
4. Make weekly transmittals of completed work to your office.
5. Keep an accurate daily record of the work you do, the time you spend, and the miles you travel.
6. Meet the standards of accuracy and efficiency described below.

**D. Standards of performance for interviewers**

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

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

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

**1. Production standards**

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

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

**a. Planning your travel route**

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

b. Reduction  
of  
callbacks

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

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

c. Efficient  
conduct of  
interviews

Another time saver is the efficient conduct of interviews. If you are thoroughly familiar with the sequence of items on the HIS-1 questionnaires, and how to fill each one, you can conduct a rapid and efficient interview without sacrificing accuracy. Be prepared to explain, briefly and clearly, the purpose of the survey, how the information is used, and related subjects. You will be given copies of publications which you can show the respondent to help you in your explanation. You should also save any articles from local newspapers or magazines that report results of Census survey work in association with the National Center for Health Statistics.

2. Quality of  
interviewing

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

- a. Interviewer's accuracy rate

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

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

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

HIS-100  
1988

PART D

HOW TO CONDUCT THE HIS INTERVIEW

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PART D

HOW TO CONDUCT THE HIS INTERVIEW

CHAPTER 1. INTERVIEW FORMS

The purpose of this chapter is to give a general description of the questionnaire and related forms used to complete an interview.

The interviewing materials for the 1988 HIS consist of five survey questionnaires.

A. Description of the HIS-1 Questionnaire

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

1. Household Page

The Household Page is the front cover of the questionnaire and contains identification information, including the address of the sample household, PSU, segment, and serial numbers, as well as other items about the sample unit, such as the type of unit, etc.

2. Household Composition Page--(Pages 2-3/51)

This page contains questions to determine who lives in the household, several reference dates needed during the interview, and an introductory statement describing the purpose of the survey and the kinds of information that will be collected. The initial health questions about hospitalizations occurring in the past 13 months also appear on this page. Space is provided in each person's column for recording conditions and other health-related information reported throughout the interview.

3. Limitation of Activities Page--(Pages 4-9)

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

4. Restricted Activity Pages--(Pages 10-14)

These questions determine whether anyone has experienced any health problem which caused him/her to miss work or school, stay in bed, or cut down on usual activities for more than half of a day during the 2-week reference period. Questions about conditions causing these restrictions are also included. Use page 15 for footnotes.

5. 2-Week Doctor Visits Probe Page--(Pages 16-17)

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

6. 2-Week Doctor Visits Page--(Pages 18-19)

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

7. Health Indicator Page--(Pages 20-21)

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

8. Condition Lists--(Pages 22-24)

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

9. Hospital Page--(Pages 26-27)

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

10. Condition Pages--(Pages 28-41)

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

11. Demographic Background Page--(Pages 42-50)

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

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

Use page 51 for footnotes.

12. Table X and Item E--(Page 52)

These items contain questions to determine if additional living quarters at this address are part of the sample unit or an EXTRA unit.

B. Description of the HIS-1 Supplement Booklets

The supplement booklet usually changes from year to year to allow the collection of detailed information on a variety of health-related topics over a period of years. The topics for 1988 concern Medical Device Implants, Child Health, Occupational Health, Alcohol Use, and AIDS. See Chapters D15 and D16 for instructions on completing these supplements.

C. Format of the HIS-1 Questionnaires

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

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

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

The balance of the Demographic Background Page is also arranged in column format with questions on the left side of the page and answer spaces for up to four persons to the right of the questions.

3. There are five numbered Restricted Activity Pages, one for each person listed on the Household Composition Page. All information for each person will be entered on his/her corresponding Restricted Activity Page.
4. The three pages containing the Condition Lists have two Condition Lists on each page. Reported conditions are recorded in item C2 in the person's column on the Household Composition Page.
5. Each HIS-1 Condition Page, consisting of two facing pages contains questions about a single condition.
6. Basically, the questions in the supplement booklets are arranged in a question-answer format and apply only to selected persons. There are, however, a few "chart-type" items with questions and answer spaces for other persons as in 2. above.

D. Interviewer's Flashcard Booklet--Form HIS-501

The Interviewer's Flashcard and Information Booklet (referred to as the Flashcard Booklet) consists of a group of cards used for reference during the interview. Some cards are shown to the respondents as an aid in answering certain questions while others aid you as a reference source and are not shown to the respondents. Have a second Flashcard Booklet for the respondents' use so that the necessity of passing the booklet back and forth can be reduced.

- a. Card HM (page 2) contains a summary table for determining who to include as a household member.
- b. Use Card A (page 3), the Age Verification Chart, with question 3 on the Household Composition Page to determine the person's age.
- c. Page 4 contains the list of independent cities and is used with question 6 on the Household Page.
- d. Use Cards CP1 through CP3 (pages 5 through 7) as guides during the interview and when editing the Condition Pages.
- e. Show Cards R and O (pages 8 and 9) to the respondent when asking the race and origin questions (3 and 4) on the Demographic Background Page. When interviewing in Spanish-speaking households, show the Spanish versions of Cards R and O on pages 30 and 31.
- f. Show Card I or J (pages 10 and 11), as appropriate, to the respondent when asking the income question (8b) on the Demographic Background Page. The Spanish versions are on pages 33 and 34. Page 32 contains the Spanish version of income question 8a.
- g. Show Cards N1, N2, and N3 (pages 12, 13, and 14) when asking questions in Section N, Occupational Health, of the HIS-1(A) Supplement Booklet. The Spanish versions are on pages 35-37.
- h. Show Cards O1 and O2 (pages 15 and 16) when asking questions in Section O, Alcohol, of the HIS-1(A) Supplement Booklet. The Spanish versions are on pages 38 and 39.
- i. Show Cards P1, P2, P3, and P4 (pages 17-20) when asking questions in Section P, Child Health, of the HIS-1(A) Supplement Booklet. The Spanish versions are on pages 40-43.
- j. There are yearly calendars for 1987 and 1988 and a card giving the dates of various holidays in 1987 and 1988 (pages 21, 22, and 23).
- k. Show Condition List 1, 2, 3, 4, 5, or 6 to the respondent when asking the Condition List in Spanish-speaking households (pages 24-29) (see also paragraph E below).
- l. Page 46 contains the Privacy Act listing statement and some verification examples. The Spanish version is on page 45.

- m. Page 47 contains a list of items to be filled when additional questionnaires are used.
- n. Page 48 contains a brief explanation of the National Health Interview Survey and suggested introductions for both personal and telephone interviewing. The Spanish introductory statements are on page 44.

E. Use of the Spanish Translation Guide

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

The guide is basically translations of the questions only. There are no interviewer instructions, answer categories or skip patterns on the Spanish Translation Guide. The questions on the guides are formatted to correspond with the question and page numbers on the actual questionnaire. In general, the Spanish Translation Guide has been purposely designed to provide a standardized translation. In this sense, even though the guide is not an exact duplication of the questionnaire, it meets the primary objective for which it was intended - to aid you and the translator in correctly communicating the questions to the respondent, thus improving the quality of the survey results.

The procedure for using the Spanish Translation Guide is really quite simple. First read the question number and question in English following the usual rules for reading statements within braces, brackets or parentheses. The translator will then read the question in Spanish from the guide inserting the names, reference dates, etc. that you have just read wherever appropriate. The respondents answer will be translated into English for you to record on the questionnaire. You then tell the translator what the next question number is, read the question in English and so on. If a skip from a question takes you to a new page be sure to tell the translator the page number as well as the next question number.

If you look at question 1c on page 2 of the Spanish HIS-1 Translation Guide you will notice that the parentheses contain the English instructions "Read Names." Enclosures are used throughout the guide wherever names, dates, etc. must be inserted or alternate wording is used, the same as on the HIS-1 questionnaire. However, unlike the HIS questionnaire where parentheses, brackets and braces imply certain rules of procedures when asking the question, in the Spanish Translation Guide the purpose is quite different. In this case, enclosures are intended to be a flag for the translator that you will be giving them information when you read the question in English that should be inserted wherever they see an enclosure in a question.

In most cases only parentheses are used as enclosures in the guide. However, as in questions 6 and 7 on page 10 of the Spanish Translation Guide occasionally double enclosures are used--in this case, brackets within parentheses.

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

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

1. Briefly describe to the translator what you will be doing and what he or she will be doing. For example, "I will first read the question number and question in English. You will then read the same question from the guide in Spanish. When you get an answer, translate that answer into English for me to enter on the questionnaire."
2. Explain what the parentheses on the Spanish Translation Guide mean and demonstrate to the translator how a question with enclosures is read.
3. Tell the translator that any questions asked by the respondent should be referred back to you and not answered by him/her. It is also important that the translator understand that entire answers be translated to you verbatim.

## 2. Use of the Spanish Cards in the Flashcard Booklet

To assist in this type of interview, the Flashcard Booklet contains several cards printed in Spanish. The following provides the instructions for the use of these cards in conducting two types of Spanish interviews: (1) for utilizing a Spanish-speaking interpreter; and (2) for bilingual interviewers who conduct the interviews in Spanish.

### a. When conducting the HIS interview through an interpreter:

- (1) Condition List Cards 1-6 (pages 25-30)--Hand the appropriate card to the interpreter, not the respondent. Since neither the interpreter nor the respondent will have been trained on HIS procedures for administering the Condition List, explain that you will be asking the questions in English and the interpreter should relay your questions to the respondent in Spanish, using the terminology printed on the card. Be sure to follow the same procedures for asking the Condition Lists as specified on pages D11-1 through D11-12 of this manual. (Use this procedure if you do not have a Spanish Translation Guide.)

- (2) Race (R), Origin (O), Income (page 33 and I and J), and Cards Used During the Supplement Booklet--Hand the appropriate card to the interpreter to review while you ask the question in English. The interpreter should relay your question in Spanish and hand the card to the respondent for a response.

b. When conducting the HIS interview in Spanish:


- (1) Condition List Cards 1-6 (pages 25-30)--Refer to the appropriate card for the terminology to be used in asking the Condition List in Spanish. Do not hand the card to the respondent. Follow the same procedures specified on pages D11-1 through D11-12 when conducting the interview in Spanish.

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

- (2) Race (R), Origin (O), Income (page 33 and I and J), and Cards Used During the Supplement Booklet--Hand the appropriate card to the respondent while you ask the question in Spanish. Use your copy of the Flashcard Booklet and refer to the wording printed on the card when asking these questions.



F. Calendar Card



**UNITED STATES  
NATIONAL HEALTH INTERVIEW SURVEY  
1988**

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

○ Holidays

**HIS-501B**

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Red Line (the past  
2 weeks)

Week 11, Sample 882  
(interview week)

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

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

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

If only the completion of the Supplement Booklet is delayed until the week following the week in which the core interview is completed, do not update the reference period. The reference period for the supplement should always be the same as the reference period for the basic HIS-1 core interview.

## CHAPTER 2. GENERAL INSTRUCTIONS FOR USING THE HIS QUESTIONNAIRES

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

### A. Types of Questions

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

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

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

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

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

6a. Since (13-month hospital date: a year ago, was -- a patient in a hospital OVERNIGHT?

B. Symbols and Print Type

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

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

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

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

h. What part of the (part of body in 3b-g) is affected by the (infection/sore/soreness) - the skin, muscle, bone, or some other part?

(Specify) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

b. Did any other condition cause -- to 

miss work
miss school
(or) stay in bed
(or) cut down

 during that period?

1  Yes (Reask 7a and b)      2  No

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

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



**C. Skip Instructions**

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

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

<p>2. During the past 12 months, (that is, since (12-month date) a year ago) ABOUT how many days did illness or injury keep -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)</p>	<p>2. 000 <input type="checkbox"/> None _____ No. of days</p>
<p>3a. During the past 12 months, ABOUT how many times did [--/anyone] see or talk to a medical doctor or assistant (about --)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the (number in 2-WK DV box) visit(s) you already told me about.)</p> <hr style="border-top: 1px dashed black;"/> <p>b. About how long has it been since [--/anyone] last saw or talked to a medical doctor or assistant (about --)? Include doctors seen while a patient in a hospital.</p>	<p>3a. 000 <input type="checkbox"/> None (3b) 000 <input type="checkbox"/> Only when overnight patient in hospital } (NP) _____ No. of visits</p> <hr style="border-top: 1px dashed black;"/> <p>b. 1 <input type="checkbox"/> Interview week (Reask 3b) 2 <input type="checkbox"/> Less than 1 yr. (Reask 3a) 3 <input type="checkbox"/> 1 yr., less than 2 yrs. 4 <input type="checkbox"/> 2 yrs., less than 5 yrs. 5 <input type="checkbox"/> 5 yrs. or more 0 <input type="checkbox"/> Never</p>
<p>4. Would you say -- health in general is excellent, very good, good, fair, or poor?</p>	<p>4. 1 <input type="checkbox"/> Excellent 4 <input type="checkbox"/> Fair 2 <input type="checkbox"/> Very good 5 <input type="checkbox"/> Poor 3 <input type="checkbox"/> Good</p>
<p>Mark box if under 18. 5a. About how tall is -- without shoes?</p>	<p>5a. <input type="checkbox"/> Under 18 (NP) _____ Feet _____ Inches</p>
<hr style="border-top: 1px dashed black;"/> <p>b. About how much does -- weigh without shoes?</p>	<p>b. _____ Pounds</p>

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

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

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

2a. During those 2 weeks, did -- miss any time from a job or business because of illness or injury?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No (4)		
b. During that 2-week period, how many days did -- miss more than half of the day from -- job or business because of illness or injury?			
<input type="checkbox"/> None (4)	<table border="1"> <tr> <td>No. of work-loss days</td> </tr> <tr> <td><input type="text"/></td> </tr> </table> (4)	No. of work-loss days	<input type="text"/>
No. of work-loss days			
<input type="text"/>			

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

<b>E1</b>	Refer to age.	<b>E1</b>	<input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)
1a. During those 2 weeks, how many times did -- see or talk to a medical doctor? (Includes all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.) (Do not count times while an overnight patient in a hospital.)		1a. and b.	<input type="checkbox"/> None <input type="text"/> Number of times } (NP)
b. During those 2 weeks, how many times did anyone see or talk to a medical doctor about --? (Do not count times while an overnight patient in a hospital.)			



4. Interviewer's Instructions--Sometimes above a question there will be an instruction in italics to indicate whether, given a particular situation, a question should be asked or how it should be asked. In the example below, if the medical advice was received over the telephone (that is, the "Telephone" box was marked in question 2), mark the box in the appropriate doctor visit column and skip to the next 2-week doctor visit.

Mark box if "Telephone" in 2. <b>5a. Did -- have any kind of surgery or operation during this visit, including bone settings and stitches?</b>	<b>5a.</b> <input checked="" type="checkbox"/> Telephone in 2 (Next DR visit) <input type="checkbox"/> Yes <input type="checkbox"/> No (Next DR visit)
---	---

- D. How to Make Entries--There are three types of entries that you will make on the questionnaire: an "X" in a check box, a written entry, and a circle around a number.

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

<b>1. What was -- doing MOST OF THE PAST 12 MONTHS; working at @job or business, keeping house, going to school, or something else?</b> <i>Priority if 2 or more activities reported (1) Spent the most time doing; (2) Considers the most important.</i>	<b>1.</b> <input checked="" type="checkbox"/> Working (2) <input type="checkbox"/> Keeping house (3) <input type="checkbox"/> Going to school (5) <input type="checkbox"/> Something else (5)
--	---

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

Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.	
<b>2. When did [---/anyone] last see or talk to a doctor or assistant about --- (condition)?</b>	
0 <input type="checkbox"/> Interview week (Reask 2) 1 <input type="checkbox"/> 2-wk. ref. pd. 2 <input type="checkbox"/> Over 2 weeks less than 6 mos. 3 <input type="checkbox"/> 6 mos. less than 1 yr. 4 <input type="checkbox"/> 1 yr. less than 2 yrs.	5 <input type="checkbox"/> 2 yrs. less than 5 yrs. 6 <input type="checkbox"/> 5 yrs. or more 7 <input type="checkbox"/> Dr. seen, DK when 8 <input type="checkbox"/> DK if Dr. seen 9 <input type="checkbox"/> Dr. never seen } :3b)



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

Mark box if under 18.		5a.	<input type="checkbox"/> Under 18 (NPI)
5a. About how tall is -- without shoes?			5 Feet $7\frac{1}{2}$ Inches

12. Contact Person name		
3-4	25-39	40
6-24	First	Middle initial
Jackson	Marie	—

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

2a. What is the highest grade or year of regular school -- has ever attended?	2a.	<input type="checkbox"/> Never attended or kindergarten (NPI)
		Elem: 1 2 3 4 5 6 7 8
		High: 9 10 11 <b>12</b>
		College: 1 2 3 4 5 6 +

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

Ask if there are any of the following entries in 3b-f:		
Tumor	Cyst	Growth
4. Is this [tumor/cyst/growth] malignant or benign?		
1 <input type="checkbox"/> Malignant	2 <input type="checkbox"/> Benign	3 <input checked="" type="checkbox"/> DK

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

e. For this [visit/call] what kind of doctor was the [entry in 3c] working with or for -- a general practitioner or a specialist?	e. and f.	1 <input type="checkbox"/> GP (4)	2 <input checked="" type="checkbox"/> Specialist (3g)	3 <input type="checkbox"/> DK (4)
f. Is that doctor a general practitioner or a specialist?				
g. What kind of specialist?	g.	DK Kind of specialist		

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

E. Questions Which Are Reasked

Throughout the questionnaire there are questions which are reasked to obtain additional information. The following example of a family-style question demonstrates how these should be completed.

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

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

## F. Corrections

To correct an entry, erase the incorrect answer completely and enter the correct answer. When correcting item C1 on the Household Composition Page, footnote the reason for any change. Be sure to enter the same footnote symbol in C1 and where the change is discovered. However, cross out, NOT erase, changes to the entries made by the office in question 6a on the Household Page and item A1 on the Household Composition Page (see pages D4-3 and D5-14). See also Chapter E1-17 for detailed correction procedures.

## G. More Than One HIS-1 Questionnaire

The number of HIS-1 questionnaires needed in a household will depend on household composition and the number of 2-week doctor visits, hospitalizations and conditions.

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

- a. There are more than five persons in the household.
- b. There are household members not related to the reference person. In such cases, complete a separate questionnaire for each unrelated household member or family group.
- c. There are more than five conditions for a person in item C2 on the Household Composition Page.
- d. There are more than four 2-week doctor visits for a family.
- e. There are more than four hospitalizations for a family.
- f. There are more than seven conditions for a family.
- g. There are more than four related persons aged 18 and over.

NOTE: If a second questionnaire is required because of 1d, 1e, 1f, or 1g above, use the pages of the first questionnaire to record the information as long as there is room. A second questionnaire is needed only when all of the pages of a particular type are filled in the first questionnaire.

(1) See page D5-8 for information required on a separate questionnaire for unrelated household members.

(2) See page 47 of the Flashcard Booklet for those items to be filled for additional questionnaires.

H. Events Starting During the Interview Week

1. Do not include any illness, hospitalization, or other health-related event starting during interview week, regardless of how serious it might be. "Interview Week" is defined as the week, Monday through Sunday, in which this interview is conducted. Data obtained in all of the weeks of interviewing throughout the year are combined to produce yearly estimates. This is only possible if all data collected during a particular week apply to the identical period of time; that is, the stated reference period. If you were to include events that happened during interview week, people interviewed at the end of the week would have a longer reference period; the information reported in different households would therefore not be comparable.
2. If you record something of this kind and afterwards learn that it should not have been included, delete or correct the entry, as appropriate, and explain the change in a footnote.
3. This rule does not apply to household membership or personal characteristics, such as age, marital status, or membership in the Armed Forces, all of which apply at the time of the interview.
4. For children born during interview week, complete questions 1 through 3 on the Household Composition Page and delete the child's column. Enter as the reason for the deletion "Born interview week." Explain to the respondent that you will ask no further questions about the child because we only obtain health data up through last Sunday night.

I. Footnotes and Comments

1. Relevant and precise footnotes or comments are often helpful at later stages of the survey (for example, during coding) in resolving problems which arise out of inconsistencies or omissions, estimates, etc. When possible, make notes or comments near the answer box containing the entry to which the explanation or comment applies, or in the nearest footnote space.
2. When you footnote an explanation or comment, indicate to which entry the note applies by writing the footnote number both at the source of the note and next to the note itself. For example:

<small>Mark box if under 18.</small>	
5a. About how tall is -- without shoes?	5a. <input type="checkbox"/> Under 18 (NPI) 5 Feet 2 1/2 Inches
b. About how much does -- weigh without shoes?	b. 125 1/2 Pounds

*✓ pregnant - present weight 147 lbs.*

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

18. Record of calls					FOOTNOTES
Month	Date	Beginning time	Ending time	Completed (Mn 12)	
07	14	9:15 a.m.	10:30 a.m.	1	b. Hild. pg. 85 7.07-18-09100 (P) (2m) 8.07-18-02:33 (P) (Pm) 03:4 (D) X
07	15	9:30 a.m.	10:50 a.m.	1	

#### J. Computing Answers

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

#### K. Flashcards

1. For some questions, flashcards are used as an aid to respondents. A question requiring the use of a flashcard is preceded by an interviewer instruction, such as "Hand Card O." The cards usually contain lists from which the respondent is asked to choose. Most of the flashcard categories are printed on the questionnaires so that you do not have to refer to the card itself.
2. If the respondent is unable to read or if you are conducting a telephone interview, read the flashcard categories to him/her. All categories must be read to the respondent before you accept the response so that the person is aware of all available alternatives.

#### L. Conducting the Interview

1. The materials needed to conduct an interview are: HIS-600 Advance Letter, HIS-1(1988) Questionnaire, HIS-1A(1988) Supplement Booklet, HIS-4(1988) AIDS Knowledge and Attitudes, HIS-501(1988) Interviewer's Flashcard and Information Booklet, HIS-2 and HIS-3 Self-Administered Alcohol Questionnaires, Segment Folder, Calendar Card, and "Thank you" letters. Spanish translation guides are needed for those interviews conducted in Spanish.
2. When you receive your assignment from the regional office, complete each interview in the following manner:

Step 1--Check Part II of the Segment Folder to determine if you must list (or update) only, list (or update) and interview, or interview only. If listing (or updating) is required, proceed according to the instructions in part B of this manual for the particular type of segment. If interviewing is required, check the address of the current sample unit on the listing sheet in the Segment Folder to make sure that this address appears in item 6a of the questionnaire. Verify that the entry in item 6a is complete, legible, and corresponds to the sample unit on the Listing Sheet. Correct 6a as necessary.

Step 2--When you begin the interview, start by using the HIS-questionnaire and verify the sample address by asking 6b. Be sure all entries in 6a and/or 6b are complete and legible - print. Complete items 7, 8, and Table X, if required, and items 9 and 10.

Step 3--Complete questions 1-3 on the Household Composition Page, then complete the remaining questions on this page.

Step 4--Complete check item B1 and ask the Limitation of Activities questions on pages 4-9.

Step 5--Complete one Restricted Activity Page (pages 10-14) for each family member.

Step 6--Complete the 2-Week Doctor Visits Probe Page for the family.

Step 7--Complete a separate column of the 2-Week Doctor Visits Page for each visit indicated in item C1, "2-WK. DV" box of the questionnaire.

Step 8--Complete pages 20-24, the Health Indicator Page and the appropriate Condition List.

Step 9--Complete a separate column of the Hospital Page for each hospitalization indicated in item C1, "HOSP." box of the questionnaire.

Step 10--Complete a separate Condition Page for each condition listed in item C2 of the questionnaire.

Step 11--Complete pages 42-50, the Demographic Background Page.

Step 12--Take out an HIS-1A and complete the Cover Page identification items and the sample person selection items 6-8, as appropriate.

Step 13--Complete the HIS-1A and the appropriate self-administered Alcohol questionnaires.

Step 14--Complete the appropriate version of the HIS-4, AIDS Knowledge and Attitudes Supplement.

Step 15--Complete the appropriate items on the Cover Page.

Step 16--Complete the Household Page, items 11-16, and review the questionnaires for completeness.

Step 17--Thank the respondent and leave the "Thank You" letter.

Step 18--Leave the AIDS pamphlet with the sample person after a personal visit interview, mail it if the interview is complete by telephone.



CHAPTER 3. RESPONDENT RULES

A. Overall Objective

The purpose of this chapter is to cover the various rules describing who may respond to the questions in the National Health Interview Survey.

B. General Definitions

1. Adult--A person 19 years old or over or a person under 19 years old who has ever been married.
2. "Eligible respondent"--A person who may respond to questions beyond the Household Composition items, questions 1 and 2, on page 2. See paragraph C2 of this chapter for more detailed information.
3. Family--A group of two or more related persons who are living together in the same household; for example, the reference person, his/her spouse, foster son, daughter, son-in-law, and their children, and the wife's uncle. Additional groups of persons living in the household who are related to each other, but not to the reference person, are considered to be separate families; for example, a lodger and his/her family, a household employee and his/her spouse. Hence, there may be more than one family living in a household.
4. Household--The entire group of persons who live in the sample unit. It may consist of several persons living together or one person living alone. It includes the reference person and any relatives living in the unit as well as roomers, domestics, or other persons not related to the reference person.
5. Reference person--This is the person or one of the persons who owns or rents the sample unit, that is, the first person mentioned by the respondent in answer to question 1a on the Household Composition Page. For persons occupying the sample unit without payment of cash rent, the reference person is the first adult household member named by the respondent. This person must be a household member of the sample unit. (See instructions for question 1a on page D5-2.)
6. Related--Related by blood, marriage, or adoption. Consider foster children and wards as related when determining family membership.
7. Respondent--A person who provides answers to the questions asked.
  - a. Self-respondent--A person who responds to questions about himself/herself.
  - b. Proxy-respondent--A person who responds to questions about other household members.

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

C. General Instructions

1. Who May Respond to Questions on the Household Page and to Questions 1 and 2 (Name and relationship of all persons living in the unit)

- a. Ask these questions of any responsible adult household member. This person does not have to be related to the reference person.
- b. It may be necessary before asking these questions to determine whether or not the person to whom you are speaking is actually a household member. Use the "Household Membership" rules in your Flashcard Booklet.

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

NOTE: The HIS-1A and HIS-1B Booklets have specific respondent rules. See Chapters D15 and D16 for detailed explanations.

a. Adults

- (1) Responsible adult members of the household may answer the remaining questions for all related household members of any age.
- (2) An adult on active duty with the Armed Forces who lives at home may be interviewed for his/her family since this person is a related household member. However, no health information is obtained for Armed Forces members because the survey includes only the civilian population.

- b. 17- or 18-Year-Olds--Single persons 17 or 18 years old may not respond for other family members but may respond for themselves as described in paragraphs (1) and (2) below. The reason for this restriction is that, while 17- and 18-year-old persons should know about themselves, they are unlikely in many cases to have sufficient knowledge about the rest of the family to be able to furnish accurate information. Accept 17- or 18-year-old persons as self-respondents under the following circumstances:

- (1) If there is no related person in the household who is 19 years old or over, 17- or 18-year-old persons may respond for themselves. For example, if the household consists of two unrelated 17- or 18-year-old students living in a school dormitory room, each must respond for himself/herself.

- (2) If they are present during the interview with an older related respondent, ask 17- or 18-year-old persons to respond for themselves; you may accept responses from the older relatives as well.

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

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

In certain situations, another person may respond for the child, as described in the following paragraphs:

- (1) When interviewing in a prep or boarding school where the occupants are under 17, arrange for a responsible, knowledgeable person to be present during the interview. The child may or may not respond for himself/herself, depending on his/her ability to provide adequate responses. Enter a footnote to explain the situation; for example: "Headmaster responded," "Counselor present."
- (2) A child who is a ward or foster child and is not related to any adult eligible respondents should be reported in the same manner as a related child. Consider this child a family member; that is, do not enter this child's name on a separate questionnaire. The person who is responding for the rest of the family with whom the child is living should also respond for the child.

- d. Exceptions to Eligible Respondent Rules

- (1) If an unmarried couple is living together as husband and wife, as determined by the relationship reported in question 2, interview them together on a single set of questionnaires, regardless of their ages. Each may respond for the other and for any of their children. However, unless the person is aged 19 or older (or has ever been married), he/she may not respond for any other related household members.
- (2) Unmarried persons living with one or more of their children may respond for themselves and for their children regardless of their own age, even if living with their parents. However, persons under 19 who have never been married cannot respond for any household members other than their own children.

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

e. Persons Not Related to the Reference Person

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

3. Return Visit May Be Necessary

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

CHAPTER 4. HOUSEHOLD PAGE

Overall Objective

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

①

Item 1, Book of Books

①

1. Book ___ of ___ books
-----------------------------

Instructions

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

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

Items 2 through 5, Identification

2. R.O. number		3. Sample	
4. Segment type <input type="checkbox"/> Area <input type="checkbox"/> Permit <input type="checkbox"/> Block		5. Control number PSU   Segment   Serial	

A. Objective

These items are filled in advance by the office to identify the sample units.

B. Instructions

1. Two or More HIS-1 Questionnaires for One Household--For second and additional HIS-1 questionnaires prepared for the household, transcribe items 2-5, including serial number, from the first questionnaire for the household.
2. EXTRA Units and Units Added on Sample Lines When Listing or Updating--For such sample units to which serial numbers have not been preassigned, transcribe items 2-5, except for the serial number, from any other unit in the segment. Leave the space for serial number blank. When the office assigns a serial number to the unit, it will be recorded in item 5.

6a. What is your exact address? (Include House No., Apt. No., or other identification, county and ZIP code)				LISTING SHEET
-----				
City	State	County	ZIP code	
6b. Is this your mailing address? (Mark box or specify if different. Include county and ZIP code.) <input type="checkbox"/> Same as 6a				Sheet No.
-----				Line No.
City	State	County	ZIP code	
c. Special place name			Sample unit number	Type code

A. Objective

Item 6 identifies the location, address or description and the mailing address of the sample unit. In addition to assisting you in locating the correct sample unit, this information may be used by NCHS to select and/or contact persons or units included in one of their population-based surveys sampled from HIS.

B. Instructions

1. Question 6a

After you have introduced yourself, explained the purpose of your visit, and verified the listing for the basic address (if required), ask 6a. You may reword 6a as follows: "What is your exact address, including county and ZIP code?"

- a. Make any necessary corrections and additions to make the address complete, including the county and ZIP code. For persons who live in Alaska or Louisiana, enter the name of the borough or parish, respectively, on the "County" answer line. Refer to paragraphs 1e and f below for instructions on how to enter independent cities in the county box. Cross out, DO NOT ERASE, incorrect entries once you have verified that you are at the correct sample unit. Any address correction made in 6a must also be made on the listing sheets as instructed in part B. Be sure all entries, both yours and those made by the regional office, are legible. Correct as necessary: print if possible.
- b. In area segments, you will often find a descriptive address entered in 6a, such as, "Red brick 2-story colonial, etc...." DO NOT cross out this entry. In these cases, the respondent will most likely respond to question 6a by giving you the mailing address, such as a box number, or rural route number. Print such information in item 6b, and then ask the item 6b question, making whatever changes are necessary. If the respondent gives you a house number in response to 6a, enter the house number in 6a above the descriptive address. Then ask 6b as usual.

## Address (Continued)

- c. For EXTRA units, fill item 6a with an accurate unit description so that the EXTRA unit can easily be distinguished from the original unit.
  - d. For units added on sample lines when listing or updating which have no serial numbers preassigned, transcribe the address for 6a from the listing sheet and segment folder.
  - e. If a person lives in an independent city (as defined in the list of independent cities in your Flashcard Booklet), print the city name on the "County" answer line and footnote "Independent city," in the answer space area in question 6.
  - f. If you are given the names of both an independent city (as defined in the list of independent cities) and a county, probe to determine if the home is inside or outside the limits of the city. For example, when you ask, "What is your exact address?", the respondent says, "111 Main Street, Charlottesville, VA, ZIP code 22902, Albermarle County." Ask if this house is inside or outside the city limits of Charlottesville. If within the city limits, print "Charlottesville" in the county space and footnote "Independent city." If outside the city limits, print "Albermarle" on the county line. Use this probe procedure any time you think the independent city and county entries are inconsistent or incorrect.
  - g. If you have difficulty locating the sample unit in area and block segments, refer to the sheet and line number to the right of the address in 6a. The address (or description) on the listing sheet, as well as those on adjacent lines of the listing sheet, may help you locate the sample unit. In some cases, you may find that the address/description in these types of segments was incorrectly transcribed from the listing sheet to the HIS-1: make any necessary corrections as instructed in paragraphs B1a and B1b above.
2. Question 6b
- a. If the address in 6a is identical to the mailing address, mark the box "Same as 6a" in 6b. If a descriptive address is recorded in 6a (for example, "Red house") and the response to 6a is a valid address (for example, "100 Main Street") which you print in 6a, mark the "Same as 6a" box in 6b if the response to 6b is identical (that is, "100 Main Street"). If there are any differences, print the complete mailing address in 6b, if you have not already done so, as described in paragraph 1b above. ALWAYS include the county and ZIP code in 6b.



- b. The mailing address should be as complete as possible; for example, an adequate urban mailing address includes house number (and apartment number, if any), street, name of city supplying postal service, county, and ZIP code. In rural areas, an adequate mailing address includes route no. (box no., if any), name of Post Office, county, and ZIP code. General delivery or box no. and P.O., city, and ZIP code are also acceptable mailing addresses.
- c. The instructions in paragraphs 1e through 1g above apply to question 6b as well.

3. Item 6c

Item 6c is filled by the office for units in special places. If at the time of interview you find a regular unit is actually a unit in a special place, fill the space labeled "Special place name."

- a. See part B, Chapter 4, for information on special place procedures. A complete list and description of the types of special places is given in part C, Table A.
- b. For EXTRA units, transcribe the special place name from item 6c on the HIS-1 for the original sample unit to item 6c on the new HIS-1 for the EXTRA unit.

Question 7, Year Built

7. YEAR BUILT  
 Ask  
 Do not ask  
-----  
When was this structure originally built?  
 Before 4-1-80 (Continue interview)  
 After 4-1-80 (Complete item 8c when required; end interview)

A. Objective

The HIS sample is kept up to date by supplementing it with a sample of building permits issued since April 1, 1980. The selected permit addresses are included in the survey as permit segment addresses. In area segments that are located in permit-issuing areas and in all block segments, each newly constructed unit must be deleted from the sample; otherwise, it could have a chance to come into sample more than once. See part C, topics (30) and (31), for more information about YEAR BUILT.

B. Definition

YEAR BUILT refers to the date the original structure was completed, not the time of later remodeling, additions, or conversions. Consider construction as completed when all the exterior windows and doors have been installed and usable floors are in place. (Usable floors can be cement or plywood; carpeted, tiled, or hardwood flooring is not necessary.) All sample units in a multi-unit structure are considered built at the same time.

C. Instructions

1. The office marks one of the instruction boxes in the heading of item 7 if the unit is in an area or block segment. (Year Built is never asked for units in permit segments.) If the "Ask" box is marked, ask item 7 for both vacant and occupied units. If the unit is a noninterview, try to get the information from a knowledgeable person, such as an apartment manager or long-term resident of the neighborhood.
  - a. If the structure containing the sample unit was built before 4-1-80:
    - (1) Mark the "Before 4-1-80" box.
    - (2) Continue the interview.

b. If the structure containing the sample unit was built after 4-1-80:

- (1) Mark the "After 4-1-80" box.
- (2) Ask item 8c, if required.
- (3) End the interview.
- (4) Mark the Type C noninterview reason, "Built after April 1, 1980," in item 14.

CAUTION: Do not fill column 8 (Year Built) of the Area or Block Segment Listing Sheet when Year Built is determined at time of interview. Also, do not cross off the listing sheet, units found at time of interview to have been built after April 1, 1980. See part C, topic 30, of this manual for detailed instructions on Year Built procedures.

2. EXTRA Units

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

3. Exceptions

Do not ask Year Built for units not located in structures (tents, mobile homes, boats, etc.) or for any units in special places.

Question 8, Coverage

<b>8. COVERAGE QUESTIONS</b>	
<input type="checkbox"/> Ask items that are marked	
<input type="checkbox"/> Do not ask	
a. <input type="checkbox"/> Are there any occupied or vacant living quarters besides your own in this building?	<input type="checkbox"/> Yes (Fill Table X) <input type="checkbox"/> No
b. <input type="checkbox"/> Are there any occupied or vacant living quarters besides your own on this floor?	<input type="checkbox"/> Yes (Fill Table X) <input type="checkbox"/> No
c. <input type="checkbox"/> Is there any other building on this property for people to live in, either occupied or vacant?	<input type="checkbox"/> Yes (Fill Table X) <input type="checkbox"/> No

A. Objective

The purpose of questions 8a-c is to discover EXTRA units located in area and block segments by asking a series of coverage questions. It is necessary that these coverage questions be asked during the interview since, in general, these segments are listed by observation.

B. Instructions

1. For units in area and block segments, your office will indicate which of questions 8a-c you are to ask by marking the appropriate box(es) in the heading of item 8.
2. If you find that a sample unit is a Type A or B noninterview, ask 8a, b, or c of a janitor, apartment manager, neighbor, etc. If you find that a sample unit is a Type C noninterview, ask question 8c (if it is marked) of a knowledgeable person in the area. Modify the question to refer to the noninterview unit. For example, in asking 8a of a neighbor, you should say, "Are there living quarters for more than one group of people in that vacant house next door?"
3. If the answers to questions 8a, 8b, and 8c are "No," continue with item 9.
4. If the answer to question 8a, 8b, or 8c is "Yes," fill Table X on the back of the HIS-1 and then continue with item 9.

NOTE: If a unit was merged with a sample unit and later became unmerged, consider it as unlisted and treat it as an EXTRA unit to the sample unit.

5. EXTRA Units--Do not ask the coverage questions for EXTRA units. For these units make no entries in question 8.

9a. LAND USE	
1	<input type="checkbox"/> URBAN (10)
2	<input type="checkbox"/> RURAL
- Reg. units and SP. PL. units coded 85-88 in 6c - Ask item 9b	
- SP. PL. units not coded 85-88 in 6c - Mark "No" in item 9b without asking	
-----	
b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more?	
1	<input type="checkbox"/> Yes
2	<input type="checkbox"/> No } (10)

A. Objective

The purpose of item 9 is to classify sample units as Urban or Rural according to Census definitions, and for Rural units, to determine farm/nonfarm status.

B. Definitions

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

For owner-occupied units, place includes the entire acreage or property of the owner, regardless of whether all or part of the land he/she is living on is rented. For cash renters, place includes only the house and land for which they are paying rent, not the entire acreage or property of the owner. For units occupied without payment of cash rent, place refers to the entire acreage or property of the owner. The answer to item 9b for the owner and the non-cash renter, assuming both are in sample, must be the same.

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

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

**C. Instructions**

Complete item 9 for interviewed units and Types A and B noninterview units.

**1. Item 9a**

This item is marked by the office for prepared questionnaires. If you must use a blank questionnaire for a sample unit, refer to the Land Use item in the upper right corner of the segment folder and mark the corresponding category in item 9a.

**2. Item 9b**

Fill this item only for sample units with "Rural" marked in item 9a. For rural sample units located in special places not coded 85-88 in 6c, mark the "No" box without asking; otherwise, ask the question and mark "Yes" or "No" based upon the respondent's reply, keeping in mind the definitions above.

- a. Farms subsidized by the government--If the respondent indicates that he/she is subsidized by the government not to grow certain crops, include the amount of the subsidy only if the place would have received income from the sale of these crops had they been grown. For example, if a farmer has received income from the sale of corn for a number of years, but is presently being subsidized not to grow corn, include the amount of the subsidy in item 9b.
- b. More than one unit--If there is more than one sample unit on a place, one of which is occupied without payment of cash rent, the answer for each unit must be the same.
- c. Recent mover--If the respondent has recently moved to the place, and has not yet sold any farm products, explain that item 9b refers to sales made from the place during the past 12 months, either by her/him or someone else. It is possible that the respondent may know, in a general way, the amount of sales. If the respondent is unable or unwilling to make an estimate, footnote the situation in the margin on the Household Page or in the "Footnotes" section on page 2 of the HIS-1 and continue with item 10.
- d. Noninterviews--If a rural sample unit is a Type A or B noninterview, try to obtain the information for 9b by asking neighbors. If you cannot obtain information on the value of produce, footnote the situation in the margin on the Household Page or in the "Footnotes" section on page 2 of the HIS-1 and continue with item 10.

## Item 10, Classification of Living Quarters

10. CLASSIFICATION OF LIVING QUARTERS — Mark by observation	
<p><b>a. LOCATION of unit</b></p> <p>Unit is:</p> <p><input type="checkbox"/> In a Special Place — Refer to Table A in Part C of manual, then complete 10c or d</p> <p><input type="checkbox"/> NOT in a Special Place (10b)</p> <hr/> <p><b>b. Access</b></p> <p><input type="checkbox"/> Direct (10c)</p> <p><input type="checkbox"/> Through another unit — <i>Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)</i></p>	<p><b>e. HOUSING unit (Mark one, THEN page 2)</b></p> <p>01 <input type="checkbox"/> House, apartment, flat</p> <p>02 <input type="checkbox"/> HU in nontransient hotel, motel, etc.</p> <p>03 <input type="checkbox"/> HU-permanent in transient hotel, motel, etc.</p> <p>04 <input type="checkbox"/> HU in rooming house</p> <p>05 <input type="checkbox"/> Mobile home or trailer with no permanent room added</p> <p>06 <input type="checkbox"/> Mobile home or trailer with one or more permanent rooms added</p> <p>07 <input type="checkbox"/> HU not specified above — Describe in footnotes</p> <hr/> <p><b>d. OTHER unit (Mark one)</b></p> <p>08 <input type="checkbox"/> Quarters not HU in rooming or boarding house</p> <p>09 <input type="checkbox"/> Unit not permanent in transient hotel, motel, etc.</p> <p>10 <input type="checkbox"/> Unoccupied site for mobile home, trailer, or tent</p> <p>11 <input type="checkbox"/> Student quarters in college dormitory</p> <p>12 <input type="checkbox"/> OTHER unit not specified above — Describe in footnotes</p>

A. Objective

The purpose of item 10 is to classify sample units as Housing units or OTHER units, and to further describe the type of living quarters.

B. Definitions

1. Housing unit--Refer to part C, topic 10, of this manual for the definition.
2. Direct access--Refer to part C, topic 10, of this manual for the definition.
3. OTHER units--Living quarters located in certain types of special places such as institutions, dormitories, and boarding houses where the residents have their own rooms, groups of rooms, or beds and also have some common facilities such as a dining hall, lobby or living room, or recreational area.

**C. Instructions**

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

**1. Item 10a**

Item 10a is a check item designed to assist you in determining the living quarters classification of the sample unit.

If the unit is in a special place, mark the first box and refer to Table A in part C of the manual to determine if the unit meets the definition of an OTHER unit. Find the specific type of special place in Table A and determine from the information given in the table whether or not the unit should be treated as OTHER. If the unit should be treated as OTHER, go to item 10d and mark the appropriate category. If, according to Table A, the unit should not be treated as OTHER, go to item 10c and mark the appropriate category.

If the unit is not in a special place, mark the second box in item 10a and go to item 10b.

**2. Item 10b**

Fill item 10b by observation. Mark "Direct" if the sample unit has direct access. Mark "Through another unit" if the sample unit does not have direct access.

For units without direct access, the living quarters is not a separate housing unit and should be considered as part of the living quarters through which access is gained. When this occurs, refer to topic 10 in part C of the manual to determine how to proceed.



4. Item 10c

If you determine that the unit qualifies as a housing unit, mark the box in 10c that best describes the type of housing unit.

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

HU in nontransient hotel, motel, etc.--Mark this category if the sample unit is in a nontransient hotel, motel, motor court, etc., and is a separate living quarters (nontransient hotels, motels, etc., are defined in part C, topic (9)). By definition, all separate living quarters in a nontransient hotel, motel, or motor court, etc., are housing units. (See Table B in the special place tables in part C for rules on determining transiency status for these types of places.)

HU--permanent in transient hotel, motel, etc.--Mark this category if the sample unit is separate living quarters in a transient hotel, motel, motor court, etc., and is occupied or intended for occupancy by permanent guests or resident employees. (Transient hotels, motels, etc., are defined in part C, topic (9).)

HU in rooming house--Mark this category for sample units which meet the housing unit definition in rooming houses or combination rooming and boarding houses. (See part C, topics (7) and (20).)

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

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

HU not specified above--Mark this category for living quarters which meet the housing unit definition but cannot be described by the specific categories listed above. Tents, houseboats, and railroad cars would be included here if they meet the housing unit definition. If this category is marked, describe the type of living quarters fully, either in the margin on the Household Page or in the "Footnotes" section on page 2 of the HIS-1.

After marking item 10c, go to question 1 on the Household Composition Page.

5. Item 10d

For each unit assigned in a special place, determine if it is an OTHER unit by referring to the information in Table A in part C. If you determine that the unit is an OTHER unit, refer to the information in the last column of Table A to determine whether or not to interview the unit. (OTHER units in certain types of special places are ineligible for interview.) If you determine that the OTHER unit should be interviewed, fill item 10d, then go to question 1 on the Household Composition Page.

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

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

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

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

OTHER unit not specified above--Mark this category for an OTHER unit not described above. Examples are quarters for nurses and quarters in bunkhouses. Describe the OTHER unit fully in the margin on the Household Page or in the "Footnotes" space on page 2 of the HIS-1.

6. Type B noninterview

For Type B noninterview units, complete item 10 according to what the unit used to be. For example, if a single-family house has been converted to a store, mark item 10c "House, apartment, flat." If you cannot apply these criteria, mark item 10 as to what the unit will be in the future. For example, if the sample unit is in an apartment building which is under construction, mark item 10c, "House, apartment, flat."

7. For units to be interviewed, go to the Household Composition Page on page 2 after completing item 10. Complete the remaining items on the Household Page at the end of the interview.

Question 11, Telephone Number

11. What is the telephone number here?	Area code/number
<input type="checkbox"/> None	

A. Objective

In case of missing information it is more efficient to make a telephone callback rather than another personal visit. Also, some sections may require a telephone callback for completion with the appropriate person(s) or NCHS may select this household or some person(s) in the household for participation in one of their own population - based surveys sampled from HIS. See Chapter E1, paragraph L for rules covering HIS-1 telephone interviews.

B. Instructions

1. Enter the telephone number clearly and completely, including the area code, in the space provided. If the household has a telephone but the number is not obtained even after explaining the need for this information, enter the reason, for example, "REF." Mark the "None" box only for those cases in which there is no telephone in the household. If the respondent asks why you want the number, explain that the number will save the expense and time of a personal callback if you find that some needed information is missing.
2. If you are given a number for a telephone not in the household (e.g., a neighbor's number, a work number, etc.) footnote the location of the telephone.

Items 12 and 13, Interview Observed, Interviewer's Name and Code and Language of Interview

13a. Interviewer's name		Code	12. Interview observed?	
			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
			b. Language of interview	
			1 <input type="checkbox"/> English 3 <input type="checkbox"/> Both English and Spanish	
			2 <input type="checkbox"/> Spanish 4 <input type="checkbox"/> Other	

Instructions

1. Item 12, Observed Households--Fill item 12 for all households. If anyone accompanies you during the interview, consider this as an observation.
2. Item 13a, Name and Code of Interviewer--PRINT your name in the space provided on all questionnaires after you have completed the entire interview for a household or are turning in the questionnaire as a final noninterview. Also, enter the code which was assigned to you by your office.
3. Item 13b, Language of Interview--Mark a box to indicate whether the HIS-1 interview was conducted in English, Spanish, in both English and Spanish, or in another language. If an interpreter was used, mark the box to indicate the language in which the interpreter and respondent communicated. It is not necessary to specify the language if the interview was conducted other than in English and/or Spanish.

### Item 14, Noninterview Reason

14. Noninterview reason	
<b>TYPE A</b>	
01 <input type="checkbox"/> Refusal -- Describe in footnotes	} Fill items 1-6a, 7 and 9 as applicable; 10, 12-15
02 <input type="checkbox"/> No one at home, repeated calls	
03 <input type="checkbox"/> Temporarily absent -- Footnote	
04 <input type="checkbox"/> Other (Specify) --	
<b>TYPE B</b>	
05 <input type="checkbox"/> Vacant -- nonseasonal	} Fill items 1-6a, 7-9 as applicable; 10, 12-15
06 <input type="checkbox"/> Vacant -- seasonal	
07 <input type="checkbox"/> Occupied entirely by persons with URE	
08 <input type="checkbox"/> Occupied entirely by Armed Forces members	
09 <input type="checkbox"/> Unfit or to be demolished	
10 <input type="checkbox"/> Under construction, not ready	
11 <input type="checkbox"/> Converted to temporary business or storage	
12 <input type="checkbox"/> Unoccupied site for mobile home, trailer, or tent	
13 <input type="checkbox"/> Permit granted, construction not started	
14 <input type="checkbox"/> Other (Specify) --	
<b>TYPE C</b>	
15 <input type="checkbox"/> Unused line of listing sheet	} Fill items 1-6a, 8c if marked, 12-15, send Inter-Comm.
16 <input type="checkbox"/> Demolished	
17 <input type="checkbox"/> House or trailer moved	
18 <input type="checkbox"/> Outside segment	
19 <input type="checkbox"/> Converted to permanent business or storage	
20 <input type="checkbox"/> Merged	
21 <input type="checkbox"/> Condemned	
22 <input type="checkbox"/> Built after April 1, 1980	
23 <input type="checkbox"/> Other (Specify) --	

**A. Objective**

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

**B. Definition**

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

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

C. Instructions

Return a HIS-1 questionnaire for each noninterview sample unit. Mark the noninterview reason in item 14 and fill other items as indicated on the questionnaire. If possible, obtain the name, title (neighbor, landlord, etc.), and telephone number of the person who identified the unit as a noninterview. Enter all pertinent information in a footnote either in the margin on the Household Page or in a convenient footnote space of the HIS-1.

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

1. Type A Noninterviews

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

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

Explain the circumstances on an Inter-Comm, attach it to the HIS-1 involved, and mail it to the regional office with your other completed work. Your office will send a letter to the respondent (carbon copy to you) requesting the household's cooperation and stating that you 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.

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

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

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

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

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

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

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

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

AND

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

AND

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

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

AND

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

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

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

- d. Other--Mark occupied units which are Type A noninterviews for reasons other than "Refusal," "No one at home," "Temporarily absent," as "Other" in item 14, with the specific reason entered in the space provided.

Among others, these reasons could include the following:

"No eligible respondent available"

"Death in family"

"Household quarantined"

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

- If you determine the unit is occupied, mark "Other" in item 14 and describe the circumstances in the space provided.
- If you determine the unit is vacant, determine which box to mark in item 14, Type B, using the criteria given on page D4-20.

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.

Noninterviewed Persons

If an interview has been obtained for one or more related members of a family unit but not for all eligible members, consider it a completed interview. Enter the person number of the noninterviewed person in a footnote and give the noninterview reason, in full, for each such person. Do not make an entry in item 14. If you are unable to interview an unrelated person or group living in the household, be sure to enter the reason for noninterview in item 14 on the separate questionnaire.

## 2. Type B Noninterviews

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

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

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

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

Report vacant units as follows:

- Nonseasonal--A vacant unit intended for year-round occupancy, regardless of where it is located.
- Seasonal--A vacant unit intended for only seasonal occupancy. These may be in summer or winter resort areas, used only during the hunting season, etc. (except units for migratory workers).

b. Occupied entirely by persons with URE

Mark this category when the entire household consists of persons who are staying only temporarily in the unit and who have a usual place of residence elsewhere. For a definition of "usual place of residence," refer to paragraph 3 on page D5-2. Do not interview persons at a temporary place of residence.

c. Occupied entirely by Armed Force members

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



d. Unfit or to be demolished

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

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

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

e. Under construction, not ready

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

f. Converted to temporary business or storage

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

- NOTE:
- Report unoccupied units in which excess household furniture is stored as one of the vacant categories.
  - Report unoccupied units permanently converted to business or storage as Type C--"Converted to permanent business or storage."

- Report unoccupied units which are to be used for business or storage purposes in the future, but in which no change or alteration has taken place at the time of interview as one of the vacant categories.

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

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

h. Permit granted, construction not started

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

i. Other Type B

Mark this category and specify the reason for units which cannot be classified under any of the above reasons (e.g., a unit occupied only by an ineligible respondent).

3. Type C Noninterviews

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

a. Unused line of listing sheet

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

b. Demolished

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

c. House or trailer moved

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

d. Outside segment

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

e. Converted to permanent business or storage

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

f. Merged

Mark this category for any current sample unit(s) eliminated after applying the rules for mergers. (See part C, topic 14, for merged unit procedures.) An unoccupied sample unit resulting from the merger should be reported as one of the vacant categories.

g. Condemned

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

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

h. Built after April 1, 1980

Mark this category for units which were marked as such in the year built item on the questionnaire. This situation can occur only in certain area or block segments which your office has marked the "Ask" box in the year built item on the questionnaire, or EXTRA units in separate structures which appear to have been built since 4-1-80 (see page D4-7).

i. Other - specify

Mark "Other" and specify the reason for units which cannot be classified in any of the above categories. Some examples might be "duplicate listing," or "never living quarters."

Item 15. Record of Calls

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

A. Definitions

1. Beginning time--The time you knock on the door.
2. Ending time--The time you're ready to leave the household.
3. Completed interview--An interview in which you have asked all questions on health and personal characteristics for most related members of a household. If a respondent has refused to answer a few of the questions but has provided the rest of the information, consider the interview completed. (Also see the paragraph entitled, "Noninterviewed Persons," on page D4-19.)

B. Instructions

1. Record all visits made to a household including visits made when no one was at home. Do not include any telephone calls for appointments or additional calls to ask questions for persons not at home at the time of the initial interview or for questions which were overlooked.

Record of Calls (Continued)

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

15. Record of calls				
Month	Date	Beginning time	Ending time	Completed Mark (X)
1	08 27	T 11:41	a.m. p.m.	
2	08 27	T 8:30	a.m. p.m.	X

- a. Circle "P" or "T" to indicate whether this was a personal visit or telephone interview. Usually the "T" will be circled only if the interview was conducted by telephone.
  - b. Circle "a.m." or "p.m." as appropriate.
  - c. Enter exact times, without rounding, using 4 digits: 2 for the hour and 2 for the minutes.
  - d. Enter an "X" in the "Completed" column even if there are some items requiring a callback for this family, such as detail on a doctor visit, hospitalization, or to complete either of the booklets.
  - e. If more than six calls are made to a household, continue recording the calling information in the footnotes.
- 3. Complete item 15 on a separate questionnaire for each separate family unit. Enter the date and time of each call made and the beginning and ending time of interview for unrelated person(s) interviewed on separate questionnaire(s). Enter this information on the separate questionnaire even though you may not have to return to the household at a different time to interview these persons.
    - a. If an interview is obtained for a family unit, but not for an unrelated person, mark the "Completed" column on the family's questionnaire but not on the questionnaire prepared for the unrelated person.
    - b. For unrelated household members, mark "X" in item 15 on each questionnaire that was completed for each unrelated person or group that was interviewed.
  - 4. For noninterviewed households, enter only the dates and times when attempts were made. Leave the "Ending time" blank, and do not "X" the "Completed" column.

5. Illustrations of How to Fill Item 15--On this page and the following page are illustrations of how to fill item 15. In example 1, no one was at home on the first trip to the household. A housewife and her 20-year-old son were interviewed for themselves and for other related household members on the second trip. A roomer could not be interviewed until the third trip.

Example 1

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

15. Record of calls				
Month	Date	Beginning time	Ending time	Completed Mark (X)
1	10 04	T 11:42 <sup>(P)</sup> a.m.	p.m.	
2	10 05	T 07:30 <sup>(P)</sup> a.m.	08:15 <sup>(M)</sup> a.m.	X
3		P a.m.	a.m.	
		T p.m.	p.m.	
4		P a.m.	a.m.	
		T p.m.	p.m.	
5		P a.m.	a.m.	
		T p.m.	p.m.	
6		P a.m.	a.m.	
		T p.m.	p.m.	

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

15. Record of calls				
Month	Date	Beginning time	Ending time	Completed Mark (X)
1	10 05	T 08:15 <sup>(P)</sup> a.m.	a.m.	
2	10 06	T 06:40 <sup>(P)</sup> a.m.	06:41 <sup>(M)</sup> a.m.	X
3		P a.m.	a.m.	
		T p.m.	p.m.	
4		P a.m.	a.m.	
		T p.m.	p.m.	
5		P a.m.	a.m.	
		T p.m.	p.m.	
6		P a.m.	a.m.	
		T p.m.	p.m.	

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

Example 2

Person 1

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

Person 2

14. Noninterview reason	
<b>TYPE A</b>	
01 <input type="checkbox"/> Refusal - Describe in footnotes	} Fill items 1-6, 7 and 9 as applicable, 10 12-15
02 <input type="checkbox"/> No one at home, repeated calls	
03 <input checked="" type="checkbox"/> Temporarily absent - Footnote	
04 <input type="checkbox"/> Other (Specify) _____	

15. Record of calls				
Month	Date	Beginning time	Ending time	Completed Mark (X)
1	11/16	P a.m.	a.m.	
		T 01:45 (m)	p.m.	
2		P a.m.	a.m.	
		T p.m.	p.m.	
3		P a.m.	a.m.	
		T p.m.	p.m.	
4		P a.m.	a.m.	
		T p.m.	p.m.	
5		P a.m.	a.m.	
		T p.m.	p.m.	
6		P a.m.	a.m.	
		T p.m.	p.m.	

Person 3

15. Record of calls				
Month	Date	Beginning time	Ending time	Completed Mark (X)
1	11/16	P a.m.	a.m.	
		T 01:45 (m)	p.m.	
2	11/17	P a.m.	a.m.	X
		T 07:39 (m)	07:00 (p.m.)	
3		P a.m.	a.m.	
		T p.m.	p.m.	
4		P a.m.	a.m.	
		T p.m.	p.m.	
5		P a.m.	a.m.	
		T p.m.	p.m.	
6		P a.m.	a.m.	
		T p.m.	p.m.	

✓ out of town for 3 wks. - DK where



<b>16. List column numbers of persons requiring callbacks, and mark appropriately.</b> <input type="checkbox"/> None						
Col. No.	SS No.	Sec. M	Sec. N	Sec. O	Sec. P	AIDS
<b>17. Record of additional contacts</b>						
Month	Date	Beginning time	Ending time	Completed Col. No.		
1		P T	a.m. p.m.	a.m. p.m.		
2		P T	a.m. p.m.	a.m. p.m.		
3		P T	a.m. p.m.	a.m. p.m.		
4		P T	a.m. p.m.	a.m. p.m.		

**A. Objective**

These items enable you to identify which person(s) require a callback and to record information concerning callbacks made to complete the Demographic Background Page (question 11), and/or the Supplement Booklet or the AIDS Supplement, HIS-1A or HIS-1B.

**B. Instructions**

1. If all appropriate sections were completed during the initial interview, and the Social Security number was obtained, mark the "None" box in item 16. Otherwise, enter the column number(s) of all persons for whom a callback must be made and make a check mark in the appropriate column(s). Determine the best time for a callback and enter this in the margin on the Household Page if possible, or in a convenient "Footnotes" space of the HIS-1. If more than three persons require a callback, also enter this in the margin or in a footnote space. See the appropriate chapters for instructions on callbacks.
2. Use item 17 to record information concerning callbacks made to complete the required section. Enter the date and beginning time each time you contact the household, regardless of whether or not an interview is obtained. Do not include telephone calls resulting in busy signals, wrong numbers, no one at home, etc. Do, however, record personal visit attempts even if no one was home. Also enter the column number(s) of the appropriate person(s) in the "Completed Col. No." space to indicate on which callback the appropriate interview was completed. Do not enter the column numbers of persons for whom the required information was not obtained; instead, footnote in the margin on the Household Page of the HIS-1, as well as on the appropriate section of the booklet itself, the reason(s) such persons were not interviewed.
3. Circle "P" for personal or "T" for telephone to indicate how the callback was made.

4. Illustration of How to Fill Items 16 and 17

Example 1

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

16. List column numbers of persons requiring callbacks, and mark appropriately.  
 None

Col. No.	SS No.	Sect. M	Sect. N	Sect. O	Sect. P	AIDS
1	X					
4			X	X		X

17. Record of additional contacts

Month	Date	Beginning time	Ending time	Completed Col. No.
1	02 15	P 07:00 <sup>am</sup> T 07:00 <sup>pm</sup>	8:00 <sup>am</sup> 08:00 <sup>pm</sup>	4
2	02 16	P 11:00 <sup>am</sup> T 11:00 <sup>pm</sup>	11:22 <sup>am</sup> 11:22 <sup>pm</sup>	1
3		P T	am pm	
4		P T	am pm	

Example 2

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

16. List column numbers of persons requiring callbacks, and mark appropriately.  
*Person Res. #1*

Col. No.	SS No.	Sect. M	Sect. N	Sect. O	Sect. P	AIDS
2					X	

17. Record of additional contacts

Month	Date	Beginning time	Ending time	Completed Col. No.
1	07 14	P 04:30 <sup>am</sup> T 04:30 <sup>pm</sup>	05:36 <sup>am</sup> 05:36 <sup>pm</sup>	2
2		P T	am pm	
3		P T	am pm	
4		P T	am pm	

Example 3

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

16. List column numbers of persons requiring callbacks, and mark appropriately.  
 None

Col. No.	SS No.	Sect. M	Sect. N	Sect. O	Sect. P	AIDS
2	X					
3					X	

17. Record of additional contacts

Month	Date	Beginning time	Ending time	Completed Col. No.
1	03 04	P 05:15 <sup>am</sup> T 05:15 <sup>pm</sup>	06:00 <sup>am</sup> 06:00 <sup>pm</sup>	2
2	03 04	P 06:00 <sup>am</sup> T 06:00 <sup>pm</sup>	06:15 <sup>am</sup> 06:15 <sup>pm</sup>	3
3		P T	am pm	
4		P T	am pm	

CHAPTER 5. HOUSEHOLD COMPOSITION PAGE

Overall Objective

The purpose of the Household Composition Page is to provide a record of individual household members, including their age, sex, and relationship to the reference person. In addition, reference dates and other information needed during the interview are included. This page also includes a request that all adults in the family participate in the interview, a brief introduction to the survey, and questions on hospitalizations in the past 13 to 14 months.

①

Question 1, Household Composition

①

<p><b>1 a.</b> What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. Enter name in REFERENCE PERSON column.</p> <p><b>b.</b> What are the names of all other persons living or staying here? Enter names in columns.</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; font-size: small;">If "Yes," enter names in columns</td> </tr> <tr> <td style="text-align: center; width: 50px;">Yes</td> <td style="text-align: center; width: 50px;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><b>c.</b> I have listed (<i>read names!</i>). Have I missed:</p> <ul style="list-style-type: none"> <li>- any babies or small children? .....</li> <li>- any lodgers, boarders, or persons you employ who live here? .....</li> <li>- anyone who USUALLY lives here but is now away from home traveling or in a hospital? .....</li> <li>- anyone else staying here? .....</li> </ul> <p><b>d.</b> Do all of the persons you have named usually live here?    <input type="checkbox"/> Yes (2)  <input type="checkbox"/> No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1-C2 and enter reason.)</p> <p><i>Probe if necessary:</i></p> <p>Does --- usually live somewhere else?</p>	If "Yes," enter names in columns		Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>1.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; font-size: x-small;">First name</td> <td style="width: 15%; font-size: x-small;">Mid. Init.</td> <td style="width: 25%; font-size: x-small;">Age</td> </tr> <tr> <td colspan="2" style="font-size: x-small;">Last name</td> <td style="font-size: x-small;">Sex 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F</td> </tr> </table>	First name	Mid. Init.	Age	Last name		Sex 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F
If "Yes," enter names in columns																			
Yes	No																		
<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>																		
First name	Mid. Init.	Age																	
Last name		Sex 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F																	

A. Objective

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

B. Definitions

1. Reference person--The first household member 19 years or older mentioned by the respondent in answer to question 1a, i.e., the person who owns or rents the sample unit. If no household member occupying the sample unit owns or rents the unit, the reference person is the first household member mentioned who is 19 years of age or older.
2. Household--The entire group of persons who live in one housing unit or one OTHER unit. It may be several persons living together or one person living alone. It includes the reference person, any relatives living in the unit, and may also include roomers, servants, or other persons not related to the reference person.
3. Household member--Consider the following two categories of persons in a sample unit as members of the household.
  - Persons, whether present or temporarily absent, whose usual place of residence at the time of interview is the sample unit.
  - Persons staying in the sample unit who have no usual place of residence elsewhere. Usual place of residence is ordinarily the place where a person usually lives and sleeps. A usual place of residence must be specific living quarters held by the person to which he/she is free to return at any time. Living quarters which a person rents or lends to someone else cannot be considered his/her usual place of residence during the time these quarters are occupied by someone else. Likewise, vacant living quarters which a person offers for rent or sale during his/her absence should not be considered his/her usual place of residence while he/she is away.

C. Instructions

1. Questions 1a-b

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

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

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

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

①

Household Composition (Continued)

①

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

- If one of the household members owns or is renting the sample unit, designate that person as the reference person.
- If more than one household member owns or is renting the sample unit, designate the oldest member as the reference person.
- If none of the household members owns or rents the sample unit, designate the oldest household member as the reference person.

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

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

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

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

1.	First name Nancy C.	Mid. init.	Age	First name Larry B.	Mid. init.	Age
	Last name Campbell		Sex 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	Last name —		Sex 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F

1

Household Composition (Continued)

1

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

86			27			
1.	First name..	Mid. init.	Age	First name	Mid. init.	Age
	Thomas	J.		Jill	M.	
	Last name		Sex	Last name		Sex
	Franklin		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	---		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F

e. Determine Who Constitutes A Household

- If the persons reported in response to questions 1a-b represent a "typical family group," such as husband, wife, and unmarried children, a parent and child, two or more unmarried sisters, or some similar clear-cut arrangement, consider all the members as a single household.
- If, in answer to questions 1a-b, the respondent reports an unrelated family group; a married son and his family; or relatives, such as a mother, uncle, or cousin, ask if they all live and eat together as one family.
  - If they all live and eat together, interview them as a single household.
  - If any of the persons reported in answer to question 1 say they live separately from the others, fill Table X to determine if you have an EXTRA unit, an unlisted unit in a permit segment, or not separate living quarters.

①

## Household Composition (Continued)

①

2. Question 1c

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

3. Question 1d

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

- a. Nonhousehold members--Delete any such persons by drawing a large "X" across the person's column from question 1 through item C2. Also enter the reason for the deletion, such as "URE," "AF not living at home," "Away at school," "Born interview week," etc., above that person's column. When a person is deleted, you should also explain why you will not be asking any further questions about him/her.
- b. Special situations regarding household membership--You may encounter certain situations where household membership is unclear. Below are guidelines for handling these situations. You may have to ask enough probe-type questions so that you can determine the actual situation and therefore, make the proper decision as to household membership.
  - (1) Families with two or more homes--Some families have two or more homes and may spend part of the time in each. For such cases, the usual residence is the place in which the person spends the largest part of the calendar year. Only one unit can be the usual residence. For example, the Browns own a home in the city and live there most of the year. They spend their summer vacation at their beach cottage. Neither house is rented in their absence. The home in the city is their usual place of residence.
  - (2) Students and student nurses--Students away at school, college, trade or commercial school in another locality are eligible to be interviewed in the locality where they are attending school. That is, even if a student considers his/her parents' home to be the usual residence, consider him/her to be a household member where presently residing. Consider a student to be a household member of his/her parents' home only if he/she is at home for the summer vacation and has no usual residence at the school.

Household Composition (Continued)

- ①
- (3) Seamen--Consider crew members of a vessel to be household members at their homes rather than on the vessel, regardless of the length of their trips and regardless of whether they are at home or on the vessel at the time of your visit (assuming they have no usual place of residence elsewhere).
- (4) Members of Armed Forces--Consider members of the Armed Forces (either men or women) as household members if they are stationed in the locality and usually sleep in the sample unit, even though no health information will be obtained for them.
- (5) Citizens of foreign countries temporarily in the United States--Determine whether to interview citizens of foreign countries staying at the sample unit according to the following rules:

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

List on the questionnaire and interview citizens of foreign countries and members of their families who are living in the United States but not on the premises of an Embassy, etc. This applies only if they have no usual place of residence elsewhere in the United States. However, do not consider as household members foreign citizens merely visiting or traveling in the United States.

- (6) Persons with two concurrent residences--Ask how long the person has maintained two concurrent residences and consider the residence in which the greater number of nights was spent during that period as the person's usual place of residence.
- (7) Persons in vacation homes, tourist cabins, and trailers--Interview persons living in vacation homes, or tourist cabins and trailers if they usually live there, or if they have no usual residence anywhere else. Do not interview them if they usually live elsewhere.
- (8) Inmates of specified institutions--Persons who are inmates of certain types of institutions at the time of interview are not household members of the sample unit. They are usual residents at the institution. (See part C, TABLE A, for a complete list of "Institutional special places.")



Ask for all persons beginning with column 2:	
2. What is -- relationship to (reference person)?	2. Relationship REFERENCE PERSON

A. Objective

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

B. Instructions

1. All persons listed must be identified by their relationship to the reference person. If the respondent has already given you the relationship of the household members, you may record the relationships without asking question 2. However, this information should be verified. Remember that we are interested in the relationship to the reference person and not necessarily to the respondent.
2. If the person in column 1 has been deleted, he/she may or may not remain the reference person, depending on the reason for deletion.
  - a. If the deleted person in column 1 is a household member, then this person is still the reference person and the relationship of all other household members to this person should be obtained. For example, if person 1 is in the Armed Forces and lives at home, obtain the relationships to this person.
  - b. If the person in column 1 was deleted and is not a household member, he/she is no longer considered the "reference person." For example, if person 1 is in the Armed Forces and does not live at home, the "reference person" then becomes the next household member 19 years of age or older listed on the HIS-1 questionnaire and the relationships to this person will be obtained. Enter "reference person" in this person's column. Do not, however, change the column numbers.
3. For unmarried couples living together, ask question 2 about the relationship to the reference person and accept the response given, such as "husband," "wife," or "partner." If they consider themselves as married or indicate that they are living together as a married couple (whether legal or not), consider them to be related and interview them on the same questionnaires. Do not probe for this information. If they do not report themselves as married, treat them as partners and interview each on a separate questionnaire.

2

Relationship (Continued)

2

4. If there are any persons in the household who are not related by blood, marriage, adoption, or foster relationships, to the reference person but are related to each other, the relationship to each other should be shown in addition to the relationship to the reference person. For example, list a roomer and his wife as "roomer" and "roomer's wife"; list a maid and her daughter as "maid" and "maid's daughter." Show the same detail for household members who are distantly related by marriage to the reference person, for example: "brother-in-law's cousin," "uncle's mother-in-law."
5. Some typical examples of relationship entries are: husband, wife, son, daughter, stepson, father, granddaughter, daughter-in-law, aunt, cousin, nephew, roomer, hired hand, partner, maid, friend.
6. Complete separate questionnaires for each listed unrelated person or separate unrelated family group in the household. After recording the names of all household members and completing questions 1 and 2 on the first HIS-1 questionnaire, transcribe the names and relationships of the unrelated household members to a separate set of questionnaires. Change the column number of each person to agree with the number for that person on the first HIS-1 questionnaire. For example, an unrelated person is listed as person 5 on the first set of questionnaires. Transcribe his/her name and relationship to the first column of the second set of questionnaires, change the column number from "1" to "5," delete "reference person" in the relationship space, and enter the relationship to the reference person from the first questionnaire. Be sure to transcribe the reference periods and the Condition List number from the first questionnaire.

On the Household Page of the questionnaire(s) for unrelated person(s), transcribe the identification items 2 through 5 from the original questionnaire and ask question 6b, mailing address, of the unrelated person(s). Often an unrelated household member will have a mailing address different from that of the reference person. If the mailing address is the same as the address entered in item 6a on the first questionnaire, mark the box for "Same as 6a" in question 6b of this questionnaire. If the mailing address is different from that entered in item 6a, enter the mailing address in question 6b of the new questionnaire. Continue the interview for the unrelated persons in the prescribed manner separately from the interview for the reference person's family.

Household Page items 2 through 5 must be completed on the separate HIS-1 questionnaire, with the unrelated persons' names and relationships transcribed, even if you know at this point that you will be unable to complete the interview for the unrelated persons.

3

### Question 3, Date of Birth, Age, and Sex

3

3. What is -- date of birth? (Enter date and age and mark sex.)			
3. Date of birth		Age	Sex
Month	Date	Year	1 <input type="checkbox"/> M 2 <input type="checkbox"/> F

#### A. Objective

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

#### B. Instructions

1. Complete question 3 and the remainder of the questionnaire for unrelated persons when you are conducting the interview for them. Leave these items blank on the original questionnaire.
2. a. Date of birth and age--Obtain the exact date of birth and enter it in the spaces provided in each column; enter all four digits of the year. If you cannot get the exact date, enter the approximate date, footnoting that the date is the respondent's approximation. If only the year is known, enter "DK" for both the month and date, and enter the year.
  - (1) Using the date of birth, determine the age of the person on his/her last birthday by referring to the Age Verification Chart on page 3 of the Flashcard Booklet. Verify the age with the respondent and then enter it in the "Age" in whole numbers. For children under 1 year of age, enter "Und. 1" in the "Age" box.
  - (2) If a child is under 1 year old, also ask or verify the exact age in months. Record this number and "mos." above the "Age" box. Drop any fractions of months. For example, record "4 months and 10 days" as "4 mos.". If the child is under 1 month old, enter "Und. 1 mo." above the "Age" box. The exact age in months will be needed for the Child Health Supplement.
  - (3) If the person refuses to give an age or a birthdate, make the best estimate you can and footnote that this is your estimate; for example, "30 est.," "mid-40's est.," etc. The following examples would not be acceptable age estimates: "over 25 years," "17+ years," "under 18," etc., because they are too general and do not provide enough information to place the person in a specific age category.
- b. Sex--Mark the appropriate box for each person after entering the age. The sex of a person can usually be determined from the name or relationship entries. However, some names, such as Marion and Lynn, are used for both males and females. If there is any doubt, ask about the person's sex.

C1

### Item C1, References Boxes

C1

	HOSP.	WORK	RD	2-WK. DV
<b>C1</b>	<input type="checkbox"/> None	1 <input type="checkbox"/> Wa	1 <input type="checkbox"/> Yes	<input type="checkbox"/> None
	Number	2 <input type="checkbox"/> Wb	2 <input type="checkbox"/> No	Number

**A. Objective**

The information entered in item C1 is based on the responses to specific questions asked during the interview. These entries are referred to at various times later in the interview; placing the boxes here eliminates the need to flip pages during the interview.

**B. Instructions**

1. Specific instructions for filling these boxes are covered on pages D5-20, D7-5 through D7-9, D7-20, and D8-8.
2. When correcting entries in this item, erase the incorrect answer and enter the correct one. Enter a footnote symbol both in the appropriate box in this item and at the source where the error was discovered and explain why the correction was made.

C2	LA	RA	DV	INJ	CL LTR	HS	COND

A. Objective

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

B. Instructions

1. When entering conditions in item C2, enter the exact condition name reported by the respondent. Do not abbreviate the condition name except in certain cases which are specifically discussed in later chapters.
2. Below each space for the condition name is a series of boxes for specifying the part(s) of the questionnaire where the condition was reported (the source(s) of the condition): Limitation of Activities Page (LA), Restricted Activity Page (RA), 2-Week Doctor Visits Page (DV), Health Indicator Page (INJ), Condition List (CL LTR), Hospital Page (HS), and Condition Page (COND). For each condition, one or more of the boxes must have an entry. Specific instructions for the sources of condition entries are included with the instructions for the applicable questions.
3. If a condition reported in answer to a particular set of questions for a particular person is reported again in answer to another question, do not record this condition again on another line of item C2. Instead, record the additional source as instructed in the applicable chapters. Do not record conditions which are given in response to questions not designed to obtain this information. Record conditions only when given in response to questions which specifically ask for a condition. Keep the conditions mentioned elsewhere in mind so that they can be verified at the proper time; for example, "I believe you said that you missed work in the past 2 weeks because of a cold, is that correct?" (See E1-13.)
4. Do not enter in item C2 any condition reported after the Condition Pages. Footnote these conditions and where they were reported. If the household is reinterviewed and these conditions are reported at that time, the reinterviewer will be able to reconcile the differences.

C2

Record of Conditions (Continued)

C2

5. Next to each space for the condition name is a triangular area for entering the condition number. Fill this space when completing the Condition Pages.
6. When more than five conditions are reported for a person, enter them in that person's column on an additional HIS-1 questionnaire.

(A1)

### Item A1, Reference Periods

(A1)

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

#### A. Objective

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

#### B. Definitions

1. Two-Week Period--These are the 2 weeks (14 days) just prior to the week in which the interview is conducted. The 2-week period starts on Monday and ends with and includes the Sunday just prior to interview week. It does not include any days of the interview week. For example, if the interview is conducted on Wednesday, July 1, the 2-week period would refer to the period beginning on Monday, June 15, and ending Sunday, June 28.

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

2. Twelve-Month Date--The 12-month date is "last Sunday's" date a year ago; therefore, the 12-month reference period begins on that date and ends on the Sunday night before the interview. For example, for an interview taking place on Wednesday, July 1, 1987, the 12-month period would be from June 28, 1986, through June 28, 1987. Again, note that the reference period does NOT include any days of the interview week.

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

(A1)

Reference Periods (Continued)

(A1)

3. Thirteen-Month Hospital Date--This date defines a period of approximately 13 to 14 months preceding the week of interview. The reference period begins on the first day of the month preceding the month in which Monday of interview week falls. For example, if you were interviewing on Wednesday, July 8, 1987, the Monday of interview week is in July and the "13-month hospital date" would be June 1, 1986. If the interview took place on Friday, July 3, 1987, the Monday of interview week would be in June. In this case, the "13-month hospital date" is May 1, 1986, which would be a period of 14 months.

As with the other reference periods, no days in the interview week are to be included.

C. Instructions

1. For additional questionnaires filled for unrelated persons, EXTRA or added units, enter in A1 the same reference dates that were entered on the original questionnaire, unless the interview is conducted after the scheduled interview week.
2. For interviews conducted after the scheduled interview week, delete the entries made by the office and enter the dates in A1 that correspond to the new reference period.



**A2** ASK CONDITION LIST \_\_\_\_\_**A. Objective**

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

**B. Instructions**

1. The number (1-6) entered in A2 after "Ask Condition List \_\_\_\_\_" indicates which Condition List to ask for a household.
2. EXTRA Units--For EXTRA units, use the same list indicated for the original sample unit. Enter the Condition List number (1-6) in item A2 of the Household Composition Page for the EXTRA unit.
3. Units Added at Time of Listing With No Preassigned Serial Numbers--If you add units to the listing sheet, find the Condition List number entered on the HIS-1 questionnaire with the highest preassigned serial number for the segment. Starting with the next number, assign Condition List numbers in sequence to each HIS-1 questionnaire for which serial numbers were not preassigned. For example, if "5" was entered on the HIS-1 questionnaire with the highest serial number, your entries in item A2 for subsequent sets of questionnaires would be "6," then "1," then "2," etc. Do not confuse this instruction with EXTRA units, above.
4. Unrelated Persons--For unrelated person(s) enter in A2 the same Condition List number that was entered on the original HIS-1 questionnaire.

<b>A3</b> Refer to ages of all related HH members.	<b>A3</b> <input type="checkbox"/> All persons 65 and over (5) <input type="checkbox"/> Other (4)
--	--

Instructions

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

Question 4, In Armed Forces

<b>4a.</b> Are any of the persons in this family now on full-time active duty with the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No (5)	
<b>b.</b> Who is this? Delete column number(s) _____ by an "X" from 1-C2.	
<b>c.</b> Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No	
Ask for each person in armed forces: <b>d.</b> Where does — usually live and sleep, here or somewhere else? Mark box in person's column.	<b>4d.</b> <input type="checkbox"/> Living at home <input type="checkbox"/> Not living at home

A. Objective

Question 4 identifies active duty armed forces members, either U.S. or foreign, so that you can avoid asking further questions about them. Although these people will be deleted from the HIS-1 questionnaire, it is important to list them initially so that the total household composition may be defined. Remember that armed forces members living at home are considered household members although no health information is obtained about them.

B. Definition

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

4

## In Armed Forces (Continued)

4

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

### C. Instructions

If "Yes" is reported to 4a, ask 4b and specify which column numbers are to be deleted. Then ask 4c and d and mark the appropriate box in 4d to indicate for each person specified whether the Armed Forces member lives at home or away from home. Then delete the column by drawing an "X" from question 1 through item C2.

5

## Item 5, Additional Respondent Probe

5

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

### A. Objective

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

### B. Instructions

1. Insert the names of all listed family members aged 17 and over who are not present in the room. Do not include the names of any family members who have been deleted (for example, Armed Forces members, URE's, etc.).
2. If the respondent seems hesitant to ask another adult family member to join in the interview, do not encourage or discourage him/her from doing so. Let the respondent decide who should participate.

Introductory Statement

INTRO

INTRO

Read to respondent(s):

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

Instruction

After all available family members 17 years old and over are present, read the statement between items 5 and 6. This statement briefly describes the types of questions that will be asked.

6

Question 6, Hospital Probe

6

6a. Since (13-month hospital date) a year ago, was -- a patient in a hospital OVERNIGHT?	6a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Mark "HOSP" box, THEN NP)
b. How many different times did -- stay in any hospital overnight or longer since (13-month hospital date) a year ago?	b. _____ } (Make entry in "HOSP" box THEN NP) Number of times

A. Objective

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

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

B. Definitions

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

2. Times stayed in the hospital--Refers to separate stays of one or more nights in a hospital, not the number of nights in the hospital. If a person was moved (transferred) from one hospital to another (for example, from a veterans hospital to a general hospital), count each as a separate stay if each lasted overnight or longer.
3. Overnight--The person stayed in a hospital for one or more nights. If the person was admitted and released on the same date, do not consider this as an overnight stay.

C. Instructions

1. Ask questions 6a and b as appropriate for each family member; an entry of either "None" or a "number of stays" must be made in the "HOSP." box in item C1 for each person before going to 6a for the next person. Therefore, if the response to question 6a is "no," mark the "No" box in 6a, the "None" box in the "HOSP." box in C1, then ask 6a for the next person.
2. If the response to 6b is "none," enter a dash on the "Number of times" line and mark the "None" box in item C1 for this person. Do not change the "Yes" entry in 6a in these situations.
3. If the respondent mentions that the stay was in a nursing home, convalescent home, or similar place, accept this as a hospital stay and enter it in question 6 and item C1.
4. If the respondent mentions that the date of admission and the date of discharge are the same, do not include this as an overnight hospital stay.

## Question 7, Hospitalizations for Births

7

7

Ask for each child under one: <b>7a. Was -- born in a hospital?</b>	<b>7a.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)
Ask for mother and child: <b>b. Have you included this hospitalization in the number you gave me for --?</b>	<b>b.</b> <input type="checkbox"/> Yes (NP) <input type="checkbox"/> No (Correct 6 and "HOSP." box)

### A. Objective

Since respondents sometimes forget to report hospitalizations for deliveries and births, ask question 7 when appropriate, to make sure that these hospitalizations are included.

### B. Instructions

1. If no child under age 1 is listed on the questionnaire, make no entries in question 7; go on to the next page.
2. If, in response to question 7, the respondent reports a hospitalization which was not reported in question 6, then the entries in question 6 and in the "HOSP." box must be changed for the child and/or mother to reflect the correct number of hospitalizations. The following example illustrates this procedure:

Person 3 is a child aged "Under 1," Person 2 is the mother. No hospitalizations were reported in question 6 for the child; two hospitalizations were reported for the mother. In answer to question 7a, you learn that the child was born in the hospital. The instruction next to the "No" box in 7b applies in this case, since hospitalizations had been previously reported for the mother but not the child. Correct question 6 for the child by changing the entry in 6a to "Yes" and entering "1" on the line in 6b. Then correct the "HOSP." box in item C1 by correcting the "None" box entry and entering "1" on the line. Ask 7b for the mother to determine if the two hospitalizations already reported for her include the hospitalization for the child's delivery. If the delivery had not been included, correct question 6 and the "HOSP." box for the mother, adding this hospital stay in both places for her. If the delivery was already included, no further corrections are needed.

3. In filling this question, remember that question 7a refers only to the child and the entry should appear only in his/her column of the questionnaire. For question 7b, the entries can apply either to the mother or the child or both, depending on whether either or both had a hospitalization reported in question 6b.
4. Ask question 7a for children born during the interview week even though they have been deleted from the questionnaire. If the response is "yes," ask and mark 7b for the mother to insure that this hospitalization is included if any nights were prior to interview week. Make no entry for the child.
5. If the child was born in a hospital but the biological mother is not in the household, for example, the child was adopted, footnote the situation so that it is clear that a hospitalization for the "mother" was not missed.

CHAPTER 6. LIMITATION OF ACTIVITIES PAGE

A. Overall Objective

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

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

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

B. General Definitions

1. Doing Most of the Past 12 Months--The person's main activity in the past 12 months.
2. Impairment or Health Problem--Any condition, physical or mental, which causes limitation in activity (see "Condition" below). Do not include as an impairment or health problem: pregnancy, delivery, an injury that occurred 3 months ago or less (unless it resulted in obvious permanent limitation) or the effects of an operation that took place 3 months ago or less (unless these effects are obviously permanent). It is not important for the respondent to differentiate between an "impairment" and a "health problem." Both of these terms are used to let the respondent know the wide range of health-related causes that should be considered.

3. Limited--A person is "limited" in the activity if he/she can only partially perform the activity, or can do it fully only part of the time, or cannot do it at all. Do not define this term to respondents; if asked for a definition, emphasize that we are interested in whether the respondent thinks the person is limited in the specific activity.
4. Terms Relating to Limitation of Activity--"Keep from," "completely keep from," "take part at all": these terms mean under normal circumstances; this does not necessarily mean that the activity is impossible under a particular circumstance.
5. Limitation--The specific activity and extent to which the person is "limited" in the activity (see "Limited" above). Examples of limitations are: unable to go outside, can't climb stairs, can only drive for a short time, etc.
6. Condition--The respondent's perception of a departure from physical or mental well-being. Included are specific health problems such as a missing extremity or organ, the name of a disease, a symptom, the result of an accident or some other type of impairment. Also included are vague disorders and health problems not always thought of as "illnesses," such as alcoholism, drug-related problems, senility, depression, anxiety, etc. In general, consider as a condition any response describing a health problem of any kind.

For purposes of the Limitation of Activities questions, do not include as conditions, "pregnancy," "delivery," injuries that occurred 3 months ago or less not resulting in obvious permanent limitations, or the effects of operations that took place 3 months ago or less which are not obviously permanent. (See page D6-7.)

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

C. General Instructions

1. Questions which ask, "Is -- limited..." should be understood in the context of what is normal for most people of that person's age.
2. Whenever there is doubt about a person being limited in any of the activity questions, probe by asking, "Is this due to an impairment or health problem?" For example, if the response to 3b is, "I have someone do the housework for me," probe to determine if this is because of an impairment or health problem or is just a life-style convention.
3. Refer to the appropriate manual page for additional instructions for individual questions.



<b>B1</b>	Refer to age.	<b>B1</b>	<input type="checkbox"/> 18-69 (1) <input type="checkbox"/> Other (NP)
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Instruction

The Limitation of Activities Page is divided into three sections. Mark a box in check item B1 for each person in the family and ask questions 1 through 7, as appropriate, for persons 18 to 69.

Question 1, Major Activity in Past 12 Months

<p>1. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?          Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.</p>	1.	<input type="checkbox"/> Working (2) <input type="checkbox"/> Keeping house (3) <input type="checkbox"/> Going to school (5) <input type="checkbox"/> Something else (5)
---	----	---

A. Objective

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

B. Definitions

1. Going to school--For this section, include attendance at any type of public or private educational establishment both in and out of the regular school system, such as high school, college, secretarial school, barber school, and any other trade or vocational schools.
2. Keeping house--Any type of work around the house, such as cleaning, cooking, maintaining the yard, caring for own children or family, etc. This applies to both men and women.
3. Work--See pages D7-3 and D7-4 for the definition of "Work."

①

## Major Activity in Past 12 Months (Continued)

①

C. Instructions

1. When asking question 1, emphasize the phrase, "MOST OF THE PAST 12 MONTHS," so that it is clear to the respondent that you are referring to the entire year and not just the present time. For example, a person who worked the first 8 months of the year but is now retired should be reported as "working" most of the past 12 months.
2. If the response to question 1 indicates that the person was doing something other than "working at a job or business," "keeping house," or "going to school" for most of the previous 12 months, mark the "Something else" box in the person's column.
3. If the person is reported as having had more than one major activity during the 12-month period, determine which one is the "major activity" by applying the following priorities:
  - a. Ask, "Which did -- spend the most time doing DURING THE PAST 12 MONTHS?" Mark the appropriate box for the response to this probe if the respondent is able to choose one activity.
  - b. If the person spends equal amounts of time doing more than one activity, ask, "Which does -- consider most important?" Then mark the appropriate box.
  - c. If the person is still unable to select one major activity, mark the box for the first activity mentioned. Enter a footnote explaining the situation, including all activities reported.
4. If a person's major activity during most of the past 12 months was service in the Armed Forces, consider this to be "working" for question 1 on the Limitation of Activities Page. Note that this differs from the standard definition of work on pages D7-3 and D7-4.
5. There is no specific sex or age requirement associated with any of the four major activities. A male's major activity may have been "keeping house," or a 60-year-old person may have been "going to school."

2a. Does any impairment or health problem NOW keep -- from working at a job or business?	2a.	1 <input type="checkbox"/> Yes (7)	<input type="checkbox"/> No
b. Is -- limited in the kind OR amount of work -- can do because of any impairment or health problem?	b.	2 <input type="checkbox"/> Yes (7)	3 <input type="checkbox"/> No (6)

Instructions

1. Ask question 2a of all persons who reported "working" as their major activity in question 1.
2. When asking question 2b, mark "Yes" for persons who, for example:
  - a. Can only do certain types of jobs because of their health;
  - b. Are able to work only for short periods of time or have to rest often.

3a. Does any impairment or health problem NOW keep --- from doing any housework at all?	3a.	4 <input type="checkbox"/> Yes (4)	<input type="checkbox"/> No
b. Is --- limited in the kind OR amount of housework --- can do because of any impairment or health problem?	b.	5 <input type="checkbox"/> Yes (4)	6 <input type="checkbox"/> No (5)

A. Definition

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

B. Instruction

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

1. Can do some household chores but are unable to do others;
2. Need help doing the housework because of any impairment or health problem;
3. Do not need help but require more or longer than normal periods of rest between housekeeping activities so that now less housework gets done than could normally be expected.

Question 4, Condition Causing Limitation in Housework

<p><b>4a. What (other) condition causes this?</b>          Ask if injury or operation: When did [the (injury) occur?/— have the operation?]          Ask if operation over 3 months ago: For what condition did — have the operation?          If pregnancy/delivery or 0—3 months injury or operation —          Reask question 3 where limitation reported, saying: Except for — (condition), ...?          OR reask 4b/c.</p> <p>-----</p> <p><b>b. Besides (condition) is there any other condition that causes this limitation?</b></p> <p>-----</p> <p><b>c. Is this limitation caused by any (other) specific condition?</b></p> <p>-----</p> <p>Mark box if only one condition.</p> <p><b>d. Which of these conditions would you say is the MAIN cause of this limitation?</b></p>	<p><b>4a.</b> (Enter condition in C2, THEN 4b)</p> <p>1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 4c)</p> <hr/> <p><b>b.</b> <input type="checkbox"/> Yes (Reask 4a and b)  <input type="checkbox"/> No (4d)</p> <hr/> <p><b>c.</b> <input type="checkbox"/> Yes (Reask 4a and b)  <input type="checkbox"/> No</p> <hr/> <p><b>d.</b> <input type="checkbox"/> Only 1 condition</p> <p>_____</p> <p>Main cause</p>
--	---

A. Definitions

1. 0-3 Months--This is last Sunday's date, 3 months ago. For example, for an interview conducted March 6, 1986, 3 months ago would be December 2, 1985. Provide this information only if the respondent raises a question. Do NOT enter 0-3 months injuries or operations in C2 unless it resulted in an obvious permanent disability.
  - a. 0-3 Months Injury--An injury that occurred 3 months ago or less that did not result in obvious permanent disability. Do not consider colds, flu, measles, etc., as a 0-3 months injury or operation.
  - b. 0-3 Months Operation--An operation or surgery, or the effects of the surgery, that took place 3 months ago or less, that did not result in an obvious permanent disability.
  - c. Obvious Permanent Disability--The effect of an accident or operation that is obviously permanent in nature, such as the amputation of all or part of an extremity, the removal of all or part of an internal organ or breast, and so forth.
  
2. Operation/Surgery--Any cutting of the skin, including stitching of cuts or wounds. Include cutting or piercing of other tissue, scraping of internal parts of the body, for example, curettage of the uterus, and setting of fractures and dislocations (traction). Also include the insertion of instruments in body openings for internal examination and treatment, such a bronchoscopy, proctoscopy, cystoscopy, and the introduction of tubes for drainage. Include anything ending in "--otomy" or "--ectomy," for example, colotomy (incision of colon), tonsillectomy (removal of tonsils), etc. Include also any mention of "surgery," "operation," or "removal of" by the respondent.

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

B. Instructions

- 1. Ask question 4a for all persons with a limitation reported in question 3. Use the parenthetical "other" in 4a whenever this question is reasked.
- 2. Condition reported--Enter the condition name in item C2 and the number "4" (for question 4) in the "LA" box below the condition in C2 as the source of the condition. For example:

C2	Asthma						
LA	TA	OV	TINJ	COLTR	MS	COND	
4							

Continue with question 4b after making the entries in item C2.

- 3. Pregnancy, delivery, or an injury or operation reported--If an injury or operation is reported in 4a, ask the appropriate probe question to determine when the injury or operation occurred. If an injury is reported, insert the name of the injury when asking this probe question, for example, for a response of "broken arm," you would ask, "When did the broken arm occur?"
  - a. If pregnancy, delivery, or a 0-3 months injury or operation is reported the first time you ask 4a, do not make any entries in item C2. Instead, reask the appropriate part of question 3 where the limitation was reported using the lead-in, "Except for (condition)...?" For example, reask question 3a saying, "Except for your pregnancy, does any impairment or health problem NOW keep you from doing any housework at all?"
    - (1) If the person would not be limited except for the pregnancy, delivery, or 0-3 months injury or operation, erase the original entry in 3a or b, mark the "No" box, and follow the skip instructions.

- (2) If the response is still "Yes" after reasking 3a or b, reask question 4a, using the parenthetical "Other," to obtain the condition other than pregnancy, delivery, or the 0-3 months injury or operation that causes the limitation. Also, insert both the condition and the pregnancy, delivery, or 0-3 months injury or operation when asking 4b; for example, "Besides arthritis and the broken arm, is there any other condition that causes this limitation?"
- b. If both a condition (for example, arthritis) and pregnancy, delivery, or a 0-3 months injury or operation are reported when asking 4a, record the condition (in this example, arthritis) and ask the appropriate probe question(s) for the injury or operation. Do not record pregnancy, delivery, or 0-3 months injuries or operations unless it is an obvious permanent disability, in item C2. If the injury or operation occurred more than 3 months ago, follow the instructions in paragraph 3d below. In these situations, insert both the condition and the pregnancy, delivery, or injury or operation when asking 4b.
- c. If pregnancy, delivery, or a 0-3 months injury or operation is reported when reasking question 4a, after receiving a "Yes" to 4b or c, do NOT reask questions 3a or b; instead, reask question 4b, inserting the names of all conditions, including the pregnancy, delivery, or 0-3 months injury or operation. For example, if asthma is reported when 4a is first asked and delivery is reported when reasking 4a, reask 4b, "Besides asthma and delivery, is there any other condition that causes this limitation?" If the response is "No," correct your entry in 4b, if necessary; then continue with 4d. The "Yes" box in 4b should be marked only when another condition (including "old age") is reported when reasking 4a.
- d. If the injury occurred more than 3 months ago, enter the name of the injury in item C2 and continue with 4b. If the operation occurred more than 3 months ago, ask the probe question, "For what condition did you have the operation?" to determine the condition which caused the operation; then enter the condition in item C2, regardless of whether or not the person still has the condition, and continue with question 4b.

If you cannot determine the condition causing the operation, enter the operation/surgery as the condition in C2 and footnote any additional information, for example, "female operation" in C2, "too many children" in the footnote, or "back surgery," "DK cause." Remember, do NOT probe unless the response meets the definition given on page D6-7.

4. If "old age" is reported in question 4, either alone or with other conditions, mark the "Old age" box in 4a and above the column and follow the appropriate procedure in paragraphs a through c below. Do NOT enter "old age" in item C2 in any of these situations.
- Old age only reported--If "old age" only is initially reported with no mention of a specific condition, ask 4c without the parenthetical "other." If "old age" only is reported when 4a is reasked, ask 4c with the parenthetical "other."
  - Old age and a specific condition reported--If "old age" and a specific condition are reported, enter the condition in item C2 and continue with question 4b saying, "Besides (condition) and old age, is ...?"
  - Old age and injury or operation reported--If "old age" and an injury or operation are reported in 4a, ask the probe question to determine when the injury or operation occurred. If the response is more than 3 months ago, enter the injury or condition causing the operation in C2 and ask 4b. If the injury or operation occurred 3 months ago or less and did not result in an obvious permanent disability, make no entry in C2 but ask or reask 4c using the parenthetical "other." If the injury or operation occurred 3 months ago or less and did result in an obvious permanent disability, enter the injury or condition causing the operation in C2 and ask 4b.
5. Consider only an "obvious permanent disability," as defined on page D6-7, when recording conditions resulting from operations or injuries that occurred 3 months ago or less. Do not consider possible permanent disabilities. For example, a response of "I broke my back 2 months ago. The doctor says it may be permanently stiff", would not be recorded in C2.
6. Mark the "Only 1 condition" box in 4d if only one condition was reported or if "old age" was the only condition reported. If old age and a specific condition or if more than one condition was previously reported, ask 4d to determine which is the MAIN cause of the limitation. If the respondent is not able to choose one condition as being the main cause, enter in the answer space the names of all conditions reported in 4d. For example, if arthritis, heart trouble, and a paralyzed arm were reported in 4a, and the response to 4d is, "I don't know--both the heart trouble and the paralyzed arm," enter "both heart trouble and paralyzed arm" in 4d.

If, in response to question 4d, the respondent mentions a condition not reported in 4a, enter this condition in item C2 (with "4" in the "LA" box for the source) and reask question 4d for all conditions causing the limitation. For instance, in question 4a, asthma and hearing trouble were reported. When asked question 4d, the respondent remembers that the person is also limited by high blood pressure. Enter "high blood pressure," with "4" in the "LA" box in C2, and then reask question 4d to determine which of the three conditions was the main cause.



5

Question 5, Would the Person be Limited in Work

5

5a. Does any impairment or health problem keep -- from working at a job or business?	5a.	1 <input type="checkbox"/> Yes (7)	<input type="checkbox"/> No
b. Is -- limited in the kind OR amount of work -- could do because of any impairment or health problem?	b.	2 <input type="checkbox"/> Yes (7)	3 <input type="checkbox"/> No

Objective

For persons whose major activity during the past 12 months was "keeping house," "going to school," or "something else," it is important to determine whether or not they are prevented from having a job or business because of an impairment or health problem. Question 5a determines if the reason the person does not work is because of an impairment or health problem. Question 5b obtains whether or not the respondent thinks the person is limited in the kind or amount of work the person could do.

B2-6

Check Item B2 and Question 6, Other Limitations

B2-6

B2	Refer to questions 3a and 3b.	B2	1 <input type="checkbox"/> "Yes" in 3a or 3b (NP) 2 <input type="checkbox"/> Other (6)
6a.	Is -- limited in ANY WAY in any activities because of an impairment or health problem?	6a.	1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No (NP)
b.	In what way is -- limited? <i>Record limitation, not condition.</i>	b.	_____ Limitation

A. Objective

Question 6 provides for the reporting of limitations other than those associated with the person's major activity.

B. Definition

In any way--Refers to activities that are normal for most people of that age.

C. Instructions

If a condition is given in response to 6b, reask the question to determine how the person is limited; for example, "In what way does your back trouble limit you?" Enter the limitation, for example, "can't bend knees," "frequent rest periods," etc. Enter the condition only if a limitation cannot be obtained after probing.

Do not enter the 6b response in item C2 as a condition.

**Question 7, Condition Causing Limitation in Work, School,  
or Other Activities**

7

7

<p><b>7a. What (other) condition causes this?</b>  <i>Ask if injury or operation: When did [the (injury) occur?/ -- have the operation?]</i>  <i>Ask if operation over 3 months ago: For what condition did -- have the operation?</i>  <i>If pregnancy/delivery or 0-3 months injury or operation -</i>  <i>Reask question 2, 5, or 6 where limitation reported, saying: Except for -- (condition), ...?</i>  <i>OR reask 7b/c.</i></p> <hr style="border-top: 1px dashed black;"/> <p><b>b. Besides (condition) is there any other condition that causes this limitation?</b></p> <hr style="border-top: 1px dashed black;"/> <p><b>c. Is this limitation caused by any (other) specific condition?</b></p> <hr style="border-top: 1px dashed black;"/> <p><i>Mark box if only one condition.</i></p> <p><b>d. Which of these conditions would you say is the MAIN cause of this limitation?</b></p>	<p><b>7a.</b> (Enter condition in C2. THEN 7b)  <input type="checkbox"/> Old age (Mark "Old age" box. THEN 7c)</p> <hr style="border-top: 1px dashed black;"/> <p><b>b.</b>  <input type="checkbox"/> Yes (Reask 7a and b)  <input type="checkbox"/> No (7c)</p> <hr style="border-top: 1px dashed black;"/> <p><b>c.</b>  <input type="checkbox"/> Yes (Reask 7a and b)  <input type="checkbox"/> No</p> <hr style="border-top: 1px dashed black;"/> <p><b>d.</b>  <input type="checkbox"/> Only 1 condition</p> <hr style="border-top: 1px solid black;"/> <p style="text-align: center; margin: 0;">Main cause</p>
--	---

Instructions

1. Ask and complete question 7 in the same manner as question 4 (see pages D6-7 through D6-10). Enter "7" in the "LA" box in item C2 as the source for conditions given in response to this question.
  
2. If the initial response to question 7a is pregnancy, delivery, an injury or operation occurring 3 months ago or less, reask the question where this limitation was reported using the lead-in phrase in the probe in 7a and correct the entries as necessary. For example, the response to 6a is "Yes," the response to 6b is "can't move furniture," and the response to 7a is "sprained back 2 weeks ago." Reask 6a as follows: "Except for your sprained back, are you limited in ANY WAY in any activities because of an impairment or health problem?"
  - a. If the response is "No," erase the "Yes" entry in 6a, mark "No" and also erase the entry in 6b; then go to the next person.
  
  - b. If the response to 6a is "Yes," ask 6b. If the limitation is not the same, erase the original entry in 6b and enter the new limitation. Then continue with question 7.

Check Item B3 and Question 8,  
Major Activity in Past 12 Months

<p><b>B3</b></p>	<p>Refer to age.</p>	<p><b>B3</b></p>	<p>0 <input type="checkbox"/> Under 5 (10) 2 <input type="checkbox"/> 18-69 (NP)          1 <input type="checkbox"/> 5-17 (11) 3 <input type="checkbox"/> 70 and over (8)</p>
	<p>8. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?  <i>Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.</i></p>	<p>8.</p>	<p>1 <input type="checkbox"/> Working          2 <input type="checkbox"/> Keeping house          3 <input type="checkbox"/> Going to school          4 <input type="checkbox"/> Something else</p>

A. Definitions

See page D6-3 for the definitions of "Going to school" and "Keeping house." See pages D7-3 and D7-4 for the definition of "Work."

B. Instructions

1. For each person mark a box in item B3 and follow the appropriate skip instruction.
2. Ask question 8 only if the "70 and over" box is marked in item B3 for this person.
3. Follow the instructions for question 1 on page D6-4. Note, however, that there are no skip instructions after any of the answer categories in question 8. Ask question 9 regardless of the response to question 8.

Question 9, Limitation in Daily Functions

9a. Because of any impairment or health problem, does --- need the help of other persons with --- personal care needs, such as eating, bathing, dressing, or getting around this home?	9a.	1 <input type="checkbox"/> Yes (13)	<input type="checkbox"/> No
b. Because of any impairment or health problem, does --- need the help of other persons in handling --- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	b.	2 <input type="checkbox"/> Yes (13)	3 <input type="checkbox"/> No (12)

A. Objective

This question determines if persons aged 70 or over are limited in taking care of themselves regardless of their major activity during the past 12 months.

Question 9a focuses on the person's ability to take care of personal care needs while question 9b determines the person's ability to take care of day to day activities, such as leaving the home to take care of ordinary errands (going to the bank, doctor's office, etc.) and the ability to take care of the home, prepare meals, and so forth.

B. Definitions

1. Need help--The person cannot do one or more of the listed activities without the help of someone else. This does not mean that the person must be completely incapable of performing the activities. The problem must be the result of an impairment or health problem and not the fact that the person needs help, for example, because the person does not know how to cook or lacks transportation.
2. Everyday household chores--This refers to routine maintenance such as housework, minor repairs, routine yard work, etc. It does not include major maintenance such as house painting, heavy landscaping, exterior window washing, and so on.

C. Instructions

1. If the person needs help in one or more of the activities in 9a and/or 9b, mark the appropriate "Yes" box.
2. If the person could merely benefit from help but does not need or receive help, mark the "No" box. Also mark "No" if help is needed only rarely.

Question 10, Limitation in Play Activities

10a. Is --- able to take part AT ALL in the usual kinds of play activities done by most children --- age?	10a.	<input type="checkbox"/> Yes	0 <input type="checkbox"/> No (13)
b. Is --- limited in the kind OR amount of play activities --- can do because of any impairment or health problem?	b.	1 <input type="checkbox"/> Yes (13)	2 <input type="checkbox"/> No (12)

Instructions

1. When asking question 10a, mark "No" only if the child cannot participate in any play activities that are usual for children in this age group.
2. Some examples of limitations in the "kind of play" for 10b are: the child is unable to run, jump, or climb, or can't play strenuous games, etc. Examples of limitations in the "amount of play" are: needing special rest periods, playing for only short periods, etc.
3. For very young children for whom the respondent cannot associate conventional "play" activities, explain that we include activities such as movements, sound making, seeing, and other activities of babies as play. For example, mark "No" in 10a if the baby cannot move his/her arm because of an impairment or health problem. For 10b, allow the respondent to determine if there is a limitation in the kind or amount of activities. Unlike other activities for which "old age" may cause the limitation, do not consider young age to be the sole contributing factor to a limitation.

11a. Does any impairment or health problem NOW keep --- from attending school?	11a.	1 <input type="checkbox"/> Yes (13)	<input type="checkbox"/> No
b. Does --- attend a special school or special classes because of any impairment or health problem?	b.	2 <input type="checkbox"/> Yes (13)	<input type="checkbox"/> No
c. Does --- need to attend a special school or special classes because of any impairment or health problem?	c.	3 <input type="checkbox"/> Yes (13)	<input type="checkbox"/> No
d. Is --- limited in school attendance because of --- health?	d.	4 <input type="checkbox"/> Yes (13)	5 <input type="checkbox"/> No

A. Definitions

1. Attending school (11a)--Enrollment in a school program: public or private, academic or vocational. This includes special schools for the physically or mentally handicapped. This also includes attendance at a university or other institution for adult training or education. Enrollment may be either on a full-time or part-time basis.
2. Special school (11b)--A school which students attend because of some unique physical or mental characteristic distinguishing them from most other persons who attend regular schools. This includes schools for the physically or mentally handicapped, schools for the hearing impaired or blind, schools for persons with learning disabilities, etc. It does NOT include special schools for talented or gifted persons, such as the Juilliard School of Music.
3. Special class (11c)--A class or program held within a regular school for students who have a physical or mental disability that keeps them from attending all or most of the regular classes. This does NOT include special classes for talented or gifted students, such as a class in advanced analytical calculus.
4. "Limited in school attendance" (11d)--Consider persons as "limited" if, because of an impairment or health problem, they either can attend school only for part of the day or must be absent from classes frequently.

B. Instructions

1. Do not include in 11a persons who may miss time from school occasionally because of an impairment or health problem.
2. Question 11b refers to all students enrolled in a special school or special class because of an impairment or health problem.
3. Question 11c refers to students who do not receive special education but could, in the respondent's judgment, benefit from it because of an impairment or health problem.

Question 12, Limited in Any Way

12a. Is -- limited in ANY WAY in any activities because of an impairment or health problem?	12a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)
b. In what way is -- limited? Record limitation, not condition.	b. _____ Limitation

A. Definition

In any way--Refers to activities that are normal for most persons of that age.

B. Instructions

1. Ask this question for children under 18 and persons 70 and over for whom no limitation was reported in questions 9 through 11.
2. Follow the instructions for question 6 on page D6-11.

Question 13, Condition Causing Limitation

13a. What (other) condition causes this? Ask if injury or operation: When did [the (injury) occur?]/-- have the operation? Ask if operation over 3 months ago: For what condition did -- have the operation? If pregnancy/delivery or 0-3 months injury or operation - Reask question where limitation reported, saying: Except for -- (condition), ...? OR reask 13b/c.	13a. (Enter condition in C2, THEN 13b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 13c)
b. Besides (condition) is there any other condition that causes this limitation?	b. <input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No (13d)
c. Is this limitation caused by any (other) specific condition?	c. <input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No
d. Which of these conditions would you say is the MAIN cause of this limitation? Mark box if only one condition	d. <input type="checkbox"/> Only 1 condition _____ Main cause

Instructions

1. Follow the instructions for question 4 on pages D6-8 through D6-10 and for question 7 on page D6-12.
2. Enter "13" in the "LA" box in item C2 as the source for conditions given in response to this question.

(B4)

Check Item B4

(B4)

<b>B4</b>	Refer to age.	<b>B4</b>	<input type="checkbox"/> Under 5 (NP) <input type="checkbox"/> 60-69 (14) <input type="checkbox"/> 5-59 (B5) <input type="checkbox"/> 70 and over (NP)
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Instruction

Mark a box in item B4 and follow the appropriate skip instruction for each person.

(B5)

Check Item B5

(B5)

<b>B5</b>	Refer to "Old age" and "LA" boxes. Mark first appropriate box.	<b>B5</b>	<input type="checkbox"/> "Old age" box marked (14) <input type="checkbox"/> Entry in "LA" box (14) <input type="checkbox"/> Other (NP)
-----------	--	-----------	--

Instruction

Refer to the "Old age" and "LA" boxes when filling this item. Mark a box and follow the appropriate skip instruction.



Question 14, Limitation in Daily Functions

<b>14a. Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home?</b>	<b>14a.</b> <input type="checkbox"/> Yes (15) <input type="checkbox"/> No
<i>If under 18, skip to next person; otherwise ask:</i> <b>b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?</b>	<b>b.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (N/P)

A. Objective

This question determines if persons aged 5 to 59, who have reported being limited by old age or a condition, are also limited in taking care of themselves. This question is also asked for all persons age 60 to 69. This information was previously obtained in question 9 for persons 70 and over.

B. Definitions

See page D6-14 for the definitions of "Need help" and "Everyday household chores."

C. Instructions

Follow the instructions for question 9 on page D6-14. Ask question 14b only for persons 18 years old and over. If the person is under age 18, skip to the next person. Ask question 15 if yes in either question 14a or 14b.

Question 15, Condition Causing Limitation

<b>15a. What (other) condition causes this?</b> <i>Ask if injury or operation: When did (the injury) occur? -- have the operation?</i> <i>Ask if operation over 3 months ago. For what condition did -- have the operation?</i> <i>If pregnancy/delivery or 0-3 months injury or operation --</i> <i>Reask question 14 where limitation reported, saying: Except for -- (condition), ...?</i> <i>OR reask 15b/c.</i>	<b>15a.</b> <i>(Enter condition in C2. THEN 15b)</i> <input type="checkbox"/> Old age (Mark "Old age" box. THEN 15c)
<b>b. Besides (condition) is there any other condition that causes this limitation?</b>	<b>b.</b> <input type="checkbox"/> Yes (Reask 15a and b) <input type="checkbox"/> No (15d)
<b>c. Is this limitation caused by any (other) specific condition?</b>	<b>c.</b> <input type="checkbox"/> Yes (Reask 15a and b) <input type="checkbox"/> No
<i>Mark box if only one condition.</i> <b>d. Which of these conditions would you say is the MAIN cause of this limitation?</b>	<b>d.</b> <input type="checkbox"/> Only 1 condition <hr/> Main cause

Instructions

1. Follow the instructions for question 4 on pages D6-8 through D6-10 and for question 7 on page D6-12.
2. Enter "15" in the "LA" box in item C2 as the source for conditions given in response to this question.

CHAPTER 7. RESTRICTED ACTIVITY PAGE

A. Overall Objective

The purpose of the Restricted Activity Page is to determine if illness or injury has caused persons to restrict their usual activities during the 2-week reference period. Analysts cumulate these data to estimate the annual number of work-loss days, school-loss days, days in bed, and days of cutting down on usual activities resulting from health problems for the entire civilian noninstitutionalized population. These questions also identify the kinds of conditions which have an impact on individuals in terms of restricted activity.

B. General Instructions

There are five Restricted Activity Pages included in the questionnaire. Complete the appropriate Restricted Activity Page for each person in the family. For deleted persons, put a large "X" through the entire corresponding Restricted Activity Page. If there are more than five persons in the family, be sure to change the person number at the top of the Restricted Activity Page on the additional questionnaire to correspond to that person's column number. On the questionnaire prepared for unrelated persons, also change the person number to agree with that person's column number.

Hand calendar.

{The next questions refer to the 2 weeks outlined in red on that calendar, beginning Monday, (date) and ending this past Sunday (date).}

A. Objective

The purpose of the introductory statement is to inform the respondent of the 2-week reference period for the Restricted Activity questions.

B. Instructions

1. Hand the respondent the calendar card with the 2-week reference period outlined in red when asking about events occurring within this reference period. If the respondent indicates that he/she has a personal calendar which might be helpful, encourage the use of it.
2. Read the introductory statement when completing the page for the first person in the family and at any other time you feel it is necessary. When reading the statement, insert the dates given in A1 (Household Composition Page) for the 2-week reference period.

D1

Check Item D1

D1

D1

Refer to age.

Under 5 (4)     5-17 (3)     18 and over (1)

Instructions

Mark one box according to the person's age.

## Question 1, 2-Week Work Status

①

①

1a. DURING THOSE 2 WEEKS, did -- work at any time at a job or business not counting work around the house? (Include unpaid work in the family (farm/business).)

1  Yes (Mark "Wa" box, THEN 2)    2  No

b. Even though -- did not work during those 2 weeks, did -- have a job or business?

1  Yes (Mark "Wb" box, THEN 2)    2  No (4)

### A. Objective

These questions, as well as ones later in the questionnaire, help to identify persons who are in the labor force. Work status is an important characteristic for analyzing health data. People who have jobs can be compared with those who don't on variables such as number of days spent in bed, doctor visits, specific diseases, etc.

### B. Definitions

#### 1. Work

##### a. Include the following:

- (1) Working for pay (wages, salary, commission, piecework rates, tips, or "pay-in-kind" such as meals, living quarters, or supplies provided in place of cash wages).
- (2) Working for profit or fees in one's own business, professional practice, partnership, or farm even though the efforts may produce a financial loss.
- (3) Working without pay in a business or farm operated by a related household member.
- (4) Working as a civilian employee of the National Guard or Department of Defense.
- (5) Participating in "exchange work" or "share work" on a farm.

##### b. Do not include the following:

- (1) Unpaid work which does not contribute to the operation of a family business or farm (e.g., home housework).
- (2) Unpaid work for a related household member who is a salaried employee and does not operate a farm or business (e.g., typing for a husband who is a lawyer for a corporation).

- (3) Unpaid work for an unrelated household member or for a relative who is not a household member.
- (4) Volunteer or other unpaid work for a church, charity, political candidate, club, or other organization, such as the Red Cross, Community Fund, etc.
- (5) Service in the Armed Forces, including time while on temporary duty with the National Guard or Reserves.
- (6) Owning a business solely as an investment to which no contribution is made to the management or actual operation (e.g., owning a grocery store which someone else manages and operates).
- (7) Jury duty.

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

- a. Do not consider a person who is "on call" and works only when his/her services are needed as having a job during the weeks in which he/she does not work. An example of a person "on call" is a substitute teacher who was not called to work during the past 2 weeks.
- b. Consider seasonal employment as a job only during the season and not during the off-season. For example, a ski instructor would not be considered as having a "job" during the off-season.
- c. Consider school personnel (teachers, administrators, custodians, etc.) who have a definite arrangement, either written or oral, to return to work in the fall as having a "job" even though they may be on summer vacation.
- d. Consider persons who have definite arrangements to receive pay while on leave of absence from their regular jobs to attend school, travel, etc., as having a "job." This may be referred to as "sabbatical leave." Probe to determine if the person is receiving pay if this is not volunteered.
- e. Do not consider a person who did not work at an unpaid job on a family farm or in a family business during the past 2 weeks as having a "job."
- f. Do not consider persons who do not have a definite job to which they can return as having a "job." For example, do not consider a person to have a job if his/her job has been phased out or abolished, or if the company has closed down operations.

3. Business--A business exists when one or more of the following conditions are met:

- Machinery or equipment of substantial value in which the person has invested capital is used by him/her in conducting the business. Hand rakes, manual lawnmowers, hand shears, and the like would not meet the "substantial value" criteria.
  - An office, store, or other place of business is maintained.
  - There is some advertisement of the business or profession by listing it in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or otherwise publicizing that a particular kind of work or service is being offered to the general public.
- a. Consider the selling of newspapers, cosmetics, and the like as a business if the person buys the newspapers, magazines, cosmetics, etc., directly from the publisher, manufacturer, or distributor, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer. Otherwise, consider it as working for pay (job) rather than a business.
- b. Do not consider domestic work in other persons' homes, casual work such as that performed by a craft worker or odd-job carpenter or plumber as a business. This is considered as wage work. Whether or not the person is considered as having a job is described in paragraph B2 above.
- c. Do not consider the sale of personal property as a business.
- d. For questionable or borderline cases, do not consider the persons as having their own business. Refer to paragraph B2 to determine whether the person is considered as having a job.

C. Instructions

1. Ask question 1a for each person aged 18 years old or over. If a person worked at any time last week or the week before, even for just an hour, consider this as a "Yes" response to 1a, mark the "Wa" box in item C1, and continue with question 2.
2. ASK specifically about UNPAID FAMILY WORK for persons in FARM households and for persons who are related to another household member who has been indicated as operating a BUSINESS or has a PROFESSIONAL PRACTICE. In these situations, use the parenthetical statement, "Include unpaid work in the family farm," or "Include unpaid work in the family business," as appropriate, as you ask 1a.

①

## 2-Week Work Status (Continued)

①

3. In question 1b, consider as "having a job or business" a person who:
- a. Was temporarily absent from his/her job or business all of the past 2 weeks because of vacation, bad weather, labor dispute, illness, maternity leave, jury duty, or other personal reasons;

AND

- b. expects to return to his/her job or business when the event has ended.
4. If volunteered, do not consider a person to have a job if the person was waiting to begin a new job or to enter the military. If the person is waiting to begin his/her own business, professional practice, or farm, determine whether any time was spent during the 2-week reference period in making or completing arrangements for the opening. If so, consider the person as working, and mark the "Yes" box in 1a and the "Wa" box in C1. If not, mark "No" in 1b.
5. If a person states that she/he is temporarily absent from a job on maternity/paternity leave, handle it the same as any other type of absence. If there is any question about the employment status, determine (1) whether she/he intends to return to work, and (2) whether the employer has agreed to hold the job or find her/him a place when she/he returns. Mark "Yes" in 1b if both conditions are met.
6. If volunteered, do not consider a person on layoff to have a job or business. Mark "No" for question 1b.
7. The government is attempting through several work and training programs to assist various segments of the population in combating poverty and to provide increased employment opportunities. Currently, it is believed that decentralized programs offering a variety of educational and training options are the most effective method for combating poverty and reducing unemployment. Therefore, many individual programs have been absorbed under the Job Training Partnership Act (JTPA). The HIS employment questions are not designed to distinguish participants in these programs and you should not probe to identify them. However, if the respondent identifies a person as an enrollee in a government-sponsored program, proceed according to the instructions below.

**a. General Guidelines**

- Consider the person as working if he/she receives any pay for the on-the-job training work. This includes persons receiving welfare or public assistance while participating in work programs as a condition for receiving the welfare (work relief) or participating voluntarily.
- Do not consider the person as working or with a job if he/she only receives training at schools or other institutionalized settings.

**b. Job Training Partnership Act (JTPA)--This act authorizes funding and sets out requirements for a Federal employment and training program to train economically disadvantaged youths and adults for permanent employment. The administrative role is given to governors, as in the former CETA program, while program design remains under local control. It establishes the private sector as an equal partner with local governments.**

- Consider the participant in a JTPA program as working if he/she receives on-the-job training.
- Do not consider the participant in a JTPA program as working or with a job if he/she receives training in a school or other institutional setting.
- Consider the participant in a JTPA program as working if he/she receives both on-the-job and institutional training. (Count only the time spent on the job as working.)

The above references to "working" assume the person spent some time on the job during the 2-week reference period. However, if during that period, such persons did not work because of illness, vacation, etc., mark "No" in question 1a and "Yes" in question 1b.



- d. Public Employment Program (PEP) or Public Service Employment (PSE-CETA)--These programs provide public service jobs for certain groups suffering from the effects of unemployment. Consider participants in these programs as working.
- e. Volunteers in Service to America (VISTA)--This program is known as the "domestic Peace Corps" and provides community service opportunities. Participants serve for 1 year and receive a small stipend and living allowance. Consider enrollees as working.
- f. College Work-Study Program--This program was designed to stimulate and promote the part-time employment of students who are from low-income families and are in need of earnings to pursue courses of study. Consider participants in this program as working.
- g. Cooperative Education Program--This authorizes a program of alternating study and work semesters at institutions of higher learning. Since the program alternates full-time study with full-time employment, consider participants as working if that was their activity during the 2-week reference period. Do not consider them as working or with a job if they were going to school during the 2-week reference period.
- h. Foster Grandparent Program--This program pays the aged poor to give personal attention to children, especially those in orphanages, receiving homes, hospitals, etc. Consider such persons as working.
- i. Work Incentive Program (WIN)--This program provides training and employment to persons receiving Aid to Families with Dependent Children (AFDC).
  - Consider persons receiving public assistance or welfare who are referred to the State Employment Service and placed in a regular job as working.
  - Consider persons receiving public assistance or welfare who are placed in an on-the-job or skill training program as working only if receiving on-the-job training.
  - Do not consider persons receiving public assistance or welfare who are placed on special work projects which involve no pay, other than the welfare itself, as working or with a job.
- j. Older Americans Community Service Employment and Operation Mainstream--These programs provide employment to chronically unemployed or older persons from impoverished families. Consider persons in either program as working.

k. Veterans Apprenticeship and On-The-Job Training Program--These programs encourage unions and private companies to set up programs to train veterans for jobs that will be available to them after completion of the program. Consider veterans in such programs as working.

l. Work Experience and Related Programs--See "General Guidelines."

All of the above references to "working" assume the person spent some time on the job during the 2-week reference period. However, if during that period, such persons did not work because of illness, vacation, etc., mark "No" in question 1a and "Yes" in question 1b.

## Question 2, Work-Loss Days

2a. During those 2 weeks, did -- miss any time from a job or business because of illness or injury?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (4)
-----	
b. During that 2-week period, how many days did -- miss more than half of the day from -- job or business because of illness or injury?	
<input type="checkbox"/> None (4)	No. of work-loss days <input type="text"/> (4)

A. Objective

The purpose of question 2 is to measure the number of days lost from work due to illness or injury for adults 18 years old or over. This information is an important indicator of the economic impact of illness in this country.

B. Definitions

1. Business--See paragraph B3 on page D7-5.
2. Job--See paragraph B2 on page D7-4.
3. Work-loss day--Any scheduled work day when MORE than half of the working day was missed due to illness or injury. If the person usually works only part of the day and missed more than half of that time, count the day as a work-loss day.

C. Instructions

1. Question 2 measures work-loss days only. If a person 18 years old or older goes to school in addition to working, record only the days lost from work. Disregard, in question 2, any days lost from school for this age group. Include school-loss days for persons 18 and over in the cut-down days obtained in question 6.
2. Since very few people work 7 days a week, probe when you receive replies such as, "The whole 2 weeks," or "All last week." Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from work. If a person actually missed 14 days of work during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the person would have worked all 14 days had illness or injury not prevented it.

3a. During those 2 weeks, did -- miss any time from school because of illness or injury?

Yes       No (4)

---

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

None     

A. Objective

The purpose of question 3 is to measure the days lost from school due to illness or injury for children aged 5 through 17.

B. Definitions

1. School--For this question, school includes both "regular" and "nonregular" schools. Schools of both types may be either day or night schools, and attendance may be part-time or full-time.
  - a. Regular schools--Public or private institutions at which students receive a formal, graded education. In regular schools, students attend class to achieve an elementary or high school diploma, or a college, university, or professional school degree.
  - b. Nonregular schools--Public or private institutions such as vocational, business or trade schools, technical schools, nursing schools (other than university-based nursing schools where students work towards a degree), beautician and barber schools, and so forth. Nonregular schools also include special schools for the handicapped or mentally retarded where students are not working toward a degree or diploma. Kindergartens should also be considered "nonregular" schools.
2. School-loss day--Any scheduled school day when MORE than half of the day was missed due to illness or injury. If the child usually goes to school only part of the day and missed more than half of that time, count the day as a school-loss day.

C. Instructions

1. Since school vacation periods differ, ask this question at all times of the year, even during times usually considered school vacation periods.

2. Question 3 measures school-loss days only. If a child in the 5-through 17-year age group works instead of, or in addition to, going to school, record only the days lost from school. Disregard any days lost from work for this age group in question 3. Include work-loss days for a person in the 5 to 17 age group in the cut-down days obtained in question 6.
3. Since few children go to school 7 days a week, probe when you receive replies such as, "The whole 2 weeks," or "All last week." Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from school. If a child actually missed 14 days from school during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the child would have gone to school all 14 days had illness or injury not prevented it.

Question 4, Bed Days

4

4

4a. During those 2 weeks, did -- stay in bed because of illness or injury?

Yes      oo  No (6)

---

b. During that 2-week period, how many days did -- stay in bed more than half of the day because of illness or injury?

oo  None (6)       (D2)

Definitions

1. Days in bed--Any day during which the person stayed in bed MORE than half of the day because of illness or injury. "More than half of the day" is defined as more than half of the hours that the person is usually awake. Do not count the hours that the person is usually asleep. Also, do not count a nap as a day in bed, unless the person took the nap because of an illness or injury and the nap lasted for more than half of the day. Count all days a person spent as an overnight patient in a hospital, sanitarium, nursing home, etc., as days in bed whether or not the patient was actually lying in bed, even if there was no illness or injury. Also include any days reported for a newborn, including days in a hospital.
2. Bed--Anything used for lying down or sleeping, including a sofa, cot, or mattress. For example, a person who stayed on the sofa watching TV because he/she was not feeling well enough to get around would be considered "in bed." The important point is that the person felt ill enough to lie down for more than half the day.
3. Illness or injury--These terms are to be defined by the respondent. Accept pregnancy, delivery, "old age," injuries, or surgery occurring within the reference period as conditions causing restricted activity.

<b>D2</b>	Refer to 2b and 3b. <input type="checkbox"/> No days in 2b or 3b (6) <input type="checkbox"/> 1 or more days in 2b or 3b (5)
	5. On how many of the (number in 2b or 3b) days missed from [work/school] did -- stay in bed more than half of the day because of illness or injury? <input type="checkbox"/> None <span style="float: right;">_____ No of days</span>

A. Objective

Item D2 skips you over question 5 if not applicable. The purpose of question 5 is to determine if any of the bed days reported in question 4 and days lost from work or school reported in question 2 or question 3 were the same days.

B. Instructions

1. Ask question 5 only if bed days are reported in question 4b AND work-loss days (question 2b) or school-loss days (question 3b) are reported. The previous skip instructions and check item D2 direct you to skip question 5 if these conditions are not met.
2. When asking question 5 for children 5 through 17 years old, use the word "school." For persons 18 years old and over, use the word "work."
3. Insert the number of days reported in question 2b or 3b, as appropriate, in place of "(number in 2b or 3b)."

Example 1

For a 21-year-old with: 4 days missed from work in question 2b and 3 days in bed in 4b, ask question 5 as follows:

"On how many of the 4 days missed from work did you stay in bed more than half of the day because of illness or injury?"

Example 2

For an 8-year-old with: 2 days missed from school in question 3b and 1 day in bed for 1b, ask question 5 as follows:

"On how many of the 2 days missed from school did your son stay in bed more than half of the day because of illness or injury?"

Example 3

When only 1 work-loss or school-loss day is reported, question 5 will need to be reworded slightly. For example:

"On the 1 day missed from work, did you stay in bed more than half of the day because of illness or injury?"

4. The entry in question 5 cannot be greater than the number of work/school-loss or bed days reported in question 2b/3b or 4b. Reconcile any inconsistencies with the respondent before making an entry in question 5.
5. Always ask question 5 if the conditions in paragraph B1 above are met. Never assume the answer. For example, even though the respondent reported 1 work-loss day and 1 bed day, you cannot be sure these were the same day without asking question 5.





Accept whatever the respondent considers the person's "usual activities" to be. For example, a man with a heart condition may still consider his "usual activity" to be "working" even though the heart condition has prevented him from working for a year or more. Accept his statement that "working" is his "usual activity." Or, a respondent might say that a heart attack 6 months ago forced him to retire from his job or business; he does not expect to return to work, and considers his present "usual activities" to include only those associated with his retirement. The question, then, would refer to those activities.

- 2. Cut-down day--A day of restricted activity during which a person cuts down on usual activities for MORE than half of that day because of illness or injury.

Restricted activity does not imply complete inactivity but it does imply a significant restriction in the things a person usually does. A special nap for an hour after lunch does not constitute cutting down on usual activities for more than half of the day, nor does the elimination of a heavy chore, such as mowing the lawn or scrubbing the floors. Most of the person's usual activities must have been restricted for more than half of the day for that day to be counted as a cut-down day.

The following are examples of persons cutting down on their usual activities for more than half of the day:

Example 1  
A housewife planned to do the breakfast dishes, clean house, work in the garden, and go shopping in the afternoon. She was forced to rest because of a severe headache, doing nothing after the breakfast dishes until she prepared the evening meal.

Example 2  
A young girl who usually plays outside most of the day was confined to the house because of a severe cold.

Example 3

A garage owner whose usual activities include mechanical repairs and other heavy work was forced to stay in his office doing paperwork because of his heart condition.

Example 4

A man who usually played tennis and worked in the yard on Saturdays had to rest all day Saturday because of a torn cartilage in his knee.

The reference period for question 6 includes the Saturdays and Sundays during the 2 weeks outlined in red. All the days of the week are of equal importance in question 6, even though the types of activities which were restricted might not be the same on weekends and on holidays. If necessary, mention this to the respondent.

C. Instructions

1. Read the opening phrase in parentheses, "Not counting the days..." and include the word "OTHER" only when 1 or more work-loss days, school-loss days, or bed days have been reported for the person in questions 2 through 4. Select the appropriate words within the brackets depending on where the restricted activity days were reported in questions 2 through 4; such as in the following examples:

Example 1

If a respondent reported 2 work-loss days (question 2b) and 1 day in bed (question 4b), ask question 6a: "Not counting the days missed from work and in bed, was there any OTHER time during those 2 weeks that you cut down on the things you usually do because of illness or injury?"

Example 2

If no school-loss days and 3 days in bed were reported for a 16-year-old son, ask question 6a: "Not counting the days in bed, was there any OTHER time during those 2 weeks that your son cut down on the things he usually does because of illness or injury?"

2. If no work-loss days, school-loss days, or bed days were reported in questions 2 through 4, omit the opening parenthetical phrase and the word "OTHER." In this case, ask question 6a: "Was there any time during those 2 weeks that you cut down on the things you usually do because of illness or injury?"
3. The procedure for asking question 6b is the same as that just described for question 6a. Use the opening parenthetical phrase and the word "OTHER" in question 6b only if work-loss days, school-loss days, or bed days were reported in questions 2 through 4.
4. If a person reported 14 work-loss days in question 2b or 14 school-loss days in question 3b, or 14 bed days in question 4b, do not ask question 6. In this case, mark the "No" box in question 6a and go to check item D3 since it would be impossible to have any "OTHER" cut-down days. This applies only if 14 days is entered in any of 2b, 3b, or 4b. It does not apply if the sum of days in 2b or 3b and 4b is "14" since days missed from work or school and days in bed may or may not be the same days. For example, if "8 days" were reported in 2b and "6 days" in 4b, ask question 6a--do not mark "No" without asking.

Conditions Causing Restricted Activity

<b>D3</b>	Refer to 2-6.	
	<input type="checkbox"/> No days in 2-6 (Mark "No" in RD, THEN NP) <input type="checkbox"/> 1 or more days in 2-6 (Mark "Yes" in RD, THEN 7)	
Refer to 2b, 3b, 4b, and 6b.		
7a. What (other) condition caused --- to		
		<div style="display: inline-block; border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">           miss work            miss school            (or) stay in bed            (or) cut down         </div> during those 2 weeks?
(Enter condition in C2, THEN 7b)		
-----		
b. Did any other condition cause --- to		
		<div style="display: inline-block; border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">           miss work            miss school            (or) stay in bed            (or) cut down         </div> during that period?
<input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No		

A. Objective

The purpose of question 7 is to obtain the name or description of each condition--the illness or injury--causing the restricted activity reported in questions 2 through 6.

B. Definition

Condition--The respondent's perception of a departure from physical or mental well-being reported as causing restriction of activity. Included are specific health problems such as a missing extremity or organ, the name of a disease, a symptom, the result of an accident or some other type of impairment. Also included are vague disorders, and health problems not always thought of as "illnesses," such as alcoholism, drug-related problems, senility, depression, anxiety, etc. In general, consider as a "condition" any response describing a health problem of any kind; exceptions are discussed in paragraph C5 below.

C. Instructions

1. If no days are reported in questions 2, 3, 4, or 6 for the person, mark the first box in check item D3, mark "No" in the "RD" box in item C1, and skip to the next person. If one or more days are reported in questions 2, 3, 4, or 6 for the person, mark the second box in check item D3, mark "Yes" in the "RD" box in item C1, and ask question 7.
2. For questions 7a and 7b, select the phrase or phrases within the brackets according to the kinds of restricted activity days recorded in questions 2, 3, 4, and 6 for the person.

Example 1

If a person reported 1 work-loss day (question 2b), 2 bed days (question 4b), and 3 cut-down days (question 6b), ask question 7a:

"What condition caused you to miss work or stay in bed or cut down during those 2 weeks?"

Example 2

If a person reported only 1 cut-down day in question 6b but no other restricted activity days, ask question 7a:

"What condition caused you to cut down during those 2 weeks?"

3. When multiple phrases are used in questions 7a and 7b, be sure to use the word "or" between each phrase. It is possible that a person could miss work because of one condition and cut down because of another; incorrectly using the word "and" implies that we are only interested in a condition causing both types of restricted activity.
4. a. Enter the reported condition or conditions on a separate line in item C2 and enter "7" (for question 7) as the source for this condition in the "RA" box below the C2 condition line. Then ask question 7b, using the appropriate phrase(s) in brackets.
  - b. If the condition is exactly the same as another condition you previously recorded for the person, do not record the condition again on another line in item C2 but enter "7" in the "RA" box in C2 for this condition.
  - c. If the response to 7b is "Yes," reask 7a using the parenthetical "other." Then, enter in item C2 any additional condition(s) reported (if not already entered) along with its source ("7") in the "RA" box.
5. Enter as a condition whatever the respondent gives as the reason for the activity restriction. Accept reasons such as "too much to drink," "senility," and "worn out" as well as more obvious illnesses like "flu," "upset stomach," etc. The few exceptions to this rule are given below. When any of the following reasons are given in response to question 7a, follow the specified procedure.

- a. Operation or Surgery--(See page D6-7 for definition.) Probe to determine the condition causing the operation or surgery. Enter that condition in item C2 regardless of whether or not the person still has the condition.

If you cannot determine the reason for the operation or surgery, then enter the operation or surgery in item C2 as reported by the respondent, for example, "splenectomy," "cystoscopy," etc., and footnote any additional information.

- b. Pregnancy--If "pregnancy" is reported as the condition causing restricted activity, probe for a condition associated with the pregnancy, such as morning sickness, swollen ankles, and so forth. Ask, "What about her pregnancy caused -- to [miss work/(or) miss school/(or) stay in bed/(or) cut down]?" Record the condition and "pregnancy" in item C2; for example, "morning sickness-pregnancy." If a specific condition is not reported after probing, enter "normal pregnancy" in item C2.
- c. Menstruation--Follow the procedure described for pregnancy. Probe for a condition associated with menstruation by asking, "What about her menstruation caused -- to [miss work/(or) miss school/(or) stay in bed/(or) cut down]?" Record the condition and "menstruation" in item C2; for example, "cramps-menstruation." If a specific condition is not reported after probing, enter "menstruation" in item C2.
- d. Menopause--Follow the procedure described for pregnancy. Probe for a condition associated with menopause by asking, "What about her menopause caused -- to [miss work/(or) miss school/(or) stay in bed/(or) cut down]?" Record the condition and "menopause" in item C2; for example, "headache-menopause." If a specific condition is not reported after probing, enter "menopause" in item C2.
- e. Delivery (for the mother)--If "delivery" is reported, probe for a complication of delivery. Ask, "Was this a normal delivery?" If "No," ask, "What was the matter?" Record the complication (condition) and "delivery" in item C2; for example, "Hemorrhage-delivery." If no specific complication is reported, enter "normal delivery" in item C2.
- f. Birth (for the baby)--If "birth" is reported as causing restricted activity for the baby, probe for complications or a condition at birth. Ask, "Was the baby normal at birth?" If "No," ask, "What was the matter?" Enter the complication (condition) and "birth" in item C2; for example, "hepatitis-birth." If the baby was normal at birth, do not enter this as a condition in item C2 but footnote the situation.

- g. Vaccinations and Immunizations--If a vaccination or immunization is reported as causing restricted activity, probe for a side-effect of the shot. There is usually an effect of the shot which caused the person to restrict his or her activity. Ask, "What about the (name of vaccination/immunization) caused -- to [miss work/(or) miss school/(or) stay in bed/(or) cut down]?" Record the side effect and the name of the vaccination or immunization in item C2; for example, "fever-flu shot." The effect of the shot need not have been physical in nature. For example, "anxiety-flu shot" or "nervousness-tetanus shot" may have caused the restricted activity because the person worried about or expected a reaction or side-effect.

If, after probing, the respondent reports no side-effect of the shot, do not make an entry in C2 but footnote the situation.

- h. Old age--If "old age" is reported as the condition causing restricted activity, probe to determine the condition(s) associated with the old age, such as "arthritis," "heart condition," and so forth.

If, after probing, the respondent reports no condition(s) associated with the old age, enter "old age" in item C2.

- i. Hospitalization--If being hospitalized is given as the reason for restricted activity, ask for what condition the person was hospitalized and enter the condition in C2. If the hospitalization was not for a specific condition; for example, tests, examination, voluntary surgery, etc., ask the following probes as appropriate:

- Tests/examination--Ask, "What were the results of the [test(s)/examination]?", and record the results in C2. If no results or results not known, ask, "Why [were the tests performed/was the examination given]?", and record the condition(s) necessitating the tests/examination in C2. If no condition was found and no condition caused the test/examination, make no entry in C2, but footnote the situation.
- Surgery/operation--(See page D6-7 for definition.) Ask why the surgery or operation was performed and enter the condition in C2. If you cannot determine the condition causing the operation, enter the surgery or operation as the condition in C2 and footnote any additional information. For example, "face lift operation" in C2, "vanity" in a footnote.



6. If a condition causing restricted activity is given in response to questions 2 through 6, verify this information when asking question 7; for example, "I believe you told me you stayed in bed because of a cold. Did any other condition cause you to stay in bed during those 2 weeks?" If more than one type of restricted activity is reported, that is, work-loss or school-loss days, bed days, or cut-down days, include all types when asking question 7. Be sure to record the condition you are verifying in item C2 along with the source "7"--not the question number where the condition was originally mentioned.

CHAPTER 8. 2-WEEK DOCTOR VISITS PROBE PAGE

A. Overall Objective

The 2-Week Doctor Visits Probe Page is designed to identify all contacts with medical doctors or their assistants during the 2-week period. The information from these pages provides measures of how the country's health care system is being utilized.

B. General Definitions

1. Medical doctor/doctor's assistant--These terms are respondent defined. Include any persons mentioned by the respondent, for example, general practitioners, psychologists, nurses, chiropractors, etc. However, do not include visits to dentists or oral surgeons.
2. Doctor visits
  - a. Include as doctor visits:
    - (1) A visit by or for the person to the doctor or doctor's assistant for the purpose of obtaining medical advice, treatment, testing, or examination. For example, if a mother visits the doctor about her child, count this as a doctor visit for the child.
    - (2) A visit to a doctor's office, clinic, hospital emergency room, or outpatient department of a hospital where a person goes for treatment or examination even though a doctor may not actually be seen or talked to.
    - (3) A visit by the doctor or doctor's assistant to the person. If the doctor or assistant visits the home to see one patient and while there examines or professionally advises another member of the household, count this visit as a "doctor visit" for each individual receiving the doctor's or assistant's attention.

- (4) Telephone calls to or from a doctor or assistant for the purpose of discussing the health of the person. Include calls to or from a doctor or assistant for obtaining or renewing a prescription or calls to obtain the results of tests or X-rays. Do NOT include calls for appointments, inquiries about a bill, calls made between a pharmacist and a doctor to obtain or verify prescriptions or calls made between the person and a pharmacist, or some other topic not directly related to the person's health. Count the telephone call as a doctor visit for the person about whom the call is made. For example, if the wife calls the doctor about her husband's illness because he is too ill to call himself, count the call for the husband, not the wife.
- (5) Medical advice obtained from a family member or friend who is a doctor, even if this is done on an informal basis.
- (6) Laboratory visits.
- (7) Physicals for athletes or the U.S. Armed Services.
- (8) Visits to a nurse at work or school unless such visits were mass visits. For example, include an individual visit, but exclude visits by all or many persons for the same purpose, such as for TB tests, hearing exams, etc.

b. Exclude as doctor visits:

- (1) Visits made by a doctor or assistant while the person was an overnight patient in the hospital.
- (2) Visits for shots or examinations (such as X-rays) administered on a mass basis. Thus, if it is reported that the person went to a clinic, a mobile unit, or some similar place to receive an immunization, a chest X-ray, or a certain diagnostic procedure which was being administered identically to all persons who were at the place for this purpose, do not count this as a doctor visit. Do not include immunizations or examinations administered to children in schools on a mass basis as doctor visits. (Physicals for athletes or the U.S. Armed Services are NOT considered mass visits; count these as doctor visits.)
- (3) Telephone calls made between a pharmacist and a doctor to obtain, renew, or verify prescriptions or calls made between the person and a pharmacist.
- (4) Visits to dentists or oral surgeons.

C. General Instructions

Record doctor visits at whatever point on this page they are reported. For example, if the respondent reports a telephone call when you ask question 1, enter the contact in the answer space for question 1. However, be sure that the contact is reported only once.

INTRO  
E1

Introductory Statement and Check Item E1

INTRO  
E1

Read to respondent(s): These next questions are about health care received during the 2 weeks outlined in red on that calendar.	
E1	Refer to age.
E1	<input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)

A. Objectives

1. The introductory statement informs the respondent of the content and reference period for this section of the questionnaire.
2. Check Item E1 directs you to the appropriate doctor visit question, 1a or 1b, depending on the age of the person.

B. Instruction

Read the introductory statement once for the family.

Question 1, 2-Week Doctor Visits

1

1

<p>1 a. During those 2 weeks, how many times did — see or talk to a medical doctor? (Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.) (Do not count times while an overnight patient in a hospital.)</p>	<p>1 a. and b.</p>	<p>00 <input type="checkbox"/> None  <input type="text"/> } (NP)                  Number of times</p>
<p>b. During those 2 weeks, how many times did anyone see or talk to a medical doctor about —? (Do not count times while an overnight patient in a hospital.)</p>		

A. Objective

This question asks for the number of contacts with medical doctors for the purpose of receiving medical care. These contacts must have occurred during the 2-week reference period. This question is worded in general terms so that respondents will report the maximum number of doctor visits. Questions 2 and 3 are more specific probe questions which serve to remind the respondent of additional contacts not reported in question 1.

B. Instructions

1. The first time you ask question 1a, include the statement within braces.
2. Read the sentence in parentheses only if a number is recorded in the person's "HOSP." box in item C1.
3. For persons under 14, ask question 1b. This wording is used because children are usually accompanied by an adult when they see a doctor, and the adult is often the person to whom the doctor reports. Substitute the name of the child or the child's relationship to the respondent. For example, for a 10-year-old child named Janet, ask, "During those 2 weeks, how many times did anyone see or talk to a medical doctor about Janet?"
4. Include all contacts reported by the respondent, regardless of the type of medical person seen. For example, if a visiting nurse was seen or if a household member who is a nurse provided care, include these contacts. However, do not include visits or calls to dentists or oral surgeons.

### 5. 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.

- a. Two or more doctors seen on 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 a footnote. Situations of this kind may occur when a person visits a clinic where he/she sees doctors with different specialties; for example, a dermatologist in one office and an internist in another office. It might also occur when a person visits his/her family doctor, who, in the course of the same visit, calls in a specialist to examine or treat the person.
- b. Doctors and assistants seen on 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.
- c. More than one assistant seen on same visit--When the person sees more than one assistant on the same visit, count a separate visit for each assistant seen who works under the supervision of a different doctor. If each of the assistants seen on the same visit works under the supervision of the same doctor, count this as only one visit. For example, count it as two visits if the person first saw one doctor's nurse and then was referred to another doctor's therapist. Count it as one visit if the person first had his/her blood pressure checked by one nurse and temperature checked by another, both working for the same doctor.
- d. Laboratory visits--Do not probe at this time to determine if the doctor visit took place at a laboratory. However, if a laboratory visit is reported, count this as a doctor visit and complete a doctor visit column.

Question 2, Additional Health Care Probe

<p>2a. (Besides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health care at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or anyone working with or for a medical doctor. Do not count times while an overnight patient in a hospital.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (3a)</p>	
<p>b. Who received this care? Mark "DR Visit" box in person's column.</p>	<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No</p>	<p>2b. <input type="checkbox"/> DR Visit</p>
<p>Ask for each person with "DR Visit" in 2b:</p>		<p>d. <input type="text"/> Number of times</p>
<p>d. How many times did -- receive this care during that period?</p>		

A. Objective

Question 2 reminds the respondents of additional medical contacts by listing other types of places where care can be received and other types of medical persons that may be seen.

B. Definition

Health care--Any kind of medical treatment, diagnosis, examination, or advice provided by a doctor or assistant.

C. Instructions

1. When asking question 2, include the phrase, "Besides the time(s) you just told me about" if any visits were reported for any family members in question 1.
2. Include health care at any place where a doctor or assistant was seen, even if not specifically listed in the question (but do not include any contacts already recorded in question 1).

If the respondent reports that the care was received while the person was an overnight patient in a hospital, do not include this visit on this page. However, do not probe for this information.

3. Paragraphs 4 and 5 of the instructions for question 1 on pages D8-4 and D8-5 also apply to question 2.

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

A. Objective

Question 3 ensures that respondents report as doctor visits all telephone calls in which medical advice was provided.

B. Instructions

1. When asking question 3a, include the parenthetical phrase if any contacts were recorded for any family members in questions 1 and/or 2d.
2. See paragraph 2a(4) on page D8-2 for information on what to include as telephone calls for medical advice.
3. In question 3d, do not record any telephone calls which have already been reported in questions 1 or 2.
4. If the respondent reports a doctor visit other than a telephone call that occurred during the 2-week period, record it in question 3b provided that: (1) it has not been reported previously, and (2) it meets the definition of a doctor visit given for question 1. Do NOT make any changes to question 1 or 2.



**E2** Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK. DV" box in item C1.

**A. Objective**

To determine the total number of 2-week doctor visits for each person.

**B. Instructions**

Add the numbers recorded in questions 1, 2d, and 3d, for each person. Record the total number of doctor visits in the "2-WK. DV" box in item C1 for each person. If there were no visits for the person in questions 1 through 3, mark the "None" box in the person's "2-WK. DV" box in item C1.

CHAPTER 9. 2-WEEK DOCTOR VISITS PAGE

A. Overall Objective

The purpose of the 2-Week Doctor Visits Page is to obtain detailed information for each visit reported on the 2-Week Doctor Visits Probe Page. This includes where the visit took place, whether a medical doctor or assistant was seen, the type of provider consulted, the condition or other health-related reason necessitating the visit, and whether surgery or any operations were performed during the visit. This information is used by analysts to produce estimates on the kinds of places people go to receive medical care, from whom they receive the care, and why they seek the care.

B. General Instructions

1. If there are no doctor visits recorded in the "2-WK. DV" box for any family members, go to the Health Indicator Page.
2. Fill a separate 2-Week Doctor Visit column for each visit recorded in each person's "2-WK. DV" box in item C1. Begin the first column for the first person for whom visits are recorded, and complete a separate column for each of those visits. Then fill column(s) for the next person with doctor visits in the "2-WK. DV" box in item C1, and so on.
3. If there are more than four doctor visits for the family, use additional questionnaires. Cross out number "1" in the "DR VISIT 1" column in the additional questionnaire and insert "5" for the fifth visit; in the next column cross out "2" and insert "6," and so on.
4. Consistency check--The number of columns filled for a person must equal the total number of doctor visits in that person's "2-WK. DV" box in item C1. Specific instructions for reconciling differences follow on page D9-3. You may find it helpful to make a checkmark to the right of the number in the "2-WK. DV" box as you complete each column. For example, if the person had a total of three doctor visits recorded in C1, you would have three checkmarks:

2-WK. DV
00 <input type="checkbox"/> None
3E
Number

5. If when filling a doctor visit column, you learn the person seen was a dentist or oral surgeon, do not ask any further questions for the visit. Delete the column, correct C1 and footnote "dentist" or "oral surgeon." Do not enter any conditions reported during this visit in item C2.

Refer to C1, "2-WK. DV" box.		PERSON NUMBER _____	
<b>F1</b>	Refer to age.	<b>F1</b>	<input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)

**A. Objective**

Check item F1 directs you to the appropriate question wording depending on the age of the person receiving medical care.

**B. Instruction**

Since the 2-Week Doctor Visits column numbers DO NOT correspond to the five person column numbers, you must enter the person number for each visit.

Question 1, Dates and Number of Doctor Visits

<p>1 a. On what (other) date(s) during those 2 weeks did -- see or talk to a medical doctor, nurse, or doctor's assistant?</p> <p>b. On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about --?</p> <p><i>Ask after last DR visit column for this person:</i></p> <p>c. Were there any other visits or calls for -- during that period? Make necessary correction to 2-Wk DV box in C1.</p>	<p>1 a. and b. Month Date OR { 7777 Last week 8888 Week before</p> <p>c. 1 <input type="checkbox"/> Yes (Reask 1a or b and c) 2 <input type="checkbox"/> No (Ask 2-5 for each vis.)</p>
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**A. Objective**

Question 1a or b ensures that the doctor visits reported on the 2-Week Doctor Visits Probe Page occurred during the 2-week reference period by obtaining the exact dates. Question 1c gives the respondent the opportunity to report additional 2-week doctor visits not reported earlier.

**B. Instructions**

- Record all visits or calls to a doctor or a doctor's assistant.
- Enter in the answer space for 1a/b the dates for all 2-week visits for a person in the order they are reported before asking question 1c. If another date is given in response to 1c, enter this date in the next blank column. Do not try to record the visits in order by date, that is, the most recent, next most recent, etc.

①

## Dates and Number of Doctor Visits (Continued)

①

3. If the respondent cannot remember the exact date(s), an estimate is acceptable. However, before accepting an estimate, use the 2-week calendar card to help the respondent recall the exact date as closely as possible. If the exact date still cannot be determined, specify in which week of the 2-week period the visit took place. Mark the "Last week" or "Week before" box without making an entry for month or date.
4. If you learn that a visit did not take place during the 2-week reference period, enter the date in question 1a/b but correct the entry in the person's "2-WK. DV" box in item C1 by erasing the incorrect entry and entering the correct answer. Delete the remainder of this doctor visit column by drawing an "X" through it and footnote "Out of reference period," with the same footnote symbol in item C1 and in this column.
5. If at any time when filling the 2-Week Doctor Visits Page, additional visits are reported for anyone in the family, correct C1 as necessary and footnote the reason for the change. Complete a Doctor Visit column for each additional visit reported.
6. Ask question 1c after entering all 2-week dates mentioned for the person in question 1a/b. Enter the response to question 1c in the last doctor visit column for that person.

If any additional 2-week visits are reported, mark the "Yes" box in the last column for this person and reask question 1a/b using the word "other." Enter the person number and date of the additional visit(s) in 1a/b of the next column(s), then correct the entry in the "2-WK. DV" box in item C1 for the person.

Note that question 1c must always have a "No" entry in the person's last doctor visit column even if that column is deleted. A "Yes" entry in this question requires the filling of another column, which in turn requires reasking question 1c.

7. After obtaining a "No" response to question 1c, ask questions 2 through 5 for each doctor visit for the person. Complete the column for one visit before going on to the next visit.
8. Do not make corrections to any previous pages, except as noted in 4 and 5 above, based on information received while completing the Doctor Visit page or any succeeding pages.

<p>2. Where did -- receive health care on (date in 1), at a doctor's office, clinic, hospital, some other place, or was this a telephone call?</p> <p>If doctor's office: Was this office in a hospital?</p> <p>If hospital: Was it the outpatient clinic or the emergency room?</p> <p>If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic?</p> <p>If lab: Was this lab in a hospital?</p> <p>What was done during this visit? (Footnote)</p>	<p>2.</p> <table border="0"> <tr> <td>01 <input type="checkbox"/> Telephone</td> <td>Hospital:</td> </tr> <tr> <td>Not in hospital:</td> <td>08 <input type="checkbox"/> O.P. clinic</td> </tr> <tr> <td>02 <input type="checkbox"/> Home</td> <td>09 <input type="checkbox"/> Emergency room</td> </tr> <tr> <td>03 <input type="checkbox"/> Doctor's office</td> <td>10 <input type="checkbox"/> Doctor's office</td> </tr> <tr> <td>04 <input type="checkbox"/> Co. or ind. clinic</td> <td>11 <input type="checkbox"/> Lab</td> </tr> <tr> <td>05 <input type="checkbox"/> Other clinic</td> <td>12 <input type="checkbox"/> Overnight patient (Next DR visit)</td> </tr> <tr> <td>06 <input type="checkbox"/> Lab</td> <td>BB <input type="checkbox"/> Other (Specify) →</td> </tr> <tr> <td>07 <input type="checkbox"/> Other (Specify) →</td> <td></td> </tr> </table>	01 <input type="checkbox"/> Telephone	Hospital:	Not in hospital:	08 <input type="checkbox"/> O.P. clinic	02 <input type="checkbox"/> Home	09 <input type="checkbox"/> Emergency room	03 <input type="checkbox"/> Doctor's office	10 <input type="checkbox"/> Doctor's office	04 <input type="checkbox"/> Co. or ind. clinic	11 <input type="checkbox"/> Lab	05 <input type="checkbox"/> Other clinic	12 <input type="checkbox"/> Overnight patient (Next DR visit)	06 <input type="checkbox"/> Lab	BB <input type="checkbox"/> Other (Specify) →	07 <input type="checkbox"/> Other (Specify) →	
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07 <input type="checkbox"/> Other (Specify) →																	

A. Objective

Question 2 provides information on where people receive health care. This information is useful in planning for future health care needs.

B. Definitions

1. Telephone--A telephone call made to or from a doctor or doctor's assistant for the purpose of discussing the health of the person. See page D8-2 for the types of calls to include or exclude.
2. Home--Any place in which the person was staying at the time of the doctor's or assistant's visit. It may be the person's own home, the home of a friend or relative, a hotel, or any other place the person may have been staying; however, if the person was in the hospital or some other institution, do not count this as a "home" visit.
3. Doctor's office
  - a. In hospital--Some doctors maintain an individual office in a hospital where patients are seen on an outpatient basis, or several doctors might occupy a suite of offices in a hospital where patients are treated as outpatients.
  - b. Not in hospital--An individual office in the doctor's home or in an office building, or a suite of offices occupied by several doctors. Do not consider a suite of doctors' offices as a clinic.
4. Company or industry clinic--A clinic or doctor's office which is operated solely for employees of the company or industry. This includes emergency or first aid rooms if the treatment was received from a doctor or assistant. The clinic may or may not be in the same location as the company or industry. If the respondent mentions that a relative of the employee went to this clinic, mark the "Not in hospital-other" box and specify, for example, "father's company clinic," or "husband's industrial clinic."

## Place of Visit (Continued)

5. Hospital Outpatient (O.P.) Clinic--The unit of a hospital where persons may go for medical care without being admitted. Outpatient clinics usually provide routine, non-emergency medical care and are usually open only during specific hours.
6. Hospital Emergency Room--The unit of a hospital where persons may receive medical care, often of an urgent nature, without or before being admitted. Emergency rooms are usually open 24 hours a day.

C. Instructions

1. When asking question 2, insert the date entered in 1a/b for this doctor visit.
2. Mark a box according to the kind of place where the medical contact occurred, not according to the name of the place.
3. If the doctor visit was by telephone, mark the "Telephone" box at the top of the list of answer categories. For any other response, mark a box in the list under "Not in hospital" or in the list under "Hospital," depending on the location of the place.
4. If multiple responses are received in question 2 and one is while the person was an overnight patient in a hospital, mark only the "Overnight patient" category and go to the next doctor visit. For example, "Went to emergency room, then was hospitalized for 2 nights."

If none of the places mentioned is while the person was an overnight patient in the hospital, correct item C1 and complete a separate doctor visit column for each place mentioned. For example, "Went to the company clinic and they sent her to the emergency room."

5. If the initial response is "doctor's office," ask the first probe beneath question 2 to determine if the doctor's office was in a hospital or not, and mark the appropriate box. If the initial response to question 2 is "Hospital," use the second probe to determine if the person went to the outpatient clinic or the emergency room, and mark the appropriate box. If the initial response to question 2 is "clinic," ask the third probe to determine the type of clinic. For a response of "Public Health Clinic" or another type of clinic that does not fit into one of the listed categories, mark the "Other clinic" box. If the initial response to question 2 is "laboratory," ask the fourth probe to determine if the laboratory was in a hospital or not, mark the appropriate "Lab" box, and ask the next probe question, "What was done during this visit?" Enter a footnote symbol in question 2 and where the response is recorded. Use different footnote symbols if multiple visits to labs are reported.

6. There is no specific definition of a clinic; accept the respondent's answer. If the person is not sure whether or not the place is a clinic, mark the appropriate "Other" box and specify, for example, "ABC clinic, DK if this is a clinic or a group of doctor's offices."
7. Both the "Not in hospital" and "Hospital" lists contain an "Other-specify" category. If the response is not clear, probe to determine if the "Other" place was or was not in a hospital before marking one of the "Other-specify" boxes. Give the best description of the "Other" place which you can obtain from the respondent.
8. If the respondent doesn't know whether or not to consider the place as in a hospital, do not mark a box but footnote the response, for example, "I don't know, I think it's a private doctor's office in space rented from a hospital."
9. If the response to question 2 is "Health Maintenance Organization" or "HMO," probe to determine whether the place was in a hospital or not, then mark the appropriate "Other-specify" box and enter "HMO," "Kaiser," or whatever response is given.
10. For persons who were admitted to the hospital but did not stay overnight, mark the "Hospital, Other-specify" box and footnote "Admitted-not overnight," and go to the next doctor visit. If the person was admitted to the hospital and stayed overnight, mark "Overnight patient" in the "Hospital" column and go to the next doctor visit. Do not complete questions 3 through 5 in these situations, nor delete the column, nor correct item C1.

Ask 3b if under 14. 3a. Did -- actually talk to a medical doctor? b. Did anyone actually talk to a medical doctor about --? c. What type of medical person or assistant was talked to? d. Does the (entry in 3c) work with or for ONE doctor or MORE than one doctor? e. For this (visit/call) what kind of doctor was the (entry in 3c) working with or for -- a general practitioner or a specialist? f. Is that doctor a general practitioner or a specialist? g. What kind of specialist?	3a. and b.	<input type="checkbox"/> Yes (3f) <input type="checkbox"/> No (3c)	<input type="checkbox"/> DK, d M.D. (3c) <input type="checkbox"/> DK who was seen (3f)	
	c.	Type <input type="checkbox"/> DK		
	d.	<input type="checkbox"/> One (3f) <input type="checkbox"/> More	<input type="checkbox"/> None (4f) <input type="checkbox"/> DK	
	e. and f.	<input type="checkbox"/> GP (4f)	<input type="checkbox"/> Specialist (3g)	
	g.	<input type="checkbox"/> DK (4f)		
			Kind of specialist	

### A. Objective

This information, combined with the information obtained in questions 4 and 5, will show the types of medical care providers that patients consult for different types of health problems.

### B. Definitions

1. Doctor/Medical doctor--These terms refer to both medical doctors (M.D.'s) and osteopathic physicians (D.O.'s). Include general practitioners and all types of specialists, as defined in paragraphs 2 and 3 below. Do not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, or psychologists, etc.
2. General Practitioner--A medical doctor who provides comprehensive medical care on a continuing basis to patients of any age or sex regardless of the specific nature of the patient's health problems.
3. Specialist--A medical doctor whose practice is limited to a particular branch of medicine or surgery. A specialist has advanced training and is certified by a specialty board as being qualified to limit his/her practice to that field. Examples of specialists are surgeons, internists (specializing in internal medicine), pediatricians, psychiatrists, obstetricians, proctologists, ophthalmologists, and so forth. Also include osteopaths as specialists.

### C. Instructions

1. Ask question 3a for persons 14 years old and over. Ask question 3b for children under 14 years old.



2. In questions 3a and b, we are interested in direct contacts between the person or his/her proxy and the medical doctor. For example, if Mrs. Smith called the doctor about her husband because he was too ill to come to the phone, consider this as a "Yes" response to 3a if she spoke directly with the medical doctor. However, if Mrs. Smith spoke only with a nurse who relayed information between Mrs. Smith and the doctor, consider this as a "No" response in 3a since there was no direct contact with a medical doctor.
3. If you learn when asking any part of this question that the person consulted or the person for whom the assistant works is not a medical doctor as defined on page D9-7, mark "No" in 3a/b, enter the title of the person (or a description of what he/she does) in 3c and ask 3d.
4. If the respondent doesn't know if the person talked to is a medical doctor, mark the "DK if M.D." box in 3a/b and ask 3c. If the respondent doesn't know who was seen, mark the "DK who was seen" box and ask 3f. It is still possible that the respondent knows about the doctor who maintains the office, even though it is not clear whether or not the person actually talked to this doctor. If the respondent states only that he/she "Doesn't know," you must probe to determine which DK box to mark. For example, ask, "Is it that you don't know if the person seen was a medical doctor or not, or that you don't know who was seen?"
5. In 3c, enter the full title of the medical person or assistant such as "nurse practitioner," "nurse," "physician's assistant," "optometrist," or "chiropractor." If the title is not known, record the person's duties in as much detail as possible; for example, "takes blood," "gives immunizations," "gives physical exams," etc.
6. Sometimes, medical persons/assistants work with or for more than one doctor. Questions 3d and e are asked to determine what type of doctor the assistant was working with or for on this particular visit. If the response to 3d is "Own practice," "works alone," or something similar, mark "None" and continue with question 4. If "Telephone" is marked in question 2, use "Call" when asking 3e; otherwise, use "Visit."
7. In 3g, if the respondent does not know the title of the specialist, but does know the field of specialty, enter that information verbatim in the space provided. Examples are "heart ailments," "X-ray doctor," etc. Do not substitute any titles you know of for the respondent's answer: for example, do not enter "Pediatrician" if the respondent says it was a "children's doctor."
8. In 3f, if you are told that the doctor is both a general practitioner and a specialist, do not make an entry in 3e/f or 3g. Footnote the response and any information given by the respondent concerning the nature of the doctor's practice and specialty.

<p>Ask 4b if under 14.</p> <p>4a. For what condition did -- see or talk to the [doctor/(entry in 3c)] on (date in 1)? Mark first appropriate box.</p> <p>b. For what condition did anyone see or talk to the [doctor/(entry in 3c)] about -- on (date in 1)? Mark first appropriate box.</p> <p>c. Was a condition found as a result of the [test(s)/examination]?</p> <p>d. Was this [test/examination] because of a specific condition -- had?</p> <p>e. During the past 2 weeks was -- sick because of -- pregnancy?</p> <p>f. What was the matter?</p> <p>g. During this [visit/call] was the [doctor/(entry in 3c)] talked to about any (other) condition?</p> <p>h. What was the condition?</p>	<p>4a. and b.</p> <p>1 <input type="checkbox"/> Condition (Item C2, THEN 4g)</p> <p>2 <input type="checkbox"/> Pregnancy (4e)</p> <p>3 <input type="checkbox"/> Test(s) or examination (4c)</p> <p>4 <input type="checkbox"/> Other (Specify) _____ (4g)</p> <p>c.</p> <p><input type="checkbox"/> Yes (4h) <input type="checkbox"/> No</p> <p>d.</p> <p><input type="checkbox"/> Yes (4h) <input type="checkbox"/> No (4g)</p> <p>e.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (4g)</p> <p>f.</p> <p>Condition <span style="float: right;">Item C2, THEN 4g</span></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (5)</p> <p>g.</p> <p><input type="checkbox"/> Pregnancy (4e)</p> <p>h.</p> <p>Condition <span style="float: right;">Item C2, THEN 4g</span></p>
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### A. Objective

Question 4 obtains all conditions about which the doctor or assistant was consulted on the particular visit.

### B. Definition

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

### C. Instructions

1. Ask question 4a for persons 14 years old and over. Ask question 4b for children under 14 years old.
2. When entering conditions in item C2, record the column number of this doctor visit as the source of the condition in the "DV" box below the condition name.
3. Mark only the first applicable box in the answer space for question 4a/b. Therefore, if a person went to a doctor because of "feeling tired" and while there had blood tests and a urinalysis, mark the "Condition" box and enter "feeling tired" in item C2.
4. If the respondent mentions a medical procedure, such as receiving a shot, removing a cast, applying a bandage, applying a brace, adjusting a truss, having an X-ray, etc., probe to determine the condition necessitating the procedure by asking, "For what condition did -- have a [shot/cast/bandage/brace]?" Mark the "Condition" box in 4a/b and enter the condition in item C2. If you cannot determine a condition, mark the "Other" box and specify the procedure on the line.

Condition Talked About (Continued)

4

5. If an operation or surgery (see D6-7 for definition) is reported as the reason for visiting the doctor, for example, the person went for a checkup after surgery, probe to determine the condition causing the operation or surgery by asking, "For what condition did -- have the [surgery/operation]?" Mark the "Condition" box in 4a/b and enter this condition in item C2 regardless of whether or not the person still has the condition causing the surgery.

If you cannot determine the condition for which the person had the surgery, mark the "Condition" box in 4a/b, enter the name of the surgery or operation in item C2 and footnote any additional information, for example, "gallbladder removed" in C2 and "DK reason" in a footnote.

If the reason for having the operation or surgery was not due to a condition, for example, surgery for birth control purposes only, mark the "Other" box in 4a/b and enter an explanation on the "Specify" line.

6. In asking 4c use the appropriate word "test," "tests," or "examination" depending on the respondent's answer to 4a/b. Consider a "checkup" to be the same as an examination if it is not mentioned along with a specific condition. Mark the "Yes" box in 4c even if the person was not notified of the condition until interview week. Mark the "test(s) or examination" box if the respondent saw or talked to a medical doctor, person, or assistant, during the 2-week reference period to get the results of tests or examinations that were performed earlier.
7. Question 4c determines if a condition was found as a result of the test(s) or examination. If the response to 4c is "no," mark the "No" box and ask 4d to determine if the person had a specific condition which was known about prior to the test(s) or examination. For example, people may have conditions which are known to them (such as diabetes), which they have tested from time to time to monitor the condition. Do not consider a common vision deficiency, such as nearsightedness or farsightedness, which is tested from time to time, as a condition unless it is discovered for the first time during this visit. In all other cases, probe to determine if a condition (for example, glaucoma) is causing the vision deficiency. If not, mark "No" in 4c and 4d and skip to 4g.
8. Ask question 4e to determine if the person was sick because of her pregnancy. If the response is "yes," mark the "Yes" box, ask 4f, and record the condition and pregnancy (for example, "Morning sickness-pregnancy") in 4f AND in item C2; then continue with 4g.
9. Use the word "call" in 4g if "Telephone" is marked in question 2. Otherwise, use the word "visit." If a condition was previously reported in 4a, 4f, or 4h, use the parenthetical "other" when asking or reasking 4g.
10. If pregnancy is reported in 4h, mark the "Pregnancy" box and ask 4e. Do not enter pregnancy in item C2 if reported in 4h. Pregnancy is only recorded in C2 from this page if there is a problem associated with the pregnancy, which is obtained by asking questions 4e and f, as appropriate. For any condition other than pregnancy reported in 4h, enter the name of the condition in 4h AND in item C2; then reask 4g.

## Question 5, Surgery or Operations During This Visit

5

5

<p><i>Mark box if "Telephone" in 2.</i></p> <p><b>5a. Did — have any kind of surgery or operation during this visit, including bone settings and stitches?</b></p> <hr style="border-top: 1px dashed black;"/> <p><b>b. What was the name of the surgery or operation? If name of operation not known, describe what was done.</b></p> <hr style="border-top: 1px dashed black;"/> <p><b>c. Was there any other surgery or operation during this visit?</b></p>	<p><b>5a.</b> 0 <input type="checkbox"/> Telephone in 2 (Next DR visit)          1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No (Next DR visit)</p> <hr style="border-top: 1px dashed black;"/> <p><b>b.</b> (1) _____          (2) _____</p> <hr style="border-top: 1px dashed black;"/> <p><b>c.</b> <input type="checkbox"/> Yes (Reask 5a and c)  <input type="checkbox"/> No</p>
---	--

**A. Objective**

Many surgical procedures are performed on an outpatient basis at hospitals (without staying overnight) or in doctor's offices or clinics. This question determines the frequency and nature of these procedures.

**B. Definition**

Surgery or operation--These terms are respondent defined for question 5.

**C. Instructions**

1. If the respondent does not know the name of the surgery or operation, ask for a description of the procedure. Enter the description; for example, "removed cyst from shoulder." Even if you think you know the technical term, enter only what the respondent says. Also follow this procedure if the respondent does not know if the procedure should be considered as surgery or an operation, for example, "removed particle from eye."
2. Record each procedure mentioned by the respondent on a separate line in 5b. For example, if the response is, "Removed broken glass in hand and set broken wrist," enter this in 5b as follows:

b.	(1)	Removed broken glass on hand
	(2)	set broken wrist

If the respondent mentions more than two surgeries or operations, enter the first two in 5b and footnote the others.

CHAPTER 10. HEALTH INDICATOR PAGE

Overall Objective

This page obtains information on 2-week injuries that have not been previously reported, bed days and doctor visits during the past 12 months, general health, and height and weight.

①

Question 1, 2-Week Injury Probe

①

1a. During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about? <input type="checkbox"/> Yes <input type="checkbox"/> No (2)		
b. Who was this? Mark "Injury" box in person's column.	1b.	<input type="checkbox"/> Injury
c. What was -- Injury? Enter injury(ies) in person's column.	c.	_____ Injury
d. Did anyone have any other injuries during that period? <input type="checkbox"/> Yes (Reask 1b, c, and d) <input type="checkbox"/> No		
Ask for each injury in 1c:		
e. As a result of the (injury in 1c) did [--/anyone] see or talk to a medical doctor or assistant (about --) or did -- cut down on -- usual activities for more than half of a day?	e.	<input type="checkbox"/> Yes (Enter injury in C2. THEN 1e for next injury) <input type="checkbox"/> No (1e for next injury)

A. Objective

These questions identify injuries occurring in the 2-week reference period which have not been previously reported.

B. Definitions

1. Accident--An event causing loss or injury resulting from carelessness or unavoidable causes. Included as accidents are such events as insect stings, animal bites, frostbite, etc. Strictly speaking, some injuries may not be "accidental"--for example, injuries from stabbings. However, for purposes of this survey, these are counted as accidents. Also included are poisonings, overdoses of normally nonpoisonous substances, and adverse reactions to drugs or other substances, such as a rash from a laundry detergent, hemorrhaging from taking a specific drug, alcohol poisoning, etc.

Do not include as accidents such things as a hangover from drinking, sleeplessness from too much coffee (caffeine), indigestion from overeating, etc. Also do not include as accidents, the side effects of drugs or medication taken over long periods of time. For example, weakness from a series of chemotherapy treatments.

2. Doctor/Medical doctor--Refer to the definition on page D9-7.

3. Injury--A condition resulting from an accident as defined above. Include such things as cuts, bruises, burns, sprains, fractures, insect stings, animal bites, and anything else that the respondent considers an injury.
4. Poisoning--Swallowing, drinking, breathing, or coming in contact with a poisonous substance or gas. Poisoning may also occur from an overdose of a substance that is nonpoisonous when taken in normal doses. Exclude conditions which are diseases or illnesses, such as poison ivy, poison oak, ptomaine or food poisoning.

C. Instructions

1. If the response to question 1 indicates that a family member had an accident with no injury (for example, a minor car accident), consider this a "No" response and make any necessary corrections. Include all conditions mentioned by the respondent except those exclusions stated in paragraphs B1 and B4 above.
2. Accept the response to 1c as reported by the respondent without probing. For example, enter "multiple fractures," or "multiple cuts," etc., in 1c and ask question 1e using the terms, "multiple fractures," "multiple cuts," etc. However, if the response is, for example, "fractured arm and leg," enter "fractured arm" and "fractured leg" in 1c and ask 1e separately for the "fractured arm" and the "fractured leg." More detail about these conditions will be obtained on the Condition Page.
3. When asking question 1e for persons 14 years old or over, insert the name or relationship of the person in place of the "--" in brackets. For children under 14 years old, use the word "anyone" in brackets and include the parenthetical "about --."
4. Insert the name of the injury entered in 1c when asking question 1e. If you receive a "Yes" response to 1e, mark the "Yes" box and enter the name of the injury in C2 along with "1" in the "INJ." box as its source. If the response is "No," mark that box and ask 1e for the next injury for this person or for the next person for whom the "Injury" box is marked in 1b.

Ask question 1e separately for each injury recorded in 1c and enter each injury which resulted in a doctor visit or a cut-down day on a separate line in item C2.

5. If the injury is already recorded in item C2, make any necessary corrections to question 1 but do not enter "1" as an additional source in C2. However, do not delete the entry in C2 if the injury was previously entered from some other part of the interview.
6. In question 1e, if you learn that a person only saw a dentist for the injury and had no restricted activity, consider this a "No" response and footnote "Dentist." Dentists are not considered "medical doctors."

2. During the past 12 months, (that is, since (12-month date) a year ago) ABOUT how many days did illness or injury keep -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)	2.	000 <input type="checkbox"/> None _____ No. of days
--	----	--

A. Objective

Although the 2-week bed days questions on the Restricted Activity Page provide accurate information about the occurrence of illness, they do not allow analysts to classify people in terms of the amount of illness they had during an entire year. This information is obtained by asking the number of bed days in the past 12 months.

B. Definitions

1. Days in bed--Any day during which the person stayed in bed more than half of the day because of illness or injury. "More than half of the day" is defined as more than half of the hours that the person is usually awake. Do not count the hours that the person is usually asleep. Also, do not count a nap as a day in bed unless the person took a nap because of an illness or injury and the nap lasted more than half of the day. Count all days a person spent as an overnight patient in a hospital, sanitarium, nursing home, etc., as days in bed whether or not the patient was actually lying in bed, even if there was no illness or injury. Also include any days reported for a newborn, including days in a hospital.
2. Bed--Anything used for lying down or sleeping, including a sofa, cot, or mattress. For example, a person who stayed on the sofa watching TV because he/she was not feeling well enough to get around would be considered "in bed." The important point is that the person felt ill enough to lie down for more than half of the day.
3. Illness or injury--These terms are respondent defined.

C. Instructions

1. When asking question 2, use the "12-month date" in item A1 on the Household Composition Page. Include the phrase, "that is, since (12-month date) a year ago," for the first person and at any other time you feel it is necessary.
2. If a number is recorded in the person's "HOSP." box in item C2, read the parenthetical statement, "Include days while an overnight patient in a hospital," as a reminder to the respondent.

2

12-Month Bed Days (Continued)

2

- 3. If the respondent does not know the number of days, attempt to get an estimate by using a probe such as, "Can you give me an estimate of the number of days?" or, "Your best estimate is fine." If you receive a response in terms of a range, such as "15-20 days" or "Less than 7 days," probe to determine a more specific number. If the respondent is unable to provide a more specific number, enter the original response.
- 4. Do not reconcile the days reported in response to this question with the 2-week bed-days question on the Restricted Activity Page.

3

Question 3, 12-Month Doctor Visits

3

<p>3a. During the past 12 months, ABOUT how many times did [---/anyone] see or talk to a medical doctor or assistant (about ---)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the <u>(number in 2-WK DV box)</u> visit(s) you already told me about.)</p>	<p>3a. 000 <input type="checkbox"/> None (3b)          000 <input type="checkbox"/> Only when overnight patient in hospital } (NP)          _____          No. of visits</p>
<p>b. About how long has it been since [---/anyone] last saw or talked to a medical doctor or assistant (about ---)? Include doctors seen while a patient in a hospital.</p>	<p>b. 1 <input type="checkbox"/> Interview week (Reask 3b)          2 <input type="checkbox"/> Less than 1 yr. (Reask 3a)          3 <input type="checkbox"/> 1 yr., less than 2 yrs.          4 <input type="checkbox"/> 2 yrs., less than 5 yrs.          5 <input type="checkbox"/> 5 yrs. or more          0 <input type="checkbox"/> Never</p>

A. Objective

These questions determine the number of doctor visits for a 1-year recall period and how long it has been since people have received any health care. This will provide estimates of the total number of visits in a year, the number of visits per person, and the distribution of persons according to the interval since their last contact.

B. Definition

Medical doctor/assistant--These terms are respondent defined. However, do not include visits to dentists or oral surgeons.



**C. Instructions**

1. If the "HOSP." box in item C1 for the person about whom question 3 is being asked shows one or more hospital stays, then include the parenthetical statement, "Do not count doctors seen while an overnight patient in a hospital," when asking question 3a. If the person's "2-WK. DV" box in item C1 shows one or more 2-week doctor visits, then insert the parenthetical statement, "Include the (number in 2-WK. DV box) visit(s) you already told me about" when asking question 3a. Read both statements when asking question 3a for persons with both one or more hospital stays and one or more doctor visits in item C1.

When asking question 3b, always read the statement, "Include doctors seen while a patient in a hospital."

2. When asking question 3 for persons 14 years old or over, insert the name or relationship of the person in place of the "--" in brackets. For example, ask 3a for a 19-year-old son as follows: "During the past 12 months, ABOUT how many times did your son see or talk to a medical doctor or assistant?"
3. When asking question 3 about children under 14 years old, use the word "anyone" in brackets and include the parenthetical "about --." For example, ask 3a for a 9-year-old son as follows: During the past 12 months, ABOUT how many times did anyone see or talk to a medical doctor or assistant about your son?"
4. If the response to 3a indicates that the only doctors seen were while the person was an overnight patient in the hospital, mark the "Only when overnight patient in hospital" box. In this case, and when there is a numerical entry in 3a for "No. of visits," do not ask 3b for this person since you already know that the person has seen a medical doctor or assistant within the past 12 months.
5. Some respondents do not include regular checkups/physicals/well visits in question 3a because the questions immediately prior to this deal with accidents/injuries/illnesses. Remind respondents to include such visits only if the answer to question 3a or 3b indicates a misunderstanding. Do not automatically assume the respondent will misunderstand.
6. If the response to 3b is a date during interview week, reask 3b to determine how long it has been since the person's last visit before interview week. In this case, there will be two boxes marked in 3b.
7. If the response to 3b is "Less than one year," reask 3a to determine the number of times a medical doctor was seen during the past 12 months and correct the entry in 3a. If the respondent states that the only time a doctor was seen during the past 12 months was while the person was an overnight patient in a hospital, erase the "None" entry in 3a, mark the "Only when overnight patient in hospital" box, and skip to the next person. Do not change your original entry in 3b.

4. Would you say -- health in general is excellent, very good, good, fair, or poor?	4.	<table> <tr> <td>1 <input type="checkbox"/> Excellent</td> <td>4 <input type="checkbox"/> Fair</td> </tr> <tr> <td>2 <input type="checkbox"/> Very good</td> <td>5 <input type="checkbox"/> Poor</td> </tr> <tr> <td>3 <input type="checkbox"/> Good</td> <td></td> </tr> </table>	1 <input type="checkbox"/> Excellent	4 <input type="checkbox"/> Fair	2 <input type="checkbox"/> Very good	5 <input type="checkbox"/> Poor	3 <input type="checkbox"/> Good	
1 <input type="checkbox"/> Excellent	4 <input type="checkbox"/> Fair							
2 <input type="checkbox"/> Very good	5 <input type="checkbox"/> Poor							
3 <input type="checkbox"/> Good								

A. Objective

This question obtains the respondent's own evaluation of each family member's health in general.

B. Instructions

If the respondent gives an answer other than one of the five choices mentioned (such as "pretty good") or otherwise shows that he/she does not understand, reask the entire question, emphasizing the phrase "in general," and clearly stating the list of alternative responses. If the second answer still does not fit one of the printed answer categories, footnote the response. In no instance should you choose a category for the respondent.

Mark box if under 18.		5a.	<input type="checkbox"/> Under 18 (NP)
5a. About how tall is -- without shoes?			_____ Feet _____ Inches
b. About how much does -- weigh without shoes?		b.	_____ Pounds

A. Objective

Height and weight will be used to determine whether people age 18 or over have weight problems and can be related to other health characteristics. Average heights and weights can be calculated for various groups of people, based on age, sex, race, and other characteristics. This information is also compared to the findings from the Health and Nutrition Examination Survey in which actual body measurements were obtained to determine the reliability of self-reported or proxy-reported heights and weights.

B. Instructions

1. Enter the response verbatim, including fractions; for example, "5 feet, 6-1/2 inches," or "122-1/2 pounds."
2. Record the person's present weight in question 5b, with the following exception:  
  
If the respondent tells you, or if you know from previous responses that the person is currently pregnant, determine the person's weight before she became pregnant and record it in 5b. Footnote "Pregnant" and the person's present weight. Never probe to determine whether a person is pregnant.
3. Many people have trouble specifying another person's height and weight; therefore, indicate any estimated response, for example, "Est."
4. Enter a dash (-) on the inches line for even heights; for example, "6 feet, - inches." Enter a dash (-) on the "Feet" line if the height is reported in total inches; for example, "- feet, 68 inches." Do not attempt to compute the height in feet and inches.
5. If the height and/or weight is reported in the metric measurement system (meters, centimeters, grams, etc.) rather than in feet, inches, or pounds, footnote the exact metric response. Do not enter metric measurements in 5a or b or attempt to convert the response to feet, inches, or pounds.

## CHAPTER 11. CONDITION LISTS

### A. Overall Objective

The Condition Lists are designed to produce estimates of the prevalence of specific conditions. Since the entire list of conditions for which estimates are needed is too lengthy to be asked in every household, the list is divided into six lists, each related to different body systems. Asking each list in one-sixth of the sampled households provides estimates for all of the conditions without asking all of the conditions in each household.

### B. General Definitions

1. Ever--Present at any time, through last Sunday night, in the person's life. Do not include if the onset is during interview week.
2. Now--Present at any time during the past 2 weeks through last Sunday night.
3. Past 12 months--The period beginning with the "12-month date" specified in item A1 and ending last Sunday night.

### C. General Instructions

1. To determine which Condition List to ask in a household, refer to the number entered on the "Ask Condition List" line in A2 of the Household Composition Page.
2. Use the definitions in paragraph B above only if questions arise or if the respondent mentions that the condition started during interview week.
3. Begin the Condition List by asking part "a," inserting the names or relationships of all family members the first time you ask the question, and emphasizing the reference period for the list you are asking. Then start reading the list of conditions.
  - a. After reading each condition, wait for a "yes" or "no" reply before going to the next condition. This procedure is necessary in order to be certain the respondent has had time to think about each condition. If two or more respondents are present, wait for each person to reply to a condition before going on to the next condition. As you ask each condition, make a checkmark (✓) in the space to the right of it to keep your place in the list.

- b. When you receive a "yes" response, ask, "Who is (or was) this?" and record the condition in item C2 in the appropriate person's column. Also enter the letter of the condition in the "CL LTR" box below the condition entry in C2.

If a "yes" response is given to two or more conditions listed together, for example, "REPEATED trouble with neck, back, or spine," "hernia or rupture," and so forth, ask additional probes as necessary to determine which condition or part of body is involved and enter the response in C2.

- c. Next, ask question "c" for the condition. If "yes," reask part "b" and enter the condition and letter in C2 for that person. Continue reasking "c" and "b" until you receive a final "no" answer to that condition or until all family members are accounted for. Then ask about the next condition, by reasking question "a." This is to remind the respondent that we are interested in whether anyone in the family has or had the remaining conditions during the specified time period.
  - d. Ask question parts d through f in lists 1 and 5 in the same manner as parts a through c.
4. If the same condition is reported more than once for the same person while asking the Condition List, enter only the letter for the item where it was first reported. Thus, you will have only one letter source specified per condition in item C2 for a person. It is extremely important that the letter is entered in C2 so that the correct questions will be asked on the Condition Page.
  5.
    - a. If the respondent reports a condition that has already been entered in item C2 with "LA," "RA," "DV," and/or "INJ." recorded as the source, enter the appropriate letter in the "CL LTR" box for the condition in that person's column.
    - b. If the respondent does not report a condition on the list that has already been entered in item C2, do not enter the "CL LTR" in item C2 in the "CL LTR" box. The Condition List letter should only be entered in C2 if the respondent reports the condition again while asking the Condition List.
  6. If a condition is reported out of turn or not in answer to the one you're asking about, probe to determine if the condition was present during the specified reference period for that list. If so, enter the condition in C2 even if it is not specifically included in the list you are asking, along with the letter of the condition you were asking when this condition was reported. Then reask part "a" of the question about the listed condition. This is necessary because the respondent has not yet answered "Yes" or "No" to the listed condition.

In lists 1 and 5, there are two reference periods which apply to specific conditions or parts of the lists. When unlisted conditions are reported while asking these lists, probe to determine whether the unlisted condition was present during the specific reference period for the part of the list you were asking.

7. Throughout the lists of conditions there are "catch-all" groups containing the words, "any other" or "any disease of" with the name of a specific part of body. If the respondent just says "Yes" to a catch-all group without reporting a specific condition, record in C2 the term as it appears in the Condition List; for example, "Gallbladder trouble," "Disease of the esophagus." Do not probe to determine if the person had more than one kind of condition for each "catch-all" group; for example, do not ask if the respondent had more than one kind of "gallbladder trouble" or "disease of the esophagus." Instead, record it in item C2 and ask if anyone else had a "catch-all" condition.
8. Also, throughout the Condition Lists there are words that are in all capital letters. These capitalized words are qualifying terms for that particular condition. Emphasize these words when asking about these conditions so the respondent is aware of them. Except for "Permanent," do not define these words for the respondent. Do not record any of these conditions in item C2 unless, in the respondent's view, the capitalized qualification is met.

If the respondent just says "Yes" to one of these conditions, assume that the qualification has been met and enter the condition in item C2 as usual. However, if the person gives a modified answer, such as "Yes, I have flatfeet," probe to determine if the person has "TROUBLE" with flatfeet.

When entering these conditions in item C2, you may abbreviate the capitalized words in the following manner: "TROUBLE with," "Tr./w"; "FREQUENT," "Freq."; "REPEATED," "Rep."; "PERMANENT," "Perm."

9. If the respondent reports one of the conditions having the qualifying terms "TROUBLE with," "FREQUENT," "REPEATED," or "PERMANENT," and the identical condition has already been entered in C2 without the qualifier, enter the letter as an additional source for this information.

For example, "Back trouble" is entered in C2 with a "7" in the "LA" box. When asking Condition List 2, item T, the respondent says, "Yes, I have repeated back trouble," enter "T" in the "CL LTR" box for the back trouble.

10. For "REPEATED" conditions, for example in list 1, J, the person need not have had an episode or attack recently if he/she is subject to periodic recurring attacks of the condition. For example, a person who has repeated episodes of back trouble could answer "Yes" to this question even if the condition did not occur during the reference period.

11. If the respondent tells you that a Condition List condition is the same as one reported earlier, even though the condition names are not the same, enter the letter of the condition in the "CL LTR" box of the condition already in C2. However, do this only if the respondent says they are the same. Never make this determination yourself.
12. If you are asked for the meaning of any of the listed terms, use the definitions printed on the questionnaire below question c or f for that particular list, such as, "It's a condition affecting the digestive system," when asking list 3. Do not attempt to explain or define any of the conditions further.
13. In a one-person household, if a "Yes" response is received to one of multiple conditions listed together, for example, list 1, item G, "Yes, I have a bone spur," do not probe to determine if that person has also had the other condition. In households with more than one family member, ask the next appropriate part of the question (part c or f, depending on which list you are asking).
14. The instruction to reask a question above the second column for Condition Lists 1, 2, 3, and 6 is a reminder to repeat the lead-in question each time you reach the second column of the list; for example, reask question 1d before item M in list 1, reask question 2a before item O in list 2, and so forth.

INTRO

### Condition List Introductions

INTRO

Read to respondent(s) and ask list specified in A2  
 Now I am going to read a list of medical conditions. Tell me if anyone in the family has any of these conditions, even if you have mentioned them before.

Read to respondent(s) and ask list specified in A2:  
 Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

#### A. Objective

These statements inform the respondent that any conditions reported earlier should be mentioned again if they are in the Condition List.

#### B. Instructions

The Condition List introductions are identical except for the insertion of the word "had" in the introduction for Condition Lists 3 through 6. This word was omitted for the introduction to Condition Lists 1 and 2 since these lists (or parts of the list) ask about conditions the family has NOW.

Read the introduction above the appropriate Condition List once for each family before asking the Condition List specified in item A2.

## Condition List 1

<b>1</b>	<p>1a. Does anyone in the family (<u>read names</u>) <b>NOW</b> have — If "Yes," ask 1b and c.</p> <p>b. Who is this?</p> <p>c. Does anyone else <b>NOW</b> have — Enter condition and letter in appropriate person's column.</p>	
	<p><b>A. PERMANENT</b> stiffness or any deformity of the foot, leg, fingers, arm, or back? (Permanent stiffness — joints will not move at all.)</p>	
	<p><b>B. Paralysis</b> of any kind?</p>	
	<p>1d. <b>DURING THE PAST 12 MONTHS</b>, did anyone in the family have — If "Yes," ask 1e and f.</p> <p>e. Who was this?</p> <p>f. <b>DURING THE PAST 12 MONTHS</b>, did anyone else have — Enter condition and letter in appropriate person's column.</p> <p>C—L are conditions affecting the bone and muscle. M—W are conditions affecting the skin.</p>	
	<p><b>C. Arthritis</b> of any kind or rheumatism?</p>	<p>Reask 1d</p> <p><b>M. A tumor, cyst, or growth</b> of the skin?</p>
	<p><b>D. Gout?</b></p>	<p><b>N. Skin cancer?</b></p>
	<p><b>E. Lumbago?</b></p>	<p><b>O. Eczema or Psoriasis?</b> (ek'ee-ma) or (so-rye'uh-ah)</p>
	<p><b>F. Sciatica?</b></p>	<p><b>P. TROUBLE</b> with dry or itching skin?</p>
	<p><b>G. A bone cyst or bone spur?</b></p>	<p><b>Q. TROUBLE</b> with bone?</p>
	<p><b>M. Any other disease</b> of the bone or cartilage?</p>	<p><b>R. A skin ulcer?</b></p>
	<p><b>I. A slipped or ruptured disc?</b></p>	<p><b>S. Any kind of skin allergy?</b></p>
	<p><b>J. REPEATED</b> trouble with neck, back, or spine?</p>	<p><b>T. Dermatitis or any other skin trouble?</b></p>
	<p><b>K. Bursitis?</b></p>	<p><b>U. TROUBLE</b> with ingrown toenails or fingernails?</p>
	<p><b>L. Any disease</b> of the muscles or tendons?</p>	<p><b>V. TROUBLE</b> with bunions, corns, or calluses?</p>
		<p><b>W. Any disease</b> of the hair or scalp?</p>

### Instructions

1. List 1 is made up of two parts. The first part contains two conditions with "NOW" as the reference period. Conditions C through W, the second part of this list, do not have to be present "NOW," but must have been present at some time "DURING THE PAST 12 MONTHS."
2. Since the reference period for this list changes, it is possible that the respondent may not always be sure which period you are talking about. Therefore, it may be necessary to repeat the lead-in phrase, "DURING THE PAST 12 MONTHS" several times while asking this part of the list.



Condition List 2

<p><b>2</b></p>		<p>2a. Does anyone in the family (read names) NOW have -              If "Yes," ask 2b and c.</p> <p>b. Who is this?</p> <p>c. Does anyone else NOW have -              Enter condition and letter in appropriate person's column.</p> <p>A-I are conditions affecting <span style="border: 1px solid black; padding: 2px;">Hearing Vision Speech</span></p> <p>M-AA are impairments.</p>	
<p>A. Deafness in one or both ears?</p> <p>B. Any other trouble hearing with one or both ears?</p> <p>C. Tinnitus or ringing in the ears?</p> <p>D. Blindness in one or both eyes?</p> <p>E. Cataracts?</p> <p>F. Glaucoma?</p> <p>G. Color blindness?</p> <p>H. A detached retina or any other condition of the retina?</p> <p>I. Any other trouble seeing with one or both eyes EVEN when wearing glasses?</p> <p>J. A Cleft palate or harelip?</p> <p>K. Stammering or stuttering?</p> <p>L. Any other speech defect?</p> <p>M. Loss of nose or small which has lasted 3 months or more?</p> <p>N. A missing finger, hand, or arm; toe, foot, or leg?</p>	<p>Rest 2a</p> <p>O. A missing joint?</p> <p>P. A missing breast, kidney, or lung?</p> <p>Q. Palsy or cerebral palsy? (ear's-bral)</p> <p>R. Paralysis of any kind?</p> <p>S. Curvature of the spine?</p> <p>T. REPEATED trouble with neck, back, or spine?</p> <p>U. Any TROUBLE with fallen arches or flatfoot?</p> <p>V. A clubfoot?</p> <p>W. A triket knee?</p> <p>X. PERMANENT stiffness or any deformity of the foot, leg, or back? (Permanent stiffness - joints will not move at all.)</p> <p>Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm?</p> <p>Z. Mental retardation?</p> <p>AA. Any condition caused by an accident or injury which happened more than 3 months ago? If "Yes," ask: What is the condition?</p>		

Instructions

1. If a person has had one of the listed conditions which has been corrected by surgery or some other means and is not present "NOW," do not enter the condition in item C2. For example, make no entry if a cataract was removed surgically. Similarly, if a person was temporarily paralyzed as a result of a stroke but is no longer affected, make no entry in item C2.
2. A joint is considered missing (item O) even if its been replaced. If the respondent says that a joint has been replaced, without naming the specific joint, enter "missing joint" in C2. If a specific joint is reported in answer to item O, enter the response, such as "total hip replacement".

Condition List 3

<b>3</b>	<p><b>3a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have -</b>  <i>If "Yes," ask 3b and c.</i></p> <p><b>b. Who was this?</b></p> <p><b>c. DURING THE PAST 12 MONTHS, did anyone else have -</b>  <i>Enter condition and letter in appropriate person's column.            Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.            Conditions affecting the digestive system.</i></p>	
		<i>Reask 3a</i>
	A. Gallstones?	N. Enteritis?
	B. Any other gallbladder trouble?	O. Diverticulitis? <i>(Dye-ver-tic-yoo-lye'tis)</i>
	C. Cirrhosis of the liver?	P. Colitis?
	D. Fatty liver?	Q. A spastic colon?
	E. Hepatitis?	R. FREQUENT constipation?
	F. Yellow jaundice?	S. Any other bowel trouble?
	G. Any other liver trouble?	T. Any other intestinal trouble?
	H. An ulcer?	U. Cancer of the stomach, intestines, colon, or rectum?
	I. A hernia or rupture?	V. During the past 12 months, did anyone (else) in the family have any other condition of the digestive system?  <i>If "Yes," ask: Who was this? - What was the condition?            Enter in item C2, THEN reask V.</i>
	J. Any disease of the esophagus?	
	K. Gastritis?	
	L. FREQUENT indigestion?	
M. Any other stomach trouble?		

Instructions

Do not consider cold; flu; red, sore, or strep throat; or "virus" affecting the digestive system as Condition List conditions, and do not record them in item C2 even if given in response to list 3. For example, "Stomach flu" would not be considered a Condition List condition. However, "virus" combined with any specific condition, for example, "virus enteritis," does require an entry in C2.

Condition List 4

<b>4</b>	<p><b>4a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have —</b> If "Yes," ask 4b and c.</p> <p><b>b. Who was this?</b></p> <p><b>c. DURING THE PAST 12 MONTHS, did anyone else have —</b> Enter condition and letter in appropriate person's column. A—B are conditions affecting the glandular system. C is a blood condition. D—I are conditions affecting the nervous system. J—Y are conditions affecting the genito-urinary system.</p>	
	<b>A. A goiter or other thyroid trouble?</b>	<i>Reask 4a</i> <b>N. Any other kidney trouble?</b>
	<b>B. Diabetes?</b>	<b>O. Bladder trouble?</b>
	<b>C. Anemia of any kind?</b>	<b>P. Any disease of the genital organs?</b>
	<b>D. Epilepsy?</b>	<b>Q. A missing breast?</b>
	<b>E. REPEATED seizures, convulsions, or blackouts?</b>	<b>R. Breast cancer?</b>
	<b>F. Multiple sclerosis?</b>	<b>S. *Cancer of the prostate?</b>
	<b>G. Migraine?</b>	<b>T. *Any other prostate trouble?</b>
	<b>H. FREQUENT headaches?</b>	<b>U. **Trouble with menstruation?</b>
	<b>I. Neuralgia or neuritis?</b>	<b>V. **A hysterectomy?</b> If "Yes," ask: For what condition did — have a hysterectomy?
	<b>J. Nephritis?</b>	<b>W. **A tumor, cyst, or growth of the uterus or ovaries?</b>
	<b>K. Kidney stones?</b>	<b>X. **Any other disease of the uterus or ovaries?</b>
	<b>L. REPEATED kidney infections?</b>	<b>Y. **Any other female trouble?</b>
	<b>M. A missing kidney?</b>	
<p>*Ask only if males in family. **Ask only if females in family.</p>		

Instructions

1. Do not ask items S and T in an all-female family.
2. Do not ask items U through Y in an all-male family.
3. If "Hysterectomy" is reported for a person, ask for the name of the condition requiring the operation and enter it in C2 for that person. If the name of the condition cannot be determined, enter "hysterectomy, dk reason," "Hysterectomy, sterilization," etc., in C2.

<p><b>5</b></p> <p>5a. Has anyone in the family (read names) EVER had — If "Yes," ask 5b and c.</p> <p>b. Who was this?</p> <p>c. Has anyone else EVER had — Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p>	
<p>A. Rheumatic fever?</p> <p>B. Rheumatic heart disease?</p> <p>C. Hardening of the arteries or arteriosclerosis?</p> <p>D. Congenital heart disease?</p> <p>E. Coronary heart disease?</p> <p>F. Hypertension, sometimes called high blood pressure?</p>	<p>G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-ler)</p> <p>H. A hemorrhage of the brain?</p> <p>I. Angina pectoris? (pek'to-ris)</p> <p>J. A myocardial infarction?</p> <p>K. Any other heart attack?</p>
<p>5d. DURING THE PAST 12 MONTHS, did anyone in the family have — If "Yes," ask 5e and f.</p> <p>e. Who was this?</p> <p>f. DURING THE PAST 12 MONTHS, did anyone else have — Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p>	
<p>L. Damaged heart valves?</p> <p>M. Tachycardia or rapid heart?</p> <p>N. A heart murmur?</p> <p>O. Any other heart trouble?</p> <p>P. An aneurysm? (an yoo-rizm)</p>	<p>Q. Any blood clots?</p> <p>R. Varicose veins?</p> <p>S. Hemorrhoids or piles?</p> <p>T. Phlebitis or thrombophlebitis?</p> <p>U. Any other condition affecting blood circulation?</p>

Instructions

- List 5 is made up of two parts. The first part, conditions A through K, has a reference period of EVER and the second part of the list, conditions L through U, has a reference period of the PAST 12 MONTHS.
- Since the reference period for this list changes, it is possible that the respondent may not always be sure which time period you are asking about. Therefore, it may be necessary to repeat the lead-in phrase, "DURING THE PAST 12 MONTHS," several times while asking the second part of the list.

Condition List 6

6

6

<b>6</b>	<p><b>6a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have —</b>  <i>If "Yes," ask 6b and c.</i></p> <p><b>b. Who was this?</b></p> <p><b>c. DURING THE PAST 12 MONTHS, did anyone else have —</b>  <i>Enter condition and letter in appropriate person's column.</i>  <i>Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.</i>  <i>Conditions affecting the respiratory system.</i></p>	
	A. Bronchitis?	Reask 6a.
	B. Asthma?	K. A missing lung?
	C. Hay fever?	L. Lung cancer?
	D. Sinus trouble?	M. Emphysema?
	E. A nasal polyp?	N. Pleurisy?
	F. A deflected or deviated nasal septum?	O. Tuberculosis?
	G. *Tonsillitis or enlargement of the tonsils or adenoids?	P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?
	H. *Laryngitis?	Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition? If "Yes," ask: Who was this? — What was the condition? Enter in item C2, THEN reask Q.
	I. A tumor or growth of the throat, larynx, or trachea?	
J. A tumor or growth of the bronchial tube or lung?		
<p><i>*If reported in this list only, ask:</i></p> <p><b>1. How many times did — have (condition) in the past 12 months?</b>  <i>If 2 or more times, enter condition in item C2.</i>  <i>If only 1 time, ask:</i></p> <p><b>2. How long did it last? If 1 month or longer, enter in item C2.</b>  <i>If less than 1 month, do not record.</i>  <i>If tonsils or adenoids were removed during past 12 months, enter the condition causing removal in item C2.</i></p>		

Instructions

1. Do not consider cold; flu; red, sore, or strep throat; or "virus" as Condition List conditions even if they are reported during the asking of list 6.

Also, do not consider "virus" or a combination of virus and one of the other excluded conditions, as Condition List conditions. For example, "virus cold"; "virus flu"; "virus red, sore, or strep throat." However, "virus" combined with any other condition, for example, "Virus pneumonia" does require an entry in item C2.

2. Letters G and H in this list are marked with an asterisk (\*); "tonsillitis or enlargement of the tonsils or adenoids," and "laryngitis." If you receive a "Yes" to one of them, ask 6b to determine who had the condition, and look at item C2 for this person. If the condition has not already been recorded in item C2, ask questions 1 and 2 below list 6 to determine whether or not to make an entry in item C2.

These questions are designed to screen out single, brief episodes of tonsillitis, enlarged tonsils or adenoids, or laryngitis. You will record these conditions in item C2 from list 6 only if there was more than one episode in the past year, or if a single episode lasted 1 month or longer, or if the tonsils or adenoids were removed during the past 12 months.

- a. Ask question 1, "How many times did -- have tonsillitis in the past 12 months?" If the person had the condition more than once in the past 12 months, record the condition and letter in item C2. If the person had the condition only one time during the past 12 months, ask question 2, "How long did it last?" If it lasted 1 month or longer, record the condition and letter in item C2. If the condition lasted less than 1 month, do not record it.
- b. If a person had his/her tonsils or adenoids removed during the past 12 months, probe to determine the condition causing the operation. Enter the condition in item C2 without asking the screening questions or regardless of the answer(s) to the screening questions if they've already been asked. If one of the excluded conditions mentioned in paragraph 1, such as "strep throat," is reported as the condition causing the operation, enter this condition in item C2.
- c. After asking the screening question for this person, ask 6c for the asterisked condition. If an asterisked condition is reported for another person, follow the same procedures for questions 1 and 2.
- d. If any of the asterisked conditions had also been reported before asking list 6, do not ask the screen questions. Enter the Condition List letter (G or H) in the "CL LTR" box beneath the condition in C2.
- e. If any of the asterisked conditions are reported while asking items A through F in list 6, ask the screening questions. If the condition should be entered in item C2, enter condition and letter of the item where the condition was reported.

Condition List 6 (Continued)

6

- f. If both enlargement of the tonsils and of the adenoids are reported, enter both conditions on one line in item C2; for example, "enlargement of tonsils and adenoids." Fill only one Condition Page for this entry. This is an exception to the rule for filling separate Condition Pages for multiple entries in question 3b on the Condition Page (discussed in detail in Chapter 13, Condition Pages).

## CHAPTER 12. HOSPITAL PAGE

### A. Overall Objective

The Hospital Page obtains information on when and where the hospitalization took place, the reason for the hospitalization, and whether surgery was performed.

### B. General Definitions

1. Hospitalization (Hospital stay)--A stay of one or more nights in a hospital. Exclude visits to an emergency room or outpatient clinic, even if they occur at night, unless the person is admitted and stays overnight. Hospitalized persons are referred to as "patients in the hospital." Do not include stays in the hospital during which the person does not spend at least one night, even though surgery may have been performed.
2. Overnight--The person stayed in a hospital for one or more nights. If the person was admitted and released on the same date, do not consider this as an overnight stay.

### C. General Instructions

1. Complete a separate hospital stay column for each hospitalization recorded in the "HOSP." box in item C1 on the Household Composition Page. If there are more than four hospitalizations reported for a family, use additional questionnaires. Renumber the columns in the additional questionnaires consecutively, changing "1" to "5," "2" to "6," etc. Beginning with the first person for whom hospitalizations have been reported, complete a column for each of his/her hospitalizations, and continue in the same manner for each succeeding person in the order they are listed on the questionnaire.
2. If a person was moved (transferred) from one hospital to another, for example, from a general hospital to a veteran's hospital, record each as a separate hospitalization.
3. When a hospitalization is for childbirth, fill one column for the mother and another column for the baby, asking each question separately for the mother and for the baby. Do not assume that all the information will be the same. For example, the mother may have entered the hospital several days before the baby was born or either the mother or the child could have been released before the other.



4. Consistency Check--The number of columns filled for a person must equal the total number of hospitalizations in that person's "HOSP." box in item C1. If not, correct the figure and explain the reason for the correction in a footnote. You may find it helpful to make a checkmark (✓) to the right of the number in the "HOSP." box as you complete each column. For example, if the person had a total of three hospital stays recorded in the "HOSP." box, you would make three checkmarks:

HOSP.
00 <input type="checkbox"/> None
3 ✓
Number

5. If the respondent cannot remember or does not know the details of the hospitalization(s), ask for an estimate using the calendars in the Flashcard Booklet when needed. Enter all available information in a separate column for each such stay and "Est."

①

Item 1, Person Number

①

1. Refer to C1, "HOSP." box.	1. PERSON NUMBER _____
------------------------------	------------------------

Instruction

For each hospital stay, enter in item 1 the column number of the person for whom you are filling this column.

2. You said earlier that -- was a patient in the hospital since (13-month hospital date) a year ago. On what date did -- enter the hospital ((the last time/the time before that))?

Record each entry date in a separate Hospital Stay column.

2.

Month

Date

Year

19

### A. Objective

The date on which the person entered the hospital will help determine whether or not any part of the hospitalization was within the 13 to 14-month and 2-week reference periods.

### B. Instructions

1. Read the introductory statement "You said earlier that -- was a patient in the hospital since (13-month hospital date)" the first time you ask question 2 for each person.
2. If the person was in a hospital more than once during the period, add the phrase, "the last time," to the end of question 2. It is desirable, but not mandatory, to record the most recent hospital stay first if the person had more than one stay. For the remaining columns, begin with the question, "On what date did -- enter the hospital the time before that?", and so on, for each subsequent hospitalization. Disregard this parenthetical if there was only one hospitalization for the person.
3. If the respondent cannot furnish the exact date, obtain the best estimate possible. Use the calendars and the list of holidays in your Flashcard Booklet to assist the respondent in recalling dates. Examples of appropriate probe questions are:
  - Can you recall the approximate date?
  - Do you know which week of the month it was?
  - Do you recall the day of the week you entered the hospital?
  - Was it before or after Memorial Day (or some other holiday)?
  - Was it in the early part, the middle part, or the last part of the month?

If, after your additional probing, the respondent is still unable to give an exact date, determine whether it was the early, middle, or late part of the month; winter, spring, summer, or fall; or one of two months, such as May-June; or between two dates, such as June 6-June 10. For statistical purposes, a date must always be entered for each hospital entry. It is essential that you obtain the maximum amount of information available, even if it is an estimated date. If necessary, schedule a telephone callback to obtain the date from a more knowledgeable respondent.

2

Date Entered Hospital (Continued)

2

- 4. Experience has shown that it is very easy to make a mistake in entering the year a person was hospitalized, particularly when the interview is in a different calendar year than the reported year of hospitalization. In all cases, make sure that you have entered the correct year in question 2.

3

Question 3, Number of Nights in Hospital

3

3. How many nights was --- in the hospital?	3. 0000 <input type="checkbox"/> None (Next HS)  _____ Nights
---	---

A. Objective

This item provides national estimates of total nights spent in the hospital and average length of stay. Also, by using the number of nights in the hospital and the date of admission, it can be determined whether any part of the hospitalization was during the 13 to 14-month and 2-week reference periods.

B. Instructions

- 1. Do not include any nights in the hospital during interview week. However, enter all nights in the hospital through "last Sunday night" prior to interview week and include BOTH the beginning and ending dates. If the stay continued into interview week, footnote "Int. week." If a hospital stay began prior to the 13-month hospital date, include all nights for the stay, including those prior to the 13-month hospital date.
- 2. If the respondent answers in terms of days, repeat the question so that it is understood we are interested only in the number of nights. For example, a first answer of, "I was in for 7 days," might mean 6, 7, or 8 nights. Always follow up such answers by repeating the question, emphasizing the word "nights."
- 3. If you learn that the person did not remain overnight for this stay in the hospital, mark the "None" box in question 3 and go to the next hospital stay. Do not make corrections to item C1 and do not complete questions 4 through 6 in this situation. Also follow this procedure if the date of admission and the date of discharge are the same, since this should not be included as an overnight hospital stay.

3

Number of Nights in Hospital (Continued)

3

- 4. If the respondent's answer to the date of hospital entry for item 2 and the number of nights for item 3 indicates that none of the nights during the hospitalization occurred during the reference period (that is, since the 13-month hospital date but prior to interview week), check with the respondent to verify that you have the correct date of entry and number of nights. If the response indicates that the date of entry and number of nights are correct, footnote "date verified" and fill the remainder of the column for this hospitalization. Any necessary deletions will be handled when the questionnaires are processed. Make no changes to item C1 in this situation.
- 5. If the entire stay was during interview week, delete this hospitalization by X-ing out the remainder of the column and then correct the number in item C1. Explain in a footnote that the entire stay was during interview week.

4

Question 4, Condition Causing Hospitalization

4

<p>4. For what condition did --- enter the hospital?</p> <ul style="list-style-type: none"> <li>• For delivery ask: Was this a normal delivery? If "No," ask: What was the matter?</li> </ul>	<ul style="list-style-type: none"> <li>• For newborn ask: Was the baby normal at birth? If "No," ask: What was the matter?</li> </ul>	<ul style="list-style-type: none"> <li>• For initial "No condition" ask: Why did --- enter the hospital?</li> <li>• For tests, ask: What were the results of the tests? If no results, ask: Why were the tests performed?</li> </ul>
		<p>4. <input type="checkbox"/> Normal delivery } (5)  <input type="checkbox"/> Normal at birth }  <input type="checkbox"/> No condition }  <input type="checkbox"/> Condition }  <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/></p>

A. Objective

This item provides information concerning the use of hospitals and reasons people enter the hospital which are important in planning for future health needs.

B. Definition

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

C. Instructions

1. Deliveries and Births--For deliveries and births use the probe questions to determine if they were normal. For a delivery which was not normal, enter both "delivery" and the complications after marking the "Condition" box in the mother's column. For example, "delivery-breech" or "delivery-Caesarian."

For a baby who was not normal at birth, enter both "Newborn" and what was wrong with the baby after marking the "Condition" box in the baby's column. For example, "newborn-jaundice."

The delivery for the mother may be "normal" but the baby may be born with a deformity. Conversely, the mother's delivery may have had complications, for example, a Caesarian section, but the baby may be born normal. In some cases, it is possible that the mother's delivery was complicated by an illness condition. When in doubt as to what constitutes a normal delivery or baby that is not "normal," enter all available information in a footnote.

2. If the respondent answers that the person did not enter the hospital because of a condition, ask "Why did -- enter the hospital?" If the respondent then names a condition or mentions any health problem as the reason the person entered the hospital, mark the "Condition" box and enter the condition.
- a. If the person entered the hospital for tests or observations, ask "What were the results of the (tests/observation)?" If a condition was discovered as a result of the tests or observation, mark the "Condition" box and enter that condition. If the results of the tests or observation are unknown, probe to determine the condition which made the test or observation necessary and mark the "Condition" box and enter that condition. If no condition prompted the tests, mark the "No condition" box and footnote the situation (see 2c below).
- b. If the person entered the hospital to have an operation (see D6-7 for definition), probe to determine the condition which made the operation necessary. For example, if the response is "Amputation of one leg above knee," ask for the condition which made the operation necessary, such as "diabetes," "leg injured in accident," etc. Mark the "Condition" box and enter that condition.

If you cannot determine the condition causing the operation, mark the "Condition" box and enter the name or description of the operation, for example, "Hysterectomy, DK condition." If the reason for having the operation or surgery was not a condition, for example, a vasectomy for birth control purposes, mark the "No condition" box and enter the name of the operation in question 5.

4

Condition Causing Hospitalization (Continued)

4

- c. Mark the "No condition" box only if after probing there is no condition associated with the hospitalization. Footnote the reason the "No condition" box was marked, for example, "Tests negative, no condition."
3. Record only the first condition reported in question 4 as the reason for entering the hospital (or discovered during hospitalization) for this stay. If more than one condition is reported, footnote the others but do not enter them in question 4.

J1

Check Item J1

J1

<b>J1</b>	Refer to questions 2, 3, and 2-week reference period.	<b>J1</b>	<input type="checkbox"/> At least one night in 2-week reference period (Enter condition in C2, THEN 5) <input type="checkbox"/> No nights in 2-week reference period (5)
-----------	---	-----------	---

A. Objective

Check item J1 identifies conditions associated with hospitalizations that had at least one night in the 2-week reference period which must be recorded in item C2 and have a Condition Page completed.

B. Instructions

1. Refer to questions 2 and 3 of this hospital column to determine if any of the nights in question 3 were in the 2-week reference period entered in item A1 of the Household Composition Page.
2. If at least one night was during the past 2 weeks (box 1 marked in J1), refer to item C2 to see if this condition was previously recorded.
  - a. If the condition was previously recorded, enter this hospital stay column number in the "HS" box below the condition.
  - b. If the condition was not previously recorded, enter it on a separate line in item C2 and also enter this hospital stay column number in the "HS" box below the condition.
  - c. If more than one condition was reported in question 4, enter only the first condition mentioned and/or the hospital stay column number in C2. Do not make any entries in C2 for conditions which were footnoted in response to question 4.
3. Make no entry in C2 if there were no nights during the past 2 weeks in question 3 (box 2 marked in J1).

5a. Did — have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?	5a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)
b. What was the name of the surgery or operation? If name of operation not known, describe what was done.	b. (1) _____ (2) _____ (3) _____
c. Was there any other surgery or operation during this stay?	c. <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No

A. Objective

This item will provide data on the number of operations performed during the year, the kinds of operations performed, and the proportion of hospital patients that have operations performed during hospitalizations.

B. Definition

Surgery or Operation--These terms are respondent defined for question 5.

C. Instructions

1. If any operations were performed during this stay in the hospital, enter each name of the operation on a separate line in the write-in space in 5b. If the name of an operation is not known, or if the respondent does not know if the procedure should be considered as a surgery or an operation, ask the respondent to describe what was done and enter this description. Be sure to record each operation if more than one was performed during this stay. For example, if the response to 5b is, "He had a gallstone removed and an appendectomy," record this response as follows:

b.	(1) <u>Gallstone removed</u>
	(2) <u>Appendectomy</u>
	(3) _____

2. If the respondent mentions more than three surgeries or operations, enter the first three in 5b and footnote the others.
3. If you are in doubt as to whether to include a response as "surgery or operation," include it and enter all available information in 5b.

Question 6, Name and Address of Hospital

6. What is the name and address of this hospital?	6. Name
	Number and street
	City or County State

A. Objective

Hospitals are classified for analysis according to their specialty by using information from a directory of hospitals. In order to be able to do this, it is necessary to identify each hospital.

B. Instructions

1. It is important to obtain the full and complete name of the hospital.
  - a. Be sure that you have the correct name of the hospital. For example, Frederick County may operate a hospital named "Jeremiah Wilson Memorial Hospital." However, if "Frederick County Hospital" was recorded, it would be impossible to identify the hospital for classification. In cases when you judge that the respondent may have given a local name rather than the official, correct name, ask the respondent if that is the complete name of the hospital or if the hospital is known by any other name.
  - b. When college infirmaries are reported, find out the name of the university or college and whether the respondent is referring to the student health center (clinic) or the college hospital. For example, "infirmery at Montgomery County Jr. College" would be insufficient; whereas, "Montgomery County Student Health Service," or "Johns Hopkins University Hospital," etc., would be the complete and accurate name.
2. The exact street address is not always required, but the name of the street on which the hospital is located is needed to help identify the hospital. If the name of the street is not known, enter "DK." If there is no street name, enter a dash (-). If the city is not known, or if the hospital is not in a city, be sure to enter the county. Always enter the state.
3. Be sure that your entries of the name of the hospital, the street, and the city or county are legible. If the respondent is not sure how to spell any one of the names, spell it phonetically and footnote that it is a phonetic spelling.
4. After asking this question, if the name and address are identical to one recorded in another column, or the respondent says it is the same hospital, enter "Same as HS #\_\_" in the "Name" space in question 6.



4. If you are interviewing in the general area where the hospital is located and have access to a local telephone directory, check it for doubtful hospital names. Also, if the respondent does not know the name of the street on which the hospital is located, check the telephone directory for that whenever possible. However, be alert to the possibility of a hospital having two or more units located in different parts of the town or county.

CHAPTER 13. CONDITION PAGES

A. Overall Objective

On the basis of information obtained on the Condition Page, the condition described by the respondent will be classified using a standardized medical coding system. Analysts can then group the conditions according to type, impact on the population in terms of days in bed, consultation with doctors, and so forth.

B. General Definitions

1. Condition--The respondent's perception of a departure from physical or mental well-being reported as causing limitation of major activity, days of restricted activity, a doctor visit, a hospital stay, or reported in response to the Condition Lists and certain other questions. Included are specific health problems such as a missing extremity or organ, the name of a disease, a symptom, the result of an accident, or some other type of impairment. Also included are vague disorders and health problems not always thought of as "illnesses" such as alcoholism, drug-related problems, senility, depression, anxiety, etc. In general, consider as a condition any response describing a health problem of any kind.

2. Accident--An event causing loss or injury resulting from carelessness or unavoidable causes. Include as accidents such events as "insect stings," "animal bites," "frostbite," etc. Strictly speaking, some injuries may not be "accidental"--for example, injuries from stabbings--however, for purposes of this survey, these are counted as accidents. Also included are poisonings, overdoses of normally non-poisonous substances, and adverse reactions to drugs or other substances, such as a rash from a laundry detergent, hemorrhaging from taking a specific drug, alcohol poisoning, etc.

Do not include as accidents such things as a hangover from drinking, sleeplessness from too much coffee (caffeine), indigestion from over-eating, etc. Also do not include as accidents, the side effects of drugs or medication taken over long periods of time. For example, weakness from a series of chemotherapy treatments.

3. Injury--A condition resulting from an accident as defined above. Include such things as cuts, bruises, burns, sprains, fractures, insect stings, animal bites, and anything else that the respondent considers an injury.

4. Poisoning--Swallowing, drinking, breathing, or coming in contact with a poisonous substance or gas. Poisoning may also occur from an overdose of a substance that is nonpoisonous when taken in normal doses. Exclude conditions which are diseases or illnesses, such as poison ivy, poison oak, ptomaine or food poisoning.

C. General Instructions

1. Complete a Condition Page for each condition recorded in item C2.
2. Complete the Condition Pages for the conditions in the order they are listed in item C2. Fill the first Condition Page for the first condition listed for person 1 and continue consecutively, condition by condition, until a Condition Page has been completed for each condition listed in item C2 for person 1. Then fill a Condition Page for each of person 2's conditions, and so on.

The only time Condition Pages are not filled in the same order as listed in item C2 is when additional conditions are identified in response to particular Condition Page questions. (See the specific instructions for questions 3b, 3f, and 17b.)

3. If more than seven conditions are entered in item C2 for the family, use additional questionnaires. Renumber the Condition Pages in the second questionnaire, changing the preprinted "1" to "8," "2" to "9," etc.
4. Enter in the triangular space to the right of the condition in item C2 the condition number which appears at the beginning of each Condition Page. By doing this when the condition from item C2 is transcribed onto the Condition Page, you can keep track of the Condition Pages filled for each person.
5. When two (or more) conditions for a person are the "same condition," complete only one Condition Page for that condition. Conditions may be considered "the same" only under the following two circumstances:
  - the respondent explicitly states that the conditions are the same;

AND/OR

  - the names of the conditions are identical.

If the procedures for filling item C2 have been followed correctly, there should be no duplicate entries in C2. If an entry in question 3b is identical to the entry in 3b on a previous Condition Page, consider the conditions the same.

Never assume that conditions are the same because they seem alike. For example, do not consider "deformed foot" and "clubfoot" as the same unless the respondent states that they are. Do not probe to determine if two conditions are the same.

If the names are identical and/or the respondent voluntarily states they are the same, follow this procedure:

- a. Do not delete the separate Condition Page entries that you have already made for the conditions. Enter a footnote on each Condition Page stating that the conditions are the same, referring to the conditions by their number: for example, for the first condition enter "same as condition 2," and for the second, "same as condition 1." Do this at the point you discover these are the same.
- b. In most cases a Condition Page will have been filled for the first of the identical conditions. Therefore, you will not need to ask the remaining Condition Page questions for any of the other conditions reported as being "the same." There is one exception to this rule, described in paragraph c below.
- c. Conditions with an entry in the "CL LTR" (Condition List) box in item C2 (source of the condition) require more questions to be asked on the Condition Page than conditions from other sources. If one of the "same" conditions is a "CL LTR" condition, be sure that on one of the Condition Pages for the identical conditions you have asked all the questions appropriate for a "CL LTR" condition. (See instructions for check item K2 on page D13-26.) If the first of the identical conditions has the "CL LTR" box filled in item C2, all of the necessary questions will have been asked. When the condition with "CL LTR" as its source is not the first of the identical conditions, skip to check item K2 on the page for this condition at the point where you learn the conditions are the same. Mark the appropriate box in K2 and ask questions 10 through 12 as required. Then, before leaving this Condition Page, enter a footnote that this condition is the same as a previous condition.
6. In asking questions 5 through 17, use the name of the condition in item 3b. The only exception to this is for the first present effect of a stroke as reported in 3f. For the first present effect of a stroke, use the name of that present effect instead of the entry in 3b for the remainder of the Condition Page.

①

## Item 1 Person Number and Name of Condition

①

PERSON NO. _____	
1. Name of condition	

### Instructions

1. On the "Person number" line, enter the number of the person for which this Condition Page is being filled.
2. Fill item 1 before asking any of the Condition Page questions by transcribing the "Name of condition" exactly as it appears in item C2.
3. Enter the condition number in the triangular space in item C2.

Question 2, When Doctor or Assistant Last Consulted for This Condition

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

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

0 <input type="checkbox"/> Interview week (Reask 2)	5 <input type="checkbox"/> 2 yrs., less than 5 yrs.
1 <input type="checkbox"/> 2-wk. ref. pd.	6 <input type="checkbox"/> 5 yrs. or more
2 <input type="checkbox"/> Over 2 weeks, less than 6 mos.	7 <input type="checkbox"/> Dr. seen, DK when
3 <input type="checkbox"/> 6 mos., less than 1 yr.	8 <input type="checkbox"/> DK if Dr. seen
4 <input type="checkbox"/> 1 yr., less than 2 yrs	9 <input type="checkbox"/> Dr. never seen } (3b)

A. Definitions

1. Doctor--The term "doctor" refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). Medical doctors include general practitioners and all types of specialists, such as ophthalmologists, psychiatrists, pediatricians, gynecologists, internists, etc.
2. Doctor's assistant--Any person who provides health care and who works with or for one or more medical doctors. Nurses, nurse practitioners, paramedics, medics, and physical therapists working with or for a medical doctor(s) are some examples of doctor's assistants. Also include chiropractors, chiropodists, podiatrists, naturopaths, opticians, psychologists, etc., if they work with or for a doctor as defined in paragraph 1 above.

B. Instructions

1. Before asking question 2, refer to the source boxes below the condition in item C2. If there is an entry in the "DV" box and/or the "HS" box for this condition, mark the "2-wk. ref. pd." box in question 2 without asking the question.
2. Do not attempt to reconcile discrepancies between question 2 and item C1 or C2. If the respondent reports that the most recent contact was during the 2-week reference period but no doctor visits or hospitalizations are recorded for this person in item C1, verify the date with the respondent. Also verify the date if there is no entry in the "DV" or "Hosp" box for this condition in item C2. If the date is correct, mark the "2-wk. ref. pd." box in question 2, footnote "date verified," and continue with question 3a. Make no changes to item C1 or C2 and do not attempt to complete a 2-week doctor visit or hospital stay column for the person.
3. When asking question 2 for persons 14 years old and over, insert the name or relationship of the person in place of the "---" in brackets. For children under 14 years old, use the word "anyone" in brackets.
4. Include as "seeing or talking to a doctor or assistant" any doctor visit as defined in B.2 on page D8-1. Also include hospital visits in which the person stayed overnight or longer and include dentists for dental conditions. If the respondent questions the type of doctor, follow the instructions in paragraph 5 below.

5. Do not probe to determine if the health practitioner consulted by the person is a doctor or assistant as defined above. If the respondent specifically questions whether a certain type of health practitioner, such as a chiropractor, is a doctor, probe to determine if this person works with or for a doctor. If the response is "No," reask question 2 excluding this visit. For example, ask, "Besides your visit to the chiropractor, when did you last see or talk to a doctor or assistant about your back trouble?" Otherwise, mark the appropriate box in question 2 without probing and continue with question 3a.
6. There are some conditions which a person might have repeatedly, such as colds, and others which are always present and "flare up" periodically, such as arthritis, hay fever, etc. Apply the following instructions only when the respondent asks to which episode of the condition question 2 refers.
  - a. For short-term conditions which a person may have repeatedly, such as colds, flu, and minor injuries, question 2 refers to the last time the doctor/assistant was consulted about this particular episode. The question does not refer to previous episodes. For example, if the person had seen the doctor about a previous sore throat but not about this sore throat, mark the "Dr. never seen" box.
  - b. For long-term conditions, such as high blood pressure, arteriosclerosis, arthritis, etc., question 2 refers to the last time the doctor/assistant was consulted about the condition, even though the person may not have consulted a doctor/assistant for the most recent flare-up or attack.
7. If the respondent reports the doctor or assistant was consulted during interview week, mark the "Interview week" box and reask question 2 in the following manner: "Not counting the visit you just told me about, when did -- last see or talk to...?" Do not change the original entry. Mark the appropriate box for the new response. The "Interview week" box and any other single box may be marked.
8. Mark box 7, "Dr. seen, DK when," if the respondent says that a doctor or assistant was consulted about the condition but he/she cannot remember or does not know when the visit took place. Before accepting this response, try to help the respondent recall the approximate date by using the calendar and holiday cards in the Flashcard Booklet.
9. Mark box 8, "DK if Dr. seen," if the respondent does not know if a doctor or assistant was seen, or if it cannot be determined whether the health practitioner seen is a doctor or assistant as defined on page D13-5.
10. Mark box 9, "Dr. never seen," if the respondent says that a doctor or assistant was never consulted prior to interview week for this condition.

**Question 3, Description of Condition****A. Objectives**

For purposes of analysis, all illnesses and injuries must be translated into medical codes. Since the HIS coding system provides for over 1,500 different conditions, the description of the conditions must be as complete and detailed as possible. Questions 3a through h and 4 are designed to obtain this needed information.

The best description of a condition is its exact medical title, which respondents are not always able to provide. Therefore, one or more additional kinds of information is needed in order to assign the most exact medical code:

1. The respondent's statement of the cause.
2. A specific description of the kind of trouble.
3. The part of the body affected.
4. The type of tissue affected.
5. The type of tumor, cyst, or growth (obtained in question 4).

**B. Instructions**

1. If any needed information for questions 3b through h has been recorded previously in question 3, it is not necessary to reask the question or to reenter the answer unless otherwise specified. For example, if you entered "3-day measles" in 3b, it is not necessary to ask 3e or to enter this information again.
2. Ask questions 3e through h, as applicable, whenever the words or any form of the words printed above these questions have been entered in 3b through f. For example, ask 3e if the words, "diseased" or "anemic" are entered in 3b; ask 3f if the word "allergic" is entered in 3b through e; ask 3g and h if the word "infected" is entered in 3b through f.



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

1  Yes                      2  No                      3  DK

-----

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

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

1 <input type="checkbox"/> Color Blindness (NC)	2 <input type="checkbox"/> Cancer (3a)
3 <input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy } (5)	4 <input type="checkbox"/> Old age (NC)
	5 <input type="checkbox"/> Other (3c)

### Instructions

1. Read the statement in parentheses, "Earlier you told me about -- (condition)," whenever the "2-wk. ref. pd." box is marked without asking question 2. For example, if you have not asked question 2 because there is a 2-week doctor visit or a hospital stay for this condition in item C2, read the parenthetical statement in order to introduce the specific condition for which you are asking question 3.
2. Ask question 3a no matter how technical or specific the entry in item 1 seems to you.
3. If the answer to 3a is "No" or "DK," or if either box 8 or 9 is marked in question 2 ("DK if Dr. seen," "Dr. never seen"), transcribe the condition name from item 1 to 3b without asking 3b if the entry in item 1 is adequate.
4. If the response to 3a is qualified, such as "No, he just said a Tennis elbow", mark "No" and transcribe the item 1 entry to 3b if the entry is adequate.
5. Refer to Card CP1 in the Flashcard Booklet for examples of inadequate entries for question 3b during the interview and during your edit of this item. Do not transcribe inadequate entries from item 1 to 3b; instead, ask the respondent to describe the condition further, for example, "What's wrong with your nerves?", "Why can't he run?", "In what way is she retarded?"
6. If the respondent says the doctor called the condition by a more technical name but cannot remember the precise term, mark "Yes" in 3a and transcribe the entry from item 1 to 3b. Footnote "DK name."

7. If the response to 3a is "Yes," enter in 3b whatever the respondent tells you the doctor called the condition, using the respondent's own words. If the medical name given by the respondent is unfamiliar to you, ask him/her to spell it for you. If the spelling is not known, record it phonetically. In all cases remember that the entry in question 3b should be as exact and complete as possible.

If the respondent does not know the medical name, knows only the part of the body, or if the answer is vague, for example, "It's my liver," "I can't run," "Something I ate," "Some kind of ailment," do not accept it. Instead, ask the person to describe the condition further, for example, "What's wrong with your liver?", "Why can't you run?", "How does this food affect you?", "What kind of ailment do you have?" An exception to this is a response of "Sinus" which, although describing a part of the body, is acceptable as a condition because of its wide use and understanding.

8. If the response to 3b is "Old age," probe to determine a condition associated with the old age (for example, ask, "Is there any specific condition associated with -- old age?"), and enter the condition in 3b. For example, if, after probing, the respondent reports senility as the condition associated with the old age, enter "Senility" in 3b and continue asking the condition questions for senility. If, after probing, no specific condition is associated with the "Old age" entry in item 1, enter "Old age" in 3b, mark the "Old age" box, and skip to the next condition (NC). "Old age" should be considered only as a "last resort" entry for item 3b.
9. Do not change the entry in 3a even if the response in 3b does not agree with the box marked (see paragraphs 3 through 8 above).
10. If the response to 3b is the name of an operation, ask what condition made the operation necessary. Record this information in 3b even if the person no longer has the condition. Enter the name of the operation in 3b only if there is no condition that can be associated with it, including after effects. Entries such as "infected incision," "post-surgical pain, etc., are adequate only if the name of the operation itself is not known. Footnote "DK name of operation" or "DK condition," as appropriate.
11. If the response to 3b is a reaction to drugs, ask for and record: the reaction; the drug; and the reason for taking the drug (for example, "skin rash--reaction to penicillin--taken for virus"). Do not, however, consider these as multiple conditions.

12. If more than one condition is given in 3b, a separate Condition Page must be completed for each. For example, the entry in item 1 could be "pain in stomach" and the response to 3b, "colitis and diarrhea." After entering both conditions in 3b, enter the second condition, "diarrhea" in item C2 and "3" in the "COND." box as the source of the condition. Finish the remainder of this Condition Page for the first condition, "colitis." Then complete a second Condition Page for the "diarrhea" before completing Condition Pages for any other conditions.

Likewise, if the entry in item 1 was "trouble walking" and the response to 3b was "pain in back and leg," a separate Condition page must be completed for each. Follow the instructions given above. Do NOT confuse these instructions with "present effects." (See D13-15, D13-40.)

13. After entering the condition name in 3b, mark one of the boxes below this space, based on the 3b entry. The remainder of the Condition Page questions will refer to the condition name entered in 3b. (An exception to this rule is for the first present effect of a stroke as listed in item 3f. (See page D13-14.) In this specific case, the remainder of the Condition Page should be filled using the first present effect of the stroke.)
- a. Color blindness--If the condition in 3b is "Color blindness," mark this box and continue with the next condition (NC) or go to the Demographic Background Pages if this is the last condition.
  - b. Cancer--If the condition name in 3b contains the word "cancer," mark this box and go to 3e. Do not mark this box if the word "cancer" is not in 3b, even if you think the condition name is a form of cancer. Do not probe to determine if the condition entered in item 3b is a type of cancer.
  - c. Normal pregnancy, normal delivery, vasectomy--Mark this box only if one of these terms is entered in 3b. Do not mark this box if a complication is recorded along with one of these terms.
  - d. Old age--Mark this box only if "Old age," "Elderly," "Advanced age" or a similar term is entered in both item 1 and 3b. (Do not consider a specific condition to be identical to "old age.") After marking this box, continue with the next condition (NC).
  - e. Other--Mark this box if the entry in 3b is anything other than "color blindness," "cancer," "normal pregnancy," "normal delivery," "vasectomy," or "old age" and continue with 3c.

c. What was the cause of --- (condition in 3b)? (Specify) _____	
-----	
Mark box if accident or injury.	<input type="checkbox"/> Accident/injury (5)
d. Did the (condition in 3b) result from an accident or injury?	
<input type="checkbox"/> Yes (5)	<input type="checkbox"/> No

### Instructions

1. When asking 3c, insert the name of the condition entered in 3b and enter the verbatim response.
2. Mark the "Accident/injury" box above 3d if the condition in 3b meets the definition of "Injury" on page D13-1 or if the cause reported in 3c meets the definition of "Accident" on page D13-1. If it is not obvious that the condition is an injury that resulted from an accident, ask question 3d.
3. If the respondent does not know whether a condition was caused by an accident or cannot recall such an occurrence when an accident is indicated, do not mark a box in 3d but explain the circumstances in a footnote, such as, "Doctor says possibly a blow on head, but respondent cannot recall" and go to 3e.
4. Conditions resulting from heavy lifting, a loud noise, or other similar hazards are considered as accidental only when they are one-time occurrences. For example, a punctured eardrum resulting from a loud explosion would be considered as caused by an accident, but continued exposure to loud noises at work resulting in partial deafness would not be considered as having an accidental cause. For the latter case, mark the "No" box in 3d. Also mark the "No" box in 3d if the cause is repeated heavy lifting, continued strain, etc. A probe may be necessary to determine this.
5. Do not include birth injuries to either the mother or the child as an accident/injury, instead, mark the "No" box in 3d. However, make sure that the injury occurred during the act of delivery, not later. For injuries occurring after birth, mark the "Accident/injury" box or the "Yes" box in 3d. For example, a head injury caused by the use of forceps during delivery is not an "Accident/injury," but a head injury caused by mishandling of the child immediately after delivery is an "Accident/injury."
6. In order to improve the coding process and to enhance the usefulness of the information collected, the circumstances surrounding the event when the response to 3b, 3c, or 3d is an accident or injury are needed. Specifically, "How did the accident happen?" For example, if the response to "What was the cause of your broken arm?" was "It was an accident," record "accident" and then probe by asking "How did the accident happen?" Record the response to the probe in 3c also, such as "Fell down the steps," "Tripped over lawn mower," and so forth. It is very important to record details on all injuries--how it happened and any objects involved in the accident or injury.

a. If the condition in 3b itself is not an injury, but is the result of an accident, probe to determine how that accident happened. For example, the entry in 3b is "Arthritis" and the response to "What was the cause of your arthritis?" was "I broke my leg years ago." Probe by asking "How did you break your leg?" or "What were you doing when you broke your leg?" Then record in 3c both "broken leg" and the response to the probe in sufficient detail to identify exactly what the person was doing and any objects involved.

b. Examples of "How did the accident happen?"

a.

b.

CONDITION 6	PERSON NO. 4	CONDITION 7	PERSON NO. 5
1. Name of condition <u>broken arm</u>		1. Name of condition <u>back trouble</u>	
3a. (Earlier you told me about -- (condition) Did the doctor or assistant call the (condition) by a more technical or specific name? 1 <input type="checkbox"/> Yes      2 <input checked="" type="checkbox"/> No      9 <input type="checkbox"/> DK		3a. (Earlier you told me about -- (condition) Did the doctor or assistant call the (condition) by a more technical or specific name? 1 <input checked="" type="checkbox"/> Yes      2 <input type="checkbox"/> No      9 <input type="checkbox"/> DK	
Ask 3b if "Yes" in 3a otherwise transcribe condition name from item 1 without asking.		Ask 3b if "Yes" in 3a otherwise transcribe condition name from item 1 without asking.	
b. What did he or she call it? <u>broken arm</u> (Specify)		b. What did he or she call it? <u>curvature of spine</u> (Specify)	
1 <input type="checkbox"/> Color Blindness (NC)      2 <input type="checkbox"/> Cancer (3e) 3 <input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy } (5) 4 <input type="checkbox"/> Old age (NC) 8 <input checked="" type="checkbox"/> Other (3c)		1 <input type="checkbox"/> Color Blindness (NC)      2 <input type="checkbox"/> Cancer (3e) 3 <input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy } (5) 4 <input type="checkbox"/> Old age (NC) 8 <input checked="" type="checkbox"/> Other (3c)	
c. What was the cause of -- (condition in 3b)? (Specify) -- <u>accident - fell off horse</u>		c. What was the cause of -- (condition in 3b)? (Specify) -- <u>slipped disc - kicked by Kleet playing ball</u>	
Mark box if accident or injury      0 <input checked="" type="checkbox"/> Accident-injury (5)		Mark box if accident or injury      0 <input type="checkbox"/> Accident-injury (5)	
d. Did the (condition in 3b) result from an accident or injury? 1 <input type="checkbox"/> Yes (5)      2 <input type="checkbox"/> No		d. Did the (condition in 3b) result from an accident or injury? 1 <input checked="" type="checkbox"/> Yes (5)      2 <input type="checkbox"/> No	

c. When recording the cause of the accident, acceptable entries include:

- Cuts from splinters, broken glass, or other sharp objects (name object).
- Falls from porch, down stairs, in bathtub, off curb, etc. (be specific).
- Swallowed or inhaled poisonous substance (name substance, for example, freon gas, overdose of aspirin, smoke).
- Bumped into object or person (be specific).
- Bites and stings from animals or insects (specify).
- Foreign body in eye, windpipe, or other orifice (name object, for example, cinder, bean, coin; describe briefly how it got there).

Cause of Condition (Continued)

- Contact with a hot object, substance or flame (specify).
- Hit by car or other motor vehicle, ran off road, hit another object (tree, another car, person).

We need some indication of the cause of the accident, injury or its resulting condition. It is not necessary to record the response verbatim; unnecessary information may be omitted. Part of body and kind of injury will be obtained in question 17.

Question 3e, Kind of Condition

Ask 3e if the condition name in 3b includes any of the following words:

Allment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bad			Ulcer

e. What kind of (condition in 3b) is it? \_\_\_\_\_ (Specify)

A. Objective

The exact kind of condition the person has is not always clear from the entry in question 3b. For example, "heart trouble," "bad legs," and "stomach disorder" are all general terms which give a specific part or organ of the body but not a specific kind of illness or trouble. Heart trouble might be of several different kinds--angina, coronary, rheumatic, leakage, etc.; stomach trouble could refer to any number of digestive disturbances, such as ulcers, appendicitis, intestinal flu, etc. In question 3e, the respondent is asked to provide more specific information.

B. Instructions

1. Ask 3e only if one or more of the terms listed above the question is entered in 3b. Insert the name of the condition entered in 3b when asking 3e.
2. If the entry in 3b consists of one of the terms in 3e along with a specific, descriptive name such as "sebaceous cyst," "pernicious anemia," "Hodgkins disease," "allergic asthma," etc., it is not necessary to ask question 3e or to reenter the information. If a part of the body or general site is given in 3b with one of the terms in 3e such as "ovarian cyst," "back trouble," "heart attack," "skin growth," be sure to ask question 3e as these entries do not provide the KIND of cyst, attack, etc. (NOTE: As with "sinus" in 3b, "bronchial asthma" is acceptable in 3e.)
3. Use Flashcard CP1 as a guide for determining inadequate entries for this item during the interview and during your edit.

Ask 3f only if allergy or stroke in 3b-e:  
 f. How does the [allergy/stroke] NOW affect ---? (Specify) ↴

---



---

For Stroke, fill remainder of this condition page for the first present effect. Enter in item C2 and complete a separate condition page for each additional present effect.

A. Objective

Allergies and strokes can affect people in many different ways. In order to properly code these conditions, information on how the person is now affected must be obtained.

B. Instructions

1. Ask 3f if "allergy" or "stroke" or any form of these words is entered in 3b, 3c, or 3e. Enter all the present effects of the allergy or stroke mentioned by the respondent (this is an exception to the general rule that it is not necessary to reenter previously recorded information), but do NOT probe for any additional effects. For example, a person with an allergy may be affected by swelling in some part of the body, a rash, hives, itching, sneezing, difficulty breathing, etc. If the respondent says there are no present effects, an entry of "no effects" is acceptable. For example, enter "no effects" if the person is not currently affected by the allergy because he/she is receiving shots or abstaining from something, such as activities, surroundings, etc.
2. For stroke, the present or current manifestations are required, not how the person was affected at the time of the stroke. Present effects might be "nervous tic on left side of face," "entire right leg and arm paralyzed," "speech difficulty," etc. An entry that gives only a part of the body without describing how it is affected is not adequate. The part of the body affected may be recorded in 3f; however, in addition, the ways in which the part of the body is now affected must be recorded here. The part of the body affected may also be recorded in 3g.

If the present effect is vague or ill-defined, such as "can't use," "trouble," "lame," etc., probe to determine a more specific answer. For example, an entry of "left leg impaired" or "leg trouble" does not describe how the leg is impaired or what the trouble is. Is it painful, paralyzed, etc.?

3. For stroke, fill the remainder of this Condition Page for the first present effect entered in 3f. This is an exception to the general rule that Condition Page questions refer to the condition entered in 3b. When entering present effects of a stroke, the first one listed should be the one most closely related to the entry in 3b. For example, if 3b is "speech defect" and the response to 3f is "paralyzed left arm and stammering," list "stammering" first and complete the remainder of this page for it.
4. If more than one present effect of a stroke is given, additional Condition Pages must be filled. Enter each additional present effect (which was not previously recorded) in item C2 with "3" as the source in the "COND." box. For example, a response of "paralyzed arm and weak leg" requires an additional Condition Page. On the other hand, a response of "weak arm and leg" does not require an additional page because there is only one present effect, "weak," even though more than one part of body is mentioned.
5. When filling a Condition Page because of multiple present effects of a stroke reported on a previous Condition Page, do not reask 3f. However, you must transcribe the entry in 3b to 3f. For example, in paragraph 3 above, on the page for "paralyzed left arm," transcribe the entry from 3b to 3f without asking. Be sure, however, to ask all other appropriate parts of question 3.



### Question 3g, Part of Body Affected

Ask 3g if there is an impairment (refer to Card CP2) or any of the following entries in 3b-f:

Abcess	Damage	Paley
Ache (except head or ear)	Growth	Paralysis
Bleeding (except menstrual)	Hemorrhage	Rupture
Blood clot	Infection	Sore(ness)
Boll	Inflammation	Stiff(ness)
Cancer	Neuralgia	Tumor
Cramps (except menstrual)	Neurtle	Ulcer
Cyst	Pain	Varicose veins
		Weak(ness)

g. What part of the body is affected? \_\_\_\_\_  
(Specify)

Show the following detail:

Head..... skull, scalp, face  
 Back/spine/vertebrae..... upper, middle, lower  
 Side..... left or right  
 Ear..... inner or outer; left, right, or both  
 Eye..... left, right, or both  
 Arm..... shoulder, upper, elbow, lower or wrist; left, right, or both  
 Hand..... entire hand or fingers only; left, right, or both  
 Leg..... hip, upper, knee, lower, or ankle; left, right, or both  
 Foot..... entire foot, arch, or toes only; left, right, or both

#### A. Definition

Impairment--consider the following as impairments:

1. Deafness, trouble hearing, or any other ear condition (except earache).
2. Blindness, trouble seeing, or any other eye condition.
3. Missing hand or arm--all or part of.
4. Missing foot or leg--all or part of.
5. Any mention of any part of body listed below 3g (except for headache or earache).

This list of impairments also appears on Card CP2 in the Flashcard Booklet.

#### B. Instructions

1. Ask 3g for each impairment entered in questions 3b through f, except for earache. Also ask 3g for each condition entered in 3b through f which contains any of the terms listed above or below 3g except for headache or earache. For example, if the entry in 3b is "deformed arm," and the entry in 3c is "tumor," ask 3g twice to determine (1) that part of the arm which is deformed, and (2) the exact part of the body affected by the tumor. if you ask 3g for more than one condition, be sure to record both the part of body and the condition it applies to. For example, enter "lower right arm-deformed" and "left shoulder-tumor." Otherwise, it would not be possible to identify which part of the arm is deformed or which entry is affected by the tumor.

In another example, the entry in 3b is "leg trouble," 3c is "DK," and 3e is "pain and stiffness." Again, you would ask 3g twice to determine which leg and what part of the leg is affected by the (1) pain, and (2) stiffness. For example, "Which leg and what part of the leg is affected by the pain?", and "Which leg and what part of the leg is affected by the stiffness?", and enter the response, such as, "Both lower legs-pain" and "Stiffness in entire left leg."

2. If necessary, rephrase question 3g to obtain the needed information; for example, "Does your deafness affect the right, left, or both ears?", "What part of the back is affected?"
3. For impairments as defined previously and for entries containing the specified terms which affect the "head," "back," "spine," "vertebrae," "side," "ear," "eye," "arm," "hand," "leg," or "foot," the entry in question 3g must show the detail specified in the instructions below the question, except for "headache" or "earache." This same detail is not necessary for other parts of the body but may be recorded if provided by the respondent. For example, "left lung," "entire stomach," etc.
  - a. If the part of the body affected is the eye, ear, side, or any part of the arm, hand, leg, or foot, ask whether the right, left, or both are affected. If an entire arm or leg is affected, this must be shown in the entry, for example, "entire right arm." An entry of "arm" or "leg" is not acceptable.
  - b. Entries which are more detailed than those specified are acceptable, for example, "right index finger," "neck."
4. If the part of body has already been entered in the specified detail in a previous part of question 3, it is not necessary to ask question 3g or to reenter the information. For example, 3g may be skipped if an earlier entry in question 3 is "Boil on left wrist," "Inflammation of entire right foot," etc.

3h

### Question 3h, Type of Tissue Affected

3h

Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b-f:

Infection      Sore      Soreness

h. What part of the *(part of body in 3b-g)* is affected by the *(infection/sore/soreness)* — the skin, muscle, bone, or some other part?

*(Specify)* \_\_\_\_\_

#### A. Objective

In order to accurately code conditions involving an "infection," "sore," or "soreness," the type of tissue affected is needed. For example, an "infected finger" could mean an infected bone, infected skin, infected muscle, or it could involve the fingernail.

#### B. Instructions

1. Ask question 3h if any of the words, "infection," "sore," or "soreness" are entered in 3b through f. When asking the question, insert the part of body entered in 3b through g, as appropriate.
2. Do not ask question 3h if the part of body specified in 3b through g is the eye(s), ear(s), or internal organ(s) such as lungs, stomach, tonsils, throat, kidneys, intestines, etc. If you are unsure whether a part of body is an internal organ or not, assume it is not and ask 3h.
3. If the response to 3h is "Don't know," do not probe. Enter "DK" without attempting to define the terms or to classify the response yourself based on previously reported information.

4

### Question 4, Type of Tumor, Cyst, or Growth

4

Ask if there are any of the following entries in 3b-f:		
Tumor	Cyst	Growth
4. Is this [tumor/cyst/growth] malignant or benign?		
1 <input type="checkbox"/> Malignant	2 <input type="checkbox"/> Benign	3 <input type="checkbox"/> DK

#### Instructions

1. If any of the words, "tumor," "cyst," or "growth" are entered in 3b through f, ask question 4.
2. If the respondent is not sure whether the tumor, cyst, or growth is/was malignant or benign, mark the "DK" box without probing.
3. Do not define "malignant" or "benign" for the respondent and do not attempt to classify the response yourself, based on previous information. However, if the term "malignant" or "benign" was previously entered in question 3, mark the appropriate box without asking question 4.

NOTE: The rule stating that it is not necessary to reenter previously recorded information applies only to question 3.

## Question 5. Onset of Condition

5	a. When was -- (condition in 3b/3f) first noticed?	1 <input type="checkbox"/> 2-wk. ref. pd.
	b. When did -- (name of injury in 3b?)	2 <input type="checkbox"/> Over 2 weeks to 3 months
		3 <input type="checkbox"/> Over 3 months to 1 year
		4 <input type="checkbox"/> Over 1 year to 5 years
		5 <input type="checkbox"/> Over 5 years

Ask probes as necessary:  
 (Was it on or since (first date of 2-week ref. period) or was it before that date?)  
 (Was it less than 3 months or more than 3 months ago?)  
 (Was it less than 1 year or more than 1 year ago?)  
 (Was it less than 5 years or more than 5 years ago?)

A. Objective

Question 5 obtains information on the onset of conditions which is used to classify them as "chronic" or "acute." Also, conditions may be analyzed according to how long they were present using the information from this question.

B. Definition

First noticed--When a condition first began to give any trouble, show any symptoms, or was first diagnosed as being present if there were no symptoms or trouble.

C. Instructions

1. There are some conditions which a person might have repeatedly, such as colds, and others which are always present but "flare up" periodically such as arthritis, hay fever, etc. Apply the following instructions only when the respondent asks to which episode of the condition question 5 refers.
  - a. For conditions which affect a person in more serious ways from time to time although they are always present, enter the date the condition was first noticed, not the date of the most recent attack or flare-up. For example, arthritis, lumbago, etc.
  - b. For conditions which are usually of short duration but may recur frequently, such as a cold, flu, virus, headache, etc., the date of onset is the date of the most recent attack prior to interview week (see paragraph 7 below).

2. If several body parts are affected by the same condition, ask question 5 to determine when the condition was first noticed. For example, if the entry in 3f is "weakness in right arm and leg," ask "When was the weakness first noticed?" If the response indicates the leg weakness was noticed 3 years ago and the arm weakness 6 years ago, mark box 5 to indicate when the weakness was first noticed. Do not probe for this information. Use this distinction only if the respondent volunteers additional information.
3. When the condition is the present effect of a stroke or the result of an accident, enter the date the present ill-effects were first noticed. This may or may not be the date the accident or stroke occurred.
4. Ask question 5b only when the condition entered in 3b is an injury. In all other cases ask 5a, including conditions that resulted from an accident but are not injuries, for example, a nervous stomach due to a car accident.
5. If you are completing this Condition Page for the present effect of a stroke, insert the condition name entered in 3f when asking 5a. In all other cases, insert the condition name from 3b when asking 5a. When asking 5b, also refer to the injury in 3b, for example:
  - "When did your husband dislocate his shoulder?"
  - "When did Johnny lacerate his arm?"
  - "When was Mary stung by the hornet?"
6. If the condition is delivery or a complication of delivery, ask 5a in this way, "When was -- delivery?" For a vasectomy, you would ask, "When was -- vasectomy?"
7. If the respondent reports the date as being during interview week, verify this date with the respondent, using the calendar card.  
  
If the date is still during interview week, footnote "Interview week" but do not continue with the remainder of the Condition Page questions for this condition.
8. If the respondent does not know or cannot remember the date, ask one or more of the probes printed below the question until you have enough information to mark a box. Refer the respondent to the calendar card and Flashcard Booklet calendars as necessary. Also use the appropriate probe printed below question 5 if the response falls on one of the cutoff points in the answer categories. For example, if the response to 5a is "1 year ago," ask, "Was it less than 1 year or more than 1 year ago?"

## Check Item K1 through Question 9, Information on Restricted Activity

### Objective

Questions 6 through 9 are designed to obtain information on restricted activity days caused by this particular condition.

(K1)

### Check Item K1

(K1)

<b>K1</b>	Refer to RD and C2.
	1 <input type="checkbox"/> "Yes" in "RD" box AND more than 1 condition in C2 (6) 2 <input type="checkbox"/> Other (K2)

#### A. Objective

Check item K1 instructs you to skip questions 6 through 9 if no restricted activity days were previously reported or if only one condition is entered in item C2 for the person, since this information was previously obtained on the Restricted Activity Page.

#### B. Instructions

When completing this item, refer to the "RD" box in item C1. Mark the first box if the person for whom you are filling this Condition Page has the "Yes" box marked in item "RD" AND has more than one condition entered in item C2. Then continue with question 6. In all other cases, mark the "Other" box and skip to check item K2.

6

### Question 6, Cut Down Days

6

6a. During the 2 weeks outlined in red on that calendar, did ---  
 (condition) cause --- to cut down on the things --- usually does?  
 Yes  No (K2)

---

b. During that period, how many days did --- cut down for more  
 than half of the day?  
 None (K2) \_\_\_\_\_ Days

#### A. Definitions

See pages D7-16 and D7-17 for the definitions of "Things a person usually does" and "Cut-down day."

See pages D7-17 and D7-18 for examples of persons cutting down on their usual activities for more than half of the day.

#### B. Instructions

If you are filling this Condition Page for the present effect of a stroke, insert the present effect entered in 3f (for which you are filling this page) in place of the word "condition" when asking question 6a. Otherwise, insert the name of the condition entered in 3b when asking question 6a.

7

### Question 7, Bed Days

7

7. During those 2 weeks, how many days did --- stay in bed for  
 more than half of the day because of this condition?  
 None \_\_\_\_\_ Days

#### A. Definitions

See page D7-13 for definitions of "Days in bed" and "Bed."

#### B. Instructions

The number of bed days entered in this question cannot be more than the number of cut-down days entered in question 6. Reconcile any inconsistencies with the respondent before making an entry in question 7.



## Question 8, Work-Loss Days

Ask if "Wa/Wb" box marked in C1:  
 8. During those 2 weeks, how many days did -- miss more than half of the day from -- job or business because of this condition?  
 None      \_\_\_\_\_ Days

A. Definitions

See pages D7-4 and D7-5 for the definitions of "Job" and "Business." See page D7-10 for the definition of "Work-loss day."

B. Instructions

1. Ask this question only if the "Wa" or "Wb" box in item C1 is marked for this person.
2. Since very few people work 7 days a week, probe when you receive replies such as, "The whole 2 weeks," or, "All last week." Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from work. If the person actually missed 14 days of work during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the person would have worked all 14 days had the condition not prevented it.
3. This question measures work-loss days only. If the person goes to school in addition to working, record only the days lost from work. Disregard any days lost from school for these persons. These days should have been included in the cut-down days measured in question 6b.
4. The number of work-loss days entered in this question cannot be more than the number of cut-down days entered in question 6b. Reconcile any inconsistencies with the respondent before making an entry in question 8.

## Question 9, School-Loss Days

Ask if age 5-17:

9. During those 2 weeks, how many days did -- miss more than half of the day from school because of this condition?

oo  None

\_\_\_\_\_ Days

A. Definitions

See page D7-11 for the definitions of "School" and "School-loss day."

B. Instructions

1. Ask this question only if the person is 5 to 17 years old.
2. Since school vacation periods differ, ask this question at all times of the year, even during times usually considered school vacation periods.
3. Since few children go to school 7 days a week, probe when you receive replies such as, "The whole 2 weeks," or, "All last week." Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from school. If the child actually missed 14 days from school during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the child would have gone to school all 14 days had the condition not prevented it.
4. This question measures school-loss days only. If a child in the 5 through 17 year age group works instead of, or in addition to going to school, record only the days lost from school. Disregard any days lost from work for this age group. These days should have been included in the cut-down days measured in question 6b.
5. The number of school-loss days in this question cannot be more than the number of cut-down days entered in question 6b. Reconcile any inconsistencies with the respondent before making an entry in question 9.

## Check Item K2 through Question 12, Information on Chronic Conditions

### Objective

Questions 10 through 12 are designed to obtain information on conditions which have one of the Condition Lists as their source. For these conditions, estimates of bed days and hospitalizations are made. Also, it can be determined whether the person still has the condition or whether it is cured or under control.

(K2)

### Check Item K2

(K2)

<b>K2</b>	<input type="checkbox"/> Condition has "CL LTR" in C2 as source (10) <input type="checkbox"/> Condition does not have "CL LTR" in C2 as source (K4)
-----------	--

#### A. Objective

Check item K2 instructs you to ask questions 10 through 12 only for conditions identified on the Condition Lists.

#### B. Instructions

If you are filling a Condition Page for a condition with a CL LTR as a source in C2, mark the first box in K2 even though you may not be asking the questions about that particular condition. For example:

C2 and item 1 - Stroke (with CL LTR as source)

question 3f - paralyzed right arm, drags left leg

K2 - Condition has "CL LTR" in C2 as source

K2 applies to the original C2 entry, not the 3b or 3f entry which you are asking about in the other questions.

In this example, on the page for "drags left leg," you would mark the second box in K2 because the "drags left leg" was entered in C2 with question 3 as the source in the "Cond" box and will not have an entry in the CL LTR box.

Question 10, Number of Bed Days in 12-Month Period

10. About how many days since (12-month date) a year ago, has this condition kept -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)

000  None \_\_\_\_\_ Days

A. Definition

See page D7-13 for the definition of "Days in bed" and "Bed."

B. Instructions

1. "This condition" refers to the entry in 3b or 3f for which you are filling this Condition Page.
2. Read the statement in parentheses, "Include days while an overnight patient in a hospital," if a number is entered in the person's "HOSP." box in item C1. If respondents ask, include days while a person was in a nursing home, sanitarium, or similar place.

Question 11, Hospitalized For This Condition

11. Was -- ever hospitalized for -- (condition in 3b)?

1  Yes                      2  No

A. Definitions

1. Ever--At any time, through last Sunday night, in the person's life. Do not include any time during interview week.
2. Hospitalized--Being a patient in a hospital for one or more nights. Exclude visits to an emergency room or outpatient clinic, even if they occur at night, unless the person was admitted and stayed overnight. Stays in the hospital during which the person does not spend at least one night are not included, even though surgery may have been performed.

B. Instructions

1. Note that the reference period for this question is ever.
2. Insert the name of the condition entered in 3b, unless you are completing this page for the first present effect of a stroke. In this case, insert the name of the condition entered in 3f.

(K3)

## Check Item K3

(K3)

<b>K3</b>	<input type="checkbox"/> Missing extremity or organ (K4)
	<input type="checkbox"/> Other (12)

A. Definition

Missing extremity or organ--The absence of any part of the body or extremity (such as a missing fingertip) or all or part of any body organ (such as removal of gallbladder). Removal of tonsils, adenoids, and/or appendixes should not be included as missing extremities or organs.

B. Instructions

Mark the first box if the condition is a missing extremity or organ and go to check item K4. For all other conditions, mark the second box and continue with question 12.

## Question 12, Condition Still Present

12a. Does --- still have this condition?	
1 <input type="checkbox"/> Yes (K4)	<input type="checkbox"/> No
-----	
b. Is this condition completely cured or is it under control?	
2 <input type="checkbox"/> Cured	4 <input type="checkbox"/> Other (Specify) _____
3 <input type="checkbox"/> Under control (K4)	(K4)
-----	
c. About how long did --- have this condition before it was cured?	
000 <input type="checkbox"/> Less than 1 month	OR Number { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years
-----	
d. Was this condition present at any time during the past 12 months?	
1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No

A. Objective

Question 12 determines whether the condition is still present, cured, or under control, or if it was present during the past 12 months.

B. Definition

"Cured"/"Under control"--These terms are respondent defined.

C. Instructions

1. In 12b, if the respondent indicates that the condition is neither cured nor under control, do not probe. Mark the "Other" box and record the response verbatim.
2. If the respondent asks, question 12c refers to the time period beginning at the time the person noticed something was wrong (or was advised of the condition) and ending at the time when the condition was considered "cured."
3. Consider the condition present during the past 12 months if the person experienced symptoms of the condition since the 12-month date in A1 on the Household Composition Page.

K4

### Check Item K4

K4

<b>K4</b>	<input type="checkbox"/> Not an accident/injury (NC)
	<input type="checkbox"/> First accident/injury for this person (14)
	<input type="checkbox"/> Other (13)

A. Objective

If the condition in 3b was caused by an accident, a series of questions must be asked about that accident. If the condition did not have an accidental cause, then no more questions are asked about the condition.

B. Definition

Injury--Any condition with the "Accident/injury" box marked above 3d or the "Yes" box marked in 3d.

C. Instructions

1. If the "Accident/injury" box is not marked above 3d and if the "No" box is marked in 3d, mark the "Not an accident/injury" box and go to the next Condition Page (NC).
2. If the condition is an injury, review all of the Condition Pages for this person. If this is the first Condition Page with an accidental cause reported in 3d, mark the second box ("First accident/injury for this person"). If there were other injuries on previous Condition Pages for this person, mark the "Other" box.

13. Is this (condition in 3b) the result of the same accident you already told me about?	
<input type="checkbox"/> Yes (Record condition page number where accident questions first completed.)	→ _____ (NC) Page No.
<input type="checkbox"/> No	

A. Objective

If the respondent has already given information about the same accident or injury on a previous Condition Page (for another condition resulting from that accident or injury), there is no need to ask questions 14 through 17 again.

B. Instructions

1. If the condition was caused by the same accident that was reported on a previous Condition Page for this person, mark the "Yes" box in question 13 and enter the number of the page on which the details of this accident were reported (that is, where Condition Page questions 14 through 17 were first filled). For example, if the accident was first described for Condition 1, enter "29" in question 13. Be sure to enter the questionnaire page number, not the condition number.

If more than one questionnaire is used for the family, also indicate which "Book of books" contains this accident. For example, if you are completing Condition 9 for the result of the same accident reported for Condition 7 on page 41 in the first questionnaire, enter "41" on the "Page No. Line" and "Book 1 of 2" in the answer space for question 13.

If there were two or more different accidents reported on previous Condition Pages for the person, be sure to determine which accident caused this condition and record the appropriate page number where the accident was described in questions 14 through 17.

2. If the condition resulted from a different accident than any reported on previous Condition Pages for this person, mark the "No" box in question 13 and complete questions 14 through 17, as appropriate, for this accident.



## Question 14, Where Accident Occurred

<p>14. Where did the accident happen?</p> <p>1 <input type="checkbox"/> At home (inside house)</p> <p>2 <input type="checkbox"/> At home (adjacent premises)</p> <p>3 <input type="checkbox"/> Street and highway (includes roadway and public sidewalk)</p> <p>4 <input type="checkbox"/> Farm</p> <p>5 <input type="checkbox"/> Industrial place (includes premises)</p> <p>6 <input type="checkbox"/> School (includes premises)</p> <p>7 <input type="checkbox"/> Place of recreation and sports, except at school</p> <p>8 <input type="checkbox"/> Other (Specify) <u>7</u></p>
---

A. Objective

Question 14 is asked to determine the physical environment in which the accident occurred. If you receive a place name in response to this question such as Toledo, Ohio, probe to determine the physical surroundings in Toledo where the accident occurred.

B. Definitions

1. At home--Includes not only the person's own home but also any other private home, vacant or occupied, in which the person might have been when he/she was injured, as well as homes being remodeled or undergoing repair. A "home" could be a house, apartment, motor home, houseboat, etc. (Do not consider an accident occurring at a house under construction as occurring "at home." Consider this as an "Industrial place.")
  - a. At home (inside house)--Any room inside the house but not an inside garage. Consider porches, or steps leading directly to porches or entrances, as "inside of house." Falling out of a window or falling off a roof or porch are included as accidents occurring inside the house.
  - b. At home (adjacent premises)--The yard, the driveway, private lanes, patios, gardens or walks to the house, or a garage, whether attached or detached. This also includes the common areas of an apartment building, such as hallways, stairs, elevators, walks, etc. On a farm, the "adjacent premises" include the home premises and garage, but not the barn or other buildings (unless used as a garage), and not the land under cultivation.
2. Street and highway--The entire area between property lines of which any part is open for use of the public as a matter of right or custom. This includes more than just the traveled part of the road. "Street and highway" includes the whole right-of-way. Public sidewalks are part of the street but private driveways, private alleys, and private sidewalks are not considered part of the street.
3. Farm--A farm building or land under cultivation but not the farm home or premises. "Farm" includes a ranch.

4. Industrial place--Examples of industrial places are a factory building, a railway yard, a warehouse, a workshop, a loading platform of a factory or store, etc. Include construction projects (houses, buildings, bridges, new roads, etc.) as well as buildings undergoing remodeling. (Do not classify private homes undergoing remodeling as industrial places, but classify them as "homes.") Other examples of "Industrial places" are logging camps, shipping piers, oil fields, shipyards, sand and gravel pits, canneries, and auto repair garages.
5. School--Either the school buildings or the premises (campus) of the school. Include all types of schools--elementary, high schools, colleges, business schools, etc.
6. Place of recreation and sports--Places designed for sports and recreation, such as a bowling alley, amusement park, baseball field, skating rink, lake, mountain or beach resort, and stadium. Exclude places of recreation and sports located on the premises of an industrial place or school. These should be considered part of the industrial place or school. Also exclude places not designed for recreation or sports, such as a hill used for sledding or a river used for boating or swimming. These fall into the "Other" category.
7. Other--When none of the locations defined above describes where the accident happened, mark the "Other" box. Specify the exact type of place, such as grocery store, restaurant, office building, church, etc. General entries, such as "Armed Forces" are not satisfactory, since a person can be in the Armed Forces and have an accident in any one of several kinds of places.

Also mark the "Other" box if you learn that the accident occurred while the person was temporarily working, visiting, or staying in a motel, hotel, or similar place for temporary lodging. For such entries, also specify whether the accident occurred in the lodging quarters or on adjacent premises (for example, "hotel room," "motel unit," "guest cabin," "motel lobby," "hotel parking garage," etc.). However, if the person was living in the hotel, motel, or similar place at the time of the accident and he/she had no other usual residence, mark one of the "At home" boxes, as appropriate.

Mark box if under 18.		<input type="checkbox"/> Under 18 (16)
15a. Was --- under 18 when the accident happened?		
1	<input type="checkbox"/> Yes (16)	<input type="checkbox"/> No
-----		
b. Was --- in the Armed Forces when the accident happened?		
2	<input type="checkbox"/> Yes (16)	<input type="checkbox"/> No
-----		
c. Was --- at work at --- job or business when the accident happened?		
3	<input type="checkbox"/> Yes	4 <input type="checkbox"/> No

A. Definitions

Refer to the definitions of "job" and "business" on pages D7-4 and D7-5. However, do not restrict these definitions to the past 2 weeks for question 15c since this question refers to the time when the accident happened.

B. Instructions

1. Question 15a refers to the age of the person at the time of the accident. If the person is currently under 18, mark the "Under 18" box without asking question 15a. If responses to previous questions indicate that the person was under 18 when the accident occurred, you may verify this with the respondent and mark the "Yes" box without asking. However, if there is any doubt, ask question 15a.
2. Mark the "Yes" box in 15b for an accident that occurred while the person was in the Armed Forces, regardless of whether he/she was on duty at the time it occurred. For example, mark the "Yes" box for a sailor who was away from his ship when he fell on the ice and broke his leg on a downtown street.
3. In 15c, consider an accident as occurring "at work" if the person was on duty at the time of the accident. Thus, a salesman traveling from town to town would be "at work" if an accident occurred en route between towns, but a person on his way to an office job who had an accident en route would not be considered as having been injured "at work."



17a. At the time of the accident what part of the body was hurt?  
 What kind of injury was it?  
 Anything else?

Part(s) of body *	Kind of Injury

Ask if box 3, 4, or 5 marked in Q. 5:  
 b. What part of the body is affected now?  
 How is -- (part of body) affected?  
 Is -- affected in any other way?

Part(s) of body *	Present effects **

\* Enter part of body in same detail as for 3g.  
 \*\* If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

Instructions

1. Ask the first part of question 17a and record in the space provided the "part(s) of body" which the respondent mentions. Next, ask "What kind of injury was it?", and record in the answer space the kind of injury for each part of the body. Ask, "Anything else?", and record any other "part(s) of body" and "kind of injury" for any other injuries mentioned.
2. The part of the body which was injured must be recorded in the same detail as specified below question 3g.
3. General or vague answers such as "hit," "crushed," "hurt," are not acceptable for "kind of injury" because they do not provide sufficient information on the nature of the injury. The following are examples of adequate and inadequate entries for question 17a.

ADEQUATE

<u>Part(s) of Body</u>	<u>Kind of Injury</u>
Left knee	Fractured
Both upper legs	Bruised
Right eye	Cut
Head <sup>1/</sup>	Concussion
Fingers on left hand	Broken
Lower back	Sprained
Nervous system	Shock

<sup>1/</sup> Part of head is not required for concussion.

INADEQUATE

<u>Part(s) of Body</u>	<u>Kind of Injury</u>
Left leg	Blood clot
Thumb	Jammed
Knee	Crushed
Legs	Mashed
Eye	Hit with ball
Head	Bumped
One arm	Caught in washing machine
Back	Hurt
Eye	Black and blue

4. Do not enter any conditions reported in question 17a in item C2 or enter "17" as an additional source if the condition was previously entered in C2. Conditions should be recorded in item C2 only if they are reported in question 17b. (See paragraph 7, page D13-40.)
5. Ask 17b if box 3, 4, or 5 is marked in question 5. Note that question 17a asks about the nature of the injuries incurred at the time of the accident. Question 17b asks about how those injuries affect the person at the present time.

In 17b, record the same detail as in 3g for the parts of the body which are presently affected. Also, record how that part of body is affected at the present time.

- a. If the present effect has been adequately reported earlier in question 3b, transcribe the entries to 17b from question 3b and ask, "Is -- affected in any other way?", to be sure all additional present effects are picked up. For example, if the entry in 3b is "missing entire right hand," and the "Yes" box is marked in 3d, transcribe the information to 17b as follows: "Entire right hand" in the "Part(s) of body" space and "missing" in the space for "Present effects," then ask if the person is affected in any other way.
- b. When the answer to "How is -- (part of body) affected?" is vague or expressed in terms of a limitation, a more adequate description of the present effects must be obtained. The entry in 3b may provide an adequate description of the present effects. If so, enter that in 17b along with the original response. For example, if the response to 17b is, "He can't bend his left knee all the way," and the entry in 3b is "torn cartilage," enter both the original response and the condition recorded in 3b in 17b. If the response to 17b is not adequate and the condition in 3b does not clarify the present effects, you must probe. A suitable probe would be, "Can you tell me more specifically what is wrong with his knee?" DO NOT accept responses of "leg trouble," "bad back," "hip problem," etc., without further probing. (See also Card CP3.)

- c. It is not necessary that the person be suffering from ill-effects at the time of the interview to report them in 17b. If the person is subject to periodic, recurring attacks of a condition resulting from an old injury, record these effects.

If a person reports ill-effects of an old injury, record them even though they may not "bother" him/her in a literal sense. For example, a person may report a stiff left elbow caused by an old football injury. He may say he has gotten used to it and it never bothers him. "Stiff left elbow" would be considered the present ill-effects of the old injury.

- d. For an injury which happened earlier but has not yet healed, enter the original injury in 17b as the "present effects." For example, if the person fractured his/her right hip 4 months before the interview, the entry "fractured right hip not yet healed" is appropriate in 17b if the fracture has not yet healed. "Slipped disc," "slipped vertebrae," "dislocated disc," "ruptured disc," or "Torn (ruptured) ligament (cartilage)" are also acceptable "present effects."
6. If there is only one present effect in 17b, make no entry in C2. No additional Condition Page is required regardless of whether this is the same as in item 1 or 3b or how many body parts are affected. In the examples below, only one present effect is given. No additional Condition Page is required in these examples even though the present effect given is different in some cases than the condition for which it is reported.

Examples:

6. a.

b.

CONDITION 4 Person No. 2

1. Name of condition **BACK INJURY**

Mark "2=acc. ref. pd." box without asking if "DV" or "MS" in C2 as source.

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

Intermittent (Reason 2)       3 yrs., less than 5 yrs.  
 2-mo. ref. pd.                       5 yrs. or more  
 Over 2 weeks, less than 6 mos.       Dr. seen, OK when  
 6 mos., less than 1 yr.                       OK if Dr. seen } (2b)  
 1 yr., less than 2 yrs.                       Dr. never seen } (2b)

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

Yes       No       OK

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

b. What did he or she call it? Specify

Color Blindness (NC)       Cancer (2a)  
 Normal pregnancy, normal delivery, vasectomy } (3)  
 Otitis (2a)       Other (2a)

c. What was the cause of --- (condition in 3b)? Specify: **3 STEP LADDER**

CONDITION 4 Person No. 2

1. Name of condition **PAIN IN ARM**

Mark "2=acc. ref. pd." box without asking if "DV" or "MS" in C2 as source.

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

Intermittent (Reason 2)       2 yrs., less than 5 yrs.  
 2-mo. ref. pd.                       5 yrs. or more  
 Over 2 weeks, less than 6 mos.       Dr. seen, OK when  
 6 mos., less than 1 yr.                       OK if Dr. seen } (2b)  
 1 yr., less than 2 yrs.                       Dr. never seen } (2b)

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

Yes       No       OK

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

b. What did he or she call it? Specify: **ON BROWN**

Color Blindness (NC)       Cancer (2a)  
 Normal pregnancy, normal delivery, vasectomy } (3)  
 Otitis (2a)       Other (2a)

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

17a. At the time of the accident what part of the body was hurt? What kind of injury was it?

Anything else?

Part(s) of body	Kind of injury
<b>TAIL BONE</b>	<b>BRUISED</b>
<b>ANKLE, LEFT</b>	<b>SPRAINED</b>

Ask if box 3, 4, or 5 marked in Q.5.

b. What part of the body is affected now?

How is --- (part of body) affected?

Is --- affected in any other way?

Part(s) of body	Present effects
<b>LOWER BACK</b>	<b>SLIPPED DISC</b>

\* Enter part of body in same detail as for 2g.  
\*\* If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for C.

17a. At the time of the accident what part of the body was hurt? What kind of injury was it?

Anything else?

Part(s) of body	Kind of injury
<b>UPPER RIGHT ARM</b>	<b>BROKEN</b>

Ask if box 3, 4, or 5 marked in Q.5.

b. What part of the body is affected now?

How is --- (part of body) affected?

Is --- affected in any other way?

Part(s) of body	Present effects
<b>ENTIRE RIGHT ARM</b>	<b>TENDONITIS</b>

\* Enter part of body in same detail as for 2g.  
\*\* If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for C.



Kind of Injury Sustained and Present Effects of Accident (Continued)

6. c.

d.

**CONDITION 4** Person No. 1

1. Name of condition **ARTHRITIS**

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

2. When did (---/anyone) first see or talk to a doctor or assistant about --- (condition)?

<input type="checkbox"/> Interview soon (Answer 2)	<input type="checkbox"/> 1 yr., less than 5 yrs.
<input type="checkbox"/> 1-mo. ref. pd.	<input checked="" type="checkbox"/> 5 yrs. or more
<input type="checkbox"/> Over 2 months, less than 6 mos.	<input type="checkbox"/> Dr. seen, DK when
<input type="checkbox"/> 6 mos., less than 1 yr.	<input type="checkbox"/> DK if Dr. seen
<input type="checkbox"/> 1 yr., less than 2 yrs.	<input type="checkbox"/> Dr. never seen (2b)

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

Yes  No  DK

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

b. What did he or she call it? **ARTHRITIS** Specify

<input type="checkbox"/> Color Blindness (NC)	<input type="checkbox"/> Cancer (2a)
<input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy	<input checked="" type="checkbox"/> Old age (NC)
	<input type="checkbox"/> Other (2a)

c. What was the cause of --- (condition) in (2a)? (Specify)

**HIT BY CAR**

**CONDITION 4** Person No. 1

1. Name of condition **LEG TROUBLE**

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

2. When did (---/anyone) first see or talk to a doctor or assistant about --- (condition)?

<input type="checkbox"/> Interview soon (Answer 2)	<input type="checkbox"/> 1 yr., less than 5 yrs.
<input type="checkbox"/> 1-mo. ref. pd.	<input checked="" type="checkbox"/> 5 yrs. or more
<input type="checkbox"/> Over 2 months, less than 6 mos.	<input type="checkbox"/> Dr. seen, DK when
<input type="checkbox"/> 6 mos., less than 1 yr.	<input type="checkbox"/> DK if Dr. seen
<input type="checkbox"/> 1 yr., less than 2 yrs.	<input type="checkbox"/> Dr. never seen (2b)

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

Yes  No  DK

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

b. What did he or she call it? **DISINAKED KNEE CAP** Specify

<input type="checkbox"/> Color Blindness (NC)	<input type="checkbox"/> Cancer (2a)
<input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy	<input checked="" type="checkbox"/> Old age (NC)
	<input type="checkbox"/> Other (2a)

c. What was the cause of --- (condition) in (2a)? (Specify)

**FOOTBALL**

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part of body*	Kind of injury
<b>LOWER RIGHT ARM</b>	<b>BROKEN</b>
<b>BOTH ENTIRE LEGS</b>	<b>SWOLLEN</b>

Ask if box 3, 4, or 5 marked in Q.3.

b. What part of the body is affected now? How is --- (part of body) affected? Is --- affected in any other way?

Part of body*	Present effects**
<b>FINGERS ON RIGHT HAND</b>	<b>SWOLLEN</b>
<b>LEFT KNEE</b>	<b>SWOLLEN</b>

\* Enter part of body in same detail as for 1a.  
\*\* If multiple present effects, enter in C2 each one that is not the same as 1b or C1 and complete a separate condition page for it.

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part of body*	Kind of injury
<b>RIGHT KNEE</b>	<b>OVEREXTENDED</b>

Ask if box 3, 4, or 5 marked in Q.3.

b. What part of the body is affected now? How is --- (part of body) affected? Is --- affected in any other way?

Part of body*	Present effects**
<b>LOWER BACK</b>	<b>PAIN</b>
<b>RIGHT KNEE</b>	<b>PAIN</b>

\* Enter part of body in same detail as for 1a.  
\*\* If multiple present effects, enter in C2 each one that is not the same as 1b or C1 and complete a separate condition page for it.

7. If there are multiple present effects, an additional Condition Page is required for each one that is not the same as in item 1 or 3b or is not already entered in C2. (See the examples below.) Enter "17" in the "COND." box in C2 for each newly reported condition and for each condition in C2 which is reported again in 17b. (See flow diagram in item 10 below.)

Examples:

- 7. a. Person number 2 has reported a condition of "leg pain" which is a result of an old accident/injury. The reported present effects of the accident/injury are recorded in item 17b as "pain and stiffness" and "pain." Two actions are required on the part of the interviewer:

(1) Enter "17" as source in C2 for "leg pain." No additional page is required for "entire left leg pain" or "lower back pain" since the "pain" is one present effect and is part of the entry in item 1 of this Condition Page.

(2) An additional present effect of "stiffness" has been reported which is not present in items 1 or 3b or in C2. "Entire left leg stiffness" must be recorded in item C2 with "17" as the source in the "COND." box. An additional Condition Page must be filled next for this condition.

**CONDITION 2** Person No. 2

1. Name of condition **LEG PAIN**

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

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

Interview week (Reask 2)       2 yrs., less than 5 yrs.  
 2-wk. ref. pd.                       5 yrs. or more  
 Over 2 weeks, less than 6 mos.       Dr. seen, DK when  
 6 mos., less than 1 yr.               DK if Dr. seen } (3b)  
 1 yr., less than 2 yrs.               Dr. never seen

3a. (Earlier you told me about -- (cond. 1a)) Did the doctor or assistant call the (condition) by a more technical or specific name?

Yes       No       DK

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

b. What did he or she call it? **NEURMS** Specify

Color Blindness (NC)       Cancer (3c)  
 Normal pregnancy, normal delivery, vasectomy } (3)  Other (3c)  
 Old age (NC)

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

**AUTO ACCIDENT - RAN off road**

Accident or injury.  Accident/injury (5)  
 result from an accident or injury?

c. Was [---/anyone] hurt?

Yes

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body*	Kind of injury
<b>LOWER LEFT LEG</b>	<b>BROKEN</b>

Ask if box 3, 4, or 5 marked in 3.5:

b. What part of the body is affected now? How is -- (part of body) affected? Is -- affected in any other way?

Part(s) of body*	Present effects**
<b>ENTIRE LEFT LEG</b>	<b>PAIN AND STIFFNESS</b>
<b>LOWER BACK</b>	<b>PAIN</b>

\* Enter part of body in same detail as for 3g.  
 \*\* If multiple present effects, enter in  each one that is not the same as 3b or C2 and complete a separate condition page for it.

Number	2	WB	No	Number
C2	<b>LEG PAIN</b>			<b>17</b>
LA	<b>7</b>			<b>17</b>
LA	<b>ENTIRE LEFT LEG - STIFFNESS</b>			<b>17</b>
LA				<b>17</b>
LA				<b>17</b>
LA				<b>17</b>

Kind of Injury Sustained and Present Effects of Accident (Continued)

7. b. In this example, while filling a Condition Page for "slipped disc," two present effects of the accident/injury are reported.

(1) The interviewer should record "17" as the source in the "COND." box for "slipped disc" in C2.

(2) "Curvature of spine" should be entered in C2 as an additional condition with "17" as the source in the "COND." box. The next Condition Page filled in this household is for the "curvature of spine" condition.

**CONDITION 2** Person No. 4

1. Name of condition **SLIPPED DISC**

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

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

Interview week (Repeat 2)       2 yrs., less than 5 yrs.  
 2-wk. ref. pd.                       5 yrs. or more  
 Over 2 weeks, less than 6 mos.       Dr. seen, DK when  
 6 mos., less than 1 yr.               DK if Dr. seen } (3b)  
 1 yr., less than 2 yrs.               Dr. never seen

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

Yes       No       DK

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

b. What did he or she call it? **RUPTURED DISC** Specify

Color Blindness (NC)       Cancer (2c)  
 Normal pregnancy, normal delivery, vasectomy } (3)  Old age (NC)  
 Other (2c)

c. What was the cause of --- (condition in 3b)? (Specify): **LIFTING CRATES - CRATE FELL**

Accident or injury.  Accident/injury (5)  
 result from an accident or injury?

c. Was (17/21) ...  
 Yes

17a. At the time of the accident what part of the body was hurt?  
 What kind of injury was it?  
 Anything else?

Part of body*	Kind of injury
<b>BOTH SHOULDER</b>	<b>SCRAPED</b>
<b>SPINE-ENTIRE</b>	<b>DISLOCATED</b>

Ask if box 3, 4, or 5 marked in Q.3:

b. What part of the body is affected now?  
 How is --- (part of body) affected?  
 Is --- affected in any other way?

Part of body*	Present effects**
<b>LOWER BACK</b>	<b>SLIPPED DISC</b>
<b>ENTIRE BACK</b>	<b>CURVATURE OF SPINE</b>

\* Enter part of body in same detail as for 3g.  
 \*\* If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

Number	Wb	No	Number
<b>47</b>			<b>17</b>
			<b>17</b>

Kind of Injury Sustained and Present Effects of Accident (Continued)

7. c. Although the part of body is the same, this accident/injury has two present effects, each of which need a Condition Page filled. After comparing the two reported present effects to the entries in items 1 and 3b and in C2, the interviewer realizes that two additional Condition Pages will need to be filled for these present effects:

(1) Enter "left upper arm shriveled" as a condition in item C2 with "17" as the source in the "COND." box.

(2) Also enter "left upper arm painful" as a condition in item C2 with "17" as the source in the "COND." box.

CONDITION 2		Person No. <u>2</u>
1. Name of condition <b>ARM INJURY</b>		
Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.		
2. When did [---/anyone] last see or talk to a doctor or assistant about --- (condition)?		
<input type="checkbox"/> Interview week (Reask 2)	<input type="checkbox"/> 2 yrs., less than 5 yrs.	
<input checked="" type="checkbox"/> 2-wk. ref. pd.	<input type="checkbox"/> 5 yrs. or more	
<input type="checkbox"/> Over 2 weeks, less than 6 mos.	<input type="checkbox"/> Dr. seen, DK when	
<input type="checkbox"/> 6 mos., less than 1 yr.	<input type="checkbox"/> DK if Dr. seen	} (3b)
<input type="checkbox"/> 1 yr., less than 2 yrs.	<input type="checkbox"/> Dr. never seen	
3a. (Earlier you told me about --- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:		
b. What did he or she call it? <b>SCAR TISSUE ON ARM</b>		
Specify		
<input type="checkbox"/> Color blindness (NC)	<input type="checkbox"/> Cancer (3c)	
<input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy	<input type="checkbox"/> Old age (NC)	
	<input checked="" type="checkbox"/> Other (3c)	
c. What was the cause of --- (condition in 3b)? (Specify)		
<b>SOLDERING STRIP-IRON SLIPPED</b>		
Accident or injury. <input checked="" type="checkbox"/> Accident/injury (5)		
Result from an accident or injury?		

c. Was [17/21]?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?	
Part(s) of body*	Kind of injury
<b>BOTH ENTIRE ARMS</b>	<b>BURNED</b>
<b>BOTH HANDS</b>	<b>ENTIRE BURNED</b>
Ask if box 3, 4, or 5 marked in Q.5:	
b. What part of the body is affected now?	
How is --- (part of body) affected?	
Is --- affected in any other way?	
Part(s) of body*	Present effects**
<b>LEFT UPPER ARM</b>	<b>SHRIVELED AND PAINFUL</b>
* Enter part of body in same detail as for 3g.	
** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.	

Number	2	WB	No	Number
C2				
<b>ARM INJURY</b>				
LA	RA	LB	RB	COND.
<b>4.7</b>	<b>2</b>			
<b>LEFT UPPER ARM SHRIVELED</b>				
<b>LEFT UPPER ARM PAINFUL</b>				
LA	RA	LB	RB	COND.
				<b>17</b>
LA	RA	LB	RB	COND.

- 7. d. The interviewer reviews item 17b and determines that "arthritis" is already entered in 3b and "fused disc" is already the entry in items 1 and C2. No additional Condition Pages are required for these present effects. The interviewer must:

(1) Enter "17" in the "COND." box as a source for the "fused disc" condition.

(2) If "arthritis" is already entered in C2, "17" should be listed as a source in the "COND." box for this condition also. In this example, "arthritis" is not entered in C2; therefore, no other action is required. The interviewer will not enter "arthritis" in C2 if it is not already recorded there.

**CONDITION 2** Person No. 2

1. Name of condition **FUSED DISC**

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

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

0  Interview week (Week 2)      8  2 yrs., less than 5 yrs.  
 1  2-mo. ref. pd.                      9  5 yrs. or more  
 2  Over 2 weeks, less than 6 mos.    7  Dr. seen, DK when  
 3  6 mos., less than 1 yr.            8  DK if Dr. seen } (3b)  
 4  1 yr., less than 2 yrs.            9  Dr. never seen

3a. (Earlier you told me about --- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?  
 1  Yes      2  No      3  DK

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

b. What did he or she call it? **ARTHRITIS** Specify

1  Color Blindness (NC)    2  Cancer (C)  
 3  Normal pregnancy, normal delivery, vasectomy } (3)  
 4  Other (C)

c. What was the cause of --- (condition in 2b)? (Specify)  
**FELL DOWNSTAIRS**

Accident or injury. 8  Accident/injury (5)  
 result from an accident or injury?

c. Was (17/18) ---  
 Yes

17a. At the time of the accident what part of the body was hurt?  
 What kind of injury was it?  
 Anything else?

Part of body*	Kind of injury
<b>MIDDLE BACK</b>	<b>SPRAINED</b>

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now?  
 How is --- (part of body) affected?  
 Is --- affected in any other way?

Part of body*	Present effects**
<b>MIDDLE BACK</b>	<b>ARTHRITIS, FUSED DISC</b>

\* Enter part of body in same detail as for 3g.  
 \*\* If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

Number	1	2	3	4	5	6	7	8	9	COND.	Number
C2										<b>FUSED DISC</b>	<b>2</b>
										<b>17</b>	<b>17</b>

8. If the present effect in 17b is part of another condition previously entered in C2 (for which you have filled or will fill a Condition Page), enter "17" in the "COND." source box, rather than filling a separate page. In order to consider conditions the same, the present effect must be included in the entry in C2.

Examples:

a. Two present effects are reported for the accident/injury causing the listed condition. The interviewer must review items 1 and 3b and C2 to determine what actions must be taken:

**CONDITION 2** Person No. 2

1. Name of condition **HEADACHES**

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

1  Interview work (Rater 2) 9  2 yrs., less than 5 yrs.  
 1  2-wk. ref. pd. 8  5 yrs. or more  
 2  Over 2 weeks, less than 6 mos. 7  Dr. seen, DK when  
 3  6 mos., less than 1 yr. 6  DK if Dr. seen } (3b)  
 4  1 yr., less than 2 yrs. 5  Dr. never seen

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

1  Yes 2  No 3  DK

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

4. What did he or she call it? **HEADACHES** Specify

1  Color Blindness (NC) 2  Cancer (C)  
 3  Normal pregnancy, normal delivery, vasectomy } (5) 4  Old age (NC)  
 5  Other (C)

5. What was the cause of --- (condition in 3b)? (Specify) **FELL IN BATHUB**

6. Accident or injury.  Accident/injury (5)  
 result from an accident or injury?

(1) Enter "17" in the "COND." box as the source for "headaches."

(2) Since "stiffness" is already a reported condition, the interviewer enters "17" in the "COND." box as the source for this condition as well. Note that the present effect of "stiff" is equated with the condition of "stiffness." "Pain" and "Painful" is another example of two different words that should be considered the same present effect.

c. Was (17) ...  
 Yes

17a. At the time of the accident what part of the body was hurt?  
 What kind of injury was it?  
 Anything else?

Part(s) of body*	Kind of injury
<b>HEAD</b>	<b>CONCUSSION</b>
<b>LOWER LEFT LEG</b>	<b>SPRAINED</b>

Ask if box 3, 4, or 5 marked in Q.5:  
 b. What part of the body is affected now?  
 How is --- (part of body) affected?  
 Is --- affected in any other way?

Part(s) of body*	Present effects**
<b>ENTIRE HEAD</b>	<b>HEAD ACHES</b>
<b>LOWER LEFT LEG</b>	<b>STIFF</b>

\* Enter part of body in same detail as for 3g.  
 \*\* If multiple present effects, enter in C each one that is not the same as 3b or C and complete a separate condition page for it.

Number  Yes  No Number

C2 **FOOT TROUBLE** 1  
 2  
**HEADACHES** 2  
 4,7  
**STIFFNESS** 3  
 4,7 7

- 8. b. The present effects reported for this accident/injury are "headaches" and "stiff." By reviewing items 1 and 3b and C2, the interviewer determines that two actions must be done:

**CONDITION 2** Person No. 2

1. Name of condition **STIFFNESS**

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

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

Interview week (Reask 2)       2 yrs., less than 5 yrs.  
 2-wk. ref. pd.                       5 yrs. or more  
 Over 2 weeks, less than 6 mos.      ? Dr. seen, DK when  
 6 mos., less than 1 yr.                 DK if Dr. seen } (3b)  
 1 yr., less than 2 yrs.                 Dr. never seen }

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

Yes       No       DK

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

b. What did he or she call it? **STIFF ARM**

Specify

Color Blindness (NC)       Cancer (2c)  
 Normal pregnancy, normal delivery, vesicovag.       Old age (NC)  
 Other (2c)       Other (2c)

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

**RODE BIKE INTO PARKED CAR**

Accident or injury.  Accident/injury (5)  
 result from an accident or injury?

(1) Enter "17" in the "COND." box as the source for the "stiffness" already reported in C2. Note that even though a different part of body is affected, the present effect is all that is considered in this comparison.

(2) The additional present effect of "headaches" is not reported in any of the items for this condition or in C2. The interviewer must enter "headaches" as a condition in item C2 with "17" as the source in the "COND." box.

c. Was (it/they) ...  
 Yes

17a. At the time of the accident what part of the body was hurt?  
 What kind of injury was it?  
 Anything else?

Part(s) of body *	Kind of injury
<b>ENTIRE RIGHT ARM</b>	<b>BRUISED</b>
<b>ENTIRE RIGHT LEG</b>	<b>SCRAPED</b>

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now?  
 How is --- (part of body) affected?  
 Is --- affected in any other way?

Part(s) of body *	Present effects **
<b>WHOLE HEAD</b>	<b>HEADACHES</b>
<b>LOWER LEFT LEG</b>	<b>STIFF</b>

\* Enter part of body in same detail as for 3g.  
 \*\* If multiple present effects, enter in  each one that is not the same as 3b or C2 and complete a separate condition page for it.

Number  Yes  No Number

**FREQUENT COLDS**

4,7,7

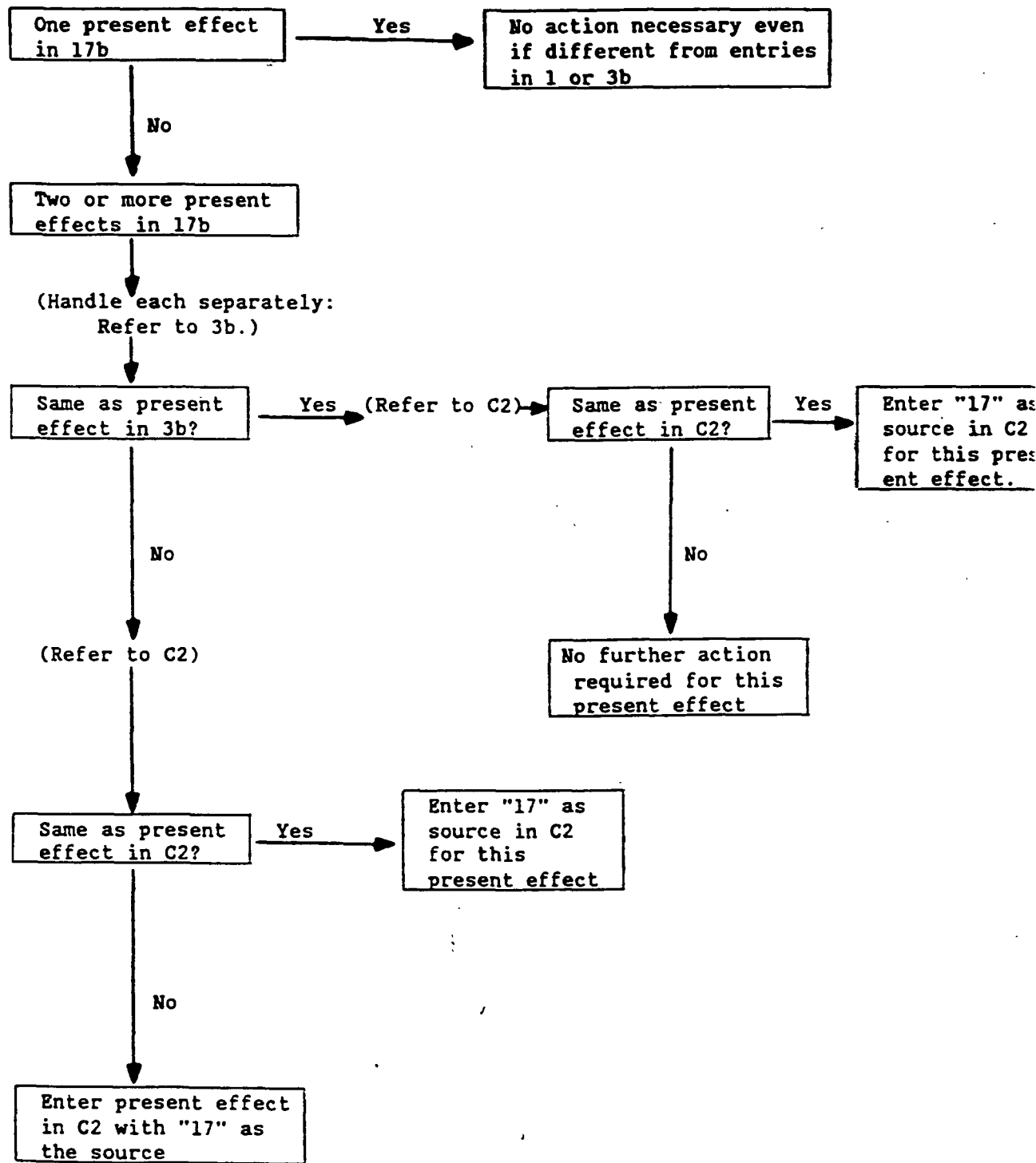
**STIFFNESS**

4,7

**HEADACHES**

17

- 9. Fill a Condition Page for each present effect in the same order as they are listed in 17b before filling Condition Pages for any other conditions listed in C2.
- 10. The following flow diagram summarizes the procedures to be used when reviewing 17b to determine if additional Condition Pages should be filled.





CHAPTER 14. DEMOGRAPHIC BACKGROUND PAGE

Overall Objective

The Demographic Background Page contains questions about the demographic characteristics of persons and, when combined with the health data obtained earlier in the questionnaire, will provide statistics on the characteristics of people with health problems, as well as those without health problems. These data will enable analysts to compare the health status and use of health services among the different demographic groups in the country.

(L1)

Check Item L1

(L1)

<b>L1</b>	Refer to age.	<b>L1</b>	<input type="checkbox"/> Under 5 (NP) <input type="checkbox"/> 5-17 (2) <input type="checkbox"/> 18 and over (1)
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Objective

Check item L1 directs you to the proper question depending upon the person's age.

**Question 1, Service in the Armed Forces**

①

①

<p><b>1a. Did -- EVER serve on active duty in the Armed Forces of the United States?</b></p>	<p><b>1a.</b>  <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No (2)</p>								
<p><b>b. When did -- serve?</b></p> <p><i>Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea mark VN.</i></p>	<p><b>b.</b></p> <table border="0"> <tr> <td><input type="checkbox"/> 1 VN</td> <td><input type="checkbox"/> 5 PVN</td> </tr> <tr> <td><input type="checkbox"/> 2 KW</td> <td><input type="checkbox"/> 6 OS</td> </tr> <tr> <td><input type="checkbox"/> 3 WWII</td> <td><input type="checkbox"/> 8 DK</td> </tr> <tr> <td><input type="checkbox"/> 4 WWI</td> <td></td> </tr> </table>	<input type="checkbox"/> 1 VN	<input type="checkbox"/> 5 PVN	<input type="checkbox"/> 2 KW	<input type="checkbox"/> 6 OS	<input type="checkbox"/> 3 WWII	<input type="checkbox"/> 8 DK	<input type="checkbox"/> 4 WWI	
<input type="checkbox"/> 1 VN	<input type="checkbox"/> 5 PVN								
<input type="checkbox"/> 2 KW	<input type="checkbox"/> 6 OS								
<input type="checkbox"/> 3 WWII	<input type="checkbox"/> 8 DK								
<input type="checkbox"/> 4 WWI									
<p><b>c. Was -- EVER an active member of a National Guard or military reserve unit?</b></p>	<p><b>c.</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> 2 No (2)    <input type="checkbox"/> 7 DK (2)</p>								
<p><b>d. Was ALL of -- active duty service related to National Guard or military reserve training?</b></p>	<p><b>d.</b>  <input type="checkbox"/> 1 Yes    <input type="checkbox"/> 3 No    <input type="checkbox"/> 9 DK</p>								

**A. Definition**

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

Do not count as having served in the U.S. Armed Forces: persons working in civilian positions for the Armed Forces; persons serving in the Merchant Marines; persons in the National Guard whose only "active duty" was while "activated" by Gubernatorial order because of a disaster or civil disorder (flood, riot, etc.). Also, do not include persons in the military service of a foreign nation.

**B. Instructions**

1. Question 1a--Mark the "Yes" box in 1a if the person received a medical or disability discharge/release, even if this release came during initial training.
2. Question 1b
  - a. If a person served any time during the four major conflicts of this century (Vietnam era, Korean War, World War II, or World War I), mark the code for the most recent wartime service, regardless of any peacetime service. If the person served in more than one of the major wars, mark the code for the most recent war period; for example, mark "VN" for service in both Vietnam and the Korean War; mark "KW" for service in both the Korean War and World War II; mark "WWII" for service in both the second and first world wars.
  - b. If a person was in a National Guard unit which was activated for a period and later deactivated, disregard the nonactive period and mark the box in 1b corresponding to the period of active duty.

①

## Service in the Armed Forces (Continued)

①

- c. If there is any question as to which box to mark, enter the response verbatim in the answer space of 1b, or as a footnote.
- d. The "OS" code in 1b includes service prior to World War I and periods of time between the war-time categories listed.

3. Question 1c

- a. Entry into the Guard or Reserves may be voluntary (enlisted, joined, signed-up) or it may be as a continued obligation following active duty service. Members may be either "active" or "inactive."
- b. Mark the "Yes" box in 1c for persons who were (or are) "active" Reserve or Guard members; that is, they attended (or attend) regularly scheduled periodic meetings, summer camp, and the like.
- c. Mark the "No" box for persons who were never members of the Reserve or Guard and for persons who were only "inactive" members; that is, they never had to attend regular meetings, summer camp, etc.

4. Question 1d

- a. Mark the "Yes" box if the person's service consisted entirely of National Guard or Reserve duty training; that is, the person was never blanketed into the regular forces by Presidential Order.
- b. Consider the activation of Guard members for civil reasons (flood, earthquake, riot, etc.) by Gubernatorial order as service related to Guard or Reserve "training."

<p>2a. What is the highest grade or year of regular school --- has ever attended?</p>	<p>2a. <input type="checkbox"/> Never attended or kindergarten (NP)</p> <p>Elem: 1 2 3 4 5 6 7 8</p> <p>High: 9 10 11 12</p> <p>College: 1 2 3 4 5 6 +</p>
<p>b. Did --- finish the (number in 2a) [grade/year]?</p>	<p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

A. Definition

Regular school--For this question include regular schooling in graded public, private, or parochial schools, or in colleges, universities, or professional schools, whether day school or night school. Regular schooling is that which advances a person toward an elementary or high school diploma, or a college, university, or professional school degree. Count schooling in other than regular schools only if the credits obtained are acceptable in the regular school system.

Do NOT include:

- Education obtained at vocational schools, business schools or colleges, and other trade and specialized schools unless such schools are part of a regular school system.
- Training received by mail from "correspondence" schools, unless the correspondence course counted toward promotion in a regular school.
- Any kind of "on-the-job" training.
- Adult education classes unless such schooling is being counted for credit in a regular school system. If a person is taking adult education classes but not for credit, he/she should not be regarded as enrolled in a regular school. Adult education courses given in a public school building are part of regular schooling only if their completion can advance a person toward an elementary school certificate, a high school diploma, or college degree.
- Government sponsored training under the Comprehensive Employment and Training Act (CETA) or the Job Training Partnership Act (JTPA). Most of this training more than likely will be courses obtained at private vocational or trade schools or possibly will be in the nature of on-the-job training. In any event, it will not be obtained at a regular school. There may be a few isolated cases where such schooling is given for credit at a regular school; ask to be sure.
- Any type of military basic training.

B. Instructions

1. Determine the specific grade and circle the highest year of school attended in 2a for all persons 5 years old and over.
2. Never Attended Regular School or Attended Kindergarten Only--For persons who have never attended a regular school or for those who have gone (or who are currently going) to kindergarten only, mark the "Never attended or kindergarten" box and go to the next person.
3. 7-Year Elementary System--Some schools have, or used to have, a 7-year elementary course and a 4-year high school course. Circle "7" opposite "Elem" for persons who attended only 7 years in such a system and did not attend high school. Circle "9" to "12," as appropriate, opposite "High" for persons who attended some high school following the 7th grade.

If the respondent says the person completed the 8th grade in such a system, find out whether this was elementary school or the first year of high school. If you are told the person finished the 11th grade, find out whether this was the third or fourth year of high school and circle the appropriate number next to "High."

4. Junior High--If the person's highest grade was in "Junior High," determine the equivalent in elementary grades (1 through 8) or high school grades (9 through 12). Do not assume that junior high grades always consist of "Elem-7" or "Elem-8" or "High-9." In a few systems, junior high starts with "Elem-6" and in some, ends with "High-10."
5. "Post-Graduate" High School--For persons who have attended "post-graduate" high school courses after completing high school, but have not attended college, circle "12" opposite "High."
6. Graduate or Professional School--For persons who have attended more than 4 years of college, or who have attended professional schools (law, medical, dental, etc.) after completion of 4 years of college, circle the number opposite "College" which represents the total number of school years (not calendar years) the person attended college and graduate or professional school. For a person who has attended 6 years or more of college, circle "6+" opposite "College."
7. Credit Year Translation--School years are determined by the number of credits required for completing the requirements for a degree. If necessary, as a general rule of thumb, consider a person as completing one school year for every 24 to 30 credits, regardless of whether the credits are based on quarters or semesters. Do not probe for this information unless the respondent cannot provide a year or grade.

8. Equivalency Tests--For persons who pass a high school equivalency test or finish high school while in the Armed Forces or at any other time, circle "12" opposite "High."
9. Miscellaneous School Systems--Enter the equivalent grade in the regular American school system (8 years of elementary school, 4 years of high school, and 4 years of college) for a person whose formal education was obtained through any of the following methods:
- a. Foreign schools.
  - b. Ungraded schools.
  - c. Night schools or the instruction by tutors (if such instruction was counted toward promotion in the regular school system).
  - d. Level of education measured by "readers"--first reader roughly equivalent to the first grade in elementary school, second reader to the second grade, etc.
  - e. "Normal" or professional schools--In some areas, persons enter "normal" schools after completing nothing above elementary school; elsewhere, after 2 years of high school; in other places, after 4 years of high school or even some college. When the respondent answers in terms of "normal" school, obtain the equivalent in terms of the regular school system.
- Also, persons may attend professional schools (law, medicine, dentistry, etc.) after less than 4 years of college. When the respondent answers in terms of these schools, obtain the equivalent in college years. For nurses, determine the exact grade attended. If training was received in a college, determine the grade attended in college. However, if training was received at a nursing school or hospital training school and did not advance the person towards a regular college degree, determine the grade attended at the last regular school.
10. Skipped or Repeated Grades--For persons who skipped or repeated grades, circle the highest grade attended regardless of the number of years it took.
11. Persons Still in School--For persons still attending regular school, the highest grade attended is the one in which they are now enrolled.
12. Summer Status--For persons who are on summer vacation from school, circle the grade or year they were enrolled in during the previous school year, not the grade or year they will attend in the fall. For persons who are enrolled in summer courses, obtain the year or grade that their course work counts toward.

13. Special Schools--For persons enrolled in special schools (such as schools for the handicapped) attempt to obtain a regular school equivalency from the respondent.
14. Level of School Vs. Years Attended--Circle the appropriate number in 2a according to the equivalent level of school the person attended--not necessarily the number of years attended.

Example 1: the respondent went to night school for 10 years and is still in her sophomore year in college--circle "2" after college, not "6+."

Example 2: the respondent explains that he went to college for 2 years, majoring in math. Then he decided he didn't want to major in math so he switched to economics and is now attending his third year in this subject and has one more year to complete before graduation. Because of this change, he is only considered a "Junior." In this case, circle "3" after college, not "5."

15. Question 2b--For persons who completed only part of the year or grade or failed to "pass" the year or grade, mark the "No" box in 2b. Also mark this box for persons who are currently enrolled in the regular school system.

Hand Card R. Ask first alternative for first person; ask second alternative for other persons.

<p>3a. What is the number of the group or groups which represents -- race? What is -- race?</p> <p>Circle all that apply</p> <p>1 - Aleut, Eskimo, or American Indian      4 - White 2 - Asian or Pacific Islander                5 - Another group not listed - Specify 3 - Black</p>	<p>3a.    1   2   3   4   5   6</p> <p>_____</p> <p>(Specify)</p>
<p>Ask if multiple entries: b. Which of those groups; that is, (entries in 3a) would you say BEST represents -- race?</p>	<p>b.    1   2   3   4   5   6</p> <p>_____</p> <p>(Specify)</p>
<p>c. Mark observed race of respondent(s) only.</p>	<p>c.    1 <input type="checkbox"/> W   2 <input type="checkbox"/> B   3 <input type="checkbox"/> O</p>

A. Objective

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

B. Instructions

1. When asking question 3a for the first person, you must use the first listed wording so the respondent is aware that you are asking for a number to be reported. Question 3a also contains an alternate wording which may be used when asking about the second and remaining family members.
2. Do not suggest an answer or category to the respondent and do not try to explain or define any of the groups. The concept of race does not reflect clear-cut definitions of biological stock or conform to any scientific definition. Rather, it reflects self-identification by the respondent; that is, the race(s) with which the person most closely identifies.
3. Circle all responses given in answer to 3a. If the respondent does not give a number but gives an answer that is exactly the same as one listed, circle the appropriate code. If the answer is not exactly the same as one on the card, circle "5" and write the verbatim response on the "Specify" line.
4. If multiple responses are given in 3a, ask 3b to determine the person's MAIN race. If the respondent cannot answer the first time you ask the question, do NOT reask and do not pursue the matter any further. Enter "DK" in the answer space in that person's column. If the respondent gives more than one category in 3b, enter all responses.
5. Complete 3c for the respondent(s) ONLY. Make no entry in 3c for any family members who did not respond in the interview.



6. Based upon your observation, without regard to the entries in 3a and 3b, mark "W" for White, "B" for Black, and "O" for Other:

White: Includes Spanish origin persons unless they are definitely Black, Indian, or other nonwhite.

Black: Black or Negro.

Other: Race other than White or Black, such as Japanese, Chinese, American Indian, Korean, and Eskimo.

7. Although Armed Forces members living at home are "X'd" out on the Household Composition Page, they are still considered household members and may respond for other related persons in the household. Therefore, mark 3c for each respondent, even though no other information is collected.
8. For persons who are not able to answer the questions for themselves (such as mentally or physically unable and children in a prep or boarding school) and have no relatives living in the household that can answer for them, you may interview someone who is responsible for their care. In such situations, fill 3c in the person's column if the person is present during the interview and the race is observed. If not present, make no entry in 3c. In either case, footnote the circumstances, such as "headmaster responded" or "interviewed friend responsible for person's care."

## Question 4, National Origin or Ancestry

Hand Card O.		4a.	1 <input type="checkbox"/> Yes
4a. Are any of those groups -- national origin or ancestry? (Where did -- ancestors come from?)			2 <input type="checkbox"/> No (NP)
b. Please give me the number of the group. Circle all that apply.		b.	
1 - Puerto Rican	5 - Chicano		1 2 3 4 5 6 7
2 - Cuban	6 - Other Latin American		
3 - Mexican/Mexicano	7 - Other Spanish		
4 - Mexican American			

A. Definitions

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

B. Instructions

1. If the respondent does not understand question 4a, read the probe on the questionnaire: "Where did -- ancestors come from?"
2. Mark the "No" box if the respondent says "No" with or without any explanations or qualifiers.
3. If the resp. does not say "Yes" or "No," but gives a group not specifically listed on the card, probe by repeating question 4a. If the response is still not Yes/No/DK, enter it verbatim in the 4b answer space without marking a box in 4a.
4. If you are given a name or code that is on the card and one that is not on the card, mark "Yes" in 4a and circle the number from the card in 4b. Do not record the other response. For example, if the person says, "I am Mexican and German," mark "Yes" in 4a and circle "3" in 4b, but do not enter "German."
5. If the response to 4a is "Yes," ask 4b and circle the code(s) of the category(ies) selected by the respondent. If the respondent gives you a name which is exactly the same as one on the card, such as "Mexican," circle the appropriate code.
6. For any responses not exactly the same as ones on the card, write in the response verbatim without circling a code.
7. Do not change the entries in 3a or 3b based on information reported in question 4. The purpose of this question is to obtain the respondent's identification of the person's national origin or ancestry. Origin or ancestry is not necessarily related to race. That is, origin and race may be considered as two independent characteristics.
8. If you are questioned as to why we are asking only about Spanish ancestry, say that we collect information on certain cultural groups.

L2	Refer to "Age" and "Wa/Wb" boxes in C1.	L2	<input type="checkbox"/> Under 18 (NP) <input type="checkbox"/> Wa box marked (5a) <input type="checkbox"/> Wb box marked (5a) <input type="checkbox"/> Neither box marked (5b)
----	---	----	--

A. Objective

To determine the employment status of persons 18 years of age or older, different sets of questions are asked based upon the responses to question 1 on the Restricted Activity Page. Check item L2 distinguishes between: (1) persons who worked during the past 2 weeks (Wa); (2) persons who did not work but had a job or business during the past 2 weeks (Wb); and (3) persons who had no job or business during the past 2 weeks.

B. Instructions

1. For persons under 18 years of age, mark the "Under 18" box and go on to the next person. The employment questions are asked only for persons 18 years of age or older.
2. For persons 18 years of age or older, refer to the "Wa/Wb" boxes in the "WORK" box of item C1.
  - If the "Wa" box was marked (i.e., the person worked during the past 2 weeks), mark the second box in check item L2 and skip to question 6a.
  - If the "Wb" box was marked (i.e., the person did not work during the past 2 weeks, but did have a job or business), mark the third box in check item L2 and ask question 5a next.
  - If neither the "Wa" nor the "Wb" box is marked in C1 (i.e., the person did not work or have a job or business during the past 2 weeks), mark the last box in check item L2 and skip to question 5b.

5a. Earlier you said that -- has a job or business but did not work last week or the week before. Was -- looking for work or on layoff from a job during those 2 weeks?	5a.	1 <input type="checkbox"/> Yes (5c)	2 <input type="checkbox"/> No (5b)
b. Earlier you said that -- didn't have a job or business last week or the week before. Was -- looking for work or on layoff from a job during those 2 weeks?	b.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No (N/P)
c. Which, looking for work or on layoff from a job?	c.	1 <input type="checkbox"/> Looking (6c)	2 <input type="checkbox"/> Layoff (6b)

A. Objective

Persons who had a job or business but did not work at it in the past 2 weeks may have been absent for any number of reasons. Question 5a determines whether the reason the person was absent was a layoff and/or if the person was looking for work. Question 5b determines this same information for persons who did not have a job or business.

B. Definitions

1. Layoff--Waiting to be called back to a job from which a person has been temporarily laid-off or furloughed. Layoffs can be due to slack work, plant retooling or remodeling, inventory taking, and the like. Do not consider a person who was not working because of a labor dispute at his/her own place of employment as being on layoff.

2. Looking for work--Any effort to get a job or to establish a business or profession. A person was looking for work if he/she actually tried to find work during the past 2 weeks. Some examples of looking for work are:

- Registering at a public or private employment office.
- Meeting with or telephoning prospective employers.
- Placing or answering advertisements (NOTE: simply reading want-ads does not qualify as looking for work).
- Writing letters of application.
- Visiting locations where prospective employers pick up temporary help.
- Checking with an Armed Forces Recruiting Office about joining any branch of the military service.

Also, consider persons "on call" at a personnel office, union hiring hall, professional register, etc., as looking for work.

C. Instructions1. Question 5a

- a. Often you may be told that a person was on layoff during the past 2 weeks when you asked question 1b on the Restricted Activity Page. If you remember this response, you may verify it with the respondent and mark "Yes" in question 5a without asking the question. Otherwise, ask question 5a as worded.
- b. If, when asking question 5a, you determine that a person did actually work at some time last week or the week before, do not mark an answer box in 5a. In such cases, correct item C1 and L2. Footnote the reason for the change, both in C1 and L2, for example, "Working in 5a," then go to 6a.
- c. If a person missed work during the past 2 weeks because he/she was on layoff, mark "Yes" in 5a. Also, mark "Yes" in 5a if the person was looking for work in the past 2 weeks, regardless of the reason for not working during that period. If the person missed work during the past 2 weeks for such reasons as vacation, illness, jury duty, labor dispute, etc., and was not looking for work or on layoff from a job, mark "No" in question 5a, skip to question 6b, and record the job the person held but did not work at.

d. Special Situations

- (1) Some establishments, such as automobile or boat manufacturers, go through a retooling operation before the new models come out. Consider persons who did not work in the past 2 weeks for this reason as being on layoff.

In some instances, companies may combine a vacation shutdown with the model changeover. If this is the case, do not consider the person to be on layoff. Likewise, if the person is reported as being on vacation, even though the plant is closed for some reason, do not consider him/her to be on layoff.

- (2) Do not consider school personnel (teachers, administrators, custodians, etc.) who have a definite arrangement, either written or oral, to return to work in the fall, as being on layoff during the summer. For such persons, mark "No" in 5a unless the person was laid off from a summer job or was looking for work.

- (3) Do not consider as on layoff, a person who is on strike, is locked out, or does not wish to cross a picket line, even though he/she is not a member of the group on strike. This applies only when the labor dispute is at the person's place of employment. If a person has been laid off because of a shortage of materials or slack work resulting from a strike in another plant and is not on strike him/herself, mark "Yes" in 5a--this is a layoff.

Example: Consider as "laid off" an automobile factory worker who is laid off due to steel shortage resulting from a steelworkers' strike.

- (4) If it is volunteered that a person is waiting to begin a new job, either civilian or military, within 30 days of the interview, and was not on layoff during the past 2 weeks, mark "Yes" in 5a, "Looking" in 5c, and describe the person's last full-time job or business lasting 2 consecutive weeks or longer in item 6. Footnote 5a, "New job to begin within 30 days."

If, in addition to waiting to begin a new job within 30 days, the person was on layoff during the past 2 weeks, mark "Yes" in 5a, "Both" in 5c, and describe the job from which the person was laid off in item 6. Do not describe the "new" job in 6 but footnote "New job to begin within 30 days."

If it is volunteered that a person is waiting to start a new job which will not begin for 31 or more days from the interview, make no entry in 5a without probing to determine whether the person was temporarily absent or on layoff from a job during the past 2 weeks; then, proceed as follows:

- If the person was temporarily absent or on layoff from a job or was looking for work, reask question 5a excluding the "new" job and mark "Yes" or "No" as appropriate (i.e., layoff and/or looking--"Yes"; temporarily absent--"No").
- If the person was not temporarily absent or on layoff from a job, nor was he/she looking for work, make no entry in 5a. Instead, erase the entry in C1 and correct check item L2 by marking the last box and footnote the reason for the change, both in C1 and L2. Then skip to question 5b and mark "No" without asking.

- (5) If it is volunteered that a person was waiting to begin his/her own new business, professional practice, or farm, find out if the person spent any time during the past 2 weeks making or completing arrangements for the opening and proceed as follows:
- If time was spent making arrangements, consider the person as working. Make no entry in 5a, correct item C1 and check item L2 and footnote the reason for the change, for example, "Working in own business." Then, complete item 6 for the new business, professional practice, or farm.
  - If no time was spent making arrangements during the past 2 weeks, make no entry in 5a, erase the entry in C1 and correct check item L2 by marking the "Neither box marked" box. Footnote the reason for the change both in C1 and L2. Then, ask question 5b without reading the "Earlier you said...", and follow the instructions in 5b based upon the response.
- (6) If you find out that a person does not expect to be called back to work for reasons such as the plant closed down, the job was phased out or abolished, or the person was fired, make no entry in 5a. Instead, erase the entry in C1 and correct check item L2 by marking the last box and footnote the reason for the change. Then reword question 5b as, "Was -- looking for work during those 2 weeks?", and mark the appropriate answer box. If the person was looking for work, mark "Looking" in 5c without asking.
- (7) If a person has more than one job and was absent from both jobs for different reasons, mark "Yes" in 5a if he/she was on layoff from either job or was looking for work regardless of the reason absent from either job.

2. Question 5b

This question is asked only for those persons who were reported as not having a job or business during the past 2 weeks to determine if they may have actually been on layoff or were looking for work. Basically, the same procedures apply to question 5b as 5a.

3. Question 5c

Ask question 5c if "Yes" was answered in either 5a or 5b. If "Looking" is marked in 5c, complete item 6 for the person's last full-time job lasting 2 weeks or longer by asking question 6c. If "Layoff" or "Both" is marked in 5c, complete item 6 for the job from which the person was laid off.

Question 6, Industry, Occupation, and Class of Worker

6a. Earlier you said that -- worked last week or the week before. Ask 6b.

b. For whom did -- work? Enter name of company, business, organization, or other employer.

c. For whom did -- work at -- last full-time job or business lasting 2 consecutive weeks or more? Enter name of company, business, organization, or other employer, or mark "NEV" or "AF" box in person's column.

d. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store. State Labor Department, farm.

If "AF" in 6b/c, mark "AF" box in person's column without asking.

e. What kind of work was -- doing? For example, electrical engineer, stock clerk, typist, farmer.

f. What were -- most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.

Complete from entries in 6b-f. If not clear, ask:

g. Was --

An employee of a PRIVATE company, business or individual for wages, salary, or commission . . . . .	Ⓟ	Self-employed in OWN business, professional practice, or farm?	
A FEDERAL government employee? . . . . .	F	Ask: Is the business incorporated?	
A STATE government employee? . . . . .	S	Yes . . . . .	I
A LOCAL government employee? . . . . .	L	No . . . . .	SE
		Working WITHOUT PAY in family business or farm? . . . . .	WP
		NEVER WORKED or never worked at a full-time job lasting 2 weeks or more . . . . .	NEV

6b. and c. Employer  NEV (6g)  AF (6e)

d. Industry

e. Occupation  AF (6e)

f. Duties

g. Class of worker

1 <input type="checkbox"/> P	5 <input type="checkbox"/> I
2 <input type="checkbox"/> F	6 <input type="checkbox"/> SE
3 <input type="checkbox"/> S	7 <input type="checkbox"/> WP
4 <input type="checkbox"/> L	8 <input type="checkbox"/> NEV

A. Objectives

Questions 6b-g provide a full description of a person's current or most recent job or business. The detail asked for in these questions is necessary to properly and accurately code each occupation and industry. This information can be combined with the various health data collected in the HIS-1 questionnaire to compare the relationships between jobs and health, exposure to hazards, time lost from work, and other variables.

B. Definitions

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



3. FEDERAL Government Employee--Working for any branch of the Federal Government, including persons who were elected to paid federal offices and civilian employees of the Armed Forces and some members of the National Guard. Also include employees of international organizations (e.g., United Nations) and employees of foreign governments such as persons employed by the French Embassy or the British Joint Services Mission. Exclude employees of the American Red Cross, the U.S. Chamber of Commerce, and similar civil and national organizations which are considered as PRIVATE businesses.
4. STATE Government Employee--An employee of a state government, including paid state officials (including statewide JTPA administrators), state police; employees of state universities, colleges, hospitals, and other state institutions; and most full-time employees of the National Guard.
5. LOCAL Government Employee--An employee of cities, towns, counties, and other local areas, including city-owned bus lines; municipally-owned electric power companies, water and sewer services; local JTPA offices; and employees of public elementary and secondary schools.
6. Self-Employed--Persons working for profit or fees in their own business, shop, office, farm, etc. Include persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators, or independent truckers. This does not apply to superintendents, foremen, managers, or other executives hired to manage a business or farm, salesmen working for commission, or officers of corporations. Such persons are considered as employees of PRIVATE companies.
7. Working WITHOUT PAY in a Family Business or Farm--Working on a farm or in a business operated by a related member of the household, without receiving wages or salary for work performed. Room and board and a cash allowance are not considered as pay for these family workers.

C. General Instructions

1. Question 6 provides a full description of a person's job or business. The item is divided into five separate parts, each of which must be filled:

6a--Introduction--This leads persons who worked during the past 2 weeks into this set of questions.

6b/c--Employer--The name of the company, business, organization, government agency, or other employer.

6d--Kind of Business--The type of business or industry at the location where the person was working.

Industry, Occupation, and Class of Worker (Continued)

6e--Kind of Work--The type of work the person was doing. Often stated as a job title.

6f--Occupation--The most important activities or duties associated with the type of work the person was doing.

6g--Class of Worker--Whether the industry and occupation described in 6b/c-f identifies the person as working for:

- A PRIVATE employer (P)
- The FEDERAL Government (F)
- A STATE government (S)
- A LOCAL government (L)
- SELF-EMPLOYED in own business, professional practice, or farm
  - INCORPORATED (I)
  - UNINCORPORATED (SE)
- WITHOUT PAY in a family enterprise (WP)
- Never worked/never worked full-time (NEV)

2. Ask question 6 in the following situations:

- a. For persons who had a job or business in the past 2 weeks, whether they worked at it or not, including persons on layoff.
- b. For all other persons who were looking for work during the past 2 weeks.

- 3. All entries in question 6 must refer to the same job or business and must present a consistent picture since you are describing only one job, business, or profession. When you get an inconsistency, probe to obtain adequate and consistent entries.

Example: A respondent reports

- 6b/c. Joe's Barber Shop
- d. retail jewelry store
- e. barber
- f. selling jewelry
- g. P

This is obviously inconsistent. Correct entries might be:

- |   |        |   |
|---|--------|---|
| <ul style="list-style-type: none"> <li>6b/c. Joe's Barber Shop</li> <li>d. barber shop</li> <li>e. barber</li> <li>f. cutting hair</li> <li>g. P</li> </ul> | } OR { | <ul style="list-style-type: none"> <li>6b/c. Smith's Jewelry Company</li> <li>d. retail jewelry store</li> <li>e. jewelry salesman</li> <li>f. selling jewelry</li> <li>g. P</li> </ul> |
|---|--------|---|

- 4. For persons who worked during the past 2 weeks, describe the job at which they worked.
  - a. If a person worked at more than one job during the past 2 weeks, or operated a farm or business and also worked for someone else, describe the one job at which he/she worked the most hours. If the person worked the same number of hours at all jobs, enter the one job at which he/she has been employed the longest. If the person was employed at all jobs the same length of time, enter the one job which the respondent considers the main job.
  - b. If a person was absent from his/her regular job all of the past 2 weeks, but worked temporarily at another job, describe the job at which the person actually worked, not the job from which he/she was absent.

5. If a person had a job but did not work at all during the past 2 weeks, describe the job he/she held.

If a person usually works at two or more jobs, but during the past 2 weeks did not work at any of them, enter the job at which he/she usually works the most hours. If the person usually works the same number of hours at all jobs, enter the job at which he/she has been employed the longest. If the person was employed at all jobs the same length of time, enter the one job which the respondent considers the main job.

6. For a person on LAYOFF during the past 2 weeks, enter the job from which he/she was laid off, regardless of whether this is a full- or part-time job.
7. For persons LOOKING FOR WORK, enter the last full-time job which lasted 2 consecutive weeks or more. This may have been for wages or salary, in his/her own business, without pay on a family farm or in a family business or in the armed forces. If the person never worked or never worked at a full-time job lasting 2 weeks or more, mark "Never" in 6b/c and in 6g; leave 6d-f blank.
8. For persons who worked or last worked in a foreign country, enter a description of the foreign job or business. Use the same instructions for completing question 6 for foreign jobs as you do for U.S.-held jobs.
9. Consider persons who are working through an employment contractor to be working for the contractor, not the individual employer to whom they are assigned.

Example: For a person assigned a job by "Kelly Girls" as a typist for an insurance firm, the question 6 entries could be:

6b/c. Kelly Girls

d. temporary help employment contractor

e. typist

f. typing

g. P

10. Distinguish between different types of farm workers. The following table gives examples of the proper entries for various types of farm workers; however, the 6g, Class of Worker, entries are the specific entries to be made for the examples.

Kind of Farm Worker	6b/c	6d	6e	6f	6g
a. Person responsible for operation of farm, as owner, tenant, or sharecropper.	own farm or self	farm	farmer or sharecropper	all farm work	SE or I (as appropriate)
b. Person doing general farm work for <u>wages</u> .	Martin Farm, Inc. or father's farm	farm	farm hand	runs a tractor	P
c. Household relative of farmer doing work on the family farm <u>without pay</u> .	Oliver's Acres or family farm	farm	farm helper	repairing fences	WP
d. Person hired to manage a farm for someone else.	Jones' Plantation	farm	farm manager	keeping records	P
e. Person who goes from farm to farm performing farm operations on a contract basis, using own equipment.	own business	harvesting farm crops	farm service worker	running own combine	SE or I (as appropriate)
f. Person hired to supervise a group of farm hands.	Baker's Farm	farm	farm foreman	supervise farm laborers	P
g. Person hired to do a specific farm job.	Seaview Farm	farm	fruit picker, cotton chopper, etc.	picking fruit, chopping cotton, etc.	P
h. Farm worker on Government-operated farm.	state farm agency	state agric. exper. farm, county farm, etc.	farm manager, farm hand, fruit picker, etc.	keeping records, feeding livestock, picking fruit, etc.	F, S, or L (as appropriate)

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

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

Example: A person may say that he/she works for Local #212 of the plumber's union. However, during the past 2 weeks he/she was working on a new construction project and was paid by Acme Contractors. Therefore, "Acme Contractors" would be the employer, not the union.

6a

## Industry, Occupation, and Class of Worker (Continued)

6a

D. Specific Instructions1. Item 6a--Introduction

Read 6a only for those persons who were reported as having worked at some time in the past 2 weeks.

6b/c

2. Question 6b/c--Employer

6b/c

- a. Ask 6b if the person worked during the past 2 weeks, had a job or business but did not work, or was on layoff from a job. Ask 6c if the person was only looking for work in the past 2 weeks.
- b. Enter the full and exact name of the company, business, government agency, or other employer. Do not use abbreviations unless that is all the respondent can give you for the name of the employer. For persons who work or last worked for employers without company names (such as a farm, dentist's or lawyer's office, etc.), write the name of the owner. For persons who worked for several different employers, like odd-job or domestic workers, day workers, baby-sitters, etc., enter "various persons" in 6b/c.
- c. Government--For employees of a government agency, record the specific organization and indicate whether the organization is Federal (U.S.), state, county, etc. For example, U.S. Treasury Department, STATE highway police, CITY tax office, COUNTY highway commission. It is not sufficient to report merely "U.S. Government," "city government," "police department," etc.  
NOTE: There are some persons who work full-time for the National Guard. These are considered civilian employees of the State and should have item 6 completed the same as any other State employee, regardless of whether or not they normally wear a uniform.
- d. Self-Employed--If the person is self-employed, ask if the place of business or establishment has a name (such as Twin City Barber Shop, Capitol Construction, etc.) and write it in 6b/c. If there is no business name, enter "self-employed," "own business," "family farm," etc.
- e. Mark the "AF" box in 6c for persons whose last full-time job was while serving in any branch of the Armed Forces, skip to 6e and mark the "AF" box without asking the question. Do NOT mark the "AF" box if the person was a civilian employee of any branch of the Armed Forces. These boxes should be marked only for persons whose last full-time job was military service in the Armed Forces. Do not consider the "summer obligation" of military reservists as a job in 6c as it is not a full time job.

f. Although Armed Forces service may be indicated as the last full-time job (6c), it is not considered as "working" for question 1 on the Restricted Activity Page (see 1.b(5) on D7-4) and, therefore, should never be reported as the current job for question 6b. If service in the Armed Forces, including temporary service in the National Guard, is reported in response to question 6b, probe to determine the exact situation and make all necessary corrections.

- (1) If the person served on full-time active duty during all of the past 2 weeks, delete the "Work" entry in C1, mark box 3 in L2, and footnote the reason for the correction. Ask 5b without the "Earlier you said ..." lead-in sentence and follow the appropriate skips based on the response. If question 6c is asked, the Armed Forces service may be reported, if appropriate, as instructed in 2.e above.
- (2) If the person was serving in the National Guard during all of the past 2 weeks, ask, "Was -- blanketed into the regular forces by Presidential Order for -- service during those 2 weeks, or was -- on duty for training or local service?"

- If blanketed in by Presidential Order, follow the same procedures as for full-time active duty service as explained in (1) above.
- If not blanketed in by Presidential Order, ask if the person had a job or business other than the National Guard service during those 2 weeks and, if necessary, correct C1 and L2 accordingly. Report in 6 the job/business from which the person was temporarily absent (6b) or the last full-time job/business (6c), depending upon the situation.

g. If the person never worked or never worked full-time 2 weeks or more, mark "Never" in 6b/c, then skip to 6g and mark "NEV."

6d

3. Question 6d--Kind of Business or Industry

6d

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

service. The words "mine," "manufacturer," "wholesale," "retail," "construction," and "repair service" show the general function. The words "fountain pen," "grocery," "bookstore," "road," and "shoe" indicate the specific function.

- b. Do not use the word "company" in this entry. It does not give useful information. If the respondent reports that he/she works for a metal furniture company, ask, "What does the company do?" If they sell the furniture, ask, "Do they sell to other stores (which would be wholesale) or to individuals (which would be retail)?" In this example, the possible replies would be "metal furniture manufacturer," "furniture wholesaler," or "furniture retailer." Note that, where possible, you should specify for furniture manufacturers the major material used--wood, metal, plastic, etc., but for the selling operation, it is not necessary, since furniture wholesalers and retailers very often sell various types.
- c. Some firms carry on more than one kind of business or industrial activity. If several activities are carried on at the same location, describe only the major activity of the establishment. For example, employees in a retail salesroom located at the factory of a company primarily engaged in the manufacturing of men's clothing should be reported as working in "Men's clothing manufacturing."
- (1) If the different activities are carried on at separate locations, describe the activity at the place where the person works. For example, report a coal mine owned by a large steel manufacturer as "coal mine"; report the separate paint factory of a large chemical manufacturer as "paint manufacturing."
  - (2) A few specified activities, when carried on at separate locations, are exceptions to the above. Record the activity of the parent organization for research laboratories, warehouses, repair shops, and storage garages, when these kinds of establishments exist primarily to serve their own parent organizations rather than the public or other organizations. For example, if a retail department store has a separate warehouse for its own use, the entry for the warehouse employees should be "retail department store" rather than "warehouse."
- d. It is essential to distinguish among manufacturing, wholesale, retail, and service companies. Even though a manufacturing plant sells its products in large lots to other manufacturers, wholesalers, or retailers, report it as a manufacturing company. Use the following as a guide:
- (1) A wholesale establishment buys, rather than makes, products in large quantities for resale to retailers, industrial users, or to other wholesalers.
  - (2) A retailer sells primarily to individual consumers or users but seldom makes products.



- (3) Establishments which render services to individuals and to organizations such as hotels, laundries, cleaning, dyeing shops, advertising agencies, and automobile repair shops are engaged in providing services. Report these as retailers but show the type of services provided, for example, "Retail TV and radio repair."
- e. **Manufacturers' Sales Offices:** Record a separate sales office set up by a manufacturing firm to sell to other business organizations and located away from the factory or headquarters of the firm as "(product) manufacturers' sales office." For example, a St. Louis shoe factory has a sales office in Chicago; "shoe manufacturer's sales office" is the correct entry for workers in the Chicago office.
- f. **Government Organization:** Usually the name of the government agency is adequate, for example, U.S. Census Bureau, Alexandria City Fire Department.
- (1) If the activity of the government agency is absolutely clear, the name of the agency is sufficient. In such cases, enter "Same" in 6d. However, sometimes the names of government agencies are not fully descriptive of their business or activity. A correct entry in 6d for a County Highway Commission might be one or any combination of the following: "county road building," "county road repair," "county contracting for road building (or repair)." For State Liquor Control Board, the correct entry might be "State licensing of liquor sales" or "State liquor retailer."
- (2) If the business or main activity of a government employer is not clear, ask in what part of the organization the person works and then report that activity. For example, for a City Department of Public Works, a correct entry might be one of the following: "city street repair," "city garbage collection," "city sewage disposal," or "city water supply."
- g. **Persons who do not work at one specific location:** Some people's work is done "on the spot" rather than in a specific store, factory, or office. In these cases, report the employer for whom they work in item 6b and the employer's business or industry in 6d. Among those who normally work at different locations at different times are Census interviewers, building painters, and refrigeration mechanics. Their industry entries might be U.S. Census Bureau, building contractor, or refrigeration repair service. For example, a local retail chain is doing remodeling of several stores, one at a time. They have a contract with a building contractor to furnish a small crew each day for the several months needed to do the work. Even though these people report to a retail store each day, they work for the building contractor.

Industry, Occupation, and Class of Worker (Continued)

- h. Business in own home: Some people carry on businesses in their own homes. Report these businesses as if they were carried on in regular stores or shops. For example, dressmaking shop, lending library, retail antique furniture store, insurance agency, piano teaching, boarding house, rest home, boarding children (for a foster home), etc.
- i. Domestic and other private household workers: When the name of a single individual is given as the employer, find out whether the person works at a place of business or in a private home. The proper industry entry for a domestic worker employed in the home of another person is "private home." For a person cleaning a doctor's office which is in the doctor's own home, the proper entry is "doctor's office." This also applies to other types of offices, such as dentists or lawyers.
- j. Persons placed on jobs through union hiring halls or other similar registers often report working for the union. In this situation probe to determine who pays the person--the union or the site employer--and complete item 6 for the one who pays.
- k. Examples of adequate entries for question 6d: The following are examples of inadequate and adequate entries for the kind of business or industry (question 6d). Study them carefully and refer to them periodically to familiarize yourself with the types of entries that are proper and adequate.

Inadequate

Adequate

Agency

Collection agency, advertising agency, real estate agency, employment agency, travel agency, insurance agency.

Aircraft components  
Aircraft parts

Airplane engine parts factory, propeller manufacturing, electronic instruments factory, wholesale aircraft parts, etc.

Auto or automobile components  
Auto or automobile parts

Auto clutch manufacturing, wholesale auto accessories, automobile tire manufacturing, retail sales and installation of mufflers, battery factory, etc.

<u>Inadequate</u>	<u>Adequate</u>
Bakery	Bakery plant (makes and sells to wholesalers, retail stores, restaurants, or home delivery), wholesale bakery (buys from manufacturer and sells to grocers, restaurants, hotels, etc.), retail bakery (sells only on premises to private individuals but may bake its own goods on premises).
Box factory	Paper box factory, wooden box factory, metal box factory.
City or city government	City street repair department, City Board of Health, City Board of Education.
Private club	Golf club, fraternal club, night club, residence club.
Coal company	Coal mine, retail coal yard, wholesale coal yard.
Credit company	Credit rating service, loan service, retail clothing store (sometimes called a credit company).
Dairy	Dairy farm, dairy depot, dairy bar, <u>wholesale</u> dairy products, <u>retail</u> dairy products, dairy products <u>manufacturing</u> .
Discount house Discount store	Retail drug store, retail electrical appliances, retail general merchandise, retail clothing store, etc.
Electrical components manufacturer Electrical parts manufacturer Electronic components manufacturer Electronic parts manufacturer	Electronic tube factory, memory core manufacturing, transistor factory, manufacturer of tape readers, etc.
Engineering company	Engineering consulting firm, general contracting, wholesale heating equipment, construction machinery factory.

<u>Inadequate</u>	<u>Adequate</u>
Express company	Motor freight, railway express agency, railroad car rental (for Union Tank Car Company, etc.), armored car service.
Factory, mill, or plant	Steel rolling mill, hardware factory, aircraft factory, flour mill, hosiery mill, commercial printing plant, cotton textile mill.
Foundry	Iron foundry, brass foundry, aluminum foundry.
Freight company	Motor freight, air freight, railway, water transportation, etc.
Fur company	Fur dressing plant, fur garment factory, retail fur store, wholesale fur store, fur repair shop.
Laundry	Own home laundry (for a person doing laundry for pay in own home), laundering for private family (for a person working in the home of a private family), commercial laundry (for a person working in a steam laundry, hand laundry, or similar establishment).
Lumber company	Sawmill, retail lumber yard, planing mill, logging camp, wholesale lumber, lumber manufacturer.
Manufacturer's agent Manufacturer's representative	Specify product being sold, such as jewelry manufacturer's representative, lumber manufacturer's agent, electric appliance manufacturer's representative, chemical manufacturer's agent, etc.
Mine	Coal mine, gold mine, bauxite mine, iron mine, copper mine, lead mine, marble quarry, sand and gravel pit.

<u>Inadequate</u>	<u>Adequate</u>
Nylon or rayon factory	Nylon or rayon chemical factory (where chemicals are made into fibers); nylon or rayon textile mill (where fibers are made into yarn or woven into cloth); women's nylon hosiery factory (where yarn is made into hosiery); rayon dress manufacturing (where cloth is made into garments).
Office	Dentist's office, physician's office, public stenographer's office.
Oil company Oil industry Oil plant	Oil drilling, petroleum refinery, retail gasoline station, petroleum pipeline, wholesale oil distributor, retail fuel oil.
Packing house	Meat packing plant, fruit cannery, fruit packing shed (wholesale packers and shippers).
Pipeline	Natural gas pipeline, gasoline pipeline, petroleum pipeline, pipeline construction.
Plastic factory	Plastic materials factory (where plastic materials are made), plastic products plant (where articles are actually manufactured from plastic materials).
Public utility	Electric light and power utility, gas utility, telephone company, water supply utility. If the company provides more than one service, specify the services; such as gas <u>and</u> electric utility, electric <u>and</u> water utility.
Railroad car shop	Railroad car factory, diesel railroad repair shop, locomotive manufacturing plant.
Repair shop	Shoe repair shop, radio repair shop, blacksmith shop, welding shop, auto repair shop, machine repair shop.

<u>Inadequate</u>	<u>Adequate</u>
Research	<p>(1) Permanent-press dresses (product of the company for which research is done, when the company or organization does research <u>for its own use</u>), Brandeis University (name of university at which research is done for its own use), St. Elizabeth's Hospital (name of hospital at which medical research is done for its own use).</p> <p>(2) Commercial research (if research is the main service which the company sells, and the research is done <u>under contract</u> to another company).</p> <p>(3) National Geographic, Cancer Association, Brookings Institution (name of the <u>nonprofit</u> organization).</p>
School	City elementary school, private kindergarten, private college, state university. Distinguish between public and private, including parochial, and identify the highest level of instruction provided, such as junior college, senior high school, etc.
Tailor shop	Dry cleaning shop (provides valet service), custom tailor shop (makes clothes to customer's order), men's retail clothing store.
Terminal	Bus terminal, railroad terminal, boat terminal, airport terminal.
Textile mill	Cotton cloth mill, woolen cloth mill, cotton yarn mill, nylon thread mill.
Transportation company	Motor trucking, moving and storage, water transportation, air transportation, airline, taxicab service, subway, elevated railway, railroad, petroleum pipeline, car loading service.

6d

Industry, Occupation, and Class of Worker (Continued)

6d

Inadequate

Adequate

Water company

Water supply irrigation system, water filtration plant.

Well

Oil drilling, oil well, salt well, water well.

6e

6f

6e

6f

4. Questions 6e and 6f--Kind of Work

The answer in question 6e should describe clearly and specifically the kind of work or nature of duties performed by the person. The answer in question 6f should tell you the person's most important activities or duties. Often, the response to question 6f, together with the response to question 6e, will give you the information needed to make the person's occupation description complete, and thus, adequate.

- a. How to ask: Ask question 6e, record the respondent's answer, and then ask question 6f. When the combination of entries in both questions 6e and 6f does not give you an adequate description of the person's occupation, ask additional probing questions until the total combined information adequately describes the person's job.
- b. Examples of combined entries: The following example is provided to help clarify the use of the combined information in 6e and 6f.

<u>Inadequate</u>	<u>Adequate</u>	<u>Adequate</u>
6e - Mechanic	6e - Mechanic	6e - Mechanic, auto body repair
6f - Repairs cars	6f - Fixes dents, replaces fenders, and other repairs to auto bodies	6f - Repairs cars

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

- c. Mark the "AF" box in 6e without asking the question for persons whose last full-time job was military service in the Armed Forces regardless of which branch of the military they served, rank, or military occupation specialty. Do NOT complete items 6f or g for these persons. Do NOT mark the "AF" box for civilian employees of the Armed Forces.

## Industry, Occupation, and Class of Worker (Continued)

- d. Examples of adequate entries for question 6e: The following are examples of inadequate and adequate occupation entries. If the combined entries for questions 6e and 6f provide the kind of information shown in the listing of adequate examples, accept them as being adequate.

<u>Inadequate</u>	<u>Adequate</u>
Accounting Accounting work	Certified public accountant, accountant, accounting machine operator, tax auditor, accounts-payable clerk, etc.
Adjuster	Brake adjuster, machine adjuster, merchandise complaint adjuster, insurance adjuster.
Agent	Freight agent, insurance agent, sales agent, advertising agent, purchasing agent.
Analyst Analyzer	Cement analyst, food analyst, budget analyst, computer-systems analyst, etc.
Caretaker Custodian	Janitor, guard, building superintendent, gardener, groundskeeper, sexton, property clerk, locker attendant.
Claim examiner Claim investigator Claims adjuster Claims analyst Claims authorizer	Unemployment benefits claims taker, insurance adjuster, right-of-way claims agent, merchandise complaint adjuster, etc.
Clerical Clerical work Clerk	Stock clerk, shipping clerk, sales clerk. A person who sells goods in a store is a <u>salesperson</u> or <u>sales clerk</u> --do not report them merely as a clerk.
Data processing	Computer programmer, data typist, keypunch operator, computer operator, coding clerk, card tape converter operator.
Doctor	Physician, dentist, veterinarian, osteopath, chiropractor.
Engineer	Civil engineer, locomotive engineer, mechanical engineer, aeronautical engineer.



<u>Inadequate</u>	<u>Adequate</u>
Entertainer	Singer, dancer, acrobat, musician.
Equipment operator	Road grader operator, bulldozer operator, trencher operator.
Factory worker	Electric motor assembler, forge heater, turret lathe operator, weaver, loom fixer, knitter, stitcher, punch-press operator, spray painter, riveter.
Farmworker	<p><u>Farmer</u>: for the owner, operator, tenant or sharecropper who is self-employed.</p> <p><u>Farm manager</u>: for the person hired to manage a farm for someone else. <u>Farm foreman/forewoman</u>: for the person who supervises a group of farmhands or helpers.</p> <p><u>Farmhand or farm helper</u>: for those who do general farmwork for wages. Fruit picker or cotton chopper are examples of persons who do a particular kind of farmwork.</p> <p>When the place of work is a ranch, indicate specifically rancher, ranch manager, ranch foreman/forewoman and ranch hand or helper, as shown above in the case for similar types of farmworkers.</p>
Firefighter	Locomotive fire stoker, city firefighter (city fire department), stationary fire engineer, fire boss.
Foreman/forewoman	Specify the craft or activity involved: foreman/forewoman carpenter, foreman/forewoman truck driver.
Graphic arts	Illustrator, commercial artist, poster artist, art layout specialist, etc.
Group leader	Group leader on assembly line, harvest crew boss, clerical group leader, labor gang leader, recreation group leader, etc.

<u>Inadequate</u>	<u>Adequate</u>
Heavy equipment operator	Specify the type of equipment, such as: clam-shovel operator, derrick operator, monorail crane operator, dragline operator, Euclid operator.
Helper	Baker's helper, carpenter's helper, janitor's helper.
IBM clerk IBM machine operator IBM operator	IBM card puncher, IBM tabulator, sorting machine operator, proof machine operator, etc.
Interior decorator	Be sure that entries in question 6e differentiate between the interior decorator who plans and designs interiors for homes, hotels, etc., and those who paint, paper-hang, etc.
Investigator	Insurance claim investigator, income tax investigator, financial examiner, detective, social welfare investigator, etc.
Laborer	Sweeper, cleaning person, baggage porter, janitor, stevedore, window washer, car cleaner, section hand, hand trucker.
Layout worker	Pattern-maker, sheet-metal worker, compositor, commercial artist, structural steel worker, boilermaker, draftsman, coppersmith.
Maintenance worker	Groundskeeper, janitor, carpenter, electrician.
Mechanic	Auto engine mechanic, dental mechanic, radio mechanic, airplane structure mechanic, office machine mechanic.
Nun	Specify the type of work done, if possible, as grammar school teacher, housekeeper, art teacher, organist, cook, laundress, registered nurse.

<u>Inadequate</u>	<u>Adequate</u>
Nurse Nursing	Registered nurse, nursemaid, practical nurse, nurse's aide, student nurse, professional nurse.
Office clerk Office work Office worker	Typist, secretary, receptionist, comptometer operator, file clerk, bookkeeper, physician's attendant.
Program analyst	Computer-systems analyst, procedure analyst, vocational director, manufacturing liaison planner, etc.
Program specialist	Program scheduler, data-processing-systems advisor, metal-flow coordinator, etc.
Programmer	Computer programmer, electronics data programmer, radio or TV program director, senior computer programmer, production planner, etc.
Research Research and development Research and testing Research assistant Research associate Research specialist Research work	Specify field of research, as research chemist, research mathematician, research biologist, etc. Also, if associate or assistant, research associate chemist, assistant research physicist, research associate geologist.
Salesperson	Advertising sales, insurance sales, bond sales, canvasser, driver-sales (route-person), fruit peddler, newspaper sales.
Scientist	Specify field, for example, political scientist, physicist, sociologist, home economist, oceanographer, soil scientist, etc.
Specialist	If the word specialist is reported as part of a job title, be sure to include a brief description of the actual duties in question 6f. For example, for a "transportation specialist" the actual duties might be any one of the following: "gives cost estimates of trips," "plans trips or tours," "conducts tours," "schedules trains," or "does economic analyses of transportation industry."

Inadequate

Adequate

Shipping department

What does the worker do? Shipping and receiving clerk, crater, order picker, typist, wraps parcels, etc.

Supervisor

Typing supervisor, chief bookkeeper, steward, kitchen supervisor, buyer, cutting and sewing foreman/forewoman, sales instructor, route foreman/forewoman.

Systems analyst  
Systems specialist

Computer-systems analyst, contract coordinator-manufacturer, production planner, etc.

Teacher

Teacher should report the level of school they teach and the subject. Those below high school who teach many subjects may just report level. College teachers should report title. Following are some illustrations:

<u>Level</u>	<u>Subject</u>
Preschool	-
Kindergarten	-
Elementary	-
Elementary	Music
Junior High	English
High School	Physical Ed.
College	Mathematics professor

Technician

Medical laboratory technician, dental laboratory technician, X-ray technician.

Tester

Cement tester, instrument tester, engine tester, battery tester.

Trucker

Truck driver, trucking contractor, electric trucker, hand trucker.

Works in stock room,  
bakery office, etc.

Names of departments or places of work are unsatisfactory. The entry must specify what the worker does; for example, "shipping clerk" or "truck loader," not "works in shipping department," OR "cost accountant" or "filing clerk," not "works in cost control."

- e. When a person is self-employed, ask the occupation question as worded: "What kind of work was -- doing?" Do not enter "manager" as the occupation unless the person actually spends most of the time in the management of the business. If the person spends most of the time in his/her trade or craft, record that as the occupation, that is, shoe repair, beautician, or carpenter, as the case may be.
- f. Professional, technical, and skilled occupations usually require lengthy periods of training or education which a young person normally cannot achieve. By probing, you may find that the young person is really only a trainee, apprentice, or helper (for example, accountant trainee, electrician trainee, apprentice electrician, electrician's helper).
- g. You may encounter occupations which sound strange to you. Accept such entries if the respondent is sure the title is correct. For example, "sand hog" is the title for a certain worker engaged in the construction of underwater tunnels, and "printer's devil" is sometimes used for an apprentice printer. Where these or any other unusual occupation titles are entered, add a few words of description if the combined entries are not sufficiently clear.
- h. Some special situations:
- (1) Apprentice versus trainee--An apprentice is under written contract during the training period but a trainee may not be. Include both the occupation and the word "apprentice" or "trainee," as the case may be, in the description, for example, "apprentice plumber" or "buyer trainee."
  - (2) Baby-sitter versus boarding children--A baby-sitter usually cares for children in the home of the employer. However, when the children are cared for in the worker's own home, the occupation is "boarding children."
  - (3) Contractor versus skilled worker--A contractor is engaged principally in obtaining building or other contracts and supervising the work. Classify a skilled worker who works with his/her own tools as a carpenter, plasterer, plumber, electrician, and the like, even though he/she hires others to work for him/her.
  - (4) Paid housekeeper versus housemaid--A paid housekeeper employed in a private home for wages has the full responsibility for the management of the household. A housemaid (general housework), hired helper, or kitchen help does not.

- (5) Interior decorator versus painter or paperhanger--An interior decorator designs the decoration plans for an interior of homes, hotels, offices, etc., and supervises the placement of the furniture and other decorations. A house painter or paperhanger only does painting or hangs paper.
- (6) Machinist versus mechanic versus machine operator--A machinist is a skilled craftsman who constructs metal parts, tools, and machines through the use of blueprints, machine and hand tools, and precise measuring instruments. A mechanic inspects, services, repairs, or overhauls machinery. A machine operator operates a factory machine (drill press operator, winder, etc.).
- (7) Secretary versus official secretary--Use the title "secretary" for secretarial work in an office; report a secretary who is an elected or appointed officer of a business, lodge, or other organization as an "official secretary."
- (8) Names of departments or places of work--Occupation entries which give only the name of the department or a place of work are unsatisfactory. Examples of such unsatisfactory entries are "works in warehouse," "works in shipping department," "works in cost control." The occupation entry must tell what the worker does, not what the department does.
- i. Importance of question 6f--The responses to the activity question (6f) are very important for coding purposes. Although the question may seem redundant in some cases, the responses often permit more accurate coding of the occupation. We cannot provide you with a complete list showing when an activity response together with the job title is adequate or when additional probing is necessary. However, we would like to stress the importance of the activity question in providing more detail even though it may not appear to. Here are some examples showing the value of question 6f:

6e - Telephone Co. serviceman	6e - Telephone Co. serviceman
6f - Installs phones in homes	6f - Repairs telephone transmission lines

Each of these examples is an adequate combination of responses. The additional information obtained from question 6f identifies different occupations even though in each example the responses to question 6e are the same. These two telephone company servicemen will be assigned different occupation codes.

6e - Bookkeeping  
6f - Keeping and balancing ledgers

6e - Bookkeeper  
6f - Operates a bookkeeping machine

Again, adequate responses are obtained in each example. On the basis of the detail provided by question 6f, these occupations will be coded in different categories.

These two examples illustrate the importance of the activity question (6f) in obtaining adequate responses even though the question may seem repetitive.

6g

5. Question 6g--Class of Worker

6g

For each person with entries in question 6, other than "Armed Forces," record the class of worker by marking one of the boxes in question 6g. The information given in answer to question 6d will usually be sufficient for identifying "class of worker." If the information previously supplied is not adequate for this purpose, ask additional questions as necessary, for example, "Was he a local government employee?"

When in doubt, use the "Who pays" criterion, that is, record the class of worker category according to who pays the person's wages or salary. For persons paid by check, the employer's name will usually be printed on the check. Although you are NOT to ask to see a check or salary statement, you may ask, "Do you know the name of the employer that is shown on -- salary check?"

- a. If a person has more than one job or business, be sure you mark the box in 6g which applies to the one job or business entered in the previous parts of question 6.
- b. Cautions regarding class-of-worker entries:
  - (1) Corporation employees--Report employees of a corporation as employees of a private employer (except for a few cases of employees of government corporations, such as the Commodity Credit Corporation, who must be properly reported as Federal Government employees). Do not report corporation employees as owning their business even though they may own part or all of the stock of the incorporated business. If a respondent says that a person is self-employed, and you find that the business is incorporated, mark the "I" box.
  - (2) Domestic work in other persons' homes--Report housecleaner, launderer, cook, or cleaning person working in another person's home as working for a private employer.

- (3) Partnerships--Report two or more persons who operate a business in partnership as self-employed in own business. The word "own" is not limited to one person.
- (4) Public utility employees--Although public utilities (such as transportation, communication, electric light and power, gas, water, garbage collection, and sewage disposal facilities) are subject to government regulations, they may be owned by either government or private organizations. Distinguish between government-operated and privately-owned organizations in recording class of worker for public utility employees.
- (5) Work for pay "in kind"--Pay "in kind" includes room, board, supplies, and food, such as eggs or poultry on a farm. This is considered pay except for a member of the family. Report persons who work for pay "in kind" as employees of a private company or individual.
- (6) Work on an odd-job or casual basis--Report work on an odd-job or casual basis as work by an employee for a private company, business, or individual. For example, do not report the baby-sitter employed in other people's households as self-employed.
- (7) Clergymen and nuns--Mark "P" for preachers, ministers, priests, rabbis, and other clergymen except in the following two cases:
- Record clergy working in a civilian government job, such as a prison chaplain, as a government employee--"F," "S," or "L" in question 6g.
- Record clergy not attached to a particular congregation or church organization, who conduct religious services in various places on a fee basis, as self-employed in their own professional practice--"SE" in question 6g.
- Mark "P" for nuns who receive pay in kind.
- (8) Registered and practical nurses--private duty--For nurses who report "private duty" for kind of business, mark "SE."
- (9) PX (Post exchange) employees versus officer's club, N.C.O. club employees, etc.--Record persons working in an officer's club, N.C.O. club, or similar organization which is usually located on a government reservation as "P." Such nonprofit organizations are controlled by private individuals elected by some form of membership.



- (10) Foster parents and child care in own home--Foster parents and other persons who consider themselves as working for profit and who provide childcare facilities in their own homes are furnishing the shelter and meals for certain time periods and are to be considered as operating their own business; mark "SE."
- (11) Boarding house keepers--Record boarding house keepers who consider themselves as working and who perform this work in their own homes as "Own home" for industry with "SE" as class of worker. Record those who do this work for someone else for wages or salary or pay in kind as "boarding house" for industry with "P" for class of worker.
- (12) Sales or merchandise employees--Report persons who own a sales franchise and are responsible for their own merchandise and personnel as "Retail or Wholesale Sales" for industry with "SE" for class of worker. Report persons who do sales work for someone else (such as an Avon or Tupperware representative) as "P" for class of worker. Also for such people, indicate whether they sell door-to-door or use the party plan method.
- (13) Post office and TVA employees--Report persons who work for the Postal Service and Tennessee Valley Authority as Federal employees and mark them as "F."
- (14) Comsat, Amtrak, and Conrail--Comsat, Amtrak, and Conrail are private companies and you should report the employees of these companies as "P."
- (15) Persons who work for public transportation, harbor, airport, housing, etc., Authorities, such as the Chicago Transportation Authority or the New York Port Authority, who got their money from any combination of Federal, state or local funds and user fees, should be reported as "P."
- (16) Persons who work full-time for the National Guard are considered as civilian employees of the State. Mark them as "S" in 6g.
- (17) For persons who have never worked at all or who have never worked at a full-time job or business lasting 2 consecutive weeks or longer, mark "NEV" in 6g. This situation should only occur for persons who were asked question 6c; that is, persons who did not have a job or business in the past 2 weeks and were not on layoff from a job, but were looking for work.

7

## Question 7, Marital Status

7

<p>Mark box if under 14. If "Married" refer to household composition and mark accordingly.</p> <p>7. Is -- now married, widowed, divorced, separated, or has -- never been married?</p>	<p>7.</p> <p>0 <input type="checkbox"/> Under 14</p> <p>1 <input type="checkbox"/> Married -- spouse in HH</p> <p>2 <input type="checkbox"/> Married -- spouse not in HH</p> <p>3 <input type="checkbox"/> Widowed</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Separated</p> <p>6 <input type="checkbox"/> Never married</p>
---	---

Instructions

1. For persons under 14 years old, mark the "Under 14" box even if the person is married, widowed, divorced, or separated.
2. For persons 14 and over, if it is obvious from the relationship entries on the Household Composition Page that two of the household members are husband and wife, mark one of the "Married" boxes without asking the question.
  - a. Mark "Married-spouse in HH" for a married person whose spouse is also listed on the questionnaire as a household member. For example, mark this box for the spouse of an Armed Forces member living at home as well as for a person whose spouse is temporarily absent.
  - b. Mark "Married-spouse not in HH" for a married person who is not legally "separated," as defined below, and whose husband or wife is not a member of the same household. For example, mark this box for the spouse of an Armed Forces member not living at home.
  - c. Include as "Married," persons who state they have a common-law marriage, or who are living together as husband and wife.
3. Separated persons--Accept a respondent's statement that a person is separated. If, however, the respondent raises a question as to the meaning of "separated," explain that the term refers only to married persons who have a legal separation or who have parted because of marital discord.

Classify persons who are separated from their spouse because of the circumstances of their employment, service in the Armed Forces, or similar reasons as "Married-spouse not in HH," not "Separated."

4. Annulled Marriage--Consider a legally annulled marriage as never having taken place. For example, mark "Never married" for persons whose only marriage has been annulled; mark "Divorced" for persons whose first marriage ended in divorce and whose second, and most recent, marriage was annulled. Individuals whose marriage has been annulled only through a religious decree are to be marked according to their legal marital status. Probe for clarification if there is any doubt about whether an annulment was granted through the courts or through religious decree.

8a. Was the total combined FAMILY income during the past 12 months — that is, yours, (read names, including Armed Forces members living at home) more or less than \$20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.

Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.

Read parenthetical phrase if Armed Forces member living at home or if necessary.

b. Of those income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours, (read names, including Armed Forces members living at home))? Include wages, salaries, and other items we just talked about.

Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.

8a.

- 1  \$20,000 or more (Hand Card I)
- 2  Less than \$20,000 (Hand Card J)

b.

- |                               |                               |                                |
|-------------------------------|-------------------------------|--------------------------------|
| 00 <input type="checkbox"/> A | 10 <input type="checkbox"/> K | 20 <input type="checkbox"/> U  |
| 01 <input type="checkbox"/> B | 11 <input type="checkbox"/> L | 21 <input type="checkbox"/> V  |
| 02 <input type="checkbox"/> C | 12 <input type="checkbox"/> M | 22 <input type="checkbox"/> W  |
| 03 <input type="checkbox"/> D | 13 <input type="checkbox"/> N | 23 <input type="checkbox"/> X  |
| 04 <input type="checkbox"/> E | 14 <input type="checkbox"/> O | 24 <input type="checkbox"/> Y  |
| 05 <input type="checkbox"/> F | 15 <input type="checkbox"/> P | 25 <input type="checkbox"/> Z  |
| 06 <input type="checkbox"/> G | 16 <input type="checkbox"/> Q | 26 <input type="checkbox"/> ZZ |
| 07 <input type="checkbox"/> H | 17 <input type="checkbox"/> R |                                |
| 08 <input type="checkbox"/> I | 18 <input type="checkbox"/> S |                                |
| 09 <input type="checkbox"/> J | 19 <input type="checkbox"/> T |                                |

A. Objective

Question 8 is asked because differences in income often indicate differences in the ability to obtain adequate health care or differences in the ability to afford food for adequate diets to prevent diseases, such as malnutrition in children. This question will also enable analysts to determine the relationship of family income and family size in order to identify poverty levels and relate this to other health variables, the utilization of health services, etc.

B. Definition

Family Income--The money income before deducting for taxes, retirement, insurance, union dues, etc. This includes the income of the reference person plus that of all his/her relatives who are currently household members, including Armed Forces members living at home and children.

1. Income includes:

- a. Wages and salaries including tips, commissions, Armed Forces pay and cash bonuses, as well as subsistence allowances.
- b. Net income from unincorporated businesses, professional practices, or farms, or from rental property. ("Net" means after deducting business expenses, but before deducting personal taxes.)
- c. Social Security, or Supplemental Security Income.
- d. Retirement, disability, and survivor pensions.
- e. - Interest and dividends.
- f. Cash public assistance payments (welfare), excluding food stamps.

## Family Income (Continued)

- g. Veteran's payments.
  - h. Unemployment or workmen's compensation.
  - i. Alimony and child support.
  - j. Money regularly received from friends or relatives not living in the household.
  - k. Other periodic money income.
2. Income does NOT include:
- a. Income "in kind," such as the value of room and board, free meals in restaurants, food stamps, free or reduced rent, value of crops produced by a farmer but consumed by his/her family, etc.
  - b. Lump sum payments of any kind, such as insurance payments, inheritances, or retirement.
  - c. Occasional gifts of money from persons not living in the household or any exchange of money between relatives living in the same household.
  - d. Money received from selling one's own house, car, or other personal property.
  - e. Withdrawals of savings from banks, retirement funds, or loans.
  - f. Tax refunds or any other refund or rebate.

C. Instructions

1. Be sure the respondent understands that the income questions are for the past 12 months, not for the last calendar year.
2. Ask question 8a once for a family to obtain the total combined income during the past 12 months for all household members related to the reference person. Be sure to include all family members, as even a child could receive income (savings account interest, AFDC payments, etc.). Do not include the income of unrelated household members as this will be obtained on the questionnaire(s) prepared for each roomer, lodger, or other person not related to the reference person.
3. After recording the response to question 8a, be sure to hand the respondent the appropriate flashcard when asking question 8b.

4. After you ask these questions, give the respondent enough time to prepare an estimate, then mark the appropriate box. When necessary, help the respondent obtain the total by summing the income of several family members or the income from several sources.
5. If the income is reported in terms of a periodic (weekly, monthly, etc.) paycheck, be sure the respondent understands that we are interested in the amount before taxes and other deductions, not the take-home amount. Help compute the yearly total, if necessary.
6. If the respondent is living alone or with no other relatives, include his/her income only.
7. Include the income of an Armed Forces member who is living at home with the family even though we do not record health information about him/her. If he/she is not living at home, include as family income allotments and other money received by the family from this person. In question 8b, always read the phrase in parenthesis if there is an Armed Forces member living at home. Also read this phrase at any other time you feel it is necessary.
8. "Zero" income, break-even, or loss reported--When no one in the family had income or when a "loss" or "broke even" was reported as the total income for the family, mark box "A" in 8b. Before accepting an answer of "No income," be sure the respondent understands all of the categories counted as income.
9. If the respondent is not sure of the income, try to get the best estimate possible. In difficult cases, you may have to help the respondent. Find out who worked during the past 12 months, how much they made a week, etc.; find out who operated a business or farm; or who received any pension, dividends, etc. If the response is still "Don't know," enter "DK" in 8a or 8b, as appropriate, and skip to item R.
10. Read the statement printed on the questionnaire if the respondent refuses to answer the income items or questions the need for our collecting income data. After reading this, reask question 8a or 8b, if necessary. If the respondent still will not answer, enter "Ref." in 8a or b, as appropriate, footnote the reason(s) for refusal, and skip to item R.

R

Item R, Respondent

R

<b>R</b>	a. Mark first appropriate box.	<b>Ra.</b>	<input type="checkbox"/> Under 17 <input type="checkbox"/> Present for all questions <input type="checkbox"/> Present for some questions <input type="checkbox"/> Not present
	b. Enter person number of respondent.	<b>b.</b>	_____ Person number(s) of respondent(s)

A. Objective

Item R is used to identify the respondents and other persons present for all questions up to this point. This information is important to analysts in evaluating and interpreting the data obtained from the survey.

B. Definitions

1. Present--In the same room or within hearing distance.
2. Respondent--A person who provides answers to questions asked.
  - a. Self Respondent--A person who responds to the questions about himself/herself.
  - b. Proxy Respondent--A person who responds to questions about other household members.

C. Instructions

1. Mark the first applicable box in item Ra for each person according to his/her age or presence or absence during the asking of all questions about him/her. Mark "Present for some questions," if the person was present during the asking of at least one question, but was absent for one or more of the questions.
2. For each person, enter in item Rb the person numbers of all respondents for that person. Include the person himself/herself if that is the case (self respondent) as well as all other household members who answered at least one question about the person (proxy respondent). Only enter in Rb the numbers of persons who are eligible respondents (see page D3-2 through D3-4, paragraph C).
3. For persons under 17, mark the "Under 17" box and do not indicate their presence or absence in Ra. Complete item Rb, showing who responded for them, but do not enter the number of the person under 17, even if he/she answered or assisted in answering some of the questions about himself/herself.

(R)

Respondent (Continued)

(R)

An exception to this rule is for persons under 17 who are eligible respondents, as defined on page D3-3, paragraph 2c. In this case, mark the "Under 17" box in Ra, and enter the person's number in Rb if he/she was a respondent. Footnote these situations.

- 4. When an interpreter is involved, consider the person(s) providing the information to the interpreter as the respondent(s). In these cases footnote that an interpreter was involved.

(L3)

Items L3 and L4, Person Number of Parent/Spouse

(L3)

1. Item L3

<b>L3</b>	Enter person number of first parent listed or mark box.	<b>L3</b>	_____ Person number of parent <input type="checkbox"/> None in household
-----------	---	-----------	--

A. Definition

Parent--includes natural, adopted and step parents excludes foster, in-laws and grandparents.

B. Instructions

- 1. Complete according to relationships entered on questionnaire and knowledge gained during the interview. If in doubt, verify with the respondent.
- 2. If both parents are listed on the questionnaire, enter the person number of the first parent listed. For example, if only person 1, father; person 2, mother; and person 3, son are listed, mark "None" for persons 1 and 2 and enter "1" in person 3's column.
- 3. When relationships to the reference person such as father-in-law, grandmother, sister, niece are given be sure to determine if a parent/child situation exists. For example, the sister of the reference person could be the niece's parent.

(L4)

2. Item L4

(L4)

<b>L4</b>	Enter person number of spouse or mark box.	<b>L4</b>	_____ Person number of spouse <input type="checkbox"/> None in household
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Instruction

Enter the person number of the spouse for persons for whom you have marked the "married-spouse in HH" box in question 7. Mark "None" for all other persons.

<b>L5</b>	Refer to age. Complete a separate column for each nondeleted person aged 18 and over.	<b>L5</b> PERSON NUMBER _____ <span style="float: right;">3-4</span>						
<p><i>Read to respondent(s):</i> In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.</p>								
<b>L6</b>	Enter date of birth from question 3 on Household Composition page.	<b>L6</b> Date of birth _____ <span style="float: right;">5-11</span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Date</td> <td style="width: 33%;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Month	Date	Year			
Month	Date	Year						
<p><b>9. In what State or country was --- born?</b>  <i>Print the full name of the State or mark the appropriate box if the person was not born in the United States.</i></p>								
<p><b>9.</b> 99 <input type="checkbox"/> DK <span style="float: right;">12-13</span></p> <p>_____ State</p> <p>01 <input type="checkbox"/> Puerto Rico    05 <input type="checkbox"/> Cuba  02 <input type="checkbox"/> Virgin Islands    06 <input type="checkbox"/> Mexico  03 <input type="checkbox"/> Guam    98 <input type="checkbox"/> All other countries  04 <input type="checkbox"/> Canada</p>								
<b>L7</b>	Print full name, including middle initial, from question 1 on Household Composition page.	<b>L7</b> Last _____ <span style="float: right;">14-33</span> First _____ <span style="float: right;">34-48</span> Middle initial _____ <span style="float: right;">49</span>						
<p><i>Verify for males; ask for females</i></p>								
<p><b>10. What is --- father's LAST name?</b>  <i>Verify spelling. DO NOT write "Same."</i></p>								
<p><b>10.</b> Father's LAST name _____ <span style="float: right;">50-69</span></p>								
<p><i>Read to respondent(s):</i> We also need --- Social Security Number. This information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on --- benefits and no information will be given to any other government or nongovernment agency.</p>								
<p><i>Read if necessary:</i> The Public Health Service Act is title 42, United States Code, section 242k.</p>								
<p><b>11. What is --- Social Security Number?</b></p>								
<p><b>11.</b> 99999999 <input type="checkbox"/> DK <span style="float: right;">70-78</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p>Social Security Number</p> <p>Mark if number obtained from → 1 <input type="checkbox"/> Memory <span style="float: right;">79</span>  2 <input type="checkbox"/> Records</p>								
<b>L8</b>	Mark box to indicate how Social Security number was or was not obtained.	<b>L8</b> 1 <input type="checkbox"/> Self-personal 2 <input type="checkbox"/> Self-telephone 3 <input type="checkbox"/> Proxy-personal 4 <input type="checkbox"/> Proxy-telephone <span style="float: right;">80</span>						

A. Objective

The purpose of this page is to obtain enough information about this person to be able to match certain statistical records maintained by the National Center for Health Statistics.

B. Instructions

1. Enter the person number in item L5 and complete a separate column for each person aged 18 and over in the order they are listed on the questionnaire. DO NOT include Armed Forces members and other deleted persons. If there are more than four persons 18+ in the family, use an additional questionnaire(s) for the fifth, sixth, etc. person.
2. Read the introductory statement above item L6 to explain the purpose of obtaining the information. If questions arise as to the type of statistical records maintained, say "Information obtained from Vital Statistics records". Then enter the date of birth from question 3 of the Household Composition page for the first person 18+.



## Contact Person Information (Continued)

3. Print the full state name on the line in 9; do not use abbreviations. If the person was not born in one of the 50 states or the District of Columbia, mark the appropriate box in 9, leaving the state line blank.
4. In item L7, enter the person's full name, including middle initial, from question 1 on the Household Composition page. If the person has more than one middle initial, enter the first one given. If a first initial and full middle name was entered in question 1, such as "G. Watson Levi", record this in L7 as "Levi, G. Watson". In rare cases where the respondent refused to give the name in question 1, say something like, "I need your full legal name, including middle initial" and enter it in item L7. Do NOT go back and enter this information in question 1.
- 5a. When verifying 10 for males, ask "Was your father's last name \_\_\_\_\_?" Always ask the question for females, regardless of their marital status.
  - b. Print the father's last name in the answer space, whether it is the same as the person's name or not. Always verify the spelling, even if the names sound alike. If it is volunteered that the person was legally adopted, record the name of the adoptive father.  
NOTE: Printing is required in items 9 through 10.
- 6a. It is required by law that the introduction above question 11 is read. Read it the first time you ask question 11 for a family. Be sure to read it when making a callback for the person's Social Security Number. If you are asked for the legal authority for collecting Social Security Numbers, cite the title and section of the United States Code as printed below the introduction. If you are questioned as to the need for obtaining the number, reread the statement above item L6.
  - b. If you are given more than one number, record the first 9 digit number the respondent mentions, not the first one issued. If the number has more than 9 digits, record only the first 9 digits. Do not record alphabetic prefixes or suffixes.
7. After recording the Social Security Number, mark the appropriate box indicating whether the number was obtained from memory or records.
8. It is of particular importance that the person's Social Security Number is correct, therefore, you should use a reasonable amount of effort to obtain it. If the respondent does not have this information, refuses, or is unsure of the number for another person, ask to call back and indicate this in item 16 of the Household page. It is not required that you contact the person directly on the callback. In fact, unless the person has to be contacted for the HIS-1A or HIS-1B (see Chapter D16), make arrangements with the household respondent to call him/her back for the number. Fill in the person's name whose number is missing and leave Form HIS-603(SSN) with the respondent for easy reference. If someone other than the household respondent is contacted for missing numbers, use the "Telephone callback introduction" on page 39 of the Flashcard Booklet to introduce yourself.

Mark the correct box in item L8 to indicate how the number was or was not obtained. For example, if person 1 refused to give person 2's number and this person was temporarily absent, enter "Ref" in question 11 and mark box 3 or 4 in item L8.

*Read to Hhid. respondent: The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of a relative or friend who would know where you could be reached in case we have trouble reaching you. (Please give me the name of someone who is not currently living in the household.) Please print items 12-15.*

12. Contact Person name			14. Area code/telephone number		
Last			<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3-4 5-24 First		25-39 Middle initial	40		RT62 97-106
13a. Address (Number and street)					41-65
b. City			66-85 State	88-87 ZIP Code	88-96
15. Relationship to household respondent					108-109
					<input type="checkbox"/> None <input type="checkbox"/> Refused <input type="checkbox"/> DK
					107

A. Objective

The data in items 12 through 15 are needed to assist in contacting the family if a follow-up survey is conducted at a later time and the household respondent has moved or proves difficult to contact.

B. Instructions

1. Read the introductory statement to the household respondent to explain the purpose of the question and complete items 12 through 15 from the responses.
2. If, when explaining the purpose of the contact person, you are asked when the household will be recontacted, say that NCHS periodically conducts other health surveys with a sample of persons or families who participate in HIS and that you do not know when the next one will be or if this family will be included. Do not, however, state that there will be no other contacts until that time. You may need to recontact the household for additional information or the person may be reinterviewed.
3. Printing is required in items 12 through 15.
4. After completing the Contact Information Section, go to Section M.
5. You may complete this section later in the interview if it seems more beneficial to the interview to do so. However, be sure to obtain this information from the household respondent.

CHAPTER 15. SUPPLEMENT BOOKLET HIS-1A

A. Overall Objective

The 1988 HIS Supplement Booklet (HIS-1A) contains sections to obtain information on Medical Device Implants, Occupational Health, Alcohol, and Child Health.

B. General Instructions

1. When to Complete a Supplement Booklet

Complete a separate booklet for each interviewed family unit as reported on the HIS-1. Conduct the supplements after completing the HIS-1 for the family.

2. When to Use Additional Supplement Booklets

Additional booklets will be needed when:

- a. There are unrelated persons.
- b. There are more than 4 medical device implants for a family in any one section of M.  
(Section M)
- c. There are more than 4 on-the-job injuries reported for a person.  
(Section N)
- d. There are more than 4 conditions reported for a person.  
(Section N)
- e. There are more than 4 childhood conditions reported for a child.  
(Section P)

3. How To Conduct The Supplement Booklet

There are 3 supplements for the adult sample person--AIDS Knowledge and Attitudes, Occupational Health, and Alcohol. The order in which these sample person supplements are to be conducted is designated in the upper right corner of the sample person selection label if "Occ" appears, begin with the Occupational Health, then the Alcohol and finally the AIDS. If "AIDS" appears, begin by asking the AIDS questionnaire and then follow with the Occupational Health and Alcohol Supplements.

4. Interviewer Check Items

Interviewer check items refer to earlier answers in order to complete them. Directions are given that refer to the appropriate item.

5. Symbols and Print Type

The design conventions used throughout the Supplement Booklet are the same as those used for the HIS-1 questionnaire (see Chapter D2).

6. Reference Dates

Use the reference dates, as appropriate, entered in item A1 of the HIS-1 even if all or part of the supplement is conducted in a later week.

7. Verification

In some cases, answers for questions may have been volunteered earlier in the interview. Use regular verification procedures if you are sure you remember the original response. If in doubt, ask the question as worded.

8. Correcting the HIS-1

Do NOT make ANY changes to the HIS-1 because of information received while completing the supplement booklet. If inconsistencies are detected, footnote them on the supplement.

9. Correcting Supplement Sections

Refer to E1-18 for instructions on how to make these corrections.

\* 10. Transmittal of Supplement Booklets

Insert the HIS-2 or HIS-3 between pages 2 and 3 of the HIS-1A for the family. Insert the HIS-1A and the correct version of the HIS-4 between pages 2 and 3 of the first corresponding HIS-1 completed for the family. Before transmitting the forms to the office, verify that the supplement booklets have been included for every interviewed family.

C. Respondent Rules

The respondent rules are given with the appropriate section.

COVER PAGE

Overall Objective

The purpose of the Cover Page is to record identifying information and interview status information which will link the supplement booklet with the HIS-1 filled for the same household.

①-⑤

ITEMS 1-5. IDENTIFICATION AND BEGINNING TIME

①-⑤

1.	3-7 8	2. R.O. Number	8-10	3. Sample	11-13
Book ___ of ___ books					
4. Control number	PSU			5. Beginning time	
	14-18 Segment	17-23 Serial	24-25	26-28	30
					1 a m 2 p m

Instructions

1. Use similar procedures for completing the "Book \_\_\_ of \_\_\_ books" item as used for item 1 on the HIS-1 to indicate how many booklets were completed for this household. These items will not necessarily agree since additional supplement booklets are sometimes filled for different reasons than are HIS-1 questionnaires.
2. Transcribe items 2 through 4, control information, from the Household Page of the HIS-1 before beginning this part of the interview in each household. This will ensure that supplement booklets match their corresponding HIS-1 questionnaires during your edit and during processing.
3. Enter the beginning time for the booklet in item 5 using 2 digits each for the hour and minutes. For example, "09:12" for 12 minutes after 9 o'clock. Circle "AM" or "PM", as appropriate. This item represents only the beginning time for the booklet at the initial interview. Record callback times in item 17 of the HIS-1.



2. Note that the order of listing in item 8, Table A or B, may not be the order in which persons are listed on the Household Composition Page. Complete the tables in the specified order, do NOT change the HIS-1.
3. If a person refused the age item at the start of the interview, say something like, "I need your age so that I can list the family members in the correct order." If the age is still refused, use your best estimate, or ask if the person is older or younger than other persons in the household and then list them as accurately as possible.
4. In the case of twins, triplets, etc., assume the order they are listed on the questionnaire is the rank order by age. For example, the first one listed would be considered the oldest, and so on.
5. Only the person's first name is necessary. If, however, the first name was an initial, include the middle name also, such as "J. Frank."

SELECTING THE SAMPLE PERSON

1988 NHIS		<i>occ.</i>										
FAM MEMB 0-17:		1	2	3	4	5	6	7	8	9+		
SELECT THE		1	2	3	2	5	5	6	6	6		
FAM MEMB 18+:		1	2	3	4	5	6	7	8	9+		
SELECT THE		1	2	2	4	2	3	1	7	4		

Instructions

1. On the HIS-1 questionnaires prepared for interview by the regional office there will be a label affixed to the Household Composition Page in the Footnotes space to indicate which person(s) to select as the sample person(s).

Notice there are 2 lines for children aged 0-17 and 2 lines for persons 18+ on the same label.

- a. To select the sample person in the 0-17 age group, refer to Table A of the Cover Page. Count the number of persons listed there. Circle the corresponding number on the first line of the label and the number on the "Select the:" line which appears below the circled number on the first line.
- b. To select the sample person in the 18+ age group, refer to Table B. Count the number of persons listed there. Circle the corresponding number on the third line of the label and the number on the "Select the:" line which appears below the circled number on the third line.

c. The numbers on the "Select the:" line of the label refer to the ranked order of persons by age and correspond to the "Line No." in the Tables. They do not refer to person or column numbers. "1" on the label means the oldest (line 1), "2" the next oldest (line 2), "3" the third oldest (line 3), etc. These line numbers may help to verify that you have selected the correct person. For example, if "2" is circled on the second line of the label, the sample child should be listed on line 2 of Table A.

For example, the following family members are listed in Tables A and B:

8. TABLE A (0-17 year olds)					TABLE B (18+)				
Line No.	Person No	Name	Sex	Age	Line No.	Person No	Name	Sex	Age
33	34-35		36	37-39	40	41-42		43	44-45
1	4	Susan	1 <input type="checkbox"/> M 2 <input checked="" type="checkbox"/> F	6 <input type="checkbox"/> Mos. 2 <input checked="" type="checkbox"/> Yrs.	1	1	James	1 <input checked="" type="checkbox"/> M 2 <input type="checkbox"/> F	42
2	5	Leonard	1 <input checked="" type="checkbox"/> M 2 <input type="checkbox"/> F	4 <input type="checkbox"/> Mos. 2 <input checked="" type="checkbox"/> Yrs.	2	2	Mary	1 <input type="checkbox"/> M 2 <input checked="" type="checkbox"/> F	41
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	<input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	3	3	John	1 <input checked="" type="checkbox"/> M 2 <input type="checkbox"/> F	18

Assuming that the label below is affixed to the questionnaire for this family unit, you would select the oldest child, person 4 - Susan, as the sample child and the second oldest adult, person 2 - Mary as the sample adult.

1988 NHIS AIDS

FAM MEMB 0-17: 1 (2) 3 4 5 6 7 8 9+

SELECT THE 1 1 3 1 3 5 4 4

FAM MEMB 18+: 1 2 (3) 4 5 6 7 8 9+

SELECT THE 1 1 (2) 1 5 6 4 2 1

- d. Circle the person's number in Table A and/or B and mark the "SP" box above the appropriate column(s) on the HIS-1 for the selected sample person(s). The sample child will be used for the Child Health Section, the sample adult will be used for the Occupational Health, and Alcohol Sections and the AIDS booklet.
- e. If there are more than nine persons in either group, list only the first 9, that is, the 9 oldest, in Table A or B. Use the "9+" column on the "Family members 0-17" line or the "Family members 18+" line, as appropriate, to select the sample person.
2. For households containing more than one family unit, after completing the HIS-1 questionnaire and booklet for the first family unit, complete a separate HIS-1 questionnaire and booklet for the second family unit. Affix a label from your supply to the additional HIS-1 questionnaire, to select the sample person(s) for the second family unit.



3. If you have to prepare a separate HIS-1 questionnaire for persons or groups of persons unrelated to the reference person, affix a label from your supply to that HIS-1 questionnaire and use it to select the sample person(s) for that group.
4. For EXTRA units and units you add to the listing sheet, which are designated for the current HIS sample, take a label from your supply and affix it to the HIS-1 questionnaire you prepare for the unit to select the sample person(s) in that unit.
5. If there is no label on an HIS-1 questionnaire, take one from the supply your office has sent you and affix it to the HIS-1 questionnaire. In your supply, you will receive a sheet of 24 labels, eight labels to a column, three columns. When selecting a label for an unlabeled questionnaire, always start with the left most column at the top of the sheet and go down the column until all labels in that column have been used. Then, start with the center column and do the same, followed by the right-most column. Call your office for a new sheet of labels when your sheet gets below six (6) labels.
- 6a. Remember that the "Select the:" line on the label pertains to the rank by age, that is, the oldest = 1, next oldest = 2, etc., as long as they are related. Even if the persons are not listed on the HIS-1 in descending order by age, you must enter them in order of age when you complete the Tables. For example, the following household members are listed on the HIS-1:

1		2		3		4		5	
1. First name <b>Paul C</b>		1. First name <b>Inez A.</b>		1. First name <b>Grandm</b>		1. First name <b>Cecilia P</b>		1. First name <b>Maxwell V</b>	
Last name <b>Riley</b>		Last name <b>A</b>		Last name <b>m</b>		Last name <b>Jenkins</b>		Last name <b>-</b>	
2. Relationship <b>REFERENCE PERSON</b>		2. Relationship <b>WIFE</b>		2. Relationship <b>son</b>		2. Relationship <b>Sister</b>		2. Relationship <b>NEPHEW</b>	
3. Date of birth Month: <b>12</b> Date: <b>06</b> Year: <b>1956</b>		3. Date of birth Month: <b>06</b> Date: <b>12</b> Year: <b>1954</b>		3. Date of birth Month: <b>10</b> Date: <b>12</b> Year: <b>1987</b>		3. Date of birth Month: <b>09</b> Date: <b>10</b> Year: <b>1952</b>		3. Date of birth Month: <b>05</b> Date: <b>01</b> Year: <b>1951</b>	

b. In Tables A and B, you would enter:

8. TABLE A (0-17 year olds)					TABLE B (18+)				
Line No.	Person No.	Name	Sex	Age	Line No.	Person No.	Name	Sex	Age
33	34-35		J8	37-39	40	41-42		43	44-45
1	5	Maxwell	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	5 { <input type="checkbox"/> Mos. <input checked="" type="checkbox"/> Yrs.	1	4	Cecelia	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	35
2	3	Crandal	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	3 { <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Yrs.	2	2	Inez	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	33
3			<input type="checkbox"/> M <input type="checkbox"/> F	— { <input type="checkbox"/> Mos. <input type="checkbox"/> Yrs.	3	1	Paul	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	31
4			<input type="checkbox"/> M <input type="checkbox"/> F	— { <input type="checkbox"/> Mos. <input type="checkbox"/> Yrs.	4			<input type="checkbox"/> M <input type="checkbox"/> F	

c. Using the label below, there are two children and three adults in the family and you are to select Crandal since he is the second oldest child and Paul since he is the third oldest adult.

1985 WHS OCC

FAM MEMB 0-17: 1 (2) 3 4 5 6 7 8 9+

SELECT THE 1 (2) 2 3 4 5 6 9

FAM MEMB 18+: 1 2 (3) 4 5 6 7 8 9+

SELECT THE 1 2 (3) 3 4 5 6 9

Remember to circle these person numbers in item 8 (Tables A and B) and mark the "SP" boxes for these persons on the HIS-1. Do NOT circle the "line no." in the tables.

7. Notice also that you would begin the supplement for the above family with Section N, Occupational Health.
- \* 8. Adult sample person selection labels will also be used to determine which version of the HIS-4 AIDS Knowledge and Attitudes Booklet to administer. (See Chapter D16 for instructions.)

**9. FINAL STATUS OF SUPPLEMENT**

<p><b>a. Section M (page 2)</b> (Medical Device Implant)</p> <p style="text-align: right;">46</p> <p>Interview</p> <p>0 <input type="checkbox"/> No Medical Device Implants</p> <p>1 <input type="checkbox"/> Complete interview (all persons with MDIs interviewed)</p> <p>2 <input type="checkbox"/> Partial interview (some but not all persons with MDIs interviewed) (Explain in notes)</p> <p>3 <input type="checkbox"/> Partial interview (Persons with MDIs not interviewed) (Explain in notes)</p> <p>Noninterview</p> <p>4 <input type="checkbox"/> Refusal (Explain in notes)</p> <p>5 <input type="checkbox"/> Other (Explain in notes)</p>	<p><b>b. Section N (page 42)</b> (Occupational Health)</p> <p style="text-align: right;">47</p> <p>0 <input type="checkbox"/> No person 18+ in this family</p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview (all appropriate sections completed)</p> <p>2 <input type="checkbox"/> Partial interview (some but not all appropriate sections completed) (Explain in notes)</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal (Explain in notes)</p> <p>4 <input type="checkbox"/> SP temporarily absent</p> <p>5 <input type="checkbox"/> SP mentally or physically incapable</p> <p>6 <input type="checkbox"/> Other (Explain in notes)</p>	<p><b>c. Section O (page 68)</b> (Alcohol)</p> <p style="text-align: right;">48</p> <p>0 <input type="checkbox"/> No person 18+ in this family</p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview (all appropriate sections and HIS-2/HIS-3 completed)</p> <p>2 <input type="checkbox"/> Partial interview (some but not all appropriate sections or HIS-2/HIS-3 completed) (Explain in notes)</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal (Explain in notes)</p> <p>4 <input type="checkbox"/> SP temporarily absent</p> <p>5 <input type="checkbox"/> SP mentally or physically incapable</p> <p>6 <input type="checkbox"/> Other (Explain in notes)</p>	<p><b>d. Section P (page 80)</b> (Child Health)</p> <p style="text-align: right;">49</p> <p>0 <input type="checkbox"/> No child 0-17 in this family</p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview (all appropriate sections completed)</p> <p>2 <input type="checkbox"/> Partial interview (some but not all appropriate sections completed) (Explain in notes)</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal (Explain in notes)</p> <p>4 <input type="checkbox"/> Eligible Resp TA</p> <p>5 <input type="checkbox"/> No eligible resp in HHid</p> <p>6 <input type="checkbox"/> Other (Explain in notes)</p>
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Instructions

1. Fill each part of Item 9 to indicate the final status of various sections of the Supplement Booklet. Entries are required in all four parts even if the interview was terminated before completing any part of the HIS-1A.
2. Item 9a indicates the final status of Section M, Medical Device Implant.
  - a. Mark "No Medical Device Implants" if no one in the family has an artificial body part replaced by surgery; that is, there are no entries in Table MDI.
  - b. Mark "Complete interview" if all eligible persons were interviewed, either by self-response or by proxy.
  - c. Mark "Partial interview" box 2 if for some reason you were able to complete the interview for one or more of the eligible persons but were not able to obtain the interview for all of the eligible persons. Explain the circumstances. For example, if you interviewed person 1 but person 2 refused, footnote "Person 2 refused."
  - d. Mark "Partial interview" box 3 if you were unable to interview the only person or none of the persons with medical device implants.
  - e. Explain the noninterview reason in a footnote, for example, "Person 1 not at home, no proxy available on callback."
3. Item 9b indicates the final status of Section N, Occupational Health.
  - a. Mark "No person 18+ in this family" if this is the case ("No" marked in cover page item 7).

- b. Mark "Complete interview" if all sections are completed.
  - c. Mark "Partial interview" if some, but not all required sections are completed: For example, consider Section N a partial interview if the respondent refused to answer Section N3 but answers all the other sections: A "DK" or "Refused" response to some items does not constitute a "Partial interview".
  - d. Mark the appropriate "Noninterview" box and explain the reason in the "Footnotes" section if none of these sections were completed.
4. Item 9c indicates the final status of Section O, Alcohol.
- a. Mark "No person 18+ in this family," if this is the case ("No" marked in cover page item 7).
  - b. Follow the rules given in 3b-d to mark the correct "Interview" and "Noninterview" boxes.
5. Item 9d indicates the final status of Section P, Child Health. Follow the rules given in 3b-d to mark the correct "Interview" and "Noninterview" boxes.
6. If any boxes are marked in item 9 indicating a partial interview or noninterview, submit an INTER-COMM with a detailed explanation of the situation(s) and actions you took to try to obtain the complete interview.

ITEMS 10 AND 11. ENDING TIME, NAME AND CODE

10. Ending time	11. Interviewer identification	Code
50-53   54 1 a.m. 2 p.m.	Name	55-56

\* Instruction

Enter the supplement ending time in item 10 in the same manner as for item 5. Remember, this entry represents the ending time for the supplement at the initial interview. Then enter your name and code in item 11. Record callback ending times in item 17 of the HIS-1. Do not complete item 10 for noninterviews, that is, none of the HIS-1A was completed.

Revised  
(March 1988)

## SECTION M. MEDICAL DEVICE

### A. Overall Objective

The data collected in this section will aid in the evaluation of the uses and experiences associated with medical device implants. Questions on prevalence, time of implant, and replacement cause and frequency will provide information for clinical studies and surveillance, identify risk factors associated with the implantation and provide future program directions.

### B. Respondent, Proxy and Callback Rules

1. Ask the questions in Section M1. Medical Device Implant Screening, of the household respondent(s) to determine if anyone in the family has a medical device implant. It is possible that more than one family member may have an implant or that the same person may have more than one type of implant. Detailed information is then collected about each implant and person separately.
2. The questions in Sections M2 through M7 about the particular implants should be asked of each recipient himself/herself except in the following situations:
  - a. If the person is physically or mentally incapable of answering the questions, or if the person is temporarily absent and will not return during the interview period, accept a proxy respondent (see B.5 below).
  - b. If the person is not temporarily absent, but you have been unable to contact him/her using the callback procedures in 4a and b below, accept a proxy respondent (see B.5 below).
  - c. The household respondent may answer the questions in Sections M1-M7, as appropriate, for a child; however, if this respondent recommends another adult household member as more knowledgeable about the child, make arrangements to interview the more knowledgeable person for the child.
3. If, after you have explained the purpose of this section, the eligible person refuses to answer the questions, accept the refusal. Do not attempt to obtain the interview from a proxy. If, however, another family member refuses for a person who is not at home, use your own judgement as to whether to accept a proxy or to call back. For example, if the person says something like, "My wife told me not to participate in the survey, so please don't call on her--she'll be very upset if she finds out I gave you any information," you may accept a proxy and not call back to interview the person. However, if the person says something like, "My husband won't want to answer any questions," arrange for a callback to interview the person.

## Respondent, Proxy and Callback Rules (Continued)

4. If an eligible person is not at home, but not temporarily absent for the entire period, make arrangements for a callback. The procedures for callbacks are based on telephone availability:
  - a. If the person has access to a telephone and a telephone interview is acceptable, make three telephone callbacks at the time(s) recommended by the household respondent to interview the "Medical Device" person. If after three phone calls, the person is still unavailable, accept a proxy (see B.5 below).
  - b. If there is no telephone or a telephone interview is not acceptable, make one personal visit callback at the time recommended by the household respondent to interview the "Medical Device" person if you will be in the area at the recommended time.
    - . If during the personal callback the person is still not available, accept a proxy respondent (see B.5 below).
    - . If you will not be returning to the same general area at the time recommended by the respondent, accept a proxy respondent (see B.5 below) during the initial interview.
- 5a. The proxy respondent should be a related household member who is knowledgeable about the person's implanted device.
- b. If, however, there are no related household members eligible to be proxy respondents for the person, you may interview someone who is responsible for this person's care. The person providing the care may or may not be a member of the household.

## SECTION M1 - MEDICAL DEVICE IMPLANT SCREENING

### OVERALL OBJECTIVE

The purpose of the MDI screening questions is to determine if anyone in the household now has any type of medical device implant. In order to qualify as a MDI, it must meet three very important criteria; 1) the medical device must have been surgically implanted in the body, 2) the medical device must be a replacement for a body part or facilitate some body function and 3) the medical device cannot be removed by the recipient.

### CHECK ITEM 1 - HOUSEHOLD RESPONDENT

#### Instructions

1. Enter the person number of the respondent in CHECK ITEM 1. If more than one person responds, enter the number of the person who answers most of the questions. If more than one person responds equally, enter the person number of the first person listed in the HH roster.

### QUESTIONS 1-6. SCREENING QUESTIONS FOR ARTIFICIAL JOINTS, FIXATION DEVICES, ARTIFICIAL HEART VALVES, INTRAOCULAR LENSES, SILICONE IMPLANTS AND PACEMAKERS

#### A. Definitions

1. An artificial joint is a mechanical replacement for a joint in the body that has become diseased, damaged, painful or otherwise impaired so that it no longer functions normally.
2. A fixation device is a medical device implant that is SURGICALLY placed in the body to hold or fasten a body part in a fixed position. For example, a screw which is implanted to hold a broken bone together, a pin implanted in a ligament to attach it to a bone, or a skull plate which is implanted to protect brain tissue. Other examples of fixation devices are nails, spikes, clips, rods and wires.
3. An artificial heart valve is a substitute (either man made or made from animal or human tissue) for a valve that controls the flow of blood through the heart and/or aorta. There are four possible heart valves that could be replaced; the mitral, aortic, tricuspid and pulmonic.
4. An intraocular lens is an artificial lens that is surgically implanted in the eye. This does NOT include corneal transplants.
5. Silicone is a material used to improve or enhance form or function at different body sites. For example breast or chin enlargements are two of the more common types of silicone implants. This does NOT include silicone by injection.
6. A pacemaker is a medical device which is implanted in the body to regulate the heart rhythm or contraction of the heart muscle.

## B. Instructions

1. Read the introduction above question 1, emphasizing the word "SURGICALLY". It is important that the respondent understand what is considered a medical device implant.
2. If the respondent has any questions or doubt about whether or not something is an MDI, probe to determine if the device is a replacement for a body part and/or function, if the device was SURGICALLY implanted, and if the device can be removed by him or her.
3. If the answer to question 1a is "Yes," ask question 1b and record on the first available line in Table MDI on page 4 that person's name and person number and mark the "Joint" box. If the answer to question 1c is "Yes," reask question 1b and c and record on a separate line in Table MDI the information for each person with an artificial joint implant. Reask questions 1b and c until a "No" response is received.
4. Complete questions 2-6 in the same manner as questions 1a-c, listing each appropriate household member in Table MDI and marking the appropriate box for each medical device implant. If "Yes" is marked in question 5a, enter the words "Silicone implant" on the first available line in the "Other" column of Table MDI for the appropriate person.
5. If a person has more than one type of MDI, do NOT re-enter the person's name on a separate line in Table MDI for each device. Instead, simply mark the appropriate device boxes on the line already completed for that person. For example, if Mary Jackson has both an artificial joint and a pacemaker, enter "Mary Jackson" under name in column a, her person number in column b, and mark the "JOINT" and "PACE" boxes on that same line.
6. If a person has more than three "other" devices, enter the additional ones in Table MDI of a separate HIS-1A booklet.

## QUESTIONS 7-10. EAR VENT TUBES, INFUSION PUMPS, SHUNT, AND CATHETER

### A. Definitions

1. Ear vent tubes are placed in the tympanic membrane (ear drum) to create a passageway between the middle and the outer ear. It is primarily used in children to reduce the occurrence of Otitis Media (inner ear infection).
2. Infusion pumps are mechanical pumps, fully or partially implanted, that introduce chemotherapeutic fluids into the body.
3. Shunt (CNS, VA, VP) is a medical device which is implanted to create an artificial passageway for cerebral spinal fluid.
4. Shunt (Other) is a man-made tube through which blood or body fluid is diverted from its normal path. Do not include transplanted natural veins as an implanted shunt.



5. A catheter is a flexible tube implanted in the body for the introduction or withdrawal of fluids.

B. Instructions

1. Complete questions 7-10 in the same manner as questions 1-6.
2. The type of shunt referred to in question 9a is different from "other shunts" in question 10a in that it drains fluid from the brain or spinal column. It may be referred to most frequently as CNS (Central Nervous System) shunt, a VA (Ventricular Arterial) shunt, or a VP (Ventricular Peritoneal) shunt. If the respondent volunteers what type of shunt it is, e.g. a VA shunt, record this on the line provided in column (h). However, do not probe for this information. Just enter shunt.
3. In question 10a, if the respondent asks what a shunt or catheter is or hesitates before answering, read the definition(s) below the question. If the respondent does not mention which device he has, probe to determine WHETHER IT IS A SHUNT or a CATHETER, then record the response given.

QUESTION 11. OTHER MEDICAL DEVICES

A. Definitions

1. A dental implant is an artificial tooth or special material implanted into or onto the jaw bone to support overlying dental appliances or to gain more bone. It is different from regular dentures, bridges, crowns, fillings, sealants and other forms of dental work. Do not include natural bone transplanted to the jaw as an implant.
2. An artificial blood vessel is a man-made tube or duct used to carry blood into the body. Do not include a transplanted vessel obtained from the recipient or someone else, for example, natural veins obtained from a person's leg and used in a coronary by-pass surgery procedure.
3. An artificial esophageal-gastric sphincter is a substitute for the muscle which encircles the junction of the esophagus and stomach. It is used to control reflux (backward flow) of ingested foods and fluids.
4. An artificial urinary sphincter is a substitute for the muscle which encircles the base of the urinary bladder and aids in the control of urine flow. It is used as a treatment for urinary incontinence.
5. An artificial ligament is a substitute for a band of fibrous tissue which serves to connect bones and strengthen joints.
6. A spinal cord stimulator is an electrical device which is implanted for pain relief.

B. Instructions

1. The definitions listed for question 11 are examples of kinds of medical device implants that may be reported by the respondent when asking question 11. Do not probe for these "other" devices.
2. When asking this question, if the respondent is not sure a particular device is a medical device implant, clarify to the respondent that the device must have been surgically implanted and cannot be removed by him/her.
3. Do NOT include as Medical Device Implants, devices such as braces, artificial limbs, dentures, or any natural body part that was transplanted either within the person or from another person.
4. If more than three "other" implants are reported by the respondent for a person, enter them in Table MDI of a separate booklet.

CHECK ITEM 2. MDI STATUS

Instructions

1. If any medical device implants were reported for any household member when asking the screener questions and an entry was made in Table MDI, mark the first box and go to Table MDI to determine the appropriate sections for the devices listed.
2. If no medical device implants were reported you are finished with Section M. Mark the second box and go to the next supplement.

## SECTION M1. TABLE MDI

### Instructions

1. A "device" section M2-M7, must be completed for each person and each device listed in Table MDI. Complete all device sections for one person before going to the next person.
2. As the appropriate sections are completed for each device, you may find it handy to check-off the entries in Table MDI. Once you have completed a section for each device entered for a person it may also be helpful to check-off the person's name or number to remind yourself you are finished with that person.

## SECTIONS M2-M7 - GENERAL INSTRUCTIONS.

1. Each of Sections M2-M7 contains 4 columns for recording information on 4 implants. If there are more than 4 of a specific type of implant, use an additional supplement booklet.
2. If, while completing a particular section you discover that the device being reported is one that should not be included for our purposes, for example, artificial limbs or other removable parts, injected silicone, etc., stop making entries in that column, footnote why you stopped, and then continue with the next column or next medical device.
3. Throughout Sections M2-M7, the instruction "next column or next device" appears. This means that you should either; 1) complete the next column in that medical device section if multiple devices were reported for the person; for example, two joints or two intraocular lenses for the same person, or 2) go to the MDI table and complete the next device section for this person or the first device section for the next person. For example if you completed the "Joint Page" for the first person and he/she had only one joint, you would go to TABLE MDI to see if this person had any additional devices marked. If so, complete the appropriate section(s) for the other device(s) for that person before going to the next person listed in TABLE MDI and so forth.

## SECTION M2. ARTIFICIAL JOINT PAGE

### CHECK ITEM 3 and QUESTION 1. NAME, PERSON NUMBER, AND NUMBER AND TYPE OF ARTIFICIAL JOINTS

#### A. Definitions

1. Artificial Joint - a mechanical replacement for a joint in the body that has become diseased, damaged, painful or otherwise impaired so that it no longer functions properly.

#### B. Instructions

1. In CHECK ITEM 3, enter the name and person number of the person for whom you are completing the artificial joint page.
2. Ask question 1a and enter all joints reported in this person's column, one kind of joint per line. If more than four are reported, enter the others in a footnote.
3. Question 1b determines the number of each kind of joint the person has. You must ask Question 1b for each joint listed in question 1a. Enter the "number" on the line corresponding to the joint you've just asked about.
4. Read question 1c to determine if the person has any other artificial joints they have not yet reported. If the response is "yes", reask question 1a-c using the parenthetical "other" in question 1a.

### CHECK ITEM 4. JOINT ENTRY COLUMNS

#### Instructions

1. Complete CHECK ITEM 4 for each joint reported in question 1a/b before asking the remaining questions in this section.
2. Enter each artificial joint in a separate column in CHECK ITEM 4. For example, if the response to question 1a/b was "1 knee joint and 1 ankle joint," enter "knee joint" in the first column for this person and "ankle joint" in the next. If the person has an artificial joint in each wrist, enter "right wrist joint" in one column for this person and "left wrist joint" in the next column. If more than 1 column is required for the person, also enter the person's name and person number in Check Item 3 in each additional column used.
3. The exception to this procedure is finger joints. If the person has multiple artificial finger joints, whether in different or the same finger, treat this as one joint and complete only one column for the first finger joint that was implanted.

## QUESTIONS 2 AND 3. ACTUAL REPLACEMENT AND ARTIFICIAL FINGER JOINT MATERIAL

### Instructions

1. Read the statement above question 2 choosing the appropriate wording within the brackets. If multiple finger joints read "These next questions refer to the FIRST finger joint that was implanted". If questions arise, remind the respondent that we are asking about the finger joint that was replaced FIRST. For all other entries in CHECK ITEM 4, read the first alternate wording, e.g. "These next questions refer to the artificial left knee joint".
2. Ask question 2 to determine if the person really has an artificial joint or another device implanted to help improve the function of the real joint. The example in 2 "such as a pin or plate" also includes screws, nails, rods, clips and wires, the same as screener question 2 in Section M1.
3. If the answer is "something else", except for marking that box, no other entries in this column will be completed for this person. Go to Table MDI to determine if the "fix" box has been marked for this person. If the fixation device has already been recorded in Table MDI, ("FIX" marked) go on to the next joint for that person or the next device listed in Table MDI. If the pin, plate, and so forth was not reported earlier, mark the "FIX" box of Table MDI, then go to the next column or the next device in Table MDI for this person.
4. Question 3 is asked only for finger joints. If the entry in CHECK ITEM 4 is anything other than "finger joint", skip to question 4 without asking question 3.

## QUESTION 4. DETAILS ABOUT THE PREVIOUS ARTIFICIAL JOINT THAT WAS REPLACED

### Instructions

1. Question 4 refers to the artificial joint the person had before the one they currently have.
2. When asking questions 4a through 4f, use the name of the joint entered in CHECK ITEM 4. For example, "Is the artificial "left hip" you have now a replacement for a previous artificial "left hip"?"
3. Ask question 4a to determine if the current artificial joint is a replacement for a previous artificial joint. If volunteered or a respondent asks, do NOT include "repairs" of artificial joints as replacements. The artificial joint must have actually been replaced in order to be considered a replacement.
4. Ask question 4b to determine the number of times the artificial joint has been replaced. This number does not include the time the artificial joint was first implanted.

5. Question 4c is asked to obtain information about why the artificial joint was replaced the last time. Mark up to the first three reasons mentioned but do not probe for additional responses.
6. If the respondent indicates that the reason for replacement was related in any way to the normal growth process, mark the first box, "Normal growth". For example, "The joint was implanted when I was a teenager and still growing" or "I had to have it replaced as my bones grew."
7. "Defect or malfunction" refers to problems such as an artificial joint breaking, disintegrating or failing to operate properly.
8. "Pain" includes any pain reported by the respondent as long as that pain was, in the respondent's opinion, the reason or one of the reasons for replacement.
9. Although "loosening" of a joint can be interpreted as being defective or malfunctioning, distinguish this particular problem by marking the "loosening" box rather than the "defect or malfunction" box.
10. Be as specific as possible when specifying "other" reasons for having the joint replaced.
11. Ask question 4d for each reason marked in question 4c, except "normal growth" to determine the onset of each problem that resulted in having the artificial joint replaced.
12. Ask question 4e to determine how long the respondent had the last implant before it was replaced with the current one. Mark the precoded boxes as appropriate or enter the number of years.
13. Include fractions of years in question 4e, for example "2½ years".
14. Convert answers of 12 months or more to years, for example 18 months = 1½ years.
15. When asking question 4f, try to get as exact a date as possible. If the respondent cannot remember the month, probe for the best estimate. If the respondent is still unable to report the month enter DK on the "month" line and enter the year.
16. If the respondent, after probing, cannot remember either the month or year, probe to determine if it was replaced before 1968 or after 1968. This is the only time the "Before 1968" or "1968 or later" boxes should be marked.
17. Question 5 should be asked next.

**QUESTIONS 5 AND 6. DURATION/DATE OF CURRENT ARTIFICIAL JOINT IMPLANT AND EFFECTIVENESS OF IMPLANT**

Instructions

1. Questions 5a and b resemble questions 4e and 4f, except the reference is to the current artificial joint or the one they have now. Complete these questions in the same manner as questions 4e and 4f.
2. Ask question 6 to determine if the respondent's mobility is improved, about the same, or worse than it was before the current implant.
3. Read the parenthetical (last) only if the respondent reported that the artificial joint had been replaced.
4. For persons whose artificial joint has been replaced, this question refers to the respondents mobility now as compared to his or her mobility with the previous artificial joint.

**QUESTION 7. PROBLEMS AND COMPLICATIONS WITH THE CURRENT ARTIFICIAL JOINT**

Instructions

1. Read the statement above question 7a before reading the question. Be sure the respondent understands that the questions refer only to the current artificial joint, that is, the artificial joint he/she NOW has.
2. The parenthetical after questions 7c and 7g should be read whenever there is an interruption or delay in the interview or when you feel the respondent needs to be reminded of the correct reference.
3. If the respondent reports some "other" problem or complication when asking a specific question and the "other" problem is not one that is listed, record the problem mentioned in question 7e.
4. Whenever a respondent answers "yes" to having a specific problem, you must always ask the follow-up question to determine the onset of the problem - less than 30 days, 30-90 days, or more than 90 days.
5. Question 7g refers to "increased pain over time" not occasional, periodic, seasonal or weather-related pain. Answers such as these should be recorded in 7i.
6. Question 7i refers to defects and operational or mechanical failure with the artificial joint as defined in item 7, question 4c.
7. In question 7k, "-- any other problems or complications" record up to the first three problems mentioned only.
8. Question 8 should be asked next.



**QUESTION 8 AND CHECK ITEM 5. NEED FOR ORIGINAL ARTIFICIAL JOINT AND RESPONDENT STATUS**

Instructions

1. Question 8 is asked to obtain the reason the respondent needed to get the artificial joint in the first place. Mark all reasons mentioned by the respondent, but do not probe for additional answers.
2. If the respondent reports "arthritis", probe to determine the kind of arthritis (osteoarthritis or rheumatoid or both) and mark the appropriate box(es). If, after probing, the respondent cannot tell you the kind of arthritis, mark the "Arthritis, unspecified" box.
3. Be as specific as possible when specifying "other" reasons.
4. CHECK ITEM 5 must always be marked to indicate if the answers were self-reported or reported by a proxy respondent and what the mode of interview was for that respondent.
5. For proxy respondents it will also be necessary for you to ask or verify the relationship of the respondent to the MDI recipient. It is not necessary to determine or indicate the biological nature of the relationship as in other supplements. "Mother" or "father" are acceptable entries for biological, step and foster parents.
6. The "Go to Next Column or Next Device" instruction means to go to the next column and complete questions 2-8, as appropriate for that person if more than one artificial joint was reported. If no other artificial joints were reported for that person, go back to the MDI table and complete the next device section for that person or the first device for the next person listed. As an aid, remember to check-off the entries in TABLE MDI as you complete a section for each device listed. If no more columns or sections are required, mark the appropriate box in 9 on the Cover Page and continue the interview as appropriate.

## SECTION M3 - FIXATION DEVICE PAGE

### CHECK ITEM 6 - CHECK ITEM 7. NAME, PERSON NUMBER, BODY PART

#### Definitions

Fixation Device - a medical device implant that is SURGICALLY placed in the body to hold or fasten a body part in a fixed position. For example, a screw implanted to hold two bones together, a pin inserted in a ligament to afix it to a bone, or a skull plate implanted to protect brain tissue. Other examples of fixation devices are nails, spikes, clips, rods and wires.

#### Instructions

1. Complete CHECK ITEM 6 in the same manner as CHECK ITEM 3, section M2.
2. In question 1a, the body part must be specific, as on the condition pages in the HIS-1 questionnaire. For example, if the respondent reports "left leg" you must probe to determine which part of the left leg -- the knee, the ankle, etc.
3. If "chest" is given as the body part, probe to determine if it was the ribs, sternum or clavical.
4. If the respondent cannot provide a specific body "subpart" after probing, record the whole body part and footnote "DK specific body part".
5. When given, enter the medical term for a body part. However, for clarification and ease of asking the questions, you may want to ask the respondent for the lay term. For example, maxilla (upper jaw) or femur (bone between the pelvis and the knee).
6. If a respondent reports a "bone fusion", do not consider this procedure as an implant unless the respondent knows that a fixation device was also implanted during the bone fusion. If you discover that the respondent is actually talking about a fusion, rather than an implant, do NOT ask any more questions, footnote the situation and go to the next column or next device.
7. CHECK ITEM 7 (Body Part Entry Column) is completed in the same manner as CHECK ITEM 4 (Joint Entry Column) in section M2. Remember to always enter the person's name and number for each column completed in each section.

### QUESTIONS 2a-2d. DETAILS ABOUT SURGERY TO REPLACE OR REPAIR THE IMPLANT

#### Instructions

1. Questions 2a-2d, refer to the surgery(ies) for the implant(s) in the specific body part.

2. It is important to always refer to the body part in these questions since the "implant" itself can be composed of several different parts. For example, an implant in the right knee could be a wire and a pin, 2 pins and a screw, or any number of fixation devices working together.
3. Unlike similar questions in section M2, Artificial Joint Page, fixation device replacements also include repairs, as stated in questions 2a-2c.
4. If the respondent reports in question 2a that he/she had part of the implant replaced, for example, one of two pins, consider this a "yes" response.
5. In question 2b, do not count the surgery for the original implant. This question refers only to surgeries to replace or repair the implant.
6. If the respondent reports in question 2b that he/she had surgery more than one time, question 2c refers to the last surgery and the parenthetical "the last time" should be read when asking this question.
7. The answer categories in question 2c are basically the same as in section M2 for artificial joints and should be completed in the same manner as previously instructed.
8. Ask question 2d for each entry in 2c, except "normal growth", to determine the onset of the problem.

**QUESTION 3. TIME INTERVAL SINCE LAST SURGERY AND DATE OF MOST RECENT IMPLANT SURGERY**

Instructions

1. Complete questions 3a/b in the same manner as instructed for questions 4e and 4f in the Artificial Joint section.
2. Read the first alternate wording (surgery for) in parenthesis if the PERSON has never had surgery to replace or repair the implant ("no" in 2a). Read "last surgery on" if the person had replacement/repair surgery ("yes" in 2a).
3. Question 4 should be asked next.

**QUESTION 4. PROBLEMS OR COMPLICATIONS WITH IMPLANT SINCE (LAST) SURGERY**

Instructions

1. Read the statement above question 4a using the correct wording in parenthesis as instructed in question 3.

2. Questions 4a-4m should be completed in the same manner as similar questions in section M2, Artificial Joint Page.
3. "Pain" in question 4e refers to any pain or discomfort that is not generally associated with surgery or healing.
4. Question 5 should be asked next.

**QUESTION 5 AND CHECK ITEM 8. NEED FOR AND DURATION/DATE OF ORIGINAL IMPLANT AND RESPONDENT STATUS**

Instructions

1. Questions 5a-5c refer to the original implant.
2. Do NOT ask questions 5b/c if the respondent reported in question 2a that he/she had not had surgery to replace or repair the implant. If "no" in 2a, mark the "no" box in 5b and skip to CHECK ITEM 8. These questions are not needed for persons with only an original implant surgery since this information has already been obtained in questions 3a and b.
3. Complete questions 5a-c as instructed previously for questions 4e/f and question 8 in section M2, Artificial Joint Page. Unlike questions 4e/f, however, questions 5b/c refers to the first or original implant, not the implant before the current one.
4. CHECK ITEM 8 should be completed in the same manner as CHECK ITEM 5 in section M2.

## SECTION M4 - HEART VALVE PAGE

CHECK ITEM 9 THROUGH CHECK ITEM 10. NAME, PERSON NUMBER, TYPE AND NUMBER OF HEART VALVES, AND VALVE ENTRY COLUMN

### A. Definitions

Heart Valve - a substitute valve, either of manmade substance or of human or animal origin (tissue), for a valve that controls the flow of blood through the heart and/or aorta. There are four heart valves that could possibly be involved with implants; the mitral, aortic, tricuspid and pulmonic.

### B. Instructions

1. Complete CHECK ITEM 9 in the same manner as previously instructed for CHECK ITEM 3 in section M2.
2. Ask question 1b to determine which heart valves the respondent had replaced with artificial ones. Although there are four valves that could possibly be replaced it is unlikely that a person would have had more than two of the valves replaced. Mark all the heart valves mentioned by the respondent in question 1b.
3. Complete CHECK ITEM 10 in the same manner as previously instructed for CHECK ITEM 4 in section M2. Be sure to enter each valve reported in question 1b in a separate column before asking the remaining questions.

QUESTIONS 2 AND 3. DETAILS ABOUT THE PREVIOUS HEART VALVE THAT WAS REPLACED AND DURATION/DATE OF PREVIOUS AND CURRENT ARTIFICIAL HEART VALVE

### Instructions

1. Complete questions 2 and 3 in the same manner as previously instructed for questions 4 and 5 in section M2, Artificial Joint Page.
2. If the respondent has had only one heart valve replaced, it is not necessary to repeat the specific type of valve when asking the questions. For example, after reading "mitral heart valve" for question 2a, use the phrase "artificial heart valve" or "heart valve" thereafter.
3. In question 2c, the "Bleeding" category should be marked only when the bleeding was related to the surgery for the heart valve.
4. Question 4 should be asked next.

QUESTIONS 4 AND 5. HEART VALVE MATERIAL AND REGISTRATION

### Instructions

1. Read the parenthetical statement for the first valve only.

2. In question 5a, the respondent must actually have received a registration card in order to consider this a "yes" answer. For example, if the respondent answers "I didn't get one but my doctor probably has one in my medical file" mark the "No" box.
3. In question 5b, if the respondent tells you he doesn't know the manufacturer but does know the brand name, mark the "yes" box and enter it on the line provided and footnote "Brand name". If the respondent has a registration card but does not know the manufacturer, if convenient, ask him or her to check the registration card for this information.

#### QUESTION 6. PROBLEMS AND COMPLICATIONS WITH CURRENT HEART VALVE

##### Instructions

1. Complete question 6 in the same manner as similar questions in section M2. Artificial Joint Page.
2. In question 6e, if the respondent has any questions or hesitates when answering, remind him/her that we only want to know about bleeding problems that are related to the surgery for the artificial heart valve.
3. If the respondent reports in question 6g that he/she is afraid the valve might malfunction be sure to probe to determine if there is any indication that the valve is currently not operating properly before marking the "yes" box.
4. Question 6 should be asked next.

#### QUESTION 7. TAKE ANTICOAGULANTS/ASPIRIN TO PREVENT BLOOD CLOTS

##### Instructions

1. If the respondent has more than one heart valve replaced only ask questions 7a-c for the first heart valve. Mark the appropriate boxes in the additional column(s) for other heart valves without re-asking the questions.
2. If the respondent answers question 7c in terms other than days per week, reask the question or if appropriate mark one of the precoded boxes. For answers like "every other day" or "Ten times a week", probe by asking "about how many days would that be". If the respondent's answer converts to less than once a week, mark the precoded box for that category. For example, an answer of "Two or three times a month" would convert to less than one day a week.

#### QUESTION 8 AND CHECK ITEM 11. NEED FOR ORIGINAL ARTIFICIAL HEART VALVE AND RESPONDENT STATUS

##### Instructions

Instructions for question 8 and CHECK ITEM 11 are the same as those for question 8 and CHECK ITEM 5 in section M2, Artificial Joint Page.

## SECTION M5. INTRAOCULAR LENS PAGE

### CHECK ITEM 12 THROUGH CHECK ITEM 13. NAME, PERSON NUMBER, LOCATION OF LENS IMPLANT AND EYE ENTRY COLUMN

#### Instructions

1. Complete CHECK ITEM 12 as previously instructed in section M2.
2. Mark the "Both eyes" box in question 1 if the respondent reports having implants in both eyes. Do NOT mark the "Right" and "Left" eye boxes.
3. Complete CHECK ITEM 13 in the same manner CHECK ITEM 4 in section M2.

### QUESTION 2. DETAILS ABOUT THE PREVIOUS LENS IMPLANT THAT WAS REPLACED

#### Instructions

1. Complete question 2 as previously instructed for question 4 in section M2.
2. In question 2c, if the respondent mentions "glaucoma" as the reason for replacement of the lens, probe to determine if the glaucoma started after the implant. Do NOT mark the "Glaucoma" box unless the onset of glaucoma occurred after the previous implant.
3. Question 3 should be asked next.

### QUESTIONS 3, 4, 5 AND 6. DURATION/DATE AND DESCRIPTIVE CHARACTERISTICS OF CURRENT LENS IMPLANT

#### Instructions

1. In question 4, an experimental lens may also be referred to as an "investigational" or "test" lens.
2. In question 6, wearing sunglasses must have been advised by the doctor specifically because of the lens implant. Frequently, people with sensitive eyes are advised to wear sunglasses. Do not count answers like "I've always had to wear sunglasses outside" or "My doctor told me a long time ago that I have sensitive eyes and should wear sunglasses". If you are not sure of a respondent's answer, probe to determine if sunglasses were advised specifically because of the lens implant.

### QUESTION 7. PROBLEMS AND COMPLICATIONS WITH CURRENT LENS IMPLANT

#### Instructions

1. Complete question 7 in much the same manner as the similar question in section M2, Artificial Joint Page.

2. Question 7e refers only to inner eye pain, irritation or inflammation. If the respondent seems confused or asks, reask the question emphasizing inner eye.
3. Question 7g refers to glaucoma that started after the current lens was implanted. If the respondent indicates that they are not sure when the glaucoma occurred, treat this as a DK response.
4. In questions 7i, 7k and 7m the problem must have started after the lens was implanted to be considered a "yes" response.
5. If the respondent has had lens implants in both eyes and cannot differentiate which eye may be causing any problem asked about in 7, consider this a DK response and footnote "DK which eye".

#### QUESTION 8. PROBLEM WITH EYES FEELING TIRED

##### Instructions

1. Question 8 is asked about the person's eyes, regardless of whether there is an implant in one or both eyes. If the respondent does have a lens implant in both eyes, only ask questions 8a-c for the first lens implant. You will not need to re-ask the question when completing the columns for the second lens implant. However, mark the appropriate boxes in the second lens column for that person.

#### QUESTION 9 AND CHECK ITEM 14. NEED FOR ORIGINAL LENS IMPLANT AND RESPONDENT STATUS

##### Instructions

1. Complete question 9 and CHECK ITEM 14 in the same manner as similar questions in section M2.



## SECTION M6 - PACEMAKER PAGE

### CHECK ITEM 15 AND QUESTION 1. NAME, PERSON NUMBER, AND DETAILS ABOUT THE PREVIOUS PACEMAKER THAT WAS REPLACED

#### Definition

Pacemaker - A medical device which is implanted in the body to regulate heart rhythm (contraction of the heart muscle).

#### Instructions

1. Complete CHECK ITEM 15 and question 1 in the same manner as similar questions in section M2, Artificial Joint Page.
2. In question 1c, if the respondent reports "mechanical failure" or "mechanical problem" ask the probe question printed on the questionnaire to determine the kind of mechanical problem. After probing, if the respondent mentions any kind of mechanical problem other than battery or lead failure, mark the "other mechanical failure" box.
3. Question 1e obtains information about how the pacemaker was monitored. Since a pacemaker can be monitored in more than one way concurrently, be sure to mark all answers given by the respondent.

### QUESTIONS 2, 3 AND 4. DURATION/DATE OF CURRENT PACEMAKER IMPLANT AND PACEMAKER MONITORING AND ADJUSTMENT FEATURES

#### Instructions

1. Questions 2 and 3 are the same as questions 1e-g, except the reference is to the current pacemaker, and should be completed in the same manner.
2. For question 4, do not count adjustments requiring any kind of surgery.

### QUESTION 5 AND CHECK ITEM 16. PROBLEMS AND COMPLICATIONS WITH CURRENT PACEMAKER AND RESPONDENT STATUS

#### Instructions

1. Complete question 5 and CHECK ITEM 16 in the same manner as similar questions in section M2, Artificial Joint Page.
2. Mark the "yes" box in question 5e only if the pain the respondent reports is clearly related to something other than surgery and normal healing. Also do not include irritation or discomfort associated with itching around scar tissue or rashes due to clothing rubbing on the protruding area where the pacemaker has been implanted.

## SECTION M7. OTHER DEVICE PAGE

### CHECK ITEMS 17 AND 18 AND QUESTION 1. NAME, PERSON NUMBER, "OTHER" MDI AND INFUSION PUMPS

#### A. Definitions

1. Silicone is a material used to enhance form or function at specific body sites, e.g., breast or chin augmentations (enlargements). For purposes of this survey, exclude the use of silicone injections.
2. Ear vent tubes are placed in the tympanic membrane (ear drum) to create a passageway between the middle and outer ear. It is primarily used in children to reduce the occurrence of Otitis Media (inner ear infections).
3. Infusion pumps are mechanical pumps, fully or partially implanted, that introduce chemotherapeutic fluids into the body. This includes insulin for diabetics.
4. A central nervous system (CNS) fluid shunt is a mechanical device which is implanted to create an artificial passage for cerebral spinal fluid.
5. A shunt is a man-made tube through which blood or body fluid is diverted from its normal path. An implanted shunt does not include a natural vein obtained from the recipient).
6. A catheter is a flexible tube implanted in the body for the introduction or withdrawal of fluids.
7. A dental implant is an artificial tooth or material implanted into or onto the jaw bones to support overlying dental appliances or to gain more bone. It is different from regular dentures, bridges, crowns, fillings, sealants and other forms of dental work. (A dental implant is not natural bone obtained from the recipient and transplanted to the jaw).
8. An artificial ligament is a substitute for a band of fibrous tissue which serves to connect bones and strengthen joints.
9. An artificial blood vessel is a man-made tube or duct used to carry blood in the body. (This excludes a transplanted vessel obtained from the recipient; e.g. natural veins used in a coronary by-pass surgery procedure).
10. An artificial urinary sphincter is a substitute for the muscle which encircles the base of the urinary bladder and aids in the control of urine flow. It is used as a treatment for urinary incontinence.

11. An artificial esophageal-gastric sphincter is a substitute for the muscle which encircles the junction of the esophagus and stomach. It is used to control reflux (backward flow) of ingested foods and fluids.
12. A spinal cord stimulator is an electrical device which is implanted for pain relief.

#### B. Instructions

1. Complete CHECK ITEM 17, name and person number the same as similar items in section M2, Artificial Joint Page.
2. In CHECK ITEM 17, also enter the name of the "other" device listed in TABLE MDI.
3. Refer to the specific type of MDI entered in CHECK ITEM 17 when completing CHECK ITEM 18. Ask question 1a/b for infusion pumps only.
4. Although insulin treatment is a form of chemotherapy, chemotherapy is most commonly thought of in relation to cancer treatment. If the respondent hesitates or asks, tell him/her we are interested in both insulin and cancer therapy, as well as any other chemical therapy using an infusion pump.
5. In question 1b, if the respondent indicates that the pump is both inside and outside, mark the "outside" box. The infusion pump must be completely internal in order to be considered "inside" the body.

#### QUESTION 2 AND CHECK ITEM 19. BODY PART AND BODY PART ENTRY COLUMN

##### Instructions

1. Even though the body part in question 2a may already be known from a previous answer, for example breast implant or ear vent tube, it is still necessary for you to determine which one, for example left or right ear or breast. When the "body part" is known, you may verify it and probe for the more exact location rather than ask the question. For example "you said you had a silicone breast implant, is that the left or right breast?"
2. The entries in question 2a and CHECK ITEM 19 must be specific as instructed for similar questions in other sections. Record each of multiple body parts in separate columns, such as "right ear" and "left ear".

#### QUESTIONS 3 AND 4. DETAILS ABOUT THE PREVIOUS "OTHER" DEVICE THAT WAS REPLACED AND DURATION/DATE OF PREVIOUS AND CURRENT "OTHER" DEVICE

##### Instructions

1. Complete questions 3 and 4 in the same manner as similar questions in previous sections.

2. For questions 3 and 4 and the remaining questions in this section you will usually refer to both the MDI entered in CHECK ITEM 17 and the body part in CHECK ITEM 19 in order to ask the questions correctly. For example, "Is the (silicone implant) in your (left breast) a replacement for a previous one?"

**QUESTIONS 5 AND 6 AND CHECK ITEM 20. PROBLEMS AND COMPLICATIONS WITH CURRENT "OTHER" DEVICE, NEED FOR ORIGINAL "OTHER" DEVICE AND RESPONDENT STATUS**

Instructions

1. Complete questions 5 and 6 and CHECK ITEM 20 in the same manner as similar questions in previous sections.
2. The introduction above 5 includes a reference to both the type of medical device implant and the specific body part. Therefore, when reading 5b-k, you will probably only need to refer to the MDI and not the body part in each of these questions. If the respondent needs to be reminded of which implant is being asked about, as in the case of similar types of implants in more than one location, ask the question accordingly; for example, "Have you had any other problems or complications with or as a result of the silicone implant in your left breast you have now?"

## SECTION N. OCCUPATIONAL HEALTH

### A. Overall Objective

Data collected in this section will help to estimate the prevalence of certain work-related disorders and symptoms in the U.S. working population, the incidence of work injuries, and the consequences of these disorders in terms of medical care utilization, employment, and other economic impact.

### B. Respondent, Proxy and Callback Rules

1. Sample persons must respond to the questions in this section for themselves. Do not accept a proxy respondent under any circumstances.
2. If the sample person is not at home during the initial interview, but is not temporarily absent for the entire interview period and is not incapable of answering the questions, make arrangements for callbacks. The procedures for callbacks are based on telephone availability:
  - a. If the person has access to a phone and a telephone interview is acceptable, make as many calls as necessary up to your regular closeout to interview the person.
  - b. If there is no telephone or a telephone interview is not acceptable, make up to 2 personal visit callbacks, at the times recommended by the household respondent, to interview the person. If on the second personal callback the interview is still not completed, arrange for additional personal visits only if you will be returning to the same general area during the interview period.

- c. If the interview is not completed by your regular assignment closeout (both telephone and personal visit cases) or after 2 personal visit callbacks and you will no longer be returning to the area (for cases that require personal visits), consider this a noninterview and explain the circumstances in item 9 of the Cover Page and in item 17 of the HIS-1.

SECTION N1 - JOB HISTORY

1-3

QUESTIONS 1 THROUGH 3. LONGEST JOB WORKED

1-3

<p>1 a. First, I'll ask about the <b>KIND OF WORK</b> you have done the <b>LONGEST</b>, not counting work around the house. Thinking of all the jobs or businesses you have ever had, what kind of work did you do the longest? Include work done while in the Armed Forces.</p> <p>b. When you were doing this kind of work, what were your most important activities or duties?</p>	<p>Occupation <span style="float:right">990 <input type="checkbox"/> Never worked (Section N8, page 59)</span> <span style="float:right">8-7</span></p> <hr/> <p>Duties</p>
<p>2 a. How long did you do this kind of work?</p> <p>b. How old were you when you started doing this kind of work?</p>	<p><input type="checkbox"/> Less than 1 year <span style="float:right">8-8</span></p> <p>_____ Years</p> <hr/> <p>Age <span style="float:right">10-11</span></p>
<p>3 a. In what kind of business or industry did you do this kind of work the <b>LONGEST</b>? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p> <p>b. In the industry where you worked the longest as a (entry in 1a) were you -</p> <p>An employee of a <b>PRIVATE</b> company, business or individual for wages, salary, or commission? . . . . . P</p> <p>A member of the <b>Armed Forces</b>? . . . . . AF</p> <p>A <b>FEDERAL</b> government employee? . . . . . F</p> <p>A <b>STATE</b> government employee? . . . . . S</p> <p>A <b>LOCAL</b> government employee? . . . . . L</p> <p>Self-employed in <b>OWN</b> business, professional practice or farm?</p> <p>Ask: Is the business incorporated?</p> <p>Yes . . . . . I</p> <p>No . . . . . SE</p> <p>Working <b>WITHOUT PAY</b> in family business or farm? . . . . . WP</p>	<p>Industry <span style="float:right">932 <input type="checkbox"/> Armed Forces - Civilian</span> <span style="float:right">12-14</span></p> <p><span style="float:right">942 <input type="checkbox"/> Armed Forces - Active duty</span></p> <hr/> <p>Class of worker <span style="float:right">15</span></p> <p>1 <input type="checkbox"/> P</p> <p>2 <input type="checkbox"/> AF</p> <p>3 <input type="checkbox"/> F</p> <p>4 <input type="checkbox"/> S</p> <p>5 <input type="checkbox"/> L</p> <p>6 <input type="checkbox"/> I</p> <p>7 <input type="checkbox"/> SE</p> <p>8 <input type="checkbox"/> WP</p>

Instructions

1a. Ask question 1a to determine the kind of work (occupation) done the longest in the person's life, regardless of the number of employers for whom this type of work was done. If necessary, use the "examples" printed in light italics in question 4e: "For example, electrical engineer, stock clerk, typist, farmer."

\*b. If it is volunteered that the person never worked, mark the "Never worked" box and go to Section N8, Smoking. If the respondent reports volunteer work, do not include it as "Work." Also, do not include home housework if it is reported.

- c. If the response to 1b indicates a change in the most important duties over a period of time, try to obtain the activities done the longest.
- d. The detail asked for in these questions and in subsequent questions regarding specific jobs is necessary to properly and accurately code each occupation and industry. Refer to pages D14-16 - D14-41 for detailed instructions and definitions relating to questions on industry, occupation and class of worker. Entries in these items require the same detail as similar questions on the HIS-1.
- 2a. Ask question 2a to determine the total time spent at the occupation in 1a. If the response indicates sporadic or part time jobs, such as "ten years off and on," try to obtain the respondent's best estimate of the total actual time spent at that kind of work. If the response is "all my life," encourage the respondent to estimate the actual number of years spent at that occupation.
- b. Enter in 2b the age the person started doing this kind of work even if on a temporary basis.
- 3a. In question 3a, enter the kind of business or industry the person worked in the longest at the occupation entered in 1a. If the response indicates that the work was done the longest in the military, enter the response on the line, then probe for civilian or active duty and mark the appropriate box.
- b. ASK 3b unless one of the "Armed Forces" boxes is marked in 3a. If "Armed Forces-Civilian" is marked in 3a, mark "F" in 3b; if "Armed Forces-Active Duty" is marked in 3a, mark "AF" in 3b.



<b>CHECK ITEM 1</b>	Refer to HIS-1, C1:	<input type="checkbox"/> Wa/Wb box marked in C1 (Check Item 5A, page 38) <input type="checkbox"/> Neither Wa nor Wb box marked in C1 (4)
4a. DURING THE PAST 12 MONTHS, that is, since (12 month date) a year ago, did you work at any time at a job or business not counting work around the house? (Include unpaid work in the family business or farm.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. How long has it been since you last worked at a job or business?	Number { <input type="checkbox"/> Weeks { <input type="checkbox"/> Months { <input type="checkbox"/> Years } If less than 1 year (4c) If 1 year or more (8)	
c. For whom did you work at your last job or business? Enter name of company, business, organization, or other employer.	Employer 932 <input type="checkbox"/> Armed Forces — Civilian 942 <input type="checkbox"/> Armed Forces — Active duty } (4e)	
d. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department farm.	Industry	
e. What kind of work were you doing? For example, electrical engineer, stock clerk, typist, farmer.	Occupation	
f. What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.	Duties	
Complete from entries in 4c-f. If not clear, ask: g. Were you -- An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... P A member of the Armed Forces? ..... AF A FEDERAL government employee? ..... F A STATE government employee? ..... S A LOCAL government employee? ..... L Self-employed in OWN business, professional practice or farm? Ask: Is the business incorporated? Yes ..... I No ..... SE Working WITHOUT PAY in family business or farm? ..... WP	Class of worker 1 <input type="checkbox"/> P 2 <input type="checkbox"/> AF 3 <input type="checkbox"/> F 4 <input type="checkbox"/> S 5 <input type="checkbox"/> L  6 <input type="checkbox"/> I 7 <input type="checkbox"/> SE 8 <input type="checkbox"/> WP	
5. How long did you work as a (occupation in 4e) for (employer in 4c)?	Number { <input type="checkbox"/> Weeks { <input type="checkbox"/> Months { <input type="checkbox"/> Years	

Instructions

1. Refer to the HIS-1, item C1, and mark the appropriate box in Check Item 1.
2. If the Wa or Wb box is marked, skip to Check Item 5A and mark a box to indicate whether the SP was a self-respondent for the HIS-1 occupation questions.
- 3a. Ask question 4a if the sample person has neither the Wa nor Wb box marked to determine if he/she worked at all during the past 12 months.

- b. Reconcile differences in 4a and 4b. For example, if the response to 4a is "Yes" and 4b is more than a year, repeat the answers to the respondent and ask him/her to explain which is correct. Change entries as appropriate.
- c. If the respondent reports in 4c that the work was done in or for the military, first record the name of the employer as it is reported, then probe to determine whether the person worked as a civilian or was on active duty, and mark the appropriate box. Record in questions 4e and f the specific kind of work done while in the military in as much detail as possible, whether civilian or active duty.
- d. In question 4g and every "class of worker" question throughout the supplement, "a member of the Armed Forces" means active duty in the military. If the job referred to was performed while a civilian working for the Armed Forces, mark "F" for Federal government employee.
3. Insert the occupation entered in 4e and the employer entered in 4c when asking question 5. Reword the occupation entry as necessary to fit the text of question 5. For example, if the entry in 4e is "Interviewing on the NHIS," and the entry in 4c is "the U.S. Census Bureau," ask 5 as "How long did you work as an NHIS interviewer for the U.S. Census Bureau?"

Check Item 2 and Questions 6 and 7. Occupation Past 12 Months

<b>CHECK ITEM 2</b>	Refer to 4e and 1a:	1 <input type="checkbox"/> Occupation in 4e is same as in 1a (8)	31
		2 <input type="checkbox"/> All others (6a)	
6a. Considering ALL of your employers, for how many years altogether did you do this KIND of work?		00 <input type="checkbox"/> Less than 1 year	32-33
		_____ Years	
b. How old were you when you started doing this kind of work?			34-35
		_____ Age	
7a. In what kind of business or industry did you do this kind of work the LONGEST? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.	Industry	932 <input type="checkbox"/> Armed Forces - Civilian	36-38
		942 <input type="checkbox"/> Armed Forces - Active duty	
b. Were you -	Class of worker		39
An employee of a PRIVATE company, business or individual for wages, salary, or commission? . . . . . P	P		
A member of the Armed Forces? . . . . . AF	AF		
A FEDERAL government employee? . . . . . F	F		
A STATE government employee? . . . . . S	S		
A LOCAL government employee? . . . . . L	L		
Self-employed in OWN business, professional practice or farm?			
Ask: Is the business incorporated?			
Yes . . . . . I	I		
No . . . . . SE	SE		
Working WITHOUT PAY in family business or farm? . . . . . WP	WP		

Instructions

1. Compare the occupation entries in 4e (past 12 months) and 1a (longest) to complete Check Item 2.
2. Ask questions 6 and 7 of persons who report that the kind of work done the longest is not the same as the kind of work last done during the past 12 months.
3. Question 6a, like question 2a, asks for the total time the respondent has done this kind of work, (in 4e) regardless of the number of different employers.
4. Question 7 asks for the kind of business or industry where the kind of work in question 4e was performed the longest.

Question 8 and Check Items 3 and 4. Work Stoppage Details

<p>Hand Card N1, read list if telephone interview.</p> <p>8a. Which of these statements describe the reason or reasons you stopped working (entry in 4b) ago? Mark all that apply.</p>		<p>1 <input type="checkbox"/> Stopped working because of own illness, injury, disability or other health problem that was JOB-RELATED. 40</p> <p>2 <input type="checkbox"/> Stopped working because of own illness, injury, disability or other health problem that was NOT JOB-RELATED. 41</p> <p>3 <input type="checkbox"/> Retired. 42</p> <p>4 <input type="checkbox"/> Child/family care. 43</p> <p>5 <input type="checkbox"/> On layoff from a job. 44</p> <p>6 <input type="checkbox"/> Some other reason - Specify <u>7</u>. 45</p> <p>9 <input type="checkbox"/> DK. 46</p>
<p><b>CHECK ITEM 3</b></p>	<p>Refer to 8a:</p>	<p>1 <input type="checkbox"/> Box 1 marked in 8a (8b). 47</p> <p>2 <input type="checkbox"/> All others (Check Item 4).</p>
<p>8b. Was a worker's compensation claim filed for your illness, injury, disability, or other health problem?</p>		<p>1 <input type="checkbox"/> Yes. 48</p> <p>2 <input type="checkbox"/> No (8d).</p>
<p>c. Have you received any money or other benefits from worker's compensation since you stopped working (entry in 4b) ago?</p>		<p>1 <input type="checkbox"/> Yes. 49</p> <p>2 <input type="checkbox"/> No.</p>
<p>d. Was a claim filed for any other income or benefits because your health problem was job-related?</p>		<p>1 <input type="checkbox"/> Yes. 50</p> <p>2 <input type="checkbox"/> No.</p>
<p><b>CHECK ITEM 4</b></p>	<p>Refer to question 4 Mark first appropriate box:</p>	<p>1 <input type="checkbox"/> "Armed Forces-Active Duty" in 4c (Section N7, page 62). 51</p> <p>2 <input type="checkbox"/> "Yes" in 4a (Check Item 7)</p> <p>3 <input type="checkbox"/> All others (Section N7, page 62)</p>

Instructions

- 1a. Hand the respondent Card N1 and ask question 8a to determine the reason(s) he/she stopped working in the time period specified in 4b. Read the list if conducting the interview by telephone, or as necessary.
- b. If the respondent seems confused between category "1" and "2", explain that "1" refers to job-related health problems, while "2" refers to health problems that were not job-related. "Job-related" is respondent defined.
- \* 2a. Ask 8b-c concerning worker's compensation if box 1 (job-related problem) is marked in 8a (either alone or in combination with other boxes). The worker's compensation claim may have been filed by the person or by someone else for the person (see definition of Worker's Compensation Claim on page N-35). Do NOT include "Military disability" as worker's compensation.

8-4

Work Stoppage Details (Continued)

8-4

b. Question 8d asks if any other claim for compensation (either income or other benefits) was filed because the health problem was job-related. If questions arise, claims filed on the SP's own personal insurance policy should not be reported here. Some examples of benefits other than worker's compensation which would appropriately be reported here are: Black Lung payments, VA Disability payments, and payments or medical care filed for under the employer's insurance policy.

3a. To complete Check Item 4, first refer to 4c. If the "Armed Forces-Active Duty" box is marked, mark box 1 and go to Section N7.

b. If the "Armed Forces-Active Duty" box is not marked in 4c, look at 4a. If "Yes" in 4a, mark box 2 and go to Check Item 7.

c. In all other situations, mark box 8 and go to Section N7.

5a-9

Check Item 5a and Questions 9a-e. Occupation Past 2 Weeks

5a-9

<b>CHECK ITEM 5A</b>		Refer to HIS-1, pages 44 and 45:		<input type="checkbox"/> Self respondent for questions 6b-g (Check Item 5B) <input type="checkbox"/> Proxy respondent for questions 6b-g (9) <input type="checkbox"/> All others (9)	12
<i>Hand calendar:</i>		Employer	<input type="checkbox"/> Armed Forces - Civilian <input type="checkbox"/> Armed Forces - Active duty	932	53-55
9a. Earlier I was told you had a job during the 2 weeks (outlined on that calendar/beginning Monday (date) and ending Sunday (date)). For whom did you work? Enter name of company, business, organization, or other employer.		Industry			
b. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.		Occupation	<input type="checkbox"/> AF (Section N8, page 66)	942	14-16
If "Active duty" in 9a, mark "AF" box without asking.		Duties			
c. What kind of work were you doing? For example, electrical engineer, stock clerk, typist, farmer.		Class of worker	<input type="checkbox"/> P <input type="checkbox"/> AF (Section N8, page 66) <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> L		11
d. What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.					
Complete from entries in 9a-d. If not clear, ask:					
e. Were you -					
An employee of a PRIVATE company, business or individual for wages, salary, or commission? . . . . . P					
A member of the Armed Forces? . . . . . AF					
A FEDERAL government employee? . . . . . F					
A STATE government employee? . . . . . S					
A LOCAL government employee? . . . . . L					
Self-employed in OWN business, professional practice or farm? Ask: Is the business incorporated?					
Yes . . . . . I					
No . . . . . SE					
Working WITHOUT PAY in family business or farm? . . . . . WP					

**A. Objective**

The most detailed information possible is needed for the current job or business; therefore, the sample person must answer the industry and occupation questions him/herself.

**B. Instructions**

1. In Check Item 5A, mark a box to indicate whether or not the sample person was a self-respondent for the HIS-1 current occupation questions 6b-g on pages 44-45. If the person was a self-respondent, mark box 1 and skip to Check Item 5B.
2. If a proxy responded to questions 6b-g on the HIS-1, mark box 2 and ask questions 9a-e. (Questions 9a-e are equivalent to questions 6b-g on page 44-45 of the HIS-1.) Following this procedure will ensure that all sample persons respond for themselves to the current occupation questions. Complete these questions in the same manner as other similar questions.

**Check Item 5b and Question 9f. Length of Time at Current Job**

<b>CHECK ITEM 5B</b>	Refer to questions 9a and c or to HIS-1, pages 44-45:	Transcribe from questions 9a and c or from 6b/c and e on HIS-1.
		_____ } (9f) Employer _____ } Occupation
	Hand calendar 9f. (You told me that during the 2 weeks [outlined on that calendar/beginning Monday (date) and ending Sunday (date)] you were employed as a (occupation in Check Item 5B) for (employer in Check Item 5B).) How long have you worked as a (occupation in Check Item 5B) for (employer in Check Item 5B)?	_____ } Number      1 <input type="checkbox"/> Weeks 2 <input type="checkbox"/> Months 3 <input type="checkbox"/> Years

**Instructions**

1. In Check Item 5B transcribe the employer and occupation entries from the HIS-1 OR from questions 9a and e for this person. These will be referred to in question 9f.

2. If questions 9a-e were not asked, read the parenthetical introduction before asking 9f. If 9a-e were asked, do not read the parenthetical: start with, "How long have ..."

Check Item 6 and Question 9g-j. Length of Time at This Kind of Work

<b>CHECK ITEM 6</b>		Refer to Check Item 5B and question 1a:		<input type="checkbox"/> Occupation in Check Item 5B is same as in 1a (Check Item 7) <span style="float:right">63</span> <input type="checkbox"/> All others (9g)	
9g. Considering ALL of your employers, for how many years altogether did you do this KIND of work?		<input type="checkbox"/> Less than 1 year <span style="float:right">64-65</span> _____ Years			
h. How old were you when you started doing this kind of work?		_____ Age <span style="float:right">66-67</span>			
i. In what kind of business or industry did you do this kind of work the LONGEST? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.		Industry		932 <input type="checkbox"/> Armed Forces - Civilian <span style="float:right">68-70</span> 942 <input type="checkbox"/> Armed Forces - Active duty	
j. Were you -		Class of worker		<span style="float:right">71</span>	
An employee of a PRIVATE company, business or individual for wages, salary, or commission?		P <input type="checkbox"/>			
A member of the Armed Forces?		AF <input type="checkbox"/>			
A FEDERAL government employee?		F <input type="checkbox"/>			
A STATE government employee?		S <input type="checkbox"/>			
A LOCAL government employee?		L <input type="checkbox"/>			
Self-employed in OWN business, professional practice or farm?					
Ask: Is the business incorporated?		I <input type="checkbox"/>			
Yes		SE <input type="checkbox"/>			
No		WP <input type="checkbox"/>			
Working WITHOUT PAY in family business or farm?					

Instructions

1. In Check Item 6, mark the appropriate box to indicate whether the current occupation (in Check Item 5B) is the same as the longest occupation (in question 1a).
2. Complete questions 9g-j in the same manner as questions 6 and 7.

Check Item 7 and Questions 10 Through 13. Work Conditions

<b>CHECK ITEM 7</b>	Refer to Check Item 5B.	<input type="checkbox"/> Entry in Check Item 5B (Transcribe entries)	_____	} (10)	72
		<input type="checkbox"/> All others (Transcribe entries from 4c and e)	_____		
			_____		
			Occupation		
These next questions are about your job as a (occupation in Check Item 7) for (employer in Check Item 7).					
10a.	Did your job require you to do REPEATED STRENUOUS PHYSICAL ACTIVITIES such as lifting, pushing or pulling heavy objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No (11)			73
b.	During a typical work day, how many minutes or hours altogether did you spend doing STRENUOUS PHYSICAL ACTIVITIES?	_____	<input type="checkbox"/> Minutes <input type="checkbox"/> Hours		74-76
11a.	Did this job require you to do REPEATED bending, twisting or reaching?	<input type="checkbox"/> Yes <input type="checkbox"/> No (12)			77
b.	During a typical work day, how many minutes or hours altogether did you spend bending, twisting or reaching?	_____	<input type="checkbox"/> Minutes <input type="checkbox"/> Hours		78-80
12a.	Did this job require you to BEND or TWIST your hands or wrists MANY TIMES AN HOUR?	<input type="checkbox"/> Yes <input type="checkbox"/> No (13)			81
b.	During a typical workday, how many minutes or hours altogether did you spend bending or twisting your hands or wrists?	_____	<input type="checkbox"/> Minutes <input type="checkbox"/> Hours		82-84
13a.	On this job, did you work with hand-held or hand-operated vibrating tools or machinery?	<input type="checkbox"/> Yes <input type="checkbox"/> No (14)			85
b.	During a typical work day, how many minutes or hours altogether did you spend working with hand-held or hand-operated vibrating machinery?	_____	<input type="checkbox"/> Minutes <input type="checkbox"/> Hours		86-88

A. Objective

Many of the remaining questions in this section will refer to the current job or last job in the past 12 months. By recording the appropriate job in Check Item 7, it will not be necessary to refer to other entries in order to properly ask the questions.

B. Instructions

1. Transcribe the (current) occupation and employer entries from Check Item 5B to Check Item 7 and mark box 1. If there are no entries in Check Item 5B, transcribe the (past 12 months) occupation and employer entries from question 4c and 4e to Check Item 7 and mark box 8.



2. Ask questions 10 and 11 to determine how much of the work day is or was spent doing certain activities which can place stress on the upper body. "Typical work day" is respondent defined. Enter the response verbatim as in other similar questions.
3. Ask question 12 to determine how much of the work day is spent doing repetitive job activities that involve bending or twisting the hand and wrist. Some examples are assembly-line work, typing, painting, and so forth.
4. Ask question 13 to determine the amount of time spent working with hand-held or hand-operated vibrating tools or machinery. Some examples of hand-held vibrating tools are power drills, power sanders, and rivet guns. Some examples of hand-operated vibrating machinery are jackhammers, jigsaws, and drill presses.

Question 14. Skin Exposure to Chemicals

<p>14. I am going to read a list of substances that some people get on their skin AT WORK. Tell me if you got any of these things on your HANDS or ARMS at your job as a <u>(occupation in Check Item 7)</u> for <u>(employer in Check Item 7)</u> DURING THE PAST 12 MONTHS -</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>83</p>
<p>a. Did you get solvents or degreasers on your hands or arms?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>90</p>
<p>b. Petroleum products other than solvents? For example, grease, oil, or fuel?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>91</p>
<p>c. Soaps, detergents, or cleaning and disinfecting solutions used in performing your job?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>92</p>
<p>d. Cutting oils, machine coolants, or metal working fluids?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>93</p>
<p>e. Paints, varnishes, lacquers, or other coatings?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>94</p>
<p>f. Glues, pastes, or other adhesives?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>95</p>
<p>g. Acids or alkalies?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>96</p>
<p>h. Pesticides, insecticides, herbicides, fungicides, or fumigants?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>97</p>
<p>i. Foods or food products handled as part of your job duties?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>98</p>
<p>j. Plants, trees or shrubs handled as part of your job duties?</p>	<p>1 <input type="checkbox"/> Yes - Specify <u>      </u> 2 <input type="checkbox"/> No</p>	<p>99</p>
<p>k. Did you get any other chemicals or substances on your hands or arms that could irritate the skin?</p>	<p>2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>100-101</p>

Instructions

1. Do not attempt to define the substances mentioned. Do not try to force a "Yes" or "No" response, but enter "DK" if the respondent doesn't know whether he/she got a particular substance on their hands or arms. If the respondent is unsure whether a substance fits into a certain category, report it in item 14k rather than in the questionable category.
2. If the sequence is interrupted, rephrase the introduction by saying "Did you get (substance) on your hands or arms at your job as a (occupation in Check Item 7) for (employer in Check Item 7)' during the past 12 months?"

SECTION N2. BACK PAIN

1 8

CK  
1 8

Questions 1 and 2 and Check Item 8. Back Pain Past 12 Months

These next questions are about back pain.			5
1a. At any time during the past 12 months, that is, since <u>(12 month date)</u> a year ago, did you have back pain every day for a week or more?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Section N3, page 43)		
<b>CHECK ITEM 8</b>	Refer to sex and age:	1 <input type="checkbox"/> SP is female under 50 (1b) 2 <input type="checkbox"/> All others (2)	6
b. Did you have this back pain ONLY at the time of your monthly periods?	1 <input type="checkbox"/> Yes (Section N3, page 43) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't menstruate		7
2a. (The remaining questions are about back pain other than menstrual pain.) During the past 12 months, on about how many days altogether did you have back pain?	998 <input type="checkbox"/> Menstrual pain only (Section N3, page 43) 365 <input type="checkbox"/> Every day  _____ Days		8-10
b. During the past 12 months, how many full days did you miss from work because of back pain?	000 <input type="checkbox"/> None  _____ Days		11-13

Instructions

- "Back pain" refers to any back ache, back discomfort, or back pain which the respondent has had every day for a week or more.
- Check Item 8, question 1b and question 2a exclude women with menstrual back pain only from the remainder of this section.
- In question 2b, attempt to get the respondent's best estimate of the number of full days in the past 12 months which he/she missed from work because of back pain. A 'full day' is whatever hours the work day consists of. For example, if the person works 4 hours a day and missed those 4 hours, consider that as 1 full day. Read the introductory statement in parentheses before 2a for all women.
- "Because of back pain" is respondent defined.

Question 3. Part of Back

<b>3a. When you had this back pain, what PART of your BACK bothered you the most – the upper back, the middle back or the lower back?</b>	1 <input type="checkbox"/> Upper 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Lower	14																
<b>b. During the past 12 months, did the back pain ever spread to your:</b>  buttocks? ..... thighs? ..... lower leg or foot? .....	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		Yes	No	DK	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		15 16 17
	Yes	No	DK															
1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																
1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																
1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																

Instructions

1. The "parts of back" are respondent defined. Mark only one box in 3a.
2. Ask 3b and mark "Yes," "No" or "DK" for each body part listed.

Question 4. Back Pain Caused By Accident or Injury

<p>4a. Did any of the back pain you had in the past 12 months result from a SINGLE accident or injury? Some examples are slipping, falling, twisting, lifting something, or being in a car accident.</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)</p>	<p>18</p>
<p>b. When did the accident or injury happen?</p>	<p>____/____/19____ Month      Date      Year</p>	<p>19-24</p>
<p>c. Were you at work at your job or business when the accident or injury happened?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)</p>	<p>25</p>
<p>d. Was this at your job as a (occupation in Check Item 7) for (employer in Check Item 7)?</p>	<p>1 <input type="checkbox"/> Yes (5) 2 <input type="checkbox"/> No</p>	<p>26</p>
<p>e. For whom did you work when the accident or injury happened? Enter name of company, business, organization, or other employer.</p>	<p>Employer 932 <input type="checkbox"/> Armed Forces - Civilian 942 <input type="checkbox"/> Armed Forces - Active duty } (4g)</p>	<p>27-29</p>
<p>f. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>Industry</p>	
<p>g. What kind of work did you do at that job? For example, electrical engineer, stock clerk, typist, farmer.</p>	<p>Occupation</p>	<p>30-32</p>
<p>h. What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>Duties</p>	
<p>Complete from entries in 4e-h. If not clear, ask:</p>	<p>Class of worker</p>	<p>33</p>
<p>i. Were you -</p> <p>An employee of a PRIVATE company, business or individual for wages, salary, or commission? . . . . . P</p> <p>A member of the Armed Forces? . . . . . AF</p> <p>A FEDERAL government employee? . . . . . F</p> <p>A STATE government employee? . . . . . S</p> <p>A LOCAL government employee? . . . . . L</p> <p>Self-employed in OWN business, professional practice, or farm?</p> <p>Ask: Is the business incorporated?</p> <p>Yes . . . . . I</p> <p>No . . . . . SE</p> <p>Working WITHOUT PAY in family business or farm? . . . . . WP</p>	<p>1 <input type="checkbox"/> P } 2 <input type="checkbox"/> AF } 3 <input type="checkbox"/> F } 4 <input type="checkbox"/> S } 5 <input type="checkbox"/> L } (5)</p> <p>6 <input type="checkbox"/> I } 7 <input type="checkbox"/> SE } 8 <input type="checkbox"/> WP }</p>	

Instructions

1. Ask question 4a to determine if any of the back pain in the past 12 months resulted from a single accident or injury. Use the "accident/injury" definitions given on page D13-1.

- 2a. Get the respondent's best estimate of the date of the injury in 4b. If necessary, enter "middle," "beginning," or "end" of the month or year. As a last resort, enter "DK" for any unknown dates.
- b. Ask question 4c to determine whether the respondent was "at work" when the accident or injury happened, regardless of whether it happened on the employer's premises or not. Thus, a traveling salesperson injured in route between towns would be considered "at work". A person injured during his/her regular commute to an office job would not be considered as having been injured "at work". The injury need not have occurred while the person was performing work activities. For example, a person injured on his way to the office cafeteria at lunch would be considered "at work". However, once the person leaves the employer's premises to go home or to a restaurant for lunch, he/she is not considered "at work"
3. In question 4d, insert the person's current OR most recent occupation and employer from Check Item 7. If "No" to question 4d, ask questions 4e-i to determine the occupation, industry, and class of worker for the job where the accident or injury happened. Handle these the same as other, similar questions.

Question 5 and 6. Back Pain Caused By Repeated Activities

<p><b>5a.</b> Was any of the back pain you had in the past 12 months brought on by REPEATED activities such as lifting, pushing, pulling, bending, twisting, or reaching?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (7)</p> <p style="text-align: right;">24</p>
<p><b>b.</b> Where did you perform the activities that brought on your back pain? Mark only one box.</p>	<p>1 <input type="checkbox"/> At work (8) 2 <input type="checkbox"/> At home 3 <input type="checkbox"/> Recreational site 4 <input type="checkbox"/> Other - Specify <u>2</u> } (8)</p> <p style="text-align: right;">25</p>
<p><b>6a.</b> Was this at your job as a (occupation in Check Item 7) for (employer in Check Item 7)?</p>	<p>1 <input type="checkbox"/> Yes (8) 2 <input type="checkbox"/> No</p> <p style="text-align: right;">26</p>
<p><b>b.</b> For whom did you work? Enter name of company, business, organization, or other employer.</p>	<p>Employer</p> <p>032 <input type="checkbox"/> Armed Forces - Civilian 042 <input type="checkbox"/> Armed Forces - Active duty } (6d)</p> <p style="text-align: right;">27-28</p>
<p><b>c.</b> What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>Industry</p>
<p><b>d.</b> What kind of work did you do at that job? For example, electrical engineer, stock clerk, typist, farmer.</p>	<p>Occupation</p> <p style="text-align: right;">40-42</p>
<p><b>e.</b> What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete</p>	<p>Duties</p>
<p>Complete from entries in 6b-e. If not clear, ask:</p>	<p>Class of worker</p> <p style="text-align: right;">43</p>
<p><b>f.</b> Were you -</p> <p>An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... P</p> <p>A member of the Armed Forces? ..... AF</p> <p>A FEDERAL government employee? ..... F</p> <p>A STATE government employee? ..... S</p> <p>A LOCAL government employee? ..... L</p> <p>Self-employed in OWN business, professional practice, or farm?</p> <p>Ask: Is the business incorporated?</p> <p>Yes ..... I</p> <p>No ..... SE</p> <p>Working WITHOUT PAY in family business or farm? ..... WP</p>	<p>1 <input type="checkbox"/> P 2 <input type="checkbox"/> AF 3 <input type="checkbox"/> F 4 <input type="checkbox"/> S 5 <input type="checkbox"/> L } (8)</p> <p>6 <input type="checkbox"/> I 7 <input type="checkbox"/> SE 8 <input type="checkbox"/> WP</p>

Instructions

1. Ask question 5a to determine if the back pain was brought on by repeated activities. If questions arise, remember that a single instance of lifting that resulted in a back injury should have been reported in question 4. Back pain brought on by many lifting motions over a period of time (repeated) should be reported in question 5. If the response to question 5 indicates that the back pain resulted from an accident or injury that should have been reported in question 4, reconcile the answers by repeating question 4a. If a "Yes" is then received for 4a, follow the skips indicated.
2. Ask question 5b to determine where the person did the repeated activities that resulted in back pain. If the response indicates the activities were performed at more than one place, mark the first place listed in the answer space. For example, if "work" and "home," mark "work"; if "home" and "poolhall," mark "home." If a response does not clearly fit into one of the first three boxes, mark "Other" and enter the response verbatim.
3. Complete question 6 in the same manner as other similar questions.

7

**Question 7. Back Pain From Other Causes**

7

If "Yes" in 4a, go to 8

7. What caused your back pain? \_\_\_\_\_

\_\_\_\_\_

Instruction

Ask question 7 if the respondent reports that his/her back pain did not result from an accident or injury or from repeated activities to determine the cause of the pain. Enter the response verbatim; do not probe.



<p>8a. Has your back bothered you today?</p>	<p>1 <input type="checkbox"/> Yes (8c) 2 <input type="checkbox"/> No</p>	<p>45</p>
<p>b. How many days, weeks or months ago did you last have back pain?</p>	<p>Number <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Days ago} \\ 2 \text{ <input type="checkbox"/> Weeks ago} \\ 3 \text{ <input type="checkbox"/> Months ago} \end{array} \right.</math></p>	<p>46-48</p>
<p>c. For how many consecutive days, weeks or months [did your back bother you that time/has your back been bothering you]?</p>	<p>Number <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Days} \\ 2 \text{ <input type="checkbox"/> Weeks} \\ 3 \text{ <input type="checkbox"/> Months} \\ 4 \text{ <input type="checkbox"/> Years} \end{array} \right.</math></p>	<p>49-51</p>
<p>9a. In what year did you first have an episode of back pain that lasted for a week or more?</p>	<p>87 <input type="checkbox"/> 1987 88 <input type="checkbox"/> 1988 } (9c) 89 <input type="checkbox"/> 1989 <input type="checkbox"/> Earlier year - Specify _____</p>	<p>52-53</p>
<p>b. Counting (year in 9a), in how many different years have you had episodes of back pain lasting for a week or more?</p>	<p>_____ Years</p>	<p>54-55</p>
<p>Hand Card #2, read list if telephone interview</p> <p>c. What was the longest period of time that you had back pain every day?</p>	<p>6 <input type="checkbox"/> Less than one month 1 <input type="checkbox"/> 1 month, less than 3 months 2 <input type="checkbox"/> 3 months, less than 6 months 3 <input type="checkbox"/> 6 months, less than 12 months 4 <input type="checkbox"/> 1 year, less than 5 years 5 <input type="checkbox"/> 5 or more years</p>	<p>56</p>

Instructions

- When asking question 8c, use the first phrase in brackets "...did your back bother you that time?" if "No" is marked in 8a. If "Yes" is marked in 8a, ask 8c as "For how many consecutive days, weeks, or months has your back been bothering you?"

8-9 Chronicity of Back Pain (Continued)

8-9

2a. We want to know in how many different years the discomfort has been present counting the year entered in 9a. If questions arise in 9b, use the following as a guide--if 1975 is entered in 9a, the person has back pain each year since then, and you are interviewing in 1988, the time interval would be 14 years.

\*b. If the person reports in 9c that the longest period of backpain was less than 1 week, footnote the response without marking a box since this is inconsistent with question 1a.

10

Question 10. Work Consequences

10

10a. Have you ever stopped working at a job or changed jobs because of back pain?	<input type="checkbox"/> 1 Yes (Section N3) <input type="checkbox"/> 2 No	67
b. Have you ever made a major change in your work activities because of back pain?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	68

Instructions

- \* 1. In question 10a, "stopped working at a job" means to quit, retire, be fired or laid-off no matter the length of time. "Job" here refers to a specific occupation for a specific employer and includes self employment in one's own business. The stopping may not have been permanent; that is, the person may have gone back to the job, but at the time it seemed permanent.
- 2. In question 10b "Made a major change in work activites" means the respondent changed the type, quantity, or both, of his/her work activities. The terms "major" and "because of back pain" are respondent defined. If you are given information other than "Yes" or "No", such as you are asked whether a specific change is a "major" one, or whether a situation qualifies as "because of back pain", footnote the information without marking a box.

SECTION N3. HAND DISCOMFORT

1 7

1 2

Question 1 and 2. Predominant Hand

<p>Now I will ask some questions about your hands and wrists.</p> <p>1. Are you left handed, right handed or able to use both hands equally well?</p>	<p>1 <input type="checkbox"/> Left handed</p> <p>2 <input type="checkbox"/> Right handed</p> <p>3 <input type="checkbox"/> Able to use both hands equally well</p>	89
<p>2. Which hand do you use most at work?</p>	<p>1 <input type="checkbox"/> Left</p> <p>2 <input type="checkbox"/> Right</p> <p>3 <input type="checkbox"/> Use both hands equally</p>	90

Instruction

Questions 1 and 2 are self-explanatory.

3 8

Questions 3 Through 8. Hand Discomfort Past 12 Months

3 8

<p>3. During the past 12 months, that is, since (12 month date) a year ago, have you had discomfort in your hands, wrists or fingers? Discomfort can mean pain, burning, stiffness, numbness or tingling.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (Section N4, page 52)</p>	91
<p>4. Was this discomfort due entirely to an injury, such as a cut, sprain or broken bone?</p>	<p>1 <input type="checkbox"/> Yes (Section N4, page 52)</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> DK</p>	92
<p>5a. During the past 12 months, on about how many days altogether did you have discomfort in your hands, wrists or fingers?</p>	<p>000 <input type="checkbox"/> Less than 5 days (Section N4, page 52)</p> <p>_____ Days</p> <p>333 <input type="checkbox"/> Every day (8)</p>	93-95
<p>b. During the past 12 months, did you have the discomfort every day for a week or more?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	96
<p><b>CHECK ITEM 9</b></p>	<p>Refer to 5a and 5b: Mark first appropriate box</p>	97
<p>6. In which hand did you have this discomfort?</p>	<p>1 <input type="checkbox"/> Left</p> <p>2 <input type="checkbox"/> Right</p> <p>3 <input type="checkbox"/> Both</p>	98
<p>7. Was your discomfort worse when you were trying to sleep or did it awaken you from sleep?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	99
<p>8. In the past 12 months, did your hands or fingers often feel clumsy, that is, did you often have difficulty picking up or holding things?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	100

Instructions

- If the respondent gives symptoms other than those mentioned in question 3, mark "yes".

3-8 Hand Discomfort Past 12 Months (Continued)

3-8

2. If questions arise, consider discomfort aggravated by an injury as a "no" response in question 4.
3. Ask question 5 to determine on how many days the discomfort was present during the past 12 months.
4. The intent of question 7 is to determine whether either or both of these types of sleep disturbance has occurred, not to choose one or the other.

9-10

Questions 9 and 10. Length of Hand Discomfort

9-10

<p>9a. Has your hand(s) bothered you today?</p>	<p>1 <input type="checkbox"/> Yes (9c) 2 <input type="checkbox"/> No</p>	71
<p>b. How many days, weeks or months ago did you last have this discomfort?</p>	<p>Number <span style="font-size: 2em;">}</span> 1 <input type="checkbox"/> Days ago 2 <input type="checkbox"/> Weeks ago 3 <input type="checkbox"/> Months ago</p>	72-74
<p>c. For how many consecutive days, weeks, or months (did your hand(s) bother you that time/has your hand(s) been bothering you)?</p>	<p>Number <span style="font-size: 2em;">}</span> 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years</p>	75-77
<p>10a. In what year did you first notice this hand discomfort?</p>	<p>87 <input type="checkbox"/> 1987 88 <input type="checkbox"/> 1988 89 <input type="checkbox"/> 1989 <input type="checkbox"/> Earlier year - Specify _____</p>	78-79
<p>b. Counting (year in 10a), in how many different years has your hand(s) bothered you?</p>	<p>_____ Years</p>	80-81

Instructions

1. Ask question 9 to determine when the person most recently had hand discomfort and how long it lasted. Follow the same procedure as for question 8 in Section N2. Rephrase questions 9a and c and 10b if "both" is marked in question 6, that is, "Have your hands ..."

9-10 Chronicity of Hand Discomfort (Continued)

9-10

2. Ask question 10 to determine when the hand discomfort was first noticed and in how many different years the discomfort has been present. Follow the same procedure as for question 9 in Section N2.

11-13

Questions 11 Through 13. Work Consequences

11-13

<p>11a. During the past 12 months, were you away from work for more than one week for any reason?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (12)</p>	<p>82</p>
<p>b. When you were away from work for more than one week, did your hand discomfort increase, decrease, or stay the same?</p>	<p>1 <input type="checkbox"/> Increase 2 <input type="checkbox"/> Decrease 3 <input type="checkbox"/> Stay the same</p>	<p>83</p>
<p>12. During the past 12 months, did you miss at least a full day from work because of your hand discomfort?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>84</p>
<p>13a. Have you EVER stopped working at a job or changed jobs because of your hand discomfort?</p>	<p>1 <input type="checkbox"/> Yes (1-4) 2 <input type="checkbox"/> No</p>	<p>85</p>
<p>b. Have you ever made a major change in your work activities because of your hand discomfort?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>86</p>

Instructions

- Question 11a includes any week or more the sample person did not work regardless of the reason, for example, vacation, illness, layoff, plant shutdown, etc.
- "Full day of work" in question 12 means whatever time the person works. For example, if a person works 4 hours a day and missed that much time from work because of hand discomfort, mark "Yes" in 12.
- Complete question 13 in the same manner as question 10 in Section N2, Back Pain.

Questions 14 and 15. Medical Person Seen/Conditions

<p>14a. How long has it been since you last saw or talked to a medical doctor, chiropractor, physical therapist or other medical person about your hand discomfort?</p>	<p>000 <input type="checkbox"/> Never saw medical person (15)</p> <p>Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years</p>	87-89																
<p>b. What did the medical person call your hand discomfort?</p>	<p>_____</p>		80															
<p>15. Even if you have mentioned it before, please tell me if you have EVER had any of the following conditions —</p> <p>a. Arthritis of the hand, wrist or fingers? .....</p> <p>b. A broken bone in your hand, wrist, or fingers? .....</p> <p>c. A condition affecting the wrist end hand called carpal tunnel syndrome? .....</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>b.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>c.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	DK	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<p>81</p> <p>82</p> <p>83</p>
	Yes	No	DK															
a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>															
b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>															
c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>															

Instructions

- 1a. In question 14a, we are interested in any type of medical person the respondent may have seen for the hand discomfort.
- b. Question 14b refers to the visit in 14a. Enter the response verbatim. Continue in the notes space if necessary.
2. Do not attempt to define any of the conditions in question 15.

SECTION N4. WORK INJURIES

Overall Objective

The objectives of this section are to gather more complete information than currently exists on injuries in the workplace, particularly concerning the type and nature of the injury, the relationship of the activity at the time of the injury to usual job tasks, and the consequences of the injury.

①

Question 1. On-The-Job Injuries Past 12 Months

①

<p>Now I will ask about on-the-job injuries in the past 12 months. Hand Card N3</p> <p>By "on-the-job injury" we mean an injury at work that resulted in at least one of the following: an injury that required you to get medical attention or treatment, other than first aid for MINOR INJURIES; OR to be unable to do some of your work activities; OR to lose consciousness; OR to transfer to another job.</p> <p>1. DURING THE PAST 12 MONTHS, that is, since <u>(12 month date)</u> a year ago, have you had any on-the-job injuries?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (Section N5, page 58)</p>
---	---

Definition

- On-The-Job Injury--A condition resulting from a single "accident", activity or exposure in the work environment. Include any injury (causing one of the consequences listed) which occurred while the respondent was "at work" at a job or business, regardless of whether or not the activity was a job task. Refer to page N-18, paragraph 2b for "at work" definitions. Refer to page D13-1 for general definitions and examples of accidents and injuries. In addition to the general definition, for this section, the injury must have resulted in medical attention/treatment, at least a temporary limitation in the kind or amount of work activity, a loss of consciousness, or a transfer to another job.

①

On-the-Job Injuries Past 12 Months (Continued)

①

Instructions

1. Hand the respondent Card N3, read the introduction and question 1 slowly, emphasizing "or" between each statement. If the respondent is unsure about whether to include a particular injury and you are not sure whether it should be included, INCLUDE it and footnote the situation.

For example, the respondent may be unsure whether a particular medical treatment was "first aid for a minor injury". In this situation include the injury and footnote the treatment received.

2. It is possible that a respondent may have already reported an on-the-job injury earlier in the questionnaire. For example, if the back pain reported in section N1 was due to a work injury in the past 12 months, the respondent will have told you much of the information about how the accident happened, etc. Rather than reasking these questions, you may VERIFY any information you have been given previously, once you know you are talking about the same accident. Be sure, however, to record the information in section N4 after verifying it--do not enter "Same as \_\_\_" or "See \_\_\_."

②

Question 2. Number of On-The-Job Inquiries In Past 12 Months

②

<p>2. How many times have you been injured on the job during the past 12 months?</p>	<p>_____</p> <p>Number of times</p>
--	-------------------------------------

Instruction

Ask question 2 to determine the number of separate accidents resulting in injury, NOT the number of injuries. Several injuries may result from one accident or the same type of injury may have resulted from separate accidents. In either case, count the number of accidents only.



## Question 3. Dates of Injuries

3. On what date did your (most-recent) injury/injury before that) happen?

Enter each date in a separate column.

\_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_\_  
Month      Date      Year

10-15

### Instructions

1. If the respondent reported only one on-the-job injury for question 2, read "injury" from within the brackets when asking question 3. If more than one injury was reported in question 2, the first time question 3 is asked, read "most recent injury". Then for each additional injury read "injury before that".
2. Ask question 3 for each injury reported, getting precise dates if possible, before asking questions 4-21 for the first injury, second injury, etc. If the respondent cannot report the precise day of the month, probe for early, middle, or late in the month and enter the response verbatim. Fill an injury column for each injury reported. If a respondent reports more than four injuries in question 2, use additional supplement booklets.
3. If the date in question 3 is before the twelve month reference date, verify the date and delete this column, changing the number in question 2. Footnote "date verified".

Questions 4 and 5. Employment When Injury Happened

Complete questions 4-21 as appropriate for the first injury before completing them for the next, etc.

<p>4. At the time of your injury on (date in 3) were you working as a          occupation in Check Item 7) for (employer in Check Item 7)?</p>	<p>Injury 1 <span style="float:right">16</span></p> <p>1 <input type="checkbox"/> Yes (6)          2 <input type="checkbox"/> No</p>
<p>5a. For whom did you work when the injury happened?          Enter name of company, business, organization, or other employer.</p>	<p>Employer <span style="float:right">17-19</span></p> <p>032 <input type="checkbox"/> Armed Forces - civilian } (5c)          042 <input type="checkbox"/> Armed Forces - active duty }</p>
<p>b. What kind of business or industry is this? For example, TV and          radio manufacturing, retail shoe store, State Labor Department,          farm.</p>	<p>Industry <span style="float:right">20-22</span></p>
<p>c. What kind of work did you do at that job? For example, electrical          engineer, stock clerk, typist, farm.</p>	<p>Occupation <span style="float:right">23</span></p>
<p>d. What were your most important activities or duties at that job?          For example, types, keeps account books, files, sells cars, operates          printing press, finishes concrete.</p>	<p>Duties</p>
<p>Complete from entries in 5a-d. If not clear, ask:</p> <p>6. Were you -</p> <p>An employee of a PRIVATE company, business or individual          for wages, salary, or commission? ..... P</p> <p>A member of the ARMED FORCES? ..... AF</p> <p>A FEDERAL government employee? ..... S</p> <p>A STATE government employee? ..... S</p> <p>A LOCAL government employee? ..... L</p> <p>Self-employed in OWN business, professional          practice, or farm?</p> <p>ASK: Is the business incorporated?</p> <p>Yes ..... I</p> <p>No ..... SE</p> <p>Working WITHOUT PAY in family business or farm? ..... WP</p>	<p>Class of worker <span style="float:right">23</span></p> <p>1 <input type="checkbox"/> P          2 <input type="checkbox"/> AF          3 <input type="checkbox"/> F          4 <input type="checkbox"/> S          5 <input type="checkbox"/> L          6 <input type="checkbox"/> I          7 <input type="checkbox"/> SE          8 <input type="checkbox"/> WP</p>

Instructions

1. Ask question 4 to determine if the person worked at his/her current (or most recent) job when the injury happened by inserting the occupation and employer from Check Item 7.
2. If the response to question 4 is "no", ask questions 5a-e to determine the respondent's occupation and employer at the time of the injury. Complete these questions in the same manner as for previous similar questions. If the person indicates that this job was reported earlier, either in a prior section or previous column, enter "same as -" and indicate the question number and section or column where this was reported. Some "Same as" entries may be--"Same as Q5, column 1" "Same as Q6 in N2." Follow this procedure in any similar Industry and Occupation questions.

<p>6. At the time of this injury, what part of your body was hurt? What kind of injury was it? Anything else?</p>	<p>Part(s) of body <span style="float: right;">24-25</span></p> <hr/> <hr/>	<p>Kind of Injury <span style="float: right;">26-27</span></p> <hr/> <hr/>
<p>7. Did you lose consciousness as a result of the injury?</p>	<p style="text-align: right;">28</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	

Instructions

1. Ask the first part of question 6 and record the "part(s) of body" which the respondent mentions in the space provided. Next, ask "What kind of injury was it?", and record in the answer space the kind of injury. Then ask "Anything else?" and continue to record part(s) of body and kind of injury for all injuries from this accident in the same manner as question 17a on the HIS-1 Condition Page. Refer to pages D13-36 and 37.
2. Ask question 7 to determine whether loss of consciousness occurred as a result of the injury. The loss of consciousness does not have to have happened at the time of the accident but must have been a result of the injury. The important distinction is whether the loss of consciousness resulted from the injury or from some medication or treatment administered later. Do not include the latter situation. For example, if a person was injured on the job and lost consciousness from anesthesia administered in the hospital, consider this a "No" response.

8 - 9

### Questions 8 and 9. Cause of The Injury

8 - 9

8. What were you doing at the time of the injury?	<div style="text-align: right;">29-30</div> <hr/> <hr/>
9. How did the injury happen?	<div style="text-align: right;">31-32</div> <hr/> <hr/> <div style="text-align: right;"><i>Go to 10 for this injury</i></div>

#### Instruction

Ask questions 8 and 9 to determine the cause of the injury. Record the responses verbatim, including information on any objects or substances involved in the injury and how they contributed to the injury. Refer to D13-12 for examples of acceptable entries for questions 8 and 9.

10 - 11

### Questions 10 and 11. New or Usual Work Activities at Time of Injury

10 - 11

10. Was the activity you were doing at the time of the injury a NEW or unfamiliar job task?	<div style="text-align: right;">33</div> 1 <input type="checkbox"/> Yes (12) 2 <input type="checkbox"/> No
11. Was the activity you were doing at the time of the injury part of your usual job tasks?	<div style="text-align: right;">34</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

#### Instructions

1. Ask question 10 to determine if the activity at the time of the injury was a new or unfamiliar job task. Mark "Yes" if it was either new or unfamiliar. Mark "No" if it was not a job task or if it was not a new or unfamiliar task.
2. Ask question 11 to determine whether the activity was part of the respondent's usual job tasks. "Usual job tasks" is respondent defined.

Questions 12 and 13. Where Medical Care First Received

12 - 13

12 - 13

<p>12. Did you see or talk to a medical doctor, nurse, chiropractor, physician's assistant, nurse practitioner or other medical person as a result of this injury?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Check Item 10)</p>
<p>13. Where did you FIRST see or talk to a medical person about this injury?</p>	<p>1 <input type="checkbox"/> Work-site health unit 2 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 3 <input type="checkbox"/> Emergency room 4 <input type="checkbox"/> Walk-in clinic 5 <input type="checkbox"/> Hospital outpatient clinic 6 <input type="checkbox"/> Other - Specify <u>      </u></p>

Instructions

1. Ask question 12 to determine if ANY type of "medical person" was seen as a result of the injury. Paramedical persons ARE included, as are all types of medical doctors, nurses, dentists, oral surgeons, chiroprodists, podiatrists, etc.
2. Mark only one box in question 13.

10 - 14

Check Item 10 and Question 14. Eye Injury

10 - 14

<p><b>CHECK ITEM 10</b> Refer to question 6</p>	<p>1 <input type="checkbox"/> "Eye" in 6 (14) 2 <input type="checkbox"/> All others (15)</p>
<p>14a. Were you wearing eye protection equipment over your eyes at the time of the injury?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (15)</p>
<p>b. What type of eye protection equipment were you wearing?</p>	<p>1 <input type="checkbox"/> Welding goggles 2 <input type="checkbox"/> Other goggles 3 <input type="checkbox"/> Glasses with side shields 4 <input type="checkbox"/> Glasses without side shields 5 <input type="checkbox"/> Welding helmet 6 <input type="checkbox"/> Face shield 7 <input type="checkbox"/> Other</p>

Definition

Eye protection equipment--Safety goggles or glasses, welder's mask, other types of goggles, glasses or face mask intended to protect the eyes.

Eye Injury (Continued)

Instructions

1. Mark a box in Check Item 10 depending on whether or not any type of eye injury was reported in question 6.
2. Mark a box in question 14b to indicate the type of eye protection.

Question 15. Work Loss

15

15

15a. Did you miss more than half of the day from work on the day of the injury?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	40
b. OTHER THAN THE DAY OF THE INJURY, how many FULL days of scheduled work did you miss as a result of the injury?	_____ Full days <input type="checkbox"/> 000 None	41-43
c. (Not counting the (number in 15b) full days), Did you miss any (other) scheduled time from work other than the day of the injury?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (16)	44
d. (Again, not counting the (number in 15b) full days), How many days did you miss MORE THAN HALF THE DAY from work as a result of the injury?	_____ Days <input type="checkbox"/> 000 None	45-47

Definition

1. Scheduled work -- Do not include holidays, weekends (if not scheduled workdays) or any other time when the person would not have been expected to be at work.
2. Full day -- The normal full workday for the respondent, regardless of the number of hours.

Instructions

- 1. Consider only the job on which the injury occurred in determining "work loss days." For example, do not count time missed from Job B because of an injury on Job A.
- 2. If the response to question 15b is "None", OMIT the parenthetical phrases when asking 15c and d. If a number of full days is reported in 15b, INCLUDE the parenthetical phrases in 15c and d, inserting the number from 15b.

3. Question 15 may be difficult for the respondent to answer, especially if several injuries were experienced during the past 12 months, and if the injuries occurred several months before the interview. Encourage the respondent to answer as accurately as possible.

Questions 16 Through 21. Work Consequences

16a. Were you temporarily transferred to another job because of the injury?	1 <input type="checkbox"/> Yes (17) 2 <input type="checkbox"/> No	48
b. Were you temporarily assigned lighter work or excused from certain duties at work other than the day of the injury?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	49
17a. Did you report this injury to your employer?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	50
b. Was a worker's compensation claim filed as a result of this injury?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	51
18a. Did you change employers as a result of the injury?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (19)	52
b. Was your salary lower, higher or the same after your change of employers?	1 <input type="checkbox"/> Lower 2 <input type="checkbox"/> Higher 3 <input type="checkbox"/> Same	53
c. Were you as satisfied, less satisfied or more satisfied with your new employer as with your employer prior to the injury?	1 <input type="checkbox"/> As satisfied 2 <input type="checkbox"/> Less satisfied 3 <input type="checkbox"/> More satisfied } (19 for this injury)	54
19a. Did you change the kind of work you do as a result of the injury?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Check Item 11)	Injury 1 55
Mark box or x:	0 <input type="checkbox"/> Yes in 18a (19c)	56
b. Was your salary lower, higher or the same after your job change?	1 <input type="checkbox"/> Lower 2 <input type="checkbox"/> Higher 3 <input type="checkbox"/> Same	57
c. Were you as satisfied, less satisfied or more satisfied with your new job as with your job prior to the injury?	1 <input type="checkbox"/> As satisfied 2 <input type="checkbox"/> Less satisfied 3 <input type="checkbox"/> More satisfied	58
<b>CHECK ITEM 11</b> Refer to 18a and 19a:	1 <input type="checkbox"/> "Yes" in 18a OR 19a (21) 2 <input type="checkbox"/> All others (20)	59
20. Did you make a permanent change in your work activities because of this injury?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	60
21. Did you permanently change your off-the-job activities because of this injury?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	61

A. Definition

Worker's Compensation Claim--official State forms for claiming compensation for work-related illness or injury. They can be filed for medical expenses, for compensation for time off work or both. These forms are usually filed with the employer.

Work and Non-Work Consequences (Continued)

B. Instructions

1a. Ask question 16a to determine if the respondent was temporarily transferréd to another job. The respondent may have returned to the usual job at some time after the injury, but worked at another job "temporarily" because of the injury.

b. Ask question 16b to determine if the respondent was temporarily assigned an altered amount of work done at the usual job, or some job tasks not normally associated with the usual job.

2a. For 17a the report may have been either verbal or in writing. "Employer" refers to any supervisory personnel in the company or agency, or any health personnel in a company health unit.

b. In question 17b, if the respondent reports filling out forms, but doesn't know what type, do not mark a box, but footnote the information.

\* c. Use your own discretion as to whether or not to ask addendum question (page 66) at this point or after Section N8. This applies in general to questions 2 and 3 in the addendum.

3. In question 18, "change employers" refers to a change from one employer to another. This includes changing from self-employed to working for an employer and vice versa. It does not include changing the type of work for the same employer.

4. In 19a, "Change the kind of work" means a change from one occupation to another, regardless of whether or not employers were changed.

5a. In question 20, the "permanent change" could have been initiated by the person or the employer.



Work and Non-Work Consequences (Continued)

b. In question 21, "Off-the-job activities" includes whatever the person would have done when not at work, such as recreational activities, work around the house, and so forth.

12

Check Item 12

CK  
12

<b>CHECK ITEM 12</b>	<i>Refer to question 2, section N4:</i>	<input type="checkbox"/> Additional injury (4 for next injury)
		<input type="checkbox"/> All others (section N5)

Instruction

If this is the last or only injury for this person, mark the second box and go to Section N5. Otherwise, mark the first box and ask questions 4-21 for the next injury.

SECTION N5. SKIN CONDITIONS

① - ②

Questions 1 and 2. Skin Condition/Part of Body

① - ②

Now I will ask about skin conditions.		
1 a. During the past 12 months, that is, since (12 month date) a year ago have you had dermatitis, eczema, or any other red, inflamed skin rash?	1 <input type="checkbox"/> Yes	5
	2 <input type="checkbox"/> No (Section N6, page 54)	
b. During the past 12 months, on about how many days altogether did you have a skin condition? Include days when you used treatment for the condition.	365 <input type="checkbox"/> Every day	6-8
	_____ Days	
2. What parts of your body were affected by this skin condition? Mark all that apply	1 <input type="checkbox"/> Hands	9
	2 <input type="checkbox"/> Arms	10
	3 <input type="checkbox"/> Head, face or neck	11
	8 <input type="checkbox"/> Other body area - Specify →	12
	9 <input type="checkbox"/> DK	13

Instructions

1a. Ask question 1a to determine if the respondent had any of the listed conditions during the past 12 months. Do not attempt to define dermatitis or eczema. If the respondent is unsure whether to include a condition, include it, but explain the situation in a footnote also. However, if questions arise, exclude dry, itchy skin, acne, and psoriasis.

b. In 1b, if the respondent reports having had more than one "skin condition", these questions refer to any or all skin conditions. This applies throughout this section.

2. Mark boxes for all body parts mentioned in question 2.

③

Question 3. Work Loss

③

3. During the past 12 months, did you miss at least a full day from work because of your skin condition?	1 <input type="checkbox"/> Yes	14
	2 <input type="checkbox"/> No	

Instruction

Complete question 3 in the same manner as question 12 in Section N3.

Questions 4 and 5. Skin Condition From Substances on The Job

4a. Did any skin condition you had in the past 12 months result from chemicals or other substances which got on your skin?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK } (6)	15	
b. What chemicals or other substances were these?	<hr/> <hr/>		16-17
c. Did you get these substances on your skin during the past 12 months?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	18	
d. Were you at work at your job or business when you got these substances on your skin?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK } (6)	19	
5a. Was this at your job as a (occupation in Check Item 7) for (employer in Check Item 7)?	<input type="checkbox"/> 1 Yes (6) <input type="checkbox"/> 2 No	20	
b. For whom did you work when you got these substances on your skin? Enter name of company, business, organization, or other employer.	Employer 932 <input type="checkbox"/> Armed Forces - Civilian 942 <input type="checkbox"/> Armed Forces - Active duty } (5a)	21-23	
c. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.	Industry		
d. What kind of work did you do at that job? For example, electrical engineer, stock clerk, typist, farmer	Occupation	24-26	
e. What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.	Duties		
f. Were you - An employee of a PRIVATE company, business or individual for wages, salary, or commission? . . . . . P A member of the ARMED FORCES? . . . . . AF A FEDERAL government employee? . . . . . F A STATE government employee? . . . . . S A LOCAL government employee? . . . . . L Self-employed in OWN business, professional practice, or farm? Ask: Is the business incorporated? Yes . . . . . I No . . . . . SE Working WITHOUT PAY in family business or farm? . . . . . WP	Class of worker 1 - P 2 - AF 3 - F 4 - S 5 - L 6 - I 7 - SE 8 - WP	27	

Instructions

1a. In 4a, include skin contact with chemicals or substances, even though they didn't "get on the skin" in a literal sense. For example, skin contact with paper treated with certain chemicals or vapors in the air should be considered "Yes" for 4a:

b. In 4b, enter the response verbatim. If more than one substance is mentioned, probe for the main substance causing the skin rash and list the main one first.

Skin Condition from Substances on the Job (Continued)

2a. Ask question 5a, inserting the occupation and employer from Check Item 7, in the same manner as for previous similar questions.

b. Ask questions 5b-f as necessary to obtain occupation and industry information about the job where the exposure occurred.

Questions 6 and 7. Medical Treatment or Attention

6a. During the past 12 months, did you use any prescription medications or other treatments prescribed by a doctor for your skin condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	28
b. Did you use any over-the-counter or non-prescription medications or treatments for your skin condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	29
7a. How long has it been since you last saw or talked to a dermatologist or skin specialist about your skin condition?	000 <input type="checkbox"/> Never  Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	30-32
b. How long has it been since you last saw or talked to any other type of medical person about your skin condition?	000 <input type="checkbox"/> Never  Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	33-35

A. Definition

1. Prescription Medication or Treatment--(1) Any medicine or treatment obtained on a doctor's written prescription, (2) any medicine or treatment which has been prepared on the basis of a doctor's telephone call to a pharmacist, or (3) any medicine or treatment given by the doctor (or nurse) to the person to take or use at home.

Include medicines, shots, injections, or treatments administered in the office, hospital, or clinic.

Exclude medicine only "recommended" by a doctor, such as a special soap, if the question arises.

Medical Treatment or Attention (Continued)

2. Over-the-Counter/Nonprescription Medication or Treatment--Any medicine or treatments obtained without a written or telephoned doctor's prescription.

B. Instructions

1. Ask question 6a to determine if the person took any medicine or used treatment prescribed by a doctor for any of the skin conditions.

Question 6b determines use of over-the-counter or nonprescription medications or treatments.

2. Ask questions 7a concerning skin specialists and 7b concerning all other types of medical persons to determine the periods of time since these medical persons were talked to about the skin condition(s).

QUESTIONS 8 THROUGH 10. WORK CONSEQUENCES

8a. During the past 12 months, have you stopped working at a job or changed jobs because of your skin condition?	1 <input type="checkbox"/> Yes (Check Item 13) 2 <input type="checkbox"/> No	36
b. During the past 12 months, did you make a major change in your work activities because of your skin condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	37
<b>CHECK ITEM 13</b>	Refer to question 4a: 3 <input type="checkbox"/> "Yes" in 4a (9) 4 <input type="checkbox"/> All others (Section N6)	38
9. During the past 12 months, did you report your skin condition to your employer as a work-related illness or injury?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	39
10. During the past 12 months, was a worker's compensation claim filed for your skin condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	40

Instructions

1. Question 8 is similar to question 10 in Section N2, except that the reference period in Section N2 is "ever," and in question 8 is "past 12 months."

## Work Consequences (Continued)

2. In Check Item 13, mark a box to indicate whether or not the respondent reported substances at work as causing the skin condition. If "Yes" in question 4d, ask questions 9 and 10.
3. In question 9, the "report" may have been verbal or in writing. "Employer" refers to any supervisory personnel in the company or any health personnel in a company health unit.
4. Refer to page N-35 for the definition of "Worker's Compensation Claim."

SECTION N6. EYE, NOSE, THROAT IRRITATION

CK  
14 - 4

Check Item 14 and Questions 1 Through 4. Eye Symptoms

CK  
14 - 4

<b>CHECK ITEM 14</b>	Refer to HIS-1, C1:	1 <input type="checkbox"/> Wa box marked (1) a <input type="checkbox"/> All others (Section N7, page 56)	41
These questions are about eye, nose and throat irritation. Hand calendar			42
1a. During the past 2 weeks (outlined in red on that calendar), beginning Monday ( <u>date</u> ), and ending this past Sunday ( <u>date</u> ), have you had any episodes of itchy, irritated or watery eyes?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (4)	
b. On how many days during the past 2 weeks did you have itchy, irritated or watery eyes?		_____ Days	43-44
c. Were these symptoms due to a cold or flu, hay fever, other allergies, or something else?		1 <input type="checkbox"/> Cold or flu (4) 2 <input type="checkbox"/> Hay fever 3 <input type="checkbox"/> Other allergies a <input type="checkbox"/> Something else — Specify —	45
2a. Did you have these symptoms while you were at work?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (3)	46
b. When you were away from work, did these symptoms increase, decrease, or stay the same?		1 <input type="checkbox"/> Increase 2 <input type="checkbox"/> Decrease 3 <input type="checkbox"/> Stay the same	47
3. During the past 2 weeks when you had these symptoms, did you also have a fever?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	48
4a. Do you wear contact lenses?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)	49
b. What type of contact lenses do you wear?  Mark all that apply		1 <input type="checkbox"/> Hard lenses) (include polycon) 2 <input type="checkbox"/> Soft lenses), daily wear 3 <input type="checkbox"/> Soft lenses), extended wear 4 <input type="checkbox"/> Intraocular lenses) a <input type="checkbox"/> Other — Specify —	50 51 52 53 54
		9 <input type="checkbox"/> DK	55

Instructions

1. Ask this section only of persons who worked during the past two weeks; that is, "Wa box marked" in Check Item 14.
2. In questions 1a, 5a and 8a, an "episode" refers to a period of time when the symptom was present, whether it lasted less than an hour or for the entire two weeks.

Eye Symptoms (Continued)

- 3. In 1c, probe for the main cause if more than one is mentioned, and mark only one box.
- 4. If questions arise in question 2a, "at work" refers to the job in Check Item 5B.
- 5a. Ask question 4 to determine if the person wears contact lenses since the symptoms described in question 1 can also be associated with the use of contact lenses.
  - b. Specify any types of contact lens not listed in 4b, for example, "gas permeable". Do not enter brand names, however.

Questions 5 Through 7. Nasal Symptoms

5a. During the past 2 weeks, have you had any episodes of stuffy, blocked, itchy, or runny nose?	<input type="checkbox"/> Yes <input type="checkbox"/> No (8)	56
b. On how many days during the past 2 weeks did you have stuffy, blocked, itchy or runny nose?	_____ Days	57-58
c. Were these symptoms due to a cold or flu, hay fever, other allergies, or something else?	<input type="checkbox"/> Cold or flu (8) <input type="checkbox"/> Hay fever <input type="checkbox"/> Other allergies <input type="checkbox"/> Something else - Specify _____	59
6a. Did you have these symptoms while you were at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No (7)	60
b. When you were away from work, did these symptoms increase, decrease, or stay the same?	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Stay the same	61
7. During the past 2 weeks when you had these symptoms, did you also have a fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No	62

Instruction

Complete these questions in the same manner as questions 1-3.



Questions 8 Through 10. Throat Symptoms

<p>8a. During the past 2 weeks, have you had any episodes of sore or dry throat?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Section N7, page 56)</p>	63
<p>b. On how many days during the past 2 weeks did you have sore or dry throat?</p>	<p>_____ Days</p>	64-65
<p>c. Were these symptoms due to a cold or flu, hay fever, other allergies, or something else?</p>	<p>1 <input type="checkbox"/> Cold or flu (Section N7, page 56) 2 <input type="checkbox"/> Hay fever 3 <input type="checkbox"/> Other allergies 4 <input type="checkbox"/> Something else - Specify _____</p>	66
<p>9a. Did you have these symptoms while you were at work?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (10)</p>	67
<p>b. When you were away from work, did these symptoms increase, decrease or stay the same?</p>	<p>1 <input type="checkbox"/> Increase 2 <input type="checkbox"/> Decrease 3 <input type="checkbox"/> Stay the same</p>	68
<p>10. During the past 2 weeks when you had these symptoms, did you also have a fever?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	69

Instruction

Complete these questions in the same manner as questions 1-3.

SECTION N7. CONDITION CHECKLIST AND CONDITION PAGES

①-②

Questions 1 Through 2. Medical Conditions

①-②

I am going to read a list of medical conditions. Tell me if you have had any of these conditions even if you have mentioned them before.		Yes	No	
<b>1. DURING THE PAST 12 MONTHS, that is, since (12 month date) a year ago, have you had --</b>				
a. REPEATED trouble with neck, back or spine? .....	1 <input type="checkbox"/> - Specify _____	2 <input type="checkbox"/>		70
b. A condition affecting the wrist and hand, called carpal tunnel syndrome? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>		71
c. A condition affecting the fingers and/or toes, called Raynaud's (Rā' nōdes) phenomenon? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>		72
d. A condition affecting the tendons called tendonitis? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>		73
<b>DURING THE PAST 12 MONTHS have you had --</b>				
e. Hepatitis? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>		74
f. Skin cancer? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>		75
g. Lung cancer? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>		76
h. Asthma? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>		77
i. Chronic bronchitis? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>		78
j. Emphysema? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>		79
k. Any dust disease of the lungs, such as silicosis, asbestosis, brown lung, or black lung disease? .....	1 <input type="checkbox"/> - Specify _____	2 <input type="checkbox"/>		80
<b>2. Do you NOW have --</b>				
a. Deafness in one or both ears?	1 <input type="checkbox"/>	2 <input type="checkbox"/>		81
b. Any other trouble hearing in one or both ears?	1 <input type="checkbox"/>	2 <input type="checkbox"/>		82

A. Objective

Data from this section will be used to estimate the prevalence of certain conditions in the ever employed population, and to estimate the proportion of that prevalence that may be job-related.

**B. Instructions**

- \* 1. Ask the condition list in the same manner as on the HIS-1; that is, do not mark "Yes" unless the condition is reported here even though it may have been mentioned before. In question 1, probe for and record the exact condition when multiple conditions are asked about, such as in 1a and 1k. Do not attempt to define any of the conditions. Raynauds phenomenon is the same as "Raynauds disease."
- 2. In question 2, no probe for "one or both" is required. Enter "Deafness" or "Trouble hearing" as appropriate, on the Condition Page.

CK  
①5

**Check Item 15**

CK  
①5

<b>CHECK ITEM 15</b>	Refer to questions 1 and 2:	<input type="checkbox"/> "No" or "DK" in ALL of 1 and 2 (Section NB, page 66) <input type="checkbox"/> "Yes" in any part of 1 or 2 (Fill a column for each condition)	83
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Instruction

Review questions 1 and 2 and mark the appropriate box. Fill a condition page column for each condition reported in question 1 or 2.

③-⑥

**QUESTIONS 3 THROUGH 6. JOB-RELATEDNESS OF CONDITION**

③-⑥

3. Were you ever told by a doctor or other medical person that your <u>condition</u> was related to any job you ever had?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9
4. Was a worker's compensation claim ever filed for your <u>condition</u> ?	1 <input type="checkbox"/> Yes (6) 2 <input type="checkbox"/> No	10
5. Did you ever report to your employer or to other company personnel that your <u>condition</u> was related to your job?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	11
6. Did you ever tell a doctor or other medical person that your <u>condition</u> was related to any job you ever had?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	12

Instructions

- 1. Enter the name of the condition from question 1 or 2 on the line provided and complete questions 3-9 before going to the next condition. Use additional booklets if more than 4 conditions are reported.

Job-Relatedness of Condition (Continued)

- 2. When asking question 3, insert the name of the condition for which you are completing this column. "Job-related" is respondent defined.
- 3. Ask questions 5 and 6 to determine if this condition was reported to an employer or medical person as being job-related.

Check Item 16 and Questions 7 Through 9. Work Consequences

<b>CHECK ITEM 16</b>	Refer to Check Item 7, page 39.	1 <input type="checkbox"/> Entries in Check Item 7 (7) 2 <input type="checkbox"/> All others (8)	13
7a. DURING THE PAST 12 MONTHS, were you told by your doctor or employer to stay home from work temporarily because of your <u>condition</u> ?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	14
b. DURING THE PAST 12 MONTHS, did your employer transfer you to another job, either temporarily or permanently, because of your <u>condition</u> ?		1 <input type="checkbox"/> Yes (Check Item 17) 2 <input type="checkbox"/> No	15
c. DURING THE PAST 12 MONTHS, did your employer give you lighter work or excuse you from certain duties at work because of your <u>condition</u> ?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	16
8. Did you EVER stop working at a job or change jobs because of your <u>condition</u> ?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	17
<b>CHECK ITEM 17</b>	Refer to 3, 4, 5, 6:	1 <input type="checkbox"/> "Yes" in 3, 4, 5 OR 6 (9) 2 <input type="checkbox"/> All others (NC)	18
9a. What kind of work did you do that was related to your <u>condition</u> ? For example, electrical engineer, stock clerk, typist, farmer.		Occupation	19-21
b. What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.		Duties	
c. In what kind of business or industry did you work the longest as a <u>entry in 9a</u> ? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.		Industry	22-24
d. Were you - An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... P A member of the ARMED FORCES? ..... AF A FEDERAL government employee? ..... F A STATE government employee? ..... S A LOCAL government employee? ..... L Self-employed in OWN business, professional practice, or farm? Ask: Is the business incorporated? Yes ..... I No ..... SE Working WITHOUT PAY in family business or farm? ..... WP		Class of worker 1 <input type="checkbox"/> P 2 <input type="checkbox"/> AF 3 <input type="checkbox"/> F 4 <input type="checkbox"/> S 5 <input type="checkbox"/> L 6 <input type="checkbox"/> I 7 <input type="checkbox"/> SE 8 <input type="checkbox"/> WP (NC)	25

Instructions

1. Complete Check Item 16 based on the presence or absence of entries in Check Item 7.
2. Ask each part of question 7 of persons who worked in the past 12 months to determine any specific changes in the person's work status because of this condition.
3. Complete question 8 in the same manner as question 10 in Section N2.
- 4a. Ask question 9 if it was reported that the condition was job related, that is, "Yes" in question 3, 4, 5 or 6.
- b. Complete question 9 in the same manner as other similar questions.

SECTION N8. CIGARETTE SMOKING

Overall Objective

The objective of these questions is to update estimates of adult cigarette smoking in the U.S. population. In addition, cigarette smoking is an important variable related to many of the conditions of interest in this supplement.

①

Question 1. Cigarettes Smoked In Entire Life

①

These questions are about smoking cigarettes.		5
1. Have you smoked at least 100 cigarettes in your entire life?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Section O)	

A. Objective

This question identifies persons who have smoked very little in their lives, less than 100 cigarettes, and those who have never smoked. For the purposes of this survey, persons who have smoked less than 100 cigarettes are considered to be nonsmokers whether or not they are currently smoking.

B. Definition

Cigarettes--Accept whatever is reported EXCEPT for small cigars and marijuana, which are excluded. Do not probe for this information.

C. Instructions

If questions arise concerning cigarettes versus packs, explain that 100 cigarettes means approximately 5 packs of 20 each or 4 packs of 25 each.

2

## Question 2. Age Started Smoking

2

2. About how old were you when you first started smoking cigarettes fairly regularly?	<input type="checkbox"/> Never smoked regularly _____ Years	8-7
---	--	-----

A. Definition

Fairly regularly--This term is respondent defined.

B. Instructions

Enter the age the person started smoking fairly regularly or mark the box. Do not mark the "Never smoked regularly" box unless the respondent specifically indicates that he/she has never been a regular smoker.

3

## Question 3. Smoke Cigarettes Now

3

3. Do you smoke cigarettes now?	<input type="checkbox"/> Yes (5) <input type="checkbox"/> No	1
---------------------------------	---	---

Instructions

1. Mark "Yes" for persons who are currently smoking as well as for those who indicate that they have stopped smoking temporarily, for example, due to illness, but expect to begin again. Mark "Yes" also for persons who report that they have "cut down" with the intention of quitting.
2. Mark "No" for persons who indicate that they have stopped with the intention of quitting.

4

### Question 4. Last Smoked Regularly

4

<p><i>Mark box or ask:</i></p> <p><b>4. About how long has it been since you last smoked cigarettes fairly regularly?</b></p>	<p>000 <input type="checkbox"/> Never smoked regularly (Section 0)</p> <p>Number <span style="font-size: 2em; vertical-align: middle;">}</span> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Days</li> <li>2 <input type="checkbox"/> Weeks</li> <li>3 <input type="checkbox"/> Months</li> <li>4 <input type="checkbox"/> Years</li> </ul> </p>
---	---

#### Instructions

1. Mark the "Never smoked regularly" box above question 4 if that same box is marked in question 2, and skip to Section 0, Alcohol.
2. Record the number of units verbatim on the line provided and mark the appropriate box.

5

### Question 5. Number Smoked Per Day

5

<p><b>5. On the average, about how many cigarettes a day [do/did] you smoke?</b></p>	<p>00 <input type="checkbox"/> Less than one cigarette per day</p> <p>_____ Cigarettes per day</p>
--	--

#### Instructions

1. Ask question 5, selecting the appropriate word from the brackets, depending on the answer to question 3. If the response is in packs, convert it to the number of cigarettes, then verify the number with the respondent before recording it.
2. If the answer to question 5 cannot be given in a number of cigarettes per day, for example., four per week, one pack on weekends only, etc., record the verbatim response in the answer space for the question.



6

QUESTION 6. LIVE WITH ANYONE WHO SMOKES

6

6a. Do you live with anyone who smokes cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check item 18)	14
b. Do they regularly smoke in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	18

Definition

Regularly--This term is respondent defined.

7

CHECK ITEM 18 AND QUESTION 7. SMOKING IN THE WORKPLACE

7

<b>CHECK ITEM 18</b>	<i>Refer to Check Item 5B on page 44</i>	<input type="checkbox"/> Entry in Check Item 5B (7) <input type="checkbox"/> All others (Occupational Health Addendum)	18
7a. Is smoking allowed in your place of work other than in designated areas?	<input type="checkbox"/> Yes (7b) <input type="checkbox"/> No (Occupational Health Addendum)	<input type="checkbox"/> Works at home	17
b. Do you find that cigarette smoke in the work place causes you no discomfort, some discomfort, moderate discomfort, or great discomfort?	<input type="checkbox"/> No discomfort <input type="checkbox"/> Some discomfort <input type="checkbox"/> Moderate discomfort <input type="checkbox"/> Great discomfort		18

Instruction

\* Check Item 18 directs you to ask question 7 only of respondents who now have a job or business. If the response to 7a is "Works at home," go to the addendum questions.

OCCUPATIONAL HEALTH ADDENDUM

Objective

These questions are follow-up questions to be asked only if the respondent reported filing a worker's compensation claim for an injury, for a skin condition, and/or for a condition in Section N7.

①

QUESTION 1. WAS CLAIM FOR INJURY AWARDED, DENIED, OR STILL IN PROCESS

①

If Yes in question 17b, page 54/55, ask: 1. Was the worker's compensation claim for your injury on (date in 3, page 52/53) awarded, denied, or is it still in process?	Injury 1	Injury 2	Injury 3	Injury 4
	19	20	21	22
	1 <input type="checkbox"/> Awarded 2 <input type="checkbox"/> Denied 3 <input type="checkbox"/> In process 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Awarded 2 <input type="checkbox"/> Denied 3 <input type="checkbox"/> In process 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Awarded 2 <input type="checkbox"/> Denied 3 <input type="checkbox"/> In process 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Awarded 2 <input type="checkbox"/> Denied 3 <input type="checkbox"/> In process 9 <input type="checkbox"/> DK

Instructions

1. If the respondent reported filing one or more worker's compensation claim(s) for a work injury in the past 12 months ("Yes" in question 17b, page 54/55), ask question 1 inserting the date of the particular injury.
2. If the respondent reported filing claims for more than four injuries, use another booklet and renumber the injuries in the answer space.

②

QUESTION 2. WAS CLAIM FOR SKIN CONDITION AWARDED, DENIED OR IN PROCESS

②

If Yes in question 10, page 59, ask: 2. Was the worker's compensation claim for your skin condition awarded, denied, or is it still in process?	23
	1 <input type="checkbox"/> Awarded 2 <input type="checkbox"/> Denied 3 <input type="checkbox"/> In process 9 <input type="checkbox"/> DK

Instructions

If the respondent reported filing a worker's compensation claim for a skin condition ("Yes" in question 10, page 59), ask question 2.

3

QUESTION 3. WAS CLAIM FOR CONDITION AWARDED, DENIED OR IN PROCESS

3

<p><i>If Yes in question 4, page 64/65, ask:-</i></p> <p>3. Was the worker's compensation claim for your <u>(condition)</u> awarded, denied, or is it still in process?</p>	<p>Condition 1</p> <p>24</p> <p>1 <input type="checkbox"/> Awarded 2 <input type="checkbox"/> Denied 3 <input type="checkbox"/> In process 9 <input type="checkbox"/> DK</p>	<p>Condition 2</p> <p>25</p> <p>1 <input type="checkbox"/> Awarded 2 <input type="checkbox"/> Denied 3 <input type="checkbox"/> In process 9 <input type="checkbox"/> DK</p>	<p>Condition 3</p> <p>26</p> <p>1 <input type="checkbox"/> Awarded 2 <input type="checkbox"/> Denied 3 <input type="checkbox"/> In process 9 <input type="checkbox"/> DK</p>	<p>Condition 4</p> <p>27</p> <p>1 <input type="checkbox"/> Awarded 2 <input type="checkbox"/> Denied 3 <input type="checkbox"/> In process 9 <input type="checkbox"/> DK</p>
---	--	--	--	--

Instructions

1. If the respondent reported filing a worker's compensation claim for a condition reported in Section N7, ("Yes" in question 4, page 64/65), ask question 3.
2. Insert the name of the appropriate condition when asking the question.
3. If claims were filed for more than four conditions, use another booklet and renumber the conditions in the answer space.

## SECTION O. ALCOHOL

### A. Overall Objective

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) wishes to obtain current data about individual alcohol consumption, alcohol abuse and other alcohol-related problems. These data are necessary to monitor progress toward several of the 1990 Public Health Service objectives related to alcohol abuse and alcoholism. The NIAAA needs these data to further increase the knowledge gained from the 1983 NHIS supplement on "Alcohol and Health Practices" to further develop their understanding related to alcohol consumption among different segments of the U.S. population.

### B. Respondent, Proxy and Callback Rules

These rules are the same as for the Occupational Health Section, Section N. See page N1.

## SECTION O1. ALCOHOL SCREENING AND ABSTAINER

### Overall Objective

The purpose of the Alcohol Screening questions is to identify and classify people by drinking status. Five types of drinking status are determined in question 1: (1) lifetime abstainers--people who have had less than 12 drinks in their entire life; (2) lifetime infrequent drinkers--people who never have had more than 11 drinks in any one year; (3) current drinkers--people who have had at least 12 drinks in the past 12 months; (4) current infrequent drinkers people who have had 12 or more drinks in any one year, but less than 12 and at least 1 in the past year, and (5) former drinkers--people who have had 12 or more drinks in any one year, but no drinks in the past year. Both of these last two groups will be classified as "Former Drinkers" and asked the questions in the appropriate section.

In addition to the alcohol screening questions, this section includes a short set of questions for lifetime abstainers.

①

### Question 1. Drinking Patterns

①

<p>These next questions are about drinking alcoholic beverages. Included are liquor, such as whiskey, rum, gin, or vodka, beer, wine, or any other type of alcoholic beverage.</p>	
<p>1a. In YOUR ENTIRE LIFE, have you had at least 12 drinks of any kind of alcoholic beverage?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)</p>
<p>b. In the PAST 12 MONTHS did you have at least 12 drinks of ANY kind of alcoholic beverage?</p>	<p>1 <input type="checkbox"/> Yes (Section 03, page 67) 2 <input type="checkbox"/> No</p>
<p>c. In ANY ONE YEAR of your entire life did you have at least 12 drinks of ANY kind of alcoholic beverage?</p>	<p>1 <input type="checkbox"/> Yes (Section 04, page 73) 2 <input type="checkbox"/> No (Section 02, page 63)</p>

#### A. Definitions

1. 12 Drinks--This term means 12 whole drinks, not just "tastes."
2. Any One Year--This term means any calendar year, as determined by the sample person.
3. Past 12 Months--Refers to the HIS-1 reference period.
4. Alcoholic Beverage--Any drink containing any type of alcohol, including beer, wine, wine coolers, wine spritzers, liquors, cordials, whiskey, and so forth.

#### B. Instructions

1. Do NOT accept a proxy under any circumstances. Mark the appropriate noninterview reason in 9c of the Cover page and explain in a footnote, if necessary. See the callback rules on page N-1.
2. Read the introduction, then ask 1a about drinking during the person's entire life. Questions 1b and 1c are similar, but concern drinking during the past 12 months and during any calendar year, respectively.

## Question 2. Reasons For Not Drinking

2

2

<p><i>Hand card 01, read list if telephone interview.</i></p> <p><b>2a. Please look at this list and tell me, what are your reasons for not drinking?</b></p> <p><b>Anything else?</b></p> <p><i>Mark all mentioned.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-right: 1px dashed black; padding: 2px;">01 <input type="checkbox"/> Don't socialize very much</td><td style="text-align: right; padding: 2px;">8-9</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">02 <input type="checkbox"/> Don't care for it or dislike it</td><td style="text-align: right; padding: 2px;">10-11</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">03 <input type="checkbox"/> Am an alcoholic</td><td style="text-align: right; padding: 2px;">12-13</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">04 <input type="checkbox"/> Thought I might become an alcoholic</td><td style="text-align: right; padding: 2px;">14-15</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">05 <input type="checkbox"/> Had problems with my drinking</td><td style="text-align: right; padding: 2px;">16-17</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">06 <input type="checkbox"/> Have a responsibility to my family</td><td style="text-align: right; padding: 2px;">18-19</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">07 <input type="checkbox"/> Family member an alcoholic or problem drinker</td><td style="text-align: right; padding: 2px;">20-21</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">08 <input type="checkbox"/> Medical or health reasons</td><td style="text-align: right; padding: 2px;">22-23</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">09 <input type="checkbox"/> Religious or moral reasons</td><td style="text-align: right; padding: 2px;">24-25</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">10 <input type="checkbox"/> Brought up not to drink</td><td style="text-align: right; padding: 2px;">26-27</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">11 <input type="checkbox"/> Makes me sick</td><td style="text-align: right; padding: 2px;">28-29</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">12 <input type="checkbox"/> Can't control my drinking</td><td style="text-align: right; padding: 2px;">30-31</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">13 <input type="checkbox"/> Costs too much or can't afford it</td><td style="text-align: right; padding: 2px;">32-33</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">14 <input type="checkbox"/> Dieting or too fattening</td><td style="text-align: right; padding: 2px;">34-35</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">88 <input type="checkbox"/> Other</td><td style="text-align: right; padding: 2px;">36-37</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">99 <input type="checkbox"/> DK</td><td style="text-align: right; padding: 2px;">38-39</td></tr> </table>	01 <input type="checkbox"/> Don't socialize very much	8-9	02 <input type="checkbox"/> Don't care for it or dislike it	10-11	03 <input type="checkbox"/> Am an alcoholic	12-13	04 <input type="checkbox"/> Thought I might become an alcoholic	14-15	05 <input type="checkbox"/> Had problems with my drinking	16-17	06 <input type="checkbox"/> Have a responsibility to my family	18-19	07 <input type="checkbox"/> Family member an alcoholic or problem drinker	20-21	08 <input type="checkbox"/> Medical or health reasons	22-23	09 <input type="checkbox"/> Religious or moral reasons	24-25	10 <input type="checkbox"/> Brought up not to drink	26-27	11 <input type="checkbox"/> Makes me sick	28-29	12 <input type="checkbox"/> Can't control my drinking	30-31	13 <input type="checkbox"/> Costs too much or can't afford it	32-33	14 <input type="checkbox"/> Dieting or too fattening	34-35	88 <input type="checkbox"/> Other	36-37	99 <input type="checkbox"/> DK	38-39
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88 <input type="checkbox"/> Other	36-37																																
99 <input type="checkbox"/> DK	38-39																																
<p><i>If only one reason in 2a. mark box without asking; otherwise, ask:</i></p> <p><b>b. Of the reasons you have just told me, which of these is your MOST IMPORTANT reason for not drinking?</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-right: 1px dashed black; padding: 2px;">01 <input type="checkbox"/> Don't socialize very much</td><td style="text-align: right; padding: 2px;">40-41</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">02 <input type="checkbox"/> Don't care for it or dislike it</td><td></td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">03 <input type="checkbox"/> Am an alcoholic</td><td></td></tr> </table>	01 <input type="checkbox"/> Don't socialize very much	40-41	02 <input type="checkbox"/> Don't care for it or dislike it		03 <input type="checkbox"/> Am an alcoholic																											
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03 <input type="checkbox"/> Am an alcoholic																																	

Instructions

1. Hand Card 01 before asking question 2. For telephone interviews, exclude the first phrase, read the categories to the respondent and wait for a response for one before going to the next one.
2. Mark all responses mentioned and continue to probe "Anything else?" until a "No" response is given.
3. All answer categories are respondent defined. Do NOT try to explain what a particular answer category means.
4. Ask question 2b only if more than one reason is given in question 2a. If only one reason in question 2a, mark the corresponding box in question 2b without asking.

<p>People have different opinions about heavy, moderate and light drinking. We would like to know how <b>OFTEN</b> and how <b>MUCH</b> you think a person must drink in order to be considered a heavy, moderate or light drinker.</p>		42-45
3a	In your opinion, how <b>OFTEN</b> must a person drink in order to be considered a <b>HEAVY</b> drinker?	<input type="checkbox"/> 0000 Everyday _____ Days per { <input type="checkbox"/> 1 Week <input type="checkbox"/> 2 Month <input type="checkbox"/> 3 Year <input type="checkbox"/> 9999 DK (4)
b.	On those days, how <b>MANY DRINKS</b> must a person have in order to be considered a <b>HEAVY</b> drinker?	_____ Drinks <input type="checkbox"/> 99 DK
<p>-----</p>		46-47
4a	In your opinion, how <b>OFTEN</b> must a person drink in order to be considered a <b>MODERATE</b> drinker?	<input type="checkbox"/> 0000 Everyday _____ Days per { <input type="checkbox"/> 1 Week <input type="checkbox"/> 2 Month <input type="checkbox"/> 3 Year <input type="checkbox"/> 9999 DK (5)
b.	On those days, how <b>MANY DRINKS</b> must a person have in order to be considered a <b>MODERATE</b> drinker?	_____ Drinks <input type="checkbox"/> 99 DK
<p>-----</p>		48-51
5a.	In your opinion, how <b>OFTEN</b> must a person drink in order to be considered a <b>LIGHT</b> drinker?	<input type="checkbox"/> 0000 Everyday _____ Days per { <input type="checkbox"/> 1 Week <input type="checkbox"/> 2 Month <input type="checkbox"/> 3 Year <input type="checkbox"/> 9999 DK (6)
b.	On those days, how <b>MANY DRINKS</b> must a person have in order to be considered a <b>LIGHT</b> drinker?	_____ Drinks <input type="checkbox"/> 99 DK
<p>-----</p>		52-53
<p>-----</p>		54-57
<p>-----</p>		58-59

Overall Objective

Criteria for different levels of drinking have been established by the NIAAA and other organizations such as the National Council on Alcoholism. However, until now, no National data have ever been collected to determine what the general population considers to be heavy, moderate, and light drinking. This information will allow analysts to compare population standards for various drinking levels with those established by the professional and scientific communities.

Instructions

1. When reading the introduction be sure to emphasize "how **OFTEN**" and "how **MUCH**" so the respondent will understand we want his or her opinion about both the frequency and quantity of drinking at different levels.
2. If an answer is given in terms other than frequency or quantity after reasking the question, say something like "Can you give me the number of days per week, or month or year?" If the respondent is still unable to answer, footnote the verbatim response.

**Questions 6 Through 8. Family Alcoholism and Environmental Exposure to Alcoholism**

6-8

6-8

<p><b>6a.</b> When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK</p>	80																									
<p><b>b.</b> Who was this? Anyone else? If parent, ask: Was this your biological (natural), adoptive, step, or foster [mother/father]? If brother/sister, ask: Was this your full, half, adoptive, step, or foster [brother/sister]?  Record up to first 5 mentioned.</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">1) _____</td> <td style="width:10%; text-align: center; border-bottom: 1px solid black;">81-82</td> <td style="width:10%; border-bottom: 1px solid black;">_____</td> <td style="width:10%; border-bottom: 1px solid black;">                 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years             </td> <td style="width:10%; text-align: right; border-bottom: 1px solid black;">83-85</td> </tr> <tr> <td style="border-bottom: 1px solid black;">2) _____</td> <td style="text-align: center; border-bottom: 1px solid black;">86-87</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">                 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years             </td> <td style="text-align: right; border-bottom: 1px solid black;">88-90</td> </tr> <tr> <td style="border-bottom: 1px solid black;">3) _____</td> <td style="text-align: center; border-bottom: 1px solid black;">91-92</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">                 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years             </td> <td style="text-align: right; border-bottom: 1px solid black;">93-95</td> </tr> <tr> <td style="border-bottom: 1px solid black;">4) _____</td> <td style="text-align: center; border-bottom: 1px solid black;">96-97</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">                 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years             </td> <td style="text-align: right; border-bottom: 1px solid black;">98-100</td> </tr> <tr> <td style="border-bottom: 1px solid black;">5) _____</td> <td style="text-align: center; border-bottom: 1px solid black;">81-82</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">                 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years             </td> <td style="text-align: right; border-bottom: 1px solid black;">83-85</td> </tr> </table>	1) _____	81-82	_____	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	83-85	2) _____	86-87	_____	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	88-90	3) _____	91-92	_____	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	93-95	4) _____	96-97	_____	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	98-100	5) _____	81-82	_____	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	83-85	<p align="center"><i>Ask 6c for each person in 6b.</i></p> <p><b>C.</b> For how long did you live with [person in 6b] while [person in 6b] was a problem drinker or alcoholic?</p>
1) _____	81-82	_____	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	83-85																							
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5) _____	81-82	_____	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	83-85																							
<p><b>7a.</b> Have any of your (other) blood relatives EVER been a problem drinker or alcoholic?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (8) 9 <input type="checkbox"/> DK</p>	86																									
<p><b>b.</b> Who was this? Anyone else? Mark all mentioned. If necessary, probe as indicated in 6b.</p>	<p>1 <input type="checkbox"/> Biological mother 2 <input type="checkbox"/> Biological father 1 <input type="checkbox"/> Biological brother(s) 2 <input type="checkbox"/> Biological sister(s) 1 <input type="checkbox"/> Half brother(s) 2 <input type="checkbox"/> Half sister(s) 1 <input type="checkbox"/> Biological son(s) 2 <input type="checkbox"/> Biological daughter(s) 1 <input type="checkbox"/> Grandmother(s) 2 <input type="checkbox"/> Grandfather(s) 1 <input type="checkbox"/> Aunt(s) 2 <input type="checkbox"/> Uncle(s) 1 <input type="checkbox"/> Niece(s) 2 <input type="checkbox"/> Nephew(s) 1 <input type="checkbox"/> Cousin(s) 2 <input type="checkbox"/> Other blood relative(s) 1 <input type="checkbox"/> DK</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">87</td></tr> <tr><td style="border-bottom: 1px solid black;">88</td></tr> <tr><td style="border-bottom: 1px solid black;">89</td></tr> <tr><td style="border-bottom: 1px solid black;">90</td></tr> <tr><td style="border-bottom: 1px solid black;">91</td></tr> <tr><td style="border-bottom: 1px solid black;">92</td></tr> <tr><td style="border-bottom: 1px solid black;">93</td></tr> <tr><td style="border-bottom: 1px solid black;">94</td></tr> <tr><td style="border-bottom: 1px solid black;">95</td></tr> <tr><td style="border-bottom: 1px solid black;">96</td></tr> <tr><td style="border-bottom: 1px solid black;">97</td></tr> <tr><td style="border-bottom: 1px solid black;">98</td></tr> <tr><td style="border-bottom: 1px solid black;">99</td></tr> <tr><td style="border-bottom: 1px solid black;">100</td></tr> <tr><td style="border-bottom: 1px solid black;">101</td></tr> <tr><td style="border-bottom: 1px solid black;">102</td></tr> <tr><td style="border-bottom: 1px solid black;">103</td></tr> </table>	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103								
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<p><b>8.</b> Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	104																									

**A. Objective**

There is strong evidence to support the relationship between alcoholism and genetic makeup. The children of alcoholics are at much greater risk of becoming alcoholics themselves. Statistics show that at least one third of all alcoholics have at least one parent who also was an alcoholic, according to the National Council on Alcoholism. Others claim that 50 percent would be a more accurate figure.



The relationship between alcoholism and environmental exposure to alcoholism during early childhood and teen years is less evident. It may, however, predispose a person toward alcoholism regardless of genetic composition. These questions will allow analysts to explore both of these factors.

B. Definition

Problem Drinker and Alcoholic--These terms are respondent defined.

C. Instructions

1. Question 6a refers to any time during the respondents first 18 years and does not have to be the entire time. For example, "My uncle was an alcoholic and he lived with us for a year when I was 14" should be marked "Yes."
2. If the respondent reports mother, father, sister, and/or brother in question 6b, use the printed probe to determine if the relationship was biological, adoptive, step, foster, and so forth, recording it as such. Ask "Anyone else" until you get a "No" response. Record the relationships for the first 5 persons mentioned--one to a line. Footnote any additional persons, but do not ask 6c for them.
3. Record the relationship, not the person's name, on the line provided. When more than one brother, sister, aunt, etc., is reported, differentiate by including in your entry which brother, sister, and so forth. For example, "oldest-brother," "second-brother" or "mother's-aunt," "great-aunt". This reference will also help you to ask question 6c correctly.

- 4. After recording all applicable persons, ask 6c for each person reported in question 6b. Record fractions as well as whole numbers.
- 5. If appropriate, use the printed probes in 6b for 7b also.
- 6. Question 8 includes any live-in relationship the respondent feels was characteristic of being married even though not legally bound; for example, common-law marriages.

Question 9. Proxy Reporting of Household Members Drinking

<p><i>Refer to Table B on the Cover Page and ask for each person listed except the sample person</i>  <i>If personal interview — hand Card O2 and read first alternative wording</i>  <i>If telephone interview — read second alternative wording and the list of answer categories</i></p> <p><b>9a.</b> Please look at this card and tell me which number best describes — drinking during the past year.</p> <p>I am going to read a list of different drinking categories, please tell me which one best describes — drinking in the past year.</p>	<p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy  2 <input type="checkbox"/> Moderate  3 <input type="checkbox"/> Light  4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking  6 <input type="checkbox"/> Never drank  7 <input type="checkbox"/> DK</p>
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A. Definition

All terms and phrases are respondent defined.

B. Instructions

- 1. Refer to Table B on the cover page when asking this question. Ask for each household member listed except the sample person.
- \* 2. Transcribe the person number in the order listed in Table B, to the line provided in the answer space before asking the question.
- 3. Hand flashcard O2 to the respondent during personal interviews using the first question wording. Read the answer categories for telephone interviews using the second question wording. Do not read the "DK" category. Read all categories before accepting an answer. Repeat the categories if necessary.

## Question 10. Related Health Conditions

10

10

	Yes	No	
10. Tell me whether or not you have EVER had any of the following conditions even if you have mentioned them before --			
a. Hypertension or high blood pressure (excluding during pregnancy)? .....	<input type="checkbox"/>	2 <input type="checkbox"/>	23
b. Hardening of the arteries? .....	<input type="checkbox"/>	2 <input type="checkbox"/>	24
c. Any heart disease? .....	<input type="checkbox"/>	2 <input type="checkbox"/>	25
d. Arthritis or rheumatism? .....	<input type="checkbox"/>	2 <input type="checkbox"/>	26
e. An ulcer, not including skin ulcers? .....	<input type="checkbox"/>	2 <input type="checkbox"/>	27
f. Diabetes? .....	<input type="checkbox"/>	2 <input type="checkbox"/>	28
g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis? .....	<input type="checkbox"/>	2 <input type="checkbox"/>	29
h. Cancer, other than skin cancer? .....	<input type="checkbox"/>	2 <input type="checkbox"/>	30
i. Alcoholism? .....	<input type="checkbox"/>	2 <input type="checkbox"/>	31

**A. Objective**

Many conditions may be related in some way, either wholly or in part, to smoking, alcohol use, or other health practices. This question asks about the most common of such conditions.

**B. Instructions**

1. Mark the "Yes" or "No" box for each condition on the list based on the person's answer, regardless of any prior knowledge you may have. Also, the listed conditions are the only ones of interest. Do not record other, "volunteered" conditions.
  
2. If the person reports a condition other than the one being asked about, reask the question for the condition listed, using the preface, "Have you ever had ...?". For example, if the response to condition e, ulcer, is "Well, I had a mole on my neck," reask the question "Have you ever had an ulcer, not including skin ulcers?"

<b>CHECK ITEM 1</b>	<i>Mark one box, then go to next Supplement</i>	<div style="text-align: right;">32</div> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> SP alone during interview</li> <li>2 <input type="checkbox"/> Child(ren) present during interview</li> <li>3 <input type="checkbox"/> Other adult(s) present during interview</li> <li>4 <input type="checkbox"/> Child(ren) and other adult(s) present during interview</li> <li>5 <input type="checkbox"/> Telephone interview</li> </ul>
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### Instructions

1. Mark the one box that indicates who, if anyone, was present during the interview. For a telephone interview, mark box 5 "Telephone interview" even if you can hear other people in the background during the interview.
2. Excluding telephone interviews, mark the "Children present ...", "Other adult(s) present ...", etc., boxes if you know others are within hearing distance even though you may not always be able to see them.
3. "Present" means in the room or within hearing distance during most of the Section 1 interview. Do not include situations where another person was in and out, passing through, or there for only a short time.
- \* 4. After completing Check Item 1, complete item 9c on the Cover Page, then complete the next appropriate supplement.

SECTION 02. LIFETIME INFREQUENT DRINKER

Overall Objective

The purpose of the questions in the Lifetime Infrequent Drinker section is to obtain more-detailed information regarding lifetime drinking behavior, reasons for drinking infrequently and genetic disposition and environmental exposure to alcoholism. Such data is not available for this group of drinker from previous NHIS alcohol surveys and will greatly enhance the analytical scope for this group of people.

Question 1. Age When Started Drinking

①

①

1. Not counting small tastes, how old were you when you started drinking alcoholic beverages?	_____ Years 99 <input type="checkbox"/> DK	35-36
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Instruction

Enter the response verbatim, including fractions; for example, "12-1/2 years." Be sure to record the age when the person started drinking, not the period of time since the drinking began. "Started drinking" is respondent defined, but does not include small tastes of alcoholic beverages, if asked.

② - ③

Questions 2 and 3. Number of Drinks In Past 12 Months/Date of Last Drink

② ③

2. In the PAST 12 MONTHS about how many drinks of ANY kind of alcoholic beverage did you have?	00 <input type="checkbox"/> None _____ Drinks 99 <input type="checkbox"/> DK	35-36
3. When did you have your last drink of any kind of alcoholic beverage?	_____ 19_____ Month Year 9999 <input type="checkbox"/> DK	37-40

Instructions

1a. Ask question 2 to determine the number of alcoholic drinks the respondent had in the PAST 12 MONTHS. This number must be less than 12 drinks. If not, reconcile with question 1b in Section 01.

- b. If 12 or more drinks is still reported when trying to reconcile, change the answer in question 1b, Section 01, and follow the appropriate skip. It will be necessary to erase all entries in Section 02 in this situation.
2. Ask question 3 to determine when the respondent had his or her last drink. Enter whatever is reported, even a date during interview week if appropriate. Try to obtain as exact an answer as possible including an estimate if the exact date is not known. If the year or month is not known, enter DK for that part of the date. Mark "DK" only if the respondent cannot give you any indication of when the last drink was consumed.

④

Question 4. Alcoholic Beverage Preference

④

<p>4. What type of alcoholic beverage (do/did) you PREFER to drink — beer, wine, or liquor? Mark only one box.</p>	<p>1 <input type="checkbox"/> Beer 2 <input type="checkbox"/> Wine 3 <input type="checkbox"/> Liquor 4 <input type="checkbox"/> No preference 5 <input type="checkbox"/> DK</p>
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Instructions

1. If the answer to question 2 is "None," use "did" when asking question 4; otherwise, use the present tense, "do."
2. Mark only one beverage type. If more than one type is given, for example, "I like beer and liquor," probe to determine which the respondent likes most.
3. What a person drinks most is not always what is preferred. It may be the only thing he or she can afford to drink. Therefore, if the person reports what is (or was) drunk most, reask the question emphasizing "prefer to drink."

Question 5. Social Context of Drinking

5. When you (drink/drank) who (do/did) you USUALLY drink with — friends, relatives, people from work, other people, or by yourself?  
 Mark only one box.

1	<input type="checkbox"/>	Friends	42
2	<input type="checkbox"/>	Relatives	
3	<input type="checkbox"/>	People from work	
4	<input type="checkbox"/>	Other people	
5	<input type="checkbox"/>	Self	
6	<input type="checkbox"/>	DK	

A. Objective

The purpose of this question is to determine, to some extent, the social context in which a person USUALLY drinks. This same information will be collected for current drinkers and former drinkers to determine the relationship, if any, between drinking frequencies, quantities, and social/solitary drinking habits.

B. Instructions

1. Mark the "Self" box for any response which implies that a person usually drinks alone. For example, "I usually go to a bar to drink but I don't really drink with anyone there" implies drinking alone and should be marked accordingly.

\* 2. Mark only one box. If the response is something like, "Friends and relatives," reask the question emphasizing "USUALLY." If multiple categories are applicable, such as "Friends from work," mark the first box, "Friends."

Question 6. Reasons For Not Drinking Very Much

Hand card 01, read list if telephone interview.

6a. Please look at this list and tell me, what are your reasons for not drinking very much?  
 Anything else?  
 Mark all mentioned.

01	<input type="checkbox"/>	Don't socialize very much	43-44
02	<input type="checkbox"/>	Don't care for it or dislike it	45-46
03	<input type="checkbox"/>	Am an alcoholic	47-48
04	<input type="checkbox"/>	Thought I might become an alcoholic	49-50
05	<input type="checkbox"/>	Had problems with my drinking	51-52
06	<input type="checkbox"/>	Have a responsibility to my family	53-54
07	<input type="checkbox"/>	Family member an alcoholic or problem drinker	55-56
08	<input type="checkbox"/>	Medical or health reasons	57-58
09	<input type="checkbox"/>	Religious or moral reasons	59-60
10	<input type="checkbox"/>	Brought up not to drink	61-62
11	<input type="checkbox"/>	Makes me sick	63-64
12	<input type="checkbox"/>	Can't control my drinking	65-66
13	<input type="checkbox"/>	Costs too much or can't afford it	67-68
			69-70
			71-72

If only one reason in 6a, mark box without asking; otherwise, ask:

6b. Of the reasons you have told me, which of these is the MOST IMPORTANT reason for not drinking very much?

01	<input type="checkbox"/>	Don't socialize very much	
02	<input type="checkbox"/>	Don't care for it or dislike it	

Instructions

1. Questions 6a and 6b are basically the same as questions 2a and 2b in Section 01, except the reference is to "Reason for not drinking very much" rather than "Not drinking."

6

6

2. Follow the same procedure as for question 2 in Section 01.

7 - 9

Questions 7 Through 9. Normative Drinking

7 - 9

<p>People have different opinions about heavy, moderate and light drinking. We would like to know how <b>OFTEN</b> and how <b>MUCH</b> you think a person must drink in order to be considered a heavy, moderate or light drinker.</p> <p><b>7a.</b> In your opinion, how <b>OFTEN</b> must a person drink in order to be considered a <b>HEAVY</b> drinker?</p>	<p style="text-align: right;">77-80</p> <p>0000 <input type="checkbox"/> Everyday</p> <p>_____ Days per { 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Month 3 <input type="checkbox"/> Year</p> <p>9999 <input type="checkbox"/> DK (8)</p>
<p><b>b.</b> On those days, how <b>MANY DRINKS</b> must a person have in order to be considered a <b>HEAVY</b> drinker?</p>	<p style="text-align: right;">81-82</p> <p>_____ Drinks</p> <p>99 <input type="checkbox"/> DK</p>
<p><b>8a.</b> In your opinion, how <b>OFTEN</b> must a person drink in order to be considered a <b>MODERATE</b> drinker?</p>	<p style="text-align: right;">83-86</p> <p>0000 <input type="checkbox"/> Everyday</p> <p>_____ Days per { 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Month 3 <input type="checkbox"/> Year</p> <p>9999 <input type="checkbox"/> DK (9)</p>
<p><b>b.</b> On those days, how <b>MANY DRINKS</b> must a person have in order to be considered a <b>MODERATE</b> drinker?</p>	<p style="text-align: right;">87-88</p> <p>_____ Drinks</p> <p>99 <input type="checkbox"/> DK</p>
<p><b>9a.</b> In your opinion, how <b>OFTEN</b> must a person drink in order to be considered a <b>LIGHT</b> drinker?</p>	<p style="text-align: right;">89-92</p> <p>0000 <input type="checkbox"/> Everyday</p> <p>_____ Days per { 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Month 3 <input type="checkbox"/> Year</p> <p>9999 <input type="checkbox"/> DK (10)</p>
<p><b>b.</b> On those days, how <b>MANY DRINKS</b> must a person have in order to be considered a <b>LIGHT</b> drinker?</p>	<p style="text-align: right;">93-94</p> <p>_____ Drinks</p> <p>99 <input type="checkbox"/> DK</p>

Instruction

Follow instructions given for questions 3, 4, and 5 in Section 01 when asking questions 7, 8, and 9.



Questions 10 Through 12. Family Alcoholism and Environmental

Exposure to Alcoholism

10 - 12

10 - 12

<p><b>10a.</b> When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (11)</p>	<p>85</p>
<p><b>b.</b> Who was this? Anyone else? <i>If parent, ask: Was this your biological (natural), adoptive, step, or foster (mother/father)?</i> <i>If brother/sister, ask: Was this your full, half, adoptive, step, or foster (brother/sister)?</i>  <i>Record up to first 5 mentioned.</i></p>	<p>96-97</p> <p>1) _____</p>	<p>Ask 10c for each person in 10b. <b>C.</b> For how long did you live with (person in 10b) while (person in 10b) was a problem drinker or alcoholic?                   { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years</p> <p>98-100</p>
<p><b>11a.</b> Have any of your (other) blood relatives EVER been problem drinkers or alcoholics?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (12)</p>	<p>5</p>
<p><b>b.</b> Who was this? Anyone else? <i>Mark all mentioned.</i> <i>If necessary, probe as indicated in 10b.</i></p>	<p>1 <input type="checkbox"/> Biological mother 2 <input type="checkbox"/> Biological father 1 <input type="checkbox"/> Biological brother(s) 2 <input type="checkbox"/> Biological sister(s) 1 <input type="checkbox"/> Half brother(s) 2 <input type="checkbox"/> Half sister(s) 1 <input type="checkbox"/> Biological son(s) 2 <input type="checkbox"/> Biological daughter(s) 1 <input type="checkbox"/> Grandmother(s) 2 <input type="checkbox"/> Grandfather(s) 1 <input type="checkbox"/> Aunt(s) 2 <input type="checkbox"/> Uncle(s) 1 <input type="checkbox"/> Niece(s) 2 <input type="checkbox"/> Nephew(s) 1 <input type="checkbox"/> Cousins(s) 2 <input type="checkbox"/> Other blood relative(s) 1 <input type="checkbox"/> DK</p>	<p>6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</p>
<p><b>12.</b> Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>23</p>

Instruction

Follow instructions given for questions 6, 7, and 8 in Section 01 when asking questions 10, 11, and 12.



SECTION 03. CURRENT DRINKER

Overall Objective

These questions are similar to those for infrequent drinkers, but also include detailed information on the most recent drinking habits and a measure of alcohol dependency. The relationship between the quantity and frequency of drinking and the alcohol dependency measure will allow analysts to distinguish between alcohol abusers and alcoholics and will provide insights into more effective intervention and prevention programs.

①

Question 1. Age When Started Drinking

①

1. Not counting small tastes, how old were you when you started drinking alcoholic beverages?

\_\_\_\_\_ Years  
99  DK

Instruction

Complete question 1 in the same manner as question 1 in Section 02.

②

Question 2. Average Drinking Measure

②

2a. On the average, how often do you drink any alcoholic beverages?

0000  Everyday  
\_\_\_\_\_ Days per { 1  Week  
2  Month  
3  Year  
9999  DK

b. On the average, on the days that you drink alcohol, how many drinks do you have a day?

\_\_\_\_\_ Drinks per day  
99  DK

Instruction

If the respondent cannot give an average frequency and/or quantity of drinking in question 2, probe for the best estimate or guess. For example, "Could you tell me about how many days a week, or month, or year?" and "Could you tell me about how many?". If the respondent still cannot answer after probing, enter the verbatim response.

462

3

## Question 3. When Last Drink Was Consumed

3

<i>Hand calendar.</i>		80
3a. Did you have a drink during the 2-week period [outlined on that calendar/beginning Monday, (date) and ending Sunday (date)]?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (3c)	
b. During that period, when did you last have a drink?	_____ 19 _____ (4) Month Date Year	81-85
c. When was your last drink prior to that 2-week period?	_____ 19 _____ (10) Month Date Year	87-92

Instructions

- Before asking question 3, hand the respondent the calendar card if conducting the interview in person. For telephone interviews, read the 2-week dates to the person.
- Ask question 3b to determine on what date during the reference period the last drink was taken and enter the month, date, and year. If the person cannot remember the exact date, refer to the 2-week calendar card for the best estimate possible.
- In question 3c make every effort to be as accurate as possible. Probe for the person's best estimate of the exact date, if necessary. However, if the exact date cannot be remembered, enter the person's best estimate of at least the month and year. Enter "DK" for any missing parts of the date.

4

## Question 4. Beer Consumption During Past 2 Weeks

4

4a. During that 2-week period, on how many days did you drink any beer?	00 <input type="checkbox"/> None or never (5) _____ Days	73-74
b. On the day (s) when you drank beer, about how many beers did you drink a day?	99 <input type="checkbox"/> DK _____ Beers	75-76
c. About how many ounces were in a typical can or bottle or glass of beer that you drank during that period?	_____ Ounces 99 99 <input type="checkbox"/> DK	77-81

A. Definition

Beer--All types of beer, including stout, ale, malt liquor, and light beer.

4

Beer Consumption During Past 2 Weeks (Continued)

4

B. Instructions

1. In question 4b the phrase "about how many beers" refers to the usual number of beers consumed on most days when beer was consumed during the reference period. If the person feels that it is not possible to respond on that basis; for example, "I drank one beer on Tuesday and 10 beers on Friday," enter "10," the largest number and footnote the situation.
  
2. Ask question 4c to determine the number of ounces in a typical can, glass, or bottle of beer that the person drank during the reference period. "Typical" is respondent defined. If the person does not know and cannot estimate the number of ounces in a container, enter the verbatim response; for example, "regular-size can" or "one of those small bottles" or "normal-size glass." Be sure to include fractions, if given, in your entries for 4c.

5

Question 5. Wine Consumption During Past 2 Weeks

5

5a. During that 2-week period, on how many days did you drink any wine?	00 <input type="checkbox"/> None or never (6) <input type="text"/> Days	84-85
b. On the day(s) when you drank wine, about how many glasses of wine did you drink a day?	99 <input type="checkbox"/> DK <input type="text"/> Glasses	86-90
c. About how many ounces of wine were in a typical glass that you drank during that period?	<input type="text"/> Ounces 99 99 <input type="checkbox"/> DK	

A. Definition

Wine--All types of wine, including port, sherry, sangria, wine coolers, malt wine, and champagne.

5 Wine Consumption During Past 2 Weeks (Continued)

5

B. Instructions

Follow the instructions for question 4 when asking question 5.

6 Question 6. Liquor Consumption During Past 2 Weeks

6

<p>6a. During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka?</p>	<p><input type="checkbox"/> None or never (Check Item 3)</p> <p><input type="text"/> Days</p>	<p>01-9</p>
<p>b. On the day(s) when you drank liquor, about how many drinks did you have a day?</p>	<p><input type="text"/> Drinks</p> <p>DK</p>	<p>02-9</p>
<p>c. About how many ounces of liquor were in a typical drink that you had during that period?</p>	<p><input type="text"/> Ounces</p> <p>DK</p>	<p>03-9</p>

A. Definition

Liquor--All types of liquor including brandy and liqueurs such as amaratto, creme de menthe, etc.; and other distilled beverages, such as scotch, Canadian, blended whiskeys, tequila, rum, vodka, etc.

B. Instruction

Follow the instructions for question 4 when asking question 6. It is especially important to include fractions of ounces, when given, since liquor is frequently served in 1-1/2 and 2-1/2 ounce amounts.

Check Item 3. Number of Types

CK3

CK3

<p><b>CHECK ITEM 3</b></p>	<p>Refer to 4a, 5a, and 6a Mark first appropriate box.</p>	<p><input type="checkbox"/> One day and one beverage type (9)</p> <p><input type="checkbox"/> Only one beverage type (8) (Do not read into above a. 8)</p> <p><input type="checkbox"/> 14 days in 4a, 5a, or 6a (into above a. 8)</p> <p><input type="checkbox"/> Other (7)</p>
----------------------------	--	---

A. Definitions

1. One Day and One Beverage Type--The person drank on only 1 day during the reference period and had only one beverage type on that day. That is, "1" is entered in either 4a, 5a, or 6a and the other two questions are marked "None or never."

- 2. Only One Beverage Type--The sample person drank ONLY beer, or ONLY wine, or ONLY liquor during the reference period. That is, 2 or more is entered in either 4a, 5a, or 6a and the other two questions are marked "None or never." When skipping to question 8 from this check box, do NOT read the INTRO above the question.
- 3. 14 Days in 4a, 5a, or 6a--At least one of questions 4a, 5a, or 6a has "14" entered. This is not the sum of the responses for the different beverage types. If this box is marked, be sure to read the INTRO before asking question 8.

B. Instruction

Refer to questions 4a, 5a, and 6a and mark the first appropriate box.

Question 7. Combined Liquor Consumption During Past 2 Weeks

7

7

<p>I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.</p> <p>7. During the 2-week period (outlined on that calendar/beginning Monday, <u>(date)</u> and ending Sunday <u>(date)</u>), on how many days altogether did you drink alcoholic beverages, that is, beer, or wine, or liquor?</p>	<p>_____ Days (8)</p> <p>or <input type="checkbox"/> One day, only (9)</p>
---	--

A. Definition

How Many Days--The total number of days during the reference period on which any kinds of alcoholic beverages were consumed.

B. Instructions

- 1. Read the introduction, then ask question 7, selecting the appropriate phrase from those in brackets depending upon whether it is a personal visit or telephone interview.
- \* 2. Do not attempt to reconcile these days with days reported in questions 4-6 since these days are a total of all drinking days.

8

### Question 8. Introduction, Drinking Combined

8

<b>INTRO</b> I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.		2-4
Refer to questions 4b, 5b, and 6b		
8a. During that 2-week period, did you have more than (largest number in 4b, 5b, or 6b) drink(s) on a single day?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9)	5
b. On how many days did you have more than (largest number in 4b, 5b, or 6b) drink(s) of beer, or wine, or liquor?	_____ Days 01 <input type="checkbox"/> One day only (8e)	6-7
c. What was the largest number of drinks you had on any one of those days?	_____ Drinks	8-9
d. On how many days during that 2-week period did you have (number in 8c) drinks?	_____ Days (9)	10-11
e. How many drinks did you have on that day?	_____ Drinks	12-13

#### Instructions

1. Read the "INTRO" only to persons with the "14 days in 4a, 5a, or 6a" box marked in Check Item 3.
2. Refer to questions 4b, 5b, and 6b to determine the largest number of drinks reported and ask questions 8a and 8b by inserting this number.

9

### Question 9. Drinking Typical of Past 12 Months

9

9a. Was the amount of your drinking during that 2-week period typical of your drinking during the past 12 months?	1 <input type="checkbox"/> Yes (9c) 2 <input type="checkbox"/> No	14
b. Was the amount of your drinking during that 2-week period MORE OR LESS than your drinking during the past 12 months?	1 <input type="checkbox"/> More } (16) 2 <input type="checkbox"/> Less }	15
c. For how many years has this been typical of your drinking?	_____ Years } (16) 00 <input type="checkbox"/> Less than one }	16-17

#### A. Definition

Amount/Typical--The quantity and frequency of drinking which was usual for the sample person.

#### B. Instruction

The entry in 9c should indicate the total number of years that this 2-week amount was typical. These need not be consecutive years. For example, if this had been typical for 5 years, not typical for 3, and then typical again for 2, the entry should be "7 years."



**Question 10 Through 12. Alcohol Consumption During The 2-Week  
Period Ending The Day of The Last Drink**

10 - 12

10 - 12

<p>Let's talk about the 2-week period ending the day you had your last drink. Please include that last day.</p>		11-13
<p><b>10a.</b> During that 2-week period, on how many days did you drink any beer?</p>	<p><input type="text"/> Days 00 <input type="checkbox"/> None or never (11)</p>	
<p><b>b.</b> On the day(s) when you drank beer, about how many beers did you drink a day?</p>	<p><input type="text"/> Beers 99 <input type="checkbox"/> DK</p>	20-21
<p><b>c.</b> About how many ounces were in a typical can or bottle or glass of beer that you drank during that period?</p>	<p><input type="text"/> Ounces 99 99 <input type="checkbox"/> DK</p>	22-26
<p><b>11a.</b> During that 2-week period, on how many days did you drink any wine?</p>		27-28
<p><b>b.</b> On the day(s) when you drank wine, about how many glasses of wine did you drink a day?</p>	<p><input type="text"/> Glasses 99 <input type="checkbox"/> DK</p>	29-30
<p><b>c.</b> About how many ounces of wine were in a typical glass that you drank during that period?</p>	<p><input type="text"/> Ounces 99 99 <input type="checkbox"/> DK</p>	31-35
<p><b>12a.</b> During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka?</p>		36-37
<p><b>b.</b> On the day(s) when you drank liquor, about how many drinks did you have a day?</p>	<p><input type="text"/> Drinks 99 <input type="checkbox"/> DK</p>	38-39
<p><b>c.</b> About how many ounces of liquor were in a typical drink that you had during that period?</p>	<p><input type="text"/> Ounces 99 99 <input type="checkbox"/> DK</p>	40-44

**A. Objective**

This set of questions estimates the quantity and frequency of beer, wine, and liquor consumption for persons who reported in question 3c that their last drink was prior to the 2-week reference period but less than 1 year ago.

10-12

Alcohol Consumption During the 2-Week Period Ending the Day of the Last Drink (Continued)

10-12

B. Definition

2-Week Period--The 14-day period ending with and including the day the sample person had his or her last drink, as reported in question 3c.

C. Instructions

- 1. Follow the instructions for questions 4 through 6 in this section.
2. Since the 2-week calendar card is not used for these questions, refer to the appropriate annual calendar in your flashcard booklet, if you feel it would be helpful.

CK4

Check Item 4. Number of Types

CK4

Form box for Check Item 4 containing instructions and options: 1. Only one beverage type (14), 2. 1-2 days in 10a, 11a, or 12a (14), 3. Other (13)

Instruction

Complete this item in the same manner as Check Item 3.

13

Question 13. Combined Alcohol Consumption During Reference Period

13

Form box for Question 13 containing the question text and a response line for 'Days'.

Instruction

Read the introduction before asking question 13. Enter the number of days reported in the space provided.

14

### Question 14. Drinking Typical of 12 Months Before Last Drink

14

14a. Was the amount of your drinking during that 2-week period typical of your drinking during the previous 12 months?	<input type="checkbox"/> Yes (14c) <input type="checkbox"/> No	44
b. During that 2-week period, did you drink MORE OR LESS than usual?	<input type="checkbox"/> More } (15) <input type="checkbox"/> Less }	45
c. For how many years has this been typical of your drinking?	<input type="checkbox"/> Less than one year _____ Years	50-51

#### Instruction

Follow the same instructions as for question 9 in Section 03.

15

### Question 15. Reasons For Not Drinking

15

<p><i>Hand Card 01, read list if telephone interview.</i></p> <p>5a. (Please look at this list and tell me) What are your reasons for not drinking since <u>(date in 3c)</u>?</p> <p>Anything else? Mark all mentioned</p>	<ul style="list-style-type: none"> <li>01 <input type="checkbox"/> Don't socialize very much</li> <li>02 <input type="checkbox"/> Don't care for it/dislike it</li> <li>03 <input type="checkbox"/> Am an alcoholic</li> <li>04 <input type="checkbox"/> Thought I might become an alcoholic</li> <li>05 <input type="checkbox"/> Had problems with my drinking</li> <li>06 <input type="checkbox"/> Have a responsibility to my family</li> <li>07 <input type="checkbox"/> Family member an alcoholic or problem drinker</li> <li>08 <input type="checkbox"/> Medical or health reasons</li> <li>09 <input type="checkbox"/> Religious or moral reasons</li> <li>10 <input type="checkbox"/> Brought up not to drink</li> <li>11 <input type="checkbox"/> Makes me sick</li> <li>12 <input type="checkbox"/> Can't control my drinking</li> <li>13 <input type="checkbox"/> Costs too much or can't afford it</li> <li>14 <input type="checkbox"/> Dieting or too fattening</li> <li>88 <input type="checkbox"/> Other</li> <li>99 <input type="checkbox"/> DK</li> </ul>	<ul style="list-style-type: none"> <li>52-53</li> <li>54-55</li> <li>56-57</li> <li>58-59</li> <li>60-61</li> <li>62-63</li> <li>64-65</li> <li>66-67</li> <li>68-69</li> <li>70-71</li> <li>72-73</li> <li>74-75</li> <li>76-77</li> <li>78-79</li> <li>80-81</li> <li>82-83</li> </ul>
<p><i>If only one reason in 15a, mark box without asking; otherwise ask:</i></p> <p>b. Of the reasons you have told me, which of these is your MOST IMPORTANT reason for not drinking since <u>(date in 3c)</u>?</p>	<ul style="list-style-type: none"> <li>01 <input type="checkbox"/> Don't socialize very much</li> <li>02 <input type="checkbox"/> Don't care for it/dislike it</li> <li>03 <input type="checkbox"/> Am an alcoholic</li> <li>04 <input type="checkbox"/> Thought I might become an alcoholic</li> <li>05 <input type="checkbox"/> Had problems with my drinking</li> </ul>	84-85
<p>c. Do you think you will probably drink again or have you stopped drinking permanently?</p>	<ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Will probably drink again</li> <li>2 <input type="checkbox"/> Stopped permanently</li> <li>8 <input type="checkbox"/> Other</li> <li>9 <input type="checkbox"/> DK</li> </ul>	86

#### Instructions

1. Ask 15a to determine all reasons the person has for not drinking since the date in 3c and ask 15b to determine the main reason for not drinking since that date. When asking these questions, insert the date reported in 3c.

2. For questions 15a and 15b, follow instructions for questions 2a and 2b in Section 01.
3. Ask question 15c to determine if the person intends to drink again or if he/she has stopped drinking completely. Mark the "Stopped permanently" box for such responses as, "I don't want to drink again and I probably won't," "I intend to never drink again," etc. Mark the "Will probably drink again" box for responses such as, "I've stopped temporarily," or "I don't want to, but I'll probably drink again some time."
4. If known from the answers to 15a and b that the person has stopped permanently, verify and mark question 15c without asking.

Question 16. Regularity of Drinking

16a. (Thinking about the 12 months before your last drink) Did you have at least one drink in every month (last year/of that year)?	1 <input type="checkbox"/> Yes (17) 2 <input type="checkbox"/> No	87
b. In how many months did you have at least one drink?	_____ Months 00 <input type="checkbox"/> None (18)	88-89

A. Definitions

1. Last Year--Since the 12-month date in A1, a year ago.
2. 12 Months Before Last Drink--The year prior to the day of last drink.

B. Instructions

1. Ask question 16a to determine if the respondent had a drink in each month of the year prior to the 12 month reference date in A1 or prior to the date of the last drink.

Regularity of Drinking (Continued)

- 2. Use the parenthetical and the phrase "of that year" if the respondent did not have a drink in the 2-week reference period, that is, "No" in 3c.
- 3. Record the total number of different months that the person had one or more drinks of any alcoholic beverage(s) in 16b, if the person did not have a drink in each of the 12 months.

Question 17. Quantity of Alcohol Consumed

<b>17a.</b> During [that month/these months], on how many DAYS did you have 9 or more drinks of ANY alcoholic beverage?	_____ Days 000 <input type="checkbox"/> None	90-91
<b>b.</b> During [that month/these months], on how many DAYS did you have 5 or more drinks of ANY alcoholic beverage? (Include the <u>number in 17a</u> days you had 9 or more drinks.)	_____ Days 000 <input type="checkbox"/> None	92-94

A. Definition

How Many Days--The total number of days on which the person had more than the specified number of drinks during the months in which he/she drank.

B. Instructions

- 1. Insert the correct phrase when asking 17: either "that month" if the entry in 16b is "1", or "those months" if the entry is greater than "1" or if "Yes" is marked in 16a.
- 2. When asking question 17b, insert the number of days given in 17a, if any. The number in question 17b should always be greater than or equal to the number in question 17a. Reconcile any inconsistencies between 17a and 17b.
- 3. If volunteered, drinking that begins one night and continues past midnight into the next day should be considered "one day" for this question. Do not probe for this information.



Lifetime Drinking Behavior (Continued)

19

19

2. Ask 19c to determine how long the period when the person drank the most lasted. Probe as necessary to get a number of days, weeks, etc. This represents one continuous period.

20

Question 20. Alcoholic Beverage Preference

20

20. (Before you stopped drinking) What type of alcoholic beverage [do/did] you PREFER to drink — beer, wine, or liquor?

Mark only one box.

- 1  Beer  
2  Wine  
3  Liquor  
4  No preference  
9  DK

16

Instruction

Based upon the response to question 15c that the respondent has quit drinking permanently, use the parenthetical "Before you stopped drinking permanently ...?". Mark only one box and complete in the same manner as question 4 in Section 02.





Questions 25 Through 27. Family Alcoholism and Environmental

25-27

25-27

Exposure to Alcoholism

<p>25a. When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (26)</p> <p style="text-align: right;">36</p>
<p>b. Who was this?</p> <p>Anyone else?</p> <p>If parents, ask: Was this your biological (natural), adoptive, step, or foster (mother/father)?</p> <p>If brother/sister, ask: Was this your full, half, adoptive, step, or foster (brother/sister)?</p> <p>Record up to first 5 mentioned.</p>	<p>Ask 25c for each person in 25b.</p> <p><b>C. For how long did you live with (person in 25b) while (person in 25b) was a problem drinker or alcoholic?</b></p> <p>1) _____ { 1 <input type="checkbox"/> Days 39-41                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p> <p>2) _____ { 1 <input type="checkbox"/> Days 44-46                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p> <p>3) _____ { 1 <input type="checkbox"/> Days 49-51                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p> <p>4) _____ { 1 <input type="checkbox"/> Days 54-56                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p> <p>5) _____ { 1 <input type="checkbox"/> Days 59-61                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p>
<p>26a. Have any of your (other) blood relatives EVER been a problem drinker or alcoholic?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (27)</p> <p style="text-align: right;">62</p>
<p>b. Who was this?</p> <p>Anyone else?</p> <p>Mark all mentioned.</p> <p>If necessary, probe as indicated in 25b.</p>	<p>1 <input type="checkbox"/> Biological mother 63                  2 <input type="checkbox"/> Biological father 64                  1 <input type="checkbox"/> Biological brother(s) 65                  2 <input type="checkbox"/> Biological sister(s) 66                  1 <input type="checkbox"/> Half brother(s) 67                  2 <input type="checkbox"/> Half sister(s) 68                  1 <input type="checkbox"/> Biological son(s) 69                  2 <input type="checkbox"/> Biological daughter(s) 70                  1 <input type="checkbox"/> Grandmother(s) 71                  2 <input type="checkbox"/> Grandfather(s) 72                  1 <input type="checkbox"/> Aunt(s) 73                  2 <input type="checkbox"/> Uncle(s) 74                  1 <input type="checkbox"/> Niece(s) 75                  2 <input type="checkbox"/> Nephew(s) 76                  1 <input type="checkbox"/> Cousin(s) 77                  2 <input type="checkbox"/> Other blood relative(s) 78                  1 <input type="checkbox"/> DK 79</p>
<p>27. Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p> <p style="text-align: right;">80</p>

Instruction

Complete these questions in the same manner as questions 6, 7, and 8 in Section 01.

Questions 28 And 29. Proxy Reporting of Household Members

Drinking/Related Health Conditions

28-29

28-29

<p>Refer to Table B on the Cover Page and ask for each person listed except the sample person.                  If personal interview — hand Card D2 and read first alternative wording.                  If telephone interview — read second alternative wording and the list of answer categories.</p>		<p>Person No. _____</p>		<p>11-21</p>
<p>28a. Please look at this card and tell me which number best describes — drinking during the past year.                  I am going to read a list of different drinking categories, please tell me which best describes — drinking in the past year.</p>	<p>1 <input type="checkbox"/> Heavy                  2 <input type="checkbox"/> Moderate                  3 <input type="checkbox"/> Light                  4 <input type="checkbox"/> Very light or occasional</p>	<p>5 <input type="checkbox"/> Quit drinking                  6 <input type="checkbox"/> Never drank                  9 <input type="checkbox"/> DK</p>	<p>82</p>	
<p>29. Tell me whether or not you have EVER had any of the following conditions even if you have mentioned them before —</p>	<p>Yes</p>	<p>No</p>	<p>83</p>	
<p>a. Hypertension or high blood pressure (excluding during pregnancy)? .....</p>	<p>1 <input type="checkbox"/></p>	<p>2 <input type="checkbox"/></p>	<p>88</p>	
<p>b. Hardening of the arteries? .....</p>	<p>1 <input type="checkbox"/></p>	<p>2 <input type="checkbox"/></p>	<p>100</p>	
<p>c. Any heart disease? .....</p>	<p>1 <input type="checkbox"/></p>	<p>2 <input type="checkbox"/></p>	<p>101</p>	
<p>d. Arthritis or rheumatism? .....</p>	<p>1 <input type="checkbox"/></p>	<p>2 <input type="checkbox"/></p>	<p>102</p>	
<p>e. An ulcer, not including skin ulcers? .....</p>	<p>1 <input type="checkbox"/></p>	<p>2 <input type="checkbox"/></p>	<p>103</p>	
<p>f. Diabetes? .....</p>	<p>1 <input type="checkbox"/></p>	<p>2 <input type="checkbox"/></p>	<p>104</p>	
<p>g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis? .....</p>	<p>1 <input type="checkbox"/></p>	<p>2 <input type="checkbox"/></p>	<p>106</p>	
<p>h. Cancer, other than skin cancer? .....</p>	<p>1 <input type="checkbox"/></p>	<p>2 <input type="checkbox"/></p>	<p>108</p>	
<p>i. Alcoholism? .....</p>	<p>1 <input type="checkbox"/></p>	<p>2 <input type="checkbox"/></p>	<p>109</p>	

Instructions

1. Complete question 28 in the same manner as question 9, Section 01.
2. Complete question 29 in the same manner as question 10, Section 01.

CK5

## Check Item 5. Interview Status

CK5

<b>CHECK ITEM 5</b>	Mark one box, then read "Intro" for HIS-2, Alcohol Questionnaire.	<div style="text-align: right;">108</div> 1 <input type="checkbox"/> SP alone during interview 2 <input type="checkbox"/> Child(ren) present during interview 3 <input type="checkbox"/> Other adult(s) present during interview 4 <input type="checkbox"/> Child(ren) and other adult(s) present during interview 5 <input type="checkbox"/> Telephone interview
<b>INTRO:</b> (Hand questionnaire and read to respondent) These next questions are about things that happen to people when they are drinking or after they have been drinking. We would like to know if any of these things have ever happened to you. (I can read the questions to you or you can fill out the form yourself. Which would you prefer?)		
<b>METHOD OF INTERVIEW</b> <div style="text-align: right;">109</div> 1 <input type="checkbox"/> Read to SP (HIS-2) 2 <input type="checkbox"/> Self-administered (Instructions) 3 <input type="checkbox"/> Telephone interview (HIS-2) 4 <input type="checkbox"/> Refused HIS-2 (next Supplement)	<b>INSTRUCTIONS</b> — In COLUMN 1, please circle the answer that best describes the number of times each of these things has happened to you IN THE PAST 12 MONTHS. Complete column 1 for each question first. Then go back and in COLUMN 2, circle "Yes" or "No" if any of these things have or have not ever happened to you IN YOUR ENTIRE LIFE. If you need any help ask me for assistance.	

Instructions

1. Follow instructions for Check Item 1, Section 01, when completing this item.
2. After completing Check Item 5, read the introduction for the self-administered questionnaire, Form HIS-2, the Alcohol questionnaire. See page 0-39 for instructions.
3. Do not fill Section 04 for these sample persons.

SECTION 04 - FORMER DRINKER

Overall Objective

In addition to providing population estimates for the normative drinking, family history of and environmental exposure to alcoholism, and health condition variables, it is important to be able to compare various drinking characteristics of former drinkers with current drinkers. This information can be very helpful in developing successful intervention, prevention and treatment programs for people who may either be predisposed to or are currently problem drinkers or alcoholics.

Question 1. Age When Started Drinking

①

①

1. Not counting small tastes, how old were you when you started drinking alcoholic beverages?

\_\_\_\_\_ Years  
99  DK

6-6

Instruction

Refer to definitions and instructions in Section 02.

Question 2. Number of Drinks In Past 12 Months

②

②

2. In the PAST 12 MONTHS about how many drinks of ANY kind of alcoholic beverage did you have?

00  None  
\_\_\_\_\_ Drinks  
99  DK

7-8

Instruction

Follow instructions for question 2, Section 02.

**Question 3. Date of Last Drink**

3

3

<b>3. When did you have your last drink of any kind of alcoholic beverage?</b>	<div style="text-align: right;">                 _____ 19____                  Month      Year             </div> <div style="text-align: right;">                 9999 <input type="checkbox"/> DK             </div>
--	--

Instruction

Follow instructions for question 3, Section 02.

**Question 4. Lifetime Drinking Behavior**

4

4

<b>4a. In your ENTIRE LIFE, when you drink the MOST, about how often did you drink?</b>	0000 <input type="checkbox"/> Everyday <span style="float: right;">13-18</span> _____ Days per { 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Month 3 <input type="checkbox"/> Year 9999 <input type="checkbox"/> DK
<b>b. On those days, about how many drinks did you have a day?</b>	00 <input type="checkbox"/> None <span style="float: right;">17-18</span> _____ Drinks 99 <input type="checkbox"/> DK
<b>c. For how long of a period did you drink this amount?</b>	_____ { 1 <input type="checkbox"/> Days <span style="float: right;">19-22</span> 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 9999 <input type="checkbox"/> DK      4 <input type="checkbox"/> Years

Instruction

Follow instructions for question 19, Section 03.

**Question 5. Alcoholic Beverage Preference**

5

5

<b>5. What type of alcoholic beverage (do/did) you PREFER to drink – beer, wine, or liquor?</b>  Mark only one box	1 <input type="checkbox"/> Beer <span style="float: right;">23</span> 2 <input type="checkbox"/> Wine 3 <input type="checkbox"/> Liquor 4 <input type="checkbox"/> No preference 9 <input type="checkbox"/> DK
--	--

Instruction

Follow instructions for question 4, Section 02.

6

## Question 6. Social Context of Drinking

6

<p>6. When you [drink/drank] who [do/did] you <b>USUALLY</b> drink with — friends, relatives, people from work, other people, or by yourself?</p> <p><i>Mark only one box.</i></p>	<p>1 <input type="checkbox"/> Friends</p> <p>2 <input type="checkbox"/> Relatives</p> <p>3 <input type="checkbox"/> People from work</p> <p>4 <input type="checkbox"/> Other people</p> <p>5 <input type="checkbox"/> Self</p> <p>9 <input type="checkbox"/> DK</p>
--	---

Instruction

Follow instructions for question 5, Section 02.

7

## Question 7. Reasons for Drinking Less Than 12 Drinks In The Past 12 Months

7

<p><i>Hand card 01, read list if telephone interview</i></p> <p>7a. Please look at this list and tell me, what are your reasons for drinking less than 12 drinks in the past year?</p> <p>Anything else?</p> <p><i>Mark all mentioned</i></p>	<p>01 <input type="checkbox"/> Don't socialize very much</p> <p>02 <input type="checkbox"/> Don't care for it or dislike it</p> <p>03 <input type="checkbox"/> Am an alcoholic</p> <p>04 <input type="checkbox"/> Thought I might become an alcoholic</p> <p>05 <input type="checkbox"/> Had problems with my drinking</p> <p>06 <input type="checkbox"/> Have a responsibility to my family</p> <p>07 <input type="checkbox"/> Family member an alcoholic or problem drinker</p> <p>08 <input type="checkbox"/> Medical or health reasons</p> <p>09 <input type="checkbox"/> Religious or moral reasons</p> <p>10 <input type="checkbox"/> Brought up not to drink</p> <p>11 <input type="checkbox"/> Makes me sick</p> <p>12 <input type="checkbox"/> Can't control my drinking</p> <p>13 <input type="checkbox"/> Costs too much or can't afford it</p> <p>14 <input type="checkbox"/> Dieting or too fattening</p> <p>88 <input type="checkbox"/> Other</p> <p>99 <input type="checkbox"/> DK</p>
<p><i>If only one reason in 7a, mark box without asking, otherwise, ask:</i></p> <p>b. Of the reasons you have told me, which of these is the <b>MOST IMPORTANT</b> reason for drinking less than 12 drinks in the past year?</p>	<p>01 <input type="checkbox"/> Don't socialize very much</p> <p>02 <input type="checkbox"/> Don't care for it or dislike it</p> <p>03 <input type="checkbox"/> Am an alcoholic</p> <p>04 <input type="checkbox"/> Thought I might become an alcoholic</p>

Instruction

This question is the same as question 2, Section 01 except the reference is to " ... drinking less than 12 drinks in the past 12 months?", rather than not drinking at all.

<p>People have different opinions about heavy, moderate and light drinking. We would like to know how <b>OFTEN</b> and how <b>MUCH</b> you think a person must drink in order to be considered a heavy, moderate or light drinker.</p> <p><b>8a.</b> In your opinion, how <b>OFTEN</b> must a person drink in order to be considered a <b>HEAVY</b> drinker?</p> <hr/> <p><b>b.</b> On those days, how <b>MANY DRINKS</b> must a person have in order to be considered a <b>HEAVY</b> drinker?</p>	<p>0000 <input type="checkbox"/> Everyday</p> <p>_____ Days per</p> <p>9999 <input type="checkbox"/> DK (9)</p> <p> <input type="checkbox"/> 1 Week  <input type="checkbox"/> 2 Month  <input type="checkbox"/> 3 Year </p> <hr/> <p>_____ Drinks</p> <p>99 <input type="checkbox"/> DK</p> <p style="text-align: right;">63-64</p>
<p><b>9a.</b> In your opinion, how <b>OFTEN</b> must a person drink in order to be considered a <b>MODERATE</b> drinker?</p> <hr/> <p><b>b.</b> On those days, how <b>MANY DRINKS</b> must a person have in order to be considered a <b>MODERATE</b> drinker?</p>	<p>0000 <input type="checkbox"/> Everyday</p> <p>_____ Days per</p> <p>9999 <input type="checkbox"/> DK (10)</p> <p> <input type="checkbox"/> 1 Week  <input type="checkbox"/> 2 Month  <input type="checkbox"/> 3 Year </p> <hr/> <p>_____ Drinks</p> <p>99 <input type="checkbox"/> DK</p> <p style="text-align: right;">65-68</p> <hr/> <p style="text-align: right;">69-70</p>
<p><b>10a.</b> In your opinion, how <b>OFTEN</b> must a person drink in order to be considered a <b>LIGHT</b> drinker?</p> <hr/> <p><b>b.</b> On those days, how <b>MANY DRINKS</b> must a person have in order to be considered a <b>LIGHT</b> drinker?</p>	<p>0000 <input type="checkbox"/> Everyday</p> <p>_____ Days per</p> <p>9999 <input type="checkbox"/> DK (11)</p> <p> <input type="checkbox"/> 1 Week  <input type="checkbox"/> 2 Month  <input type="checkbox"/> 3 Year </p> <hr/> <p>_____ Drinks</p> <p>99 <input type="checkbox"/> DK</p> <p style="text-align: right;">71-74</p> <hr/> <p style="text-align: right;">75-76</p>

Instruction

Follow instructions for questions 3, 4, and 5, Section 01.

### Questions 11 Through 13. Family Alcoholism and Environmental Exposure To Alcoholism

<b>11 a.</b> When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (12)
<b>b.</b> Who was this? Anyone else? <i>If parent, ask: Was this your biological (natural), adoptive, step, or foster (mother/father)?</i> <i>If brother/sister, ask: Was this your full, half, adoptive, step, or foster (brother/sister)?</i> <i>Record up to first 5 mentioned.</i>	<div style="float: right; text-align: right;">78-79</div> <div style="float: right; text-align: right;">80-82</div> <p style="text-align: right;"><i>Ask 11c for each person in 11b.</i></p> <p><b>c.</b> For how long did you live with (person in 11b) while (person in 11b) was a problem drinker or alcoholic?</p> <div style="text-align: right;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years         </div> <p>1) _____</p>
<b>12 a.</b> Have any of your (other) blood relatives EVER been problem drinkers or alcoholics?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (13)
<b>b.</b> Who was this? Anyone else? <i>Mark all mentioned.</i> <i>If necessary, probe as indicated in 11b.</i>	<input type="checkbox"/> Biological mother <input type="checkbox"/> Biological father <input type="checkbox"/> Biological brother(s) <input type="checkbox"/> Biological sister(s) <input type="checkbox"/> Half brother(s) <input type="checkbox"/> Half sister(s) <input type="checkbox"/> Biological son(s) <input type="checkbox"/> Biological daughter(s) <input type="checkbox"/> Grandmother(s) <input type="checkbox"/> Grandfather(s) <input type="checkbox"/> Aunt(s) <input type="checkbox"/> Uncle(s) <input type="checkbox"/> Niece(s) <input type="checkbox"/> Nephew(s) <input type="checkbox"/> Cousins(s) <input type="checkbox"/> Other blood relative(s) <input type="checkbox"/> DK
<b>13.</b> Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Instruction

Follow instructions for questions 6, 7, and 8, Section 01.

### Question 14. Proxy Reporting of Household Members Drinking

<p><i>Refer to Table B on the Cover Page and ask for each person listed except the sample person.</i>  <i>If personal interview — hand Card O2 and read first alternative wording.</i>  <i>If telephone interview — read second alternative wording and the list of answer categories.</i></p>	<div style="text-align: right;">Person No. _____</div> <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Very light or occasional
<b>14a.</b> Please look at this card and tell me which number best describes — drinking during the past year. I am going to read a list of different drinking categories, please tell me which one best describes — drinking in the past year.	<input type="checkbox"/> Quit drinking <input type="checkbox"/> Never drank <input type="checkbox"/> DK

Instruction

Follow instructions for question 9, Section 01.



15

### Question 15. Related Health Conditions

15

15. Tell me whether or not you have EVER had any of the following conditions even if you have mentioned them before —	Yes	No	
a. Hypertension or high blood pressure (excluding during pregnancy)? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	42
b. Hardening of the arteries? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	43
c. Any heart disease? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	44
d. Arthritis or rheumatism? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	45
e. An ulcer, not including skin ulcers? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	46
f. Diabetes? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	47
g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	48
h. Cancer, other than skin cancer? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	49
i. Alcoholism? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	50

#### Instruction

Follow instructions for question 10, Section 01.

### Check Item 6. Interview Status

CK6

CK6

<p><b>CHECK ITEM 6</b></p>	<p>Mark one box, then read "Intro" for HIS-3. Alcohol Questionnaire.</p>	<p>1 <input type="checkbox"/> SP alone during interview  2 <input type="checkbox"/> Child(ren) present during interview  3 <input type="checkbox"/> Other adult(s) present during interview  4 <input type="checkbox"/> Child(ren) and other adult(s) present during interview  5 <input type="checkbox"/> Telephone interview</p>
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#### Instruction

Follow instructions for Check Item 1, Section 01, when completing this item.

After completing Check Item 6, read the introduction for the self-administered questionnaire, Form HIS-3 the Alcohol questionnaire. See page O-39 for instructions.

## INTRO AND INSTRUCTIONS FOR SELF-ADMINISTERED QUESTIONNAIRES

### A. General

There are 2 self-administered questionnaires; HIS-2 for Current Drinkers and HIS-3 for Former Drinkers.

### B. Instructions

1. Complete the identification items before beginning the Alcohol Questionnaire.
2. For personal visit interviews, hand the questionnaire, as instructed, to the respondent before reading the introduction. Read the introduction while the respondent is looking through the questionnaire. Be sure to give the person enough time to think about which interview mode he/she would prefer. It is important that the person have time to briefly acquaint him/herself with the type of questions you will ask so that an informed decision can be made about whether they prefer to complete the form themselves or have you read the questions.
3. Do not read the parenthetical for telephone interviews, since the respondent will always be asked the questions.
- 4a. Mark the appropriate box below the INTRO. For telephone interviews, mark the "Telephone Interview" box only. Even though the questions are being read to the respondent, do NOT mark the "Read to SP" box.
- b. Mark the "Read to SP" box or "Self-administered" box when this is the choice the respondent makes during a personal interview.

5. Read the "INSTRUCTIONS" to respondents when they choose to complete the questionnaire themselves. Be sure the respondent listens to and understands the instructions before beginning the self-administered questionnaire.
6. After the instructions are read to respondents and they begin to fill the questionnaire, do NOT instruct them any further unless you are specifically asked for help.
- \* 7. Do NOT attempt to edit either the HIS-2 or the HIS-3. Accept the form as it is returned to you.
8. If the respondent chooses to have the questions read to him or her during a personal interview, ask the respondent for the questionnaire back and use that form to record the answers. Do not leave any incomplete or blank questionnaires in the household upon leaving.
- \* 9. If you administer the HIS-2 and receive a positive response to column 1; that is, "1 or more times" is reported in the past 12 months, you may circle "Yes" in column 2, "Entire Life," without asking the associated question.
- \* 10. Fill item 9c on the cover page after completing the Alcohol questionnaire, then go to the next appropriate supplement.

## SECTION P. CHILD HEALTH

### GENERAL INFORMATION

#### A. Overall Objectives

The Child Health section will provide up-to-date national statistics on the health status of children and a unique opportunity to study factors affecting children's health. For example, analysts may use these data to explore whether newborns who are considered "high risks" continue to have a poorer health status in subsequent years, or whether these children "catch up" to other children in their health status. This section will also provide a means for studying changes over-time in the health status of U.S. children by replicating items from the 1981 NHIS "Child Health Supplement." The data will also enable policymakers and health planners to better evaluate current and future maternal and child health programs sponsored by the Federal government.

#### B. General Definitions

1. Child--Any person under 18 years old. For this section, persons 17 years old are considered "children," regardless of their marital status, and therefore, are eligible to be selected as the sample child for the family unit.
2. School--Use the HIS definition.
3. Home School--If a child 5+ is attending school at home and is eligible for kindergarten/first grade, treat as attending school in question 1a, Section P2. If a child under 5 is in preschool or nursery school in the respondent's home, ask question 2a and mark "Other" in questions 5a/5b.

GENERAL INFORMATION (CONTINUED)

C. General Instructions

1. When to Complete a Child Health Section--Complete Section P for each family unit which contains one or more children under 18 years old.

NOTE: ~ In some situations there may not be an eligible household respondent for the Child Health section. For example, the sample child lives alone or with other persons under 19 with no mother/father relationship. In these cases, only Section P1 will be completed.

2. When to Use Additional Child Health Sections--Use additional booklets if there are more than 4 conditions reported for which Section P6, Supplemental Condition Page, must be completed.
3. If you discover that the sample child was selected incorrectly, stop the interview and try to obtain the information for the correct sample child.

D. Respondent, Proxy, and Callback Rules

1. An eligible respondent, based on the current HIS-1 rules, may answer the questions in Section P1. For the remainder of the Child Health section, we are interested in identifying the person who would best be able to provide the most accurate information about the sample child. This person is referred to as the "preferred respondent."

RESPONDENT, PROXY AND CALLBACK RULES (CONTINUED)

During the initial interview, the preferred respondent is determined by completing Check Item 1, and/or question 2 and Check Item 2 in Section P1. The person must be a related adult. Foster parents are considered as related. Determine the preferred respondent in the following order of priority:

- (1) The biological or adoptive mother living in the household.
- (2) The biological father or the step or foster mother living in the household.
- (3) The one and only adult relative living in the household (excluding the sample child's spouse).
- (4) The person or one of the persons listed in question 2a. If more than one person is mentioned in question 2, the preferred respondent order is:
  - (a) An adoptive, step, or foster father.
  - (b) A legal guardian.
  - (c) A primary caretaker (for example, the person who cares for the sample child or is most knowledgeable).
  - (d) Other person listed in question 2a.
- (5) Any other HIS-1 eligible related respondent (excluding the sample child's spouse), regardless of whether or not this person is listed in question 2. (See HIS-1 eligibility rules.)

RESPONDENT, PROXY AND CALLBACK RULES (CONTINUED)

2. These special rules apply to the Child Health Supplement:
  - a. A parent of the sample child, regardless of the parent's ages, may respond (for example, the 16-year old mother of the sample child is the preferred respondent).
  - b. The sample child cannot respond for himself/herself under any circumstances, including acting as an interpreter.
  - c. The spouse cannot respond for the sample child.
3. During the initial interview, if the preferred respondent (as determined by Check Item 1 and/or question 2 and Check Item 2) is not available, callbacks must be made to obtain the child health information from this person. However, if you determine during the initial visit that the preferred respondent will not be available at any time during the interview period, footnote the situation, and interview the next preferred respondent as outlined in 1. above. Follow this same procedure for preferred respondents who are mentally or physically incapable of answering the questions.
4. When a callback must be made to complete this section, enter the column number(s) of the preferred respondent(s) in the preferred order in a footnote on the Household Page (HIS-1). Enter the column number of the sample child in item 16. The procedures for callbacks are based on telephone availability:

RESPONDENT, PROXY AND CALLBACK RULES (CONTINUED)

- a. If the person has access to a telephone and a telephone interview is acceptable, make a telephone callback at the time recommended by the household respondent to interview the preferred respondent.
  - If at the time of the phone call, the preferred respondent is still unavailable, accept the first available respondent, according to the preferred order.
  - Make additional phone calls at the time recommended by the phone answerer if no preferred/eligible respondents are available.
  
- b. If there is no telephone or a telephone interview is not acceptable, make one personal visit callback at the time recommended by the household respondent to interview the preferred respondent if you will be in the area at the recommended time.
  - If during the personal callback the preferred respondent is still unavailable, accept the first available respondent according to the preferred order. Do not make any additional personal callbacks unless you are returning to the area for other work.
  - If you will not be returning to the same general area at the time recommended by the respondent, or if you learn the preferred respondent will not be available at all during the interview period, accept any available respondent according to the preferred order during the initial interview.



RESPONDENT, PROXY AND CALLBACK RULES (CONTINUED)

- c. Make as many phone calls as necessary, or personal visits if you are in the area, to reach an eligible respondent before accepting a noninterview.
  
- \* d. There are a few situations where an unrelated person or a non-household member may respond for the sample child. For example, during the initial interview, the uncle tells you that the aunt knows most about the sample child. However, on your callback neither the uncle nor aunt are available, but the full-time babysitter (the primary care-taker) who cares for the child is. You may accept the babysitter as a "respondent."

SECTION P1. INTRODUCTION

Instruction

Read the first statement to inform respondents of the purpose of this section. Read the parenthetical statement if children or unrelated persons are within hearing distance: Some of these questions may be of a personal nature and the respondent may not wish to provide accurate or complete information in the presence of a child or an unrelated person. Therefore, if necessary, arrange for a more private environment to continue the interview for this section. You should also read (or repeat) this statement if children or unrelated persons enter later during the interview. Read the bottom statement only for families with more than one child listed in Table A on the Cover Page, inserting the name of the sample child.

Question 1. Relationships of HH members to the Sample Child

Ask or verify for each HH member.		Person number on HIS.	Relationship to sample child
1.	How is (Name on HIS-1) related to --?		5-6
	If parent, ask: Is (Name of parent) -- biological (natural), adoptive, step, or foster (mother/father)?	1	7-8
	If brother/sister, ask: Is (Name of sibling) -- full, half, adoptive, step or foster (brother/sister)?	2	9-10
		3	11-12
	Enter "sample child" on appropriate line	4	13-14
	Enter "unrelated" for persons not related to the sample child.	5	

A. Definitions

1. Biological Mother--The female who gave birth to the sample child, that is, the natural mother.
2. Biological Father--The natural father of the sample child, that is, the man who impregnated the biological mother.
3. Stepparent--The husband or wife of the sample child's biological mother or father by a subsequent marriage.

RELATIONSHIP OF HH MEMBERS TO THE SAMPLE CHILD (CONTINUED)

- 4. Adoptive Mother/Father--The legal guardian (other than the biological parent) of the sample child who voluntarily and legally was declared the child's mother/father.
- 5. Foster Mother/Father--The guardian who provides parental care to the sample child though not related by blood or legal ties.
- 6. Full Brother/Sister--The brother/sister who shares both biological parents with the sample child.
- 7. Stepbrother/Sister--The biological child of one's stepparent by a former marriage.
- 8. Half Brother/Sister--The brother/sister who shares only one common biological parent with the sample child.
- 9. Adoptive Brother/Sister--The biological children of the sample child's adoptive parent, or other adoptive children of the sample child's adoptive parents who are not the sample child's full or half brothers/sisters.
- 10. Foster Brother/Sister--The biological children of the sample child's foster parents, or other unrelated children in the care of the sample child's foster parents.

B. Instructions

- 1. Complete question 1 for each household member listed on the HIS-1. If the exact relationship is not entered on the HIS-1, ask the probe

question for parents or siblings and specify biological, full, half, adoptive, step, or foster in the table. If the respondent appears confused by the term "biological," rephrase the question using the parenthetical "natural." However, be sure to record the term "Biological" (or "Bio") rather than "natural" when entering the relationship in the chart. You may abbreviate biological to "Bio" and adoptive to "Adopt."

It is not necessary to ask the first part of the question, "How is (name on HIS-1) related to --?", for parent or brother/sister relationships. For such persons, begin question 1 by asking "Are you John's biological, adoptive, step, or foster parent?", or "Is Jane John's full, half, step, adoptive, or foster sister?". Be sure to record the specific relationship such as "full sister" or "half brother." Never assume exact relationships based on the information recorded in the HIS-1.

2. If the respondent mentions that a relationship falls into more than one category, enter the first category listed in the probe question. For example, Karen, the sample child, is listed as Mr. Green's daughter on the HIS-1. The response to the probe question is, "He's Karen's stepfather, but he also legally adopted her last year." In this case, "Adopt. father" should be entered as Mr. Green's relationship to Karen in the chart since the category "adoptive" appears before "step" in the probe question.
3. It is not necessary to specify this same degree of relationship for other family members; instead, record the relationship in general terms, for example, "grandfather," "nephew," "cousin," and so forth.

4. Accept whatever response is given to question 1. However, the exact relationship to the sample child may not be clear in some situations. In these cases, footnote all information given if the respondent is unable to determine the exact relationship to the sample child.

a. Example 1--George Lane and Linda Farris, the respondent, are living together as husband and wife. For the relationship entries on the HIS-1, George is listed as the "reference person," Linda as the "wife," and Jeff, the sample child, as the "son." The response to the question, "Is Mr. Lane Jeff's biological, adoptive, step, or foster parent?", is, "He's not really any of those. George and I are just living together." In this situation, you should enter a footnote symbol for person 1 in the "Relationship to sample child" column in question 1 and footnote the response.

b. Example 2--Given the same entries on the HIS-1 as stated in paragraph 4a above, the response to the probe question is, "I guess he'd be considered Jeff's foster father." In this case, you should enter "Foster father" for person 1 in the "Relationship to sample child" column.

NOTE: For this section, consider persons as "related" or "unrelated" as you did in the HIS-1. For example, when asking question 1 on the supplement, if you were told that George and Jeff (in the above example) were not legally related, you should footnote this information, BUT, for the purpose of completing interviewer check items and questions in this section, consider George as a related household member as was done on the HIS-1.

RELATIONSHIP OF HH MEMBERS TO THE SAMPLE CHILD (CONTINUED)

5. On the line for the sample child, enter "sample child." For household members unrelated to the sample child, enter "unrelated" on the appropriate line. If you have deleted any persons on the HIS-1 (except Armed Forces members living at home and babies born during interview week), enter "Deleted" on the appropriate line. For example,

	Person number on HIS-1	Relationship to sample child	
<p>1. Ask or verify for each HH member. How is (Name on HIS-1) related to --?</p> <p>If parent, ask Is (Name of parent) -- biological (natural), adoptive, step, or foster (mother/father)?</p> <p>If brother/sister, ask Is (Name of sibling) -- full, half, adoptive, step or foster (brother/sister)?</p> <p>Enter "sample child" on appropriate line</p> <p>Enter "unrelated" for persons not related to the sample child.</p>	1	Bio. father	5-6
	2	Adopt. mother	7-8
	3	Half brother	9-10
	4	Sample child	11-12
	5	DELETED	13-14
	6	Aunt	15-16
	7	Cousin	17-18
	8	Grandmother	19-20
	9	Unrelated	21-22
	10		23-24

6. Consider Armed Forces members living at home and babies born during interview week as household members even though you have "X'ed" out their column on the HIS-1. Do not consider these persons as being "Deleted." For example, if the reference person has been deleted on the HIS-1 as an Armed Forces member living at home and the sample child's relationship is given as "son," ask, "Is Major Smith John's biological, adoptive, step, or foster parent?", and enter this response in item 1 instead of "Deleted."

For other Armed Forces members living at home or babies born during interview week, ask the appropriate question 1 probes, depending upon the relationships indicated on the HIS-1.

<b>CHECK ITEM 1</b>	<i>Mark first appropriate box.</i>	1 <input type="checkbox"/> Biological or adoptive mother in hhld. (Check Item 2) 2 <input type="checkbox"/> Biological father or step or foster mother in hhld. (Check Item 2) 3 <input type="checkbox"/> One adult relative in hhld. (Check Item 2) 4 <input type="checkbox"/> 2+ adult relatives in hhld. (2) 5 <input type="checkbox"/> No eligible respondent in household (Cover Page)	25
2a. Which family member knows the most about the health related matters of --?			26-27 28-29
b. Is (person named in 2a) available?		1 <input type="checkbox"/> Yes (Section P2) 2 <input type="checkbox"/> No (Arrange callback, THEN Cover Page)	30
<b>CHECK ITEM 2</b>	<i>Mark first appropriate box.</i>	1 <input type="checkbox"/> Person in Check Item 1 available (Section P2) 2 <input type="checkbox"/> Person in Check Item 1 not available (Arrange callback, THEN Cover Page)	31

Instructions

1. See page P3 for the preferred respondent rules.
2. Mark the first appropriate box when completing Check Item 1, by referring to the relationship in item 1.
3. It is acceptable to list the name of more than one person in question 2; however, enter only adult related household members. Refer to paragraph 1.a(4) on page P3 to determine the preferred respondent order when more than one person is entered in question 2. If the response to question 2 is the sample child himself/herself, reask the question as follows:  
 "Which other family member knows the most about the health-related matters of --?"
4. If none of the household members are adult relatives or the only one is the sample child and or the spouse of the sample child, mark box 5 in Check Item 1. In item 9d on the Cover Page, mark box 5, "No eligible resp. in Hhld." For example, do this if the household consists of the 17 year old sample child, her 16 year old cousin, and a 22 year old unrelated roommate, none of whom are eligible to be the respondent.

SECTION P2. CHILD CARE

Objective

This section will provide data on the child care arrangements used for children under 6 years of age.

CK  
3

Check Item 3 Identification of Respondent and Introduction

CK  
3

<b>CHECK ITEM 3</b>	Mark box and enter person number of respondent.	<input type="checkbox"/> Same as respondent in Section P1 _____ Person number (Check Item 4)	12
		<input type="checkbox"/> New respondent _____ Person number (Intro) 7	33-36

Instructions

1. In some cases it may be necessary to interview a different respondent from that person identified in Section P1, when making a callback for the child health information. In these cases, consider him/her to be a "new respondent" in Check Item 3 and read the introductory statements as a reminder of the purpose of this section before going to Check Item 4.
2. Read the parenthetical statement, "It would be best if I could ask these questions in private" if children or unrelated persons are within hearing distance. You should also use this statement, as necessary, if children or unrelated persons enter later during the interview. Be diplomatic in handling such situations. Remember, the respondent does not know in advance what questions will be asked





CK  
④ - ②

CK  
④ - ②

- b. Select the correct school level when asking 1b and c based on the response to 1a.
  - c. Ask 1d and e if the child is in kindergarten.
3. Ask question 2 about nursery or preschool during the past four weeks. Use the parenthetical "With day care" in 2c if "Yes" is marked in 2b.

CK  
⑤ - ③

**Check Item 5 and Question 3. Respondent worked in Past 4 Weeks**

CK  
⑤ - ③

<b>CHECK ITEM 5</b>	Refer to Check Item 1. Mark first appropriate box.	1 <input type="checkbox"/> Biological mother respondent (3a) 2 <input type="checkbox"/> Biological/adoptive/step or foster mother in hhd., NOT respondent (3d) 3 <input type="checkbox"/> Other (3a)
3a. Have you worked at a job or business for pay in the last four weeks?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (4)
b. How many hours a week do you usually work?		_____ Hours per week 000 <input type="checkbox"/> DK
Mark box or ask.		
c. Do you only work while -- is in (school level in 1a or 2a) or do you work during other hours?		0 <input type="checkbox"/> Child under 2 or "No" or blank in 1a AND "No" in 2a (5b) 1 <input type="checkbox"/> Only while child is in school (4) 2 <input type="checkbox"/> Other hours (5b)
d. Has -- (mother) worked at a job or business for pay in the last 4 weeks?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (4)
e. How many hours a week did she work?		_____ Hours per week 000 <input type="checkbox"/> DK
Mark box or ask.		
f. Does she work only while -- is in (school level in 1a or 2a) or does she work other hours?		0 <input type="checkbox"/> "No" or blank in 1a AND "No" in 2a (5b) 1 <input type="checkbox"/> Only while child is in school (4) 2 <input type="checkbox"/> Other hours (5b)

Instructions:

1. Mark the first appropriate box in Check Item 5 based on the interview situation and household composition in item 1 of Section P1.
- \* 2. Ask question 3 to determine the respondent's work pattern during the past 4 weeks. Do not count unpaid work in a family farm or business in 3a. Mark box "0" in 3c without asking if the child is under 2 years old or if "No" or blank in 1a and "No" 2a.

3. Ask questions 3d-f about the child's mother if she was living in the household but was not the respondent. "--(Mother)" refers to biological, adoptive, step or foster mother. Insert the name if known; otherwise say "--'s mother."

Questions 4 and 5. Current Child Care Arrangement

<p>4. (Other than the (nursery school/preschool)), in the past four weeks, has -- been cared for in ANY kind of regular child care arrangement such as a day care center, playgroup, by a babysitter, relative, or some other regular arrangement?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No (Check item 6)</p>	65
<p>5a. Hand Card P1, read list if telephone interview.                  How was -- USUALLY cared for during the hours that child care was used?                  Mark only one box.</p>	<p>01 <input type="checkbox"/> Day care center                  02 <input type="checkbox"/> Babysitter in child's home                  03 <input type="checkbox"/> In babysitter's home                  04 <input type="checkbox"/> Father cares for child                  05 <input type="checkbox"/> Mother cares for child while working at home                  06 <input type="checkbox"/> Mother cares for child while working outside of home                  07 <input type="checkbox"/> Child cares for self                  08 <input type="checkbox"/> Other relative cares for child (5c)                  09 <input type="checkbox"/> Day camp (5e)                  00 <input type="checkbox"/> Other - Specify _____ (5e)</p>	66-67
<p>b. Hand Card P1, read list if telephone interview.                  (Other than (kindergarten/first grade/nursery school/preschool)) How was -- usually cared for while you worked?                  Mark only one box.</p>	<p>01 <input type="checkbox"/> Day care center                  02 <input type="checkbox"/> Babysitter in child's home                  03 <input type="checkbox"/> In babysitter's home                  04 <input type="checkbox"/> Father cares for child                  05 <input type="checkbox"/> Mother cares for child while working at home                  06 <input type="checkbox"/> Mother cares for child while working outside of home                  07 <input type="checkbox"/> Child cares for self                  08 <input type="checkbox"/> Other relative cares for child (5c)                  09 <input type="checkbox"/> Day camp (5e)                  00 <input type="checkbox"/> Other - Specify _____ (5e)</p>	68-69
<p>c. How is this person related to --?</p>	<p>1 <input type="checkbox"/> Sibling                      8 <input type="checkbox"/> Other relative                  2 <input type="checkbox"/> Grandparent                9 <input type="checkbox"/> DK</p>	70
<p>d. Where does this person usually care for --, in (sample child) home or somewhere else?</p>	<p>1 <input type="checkbox"/> At home                  2 <input type="checkbox"/> Somewhere else</p>	71
<p>e. About how many hours per week was -- usually cared for (by/at) (arrangement)?</p>	<p>_____ Hours per week                  99 <input type="checkbox"/> DK</p>	72-73

A. Definition

Regular Child Care Arrangements--The child care arrangements in which the child spent the most hours.

B. Instructions

1. Ask question 4 to determine if any child care arrangements were in effect during the past 4 weeks. Use the parenthetical phrase and select the appropriate school level if the child is in nursery or preschool.
  
- 2a. For responses that don't fall into any of categories 01-09 in question 5, mark "Other" and specify the type of place, such as the "Y" or the type of care.
  
- b. If multiple responses are given to question 5, reask the question, emphasizing "usually."
  
3. Refer to questions 1a and 2a and select the appropriate phase when asking question 5b. Do not read the parenthetical at all if 1a and 2a are no.
  
4. Ask 5c only when Box 08 is marked in 5a or 5b to determine the caretaker's relationship to the child.
  
5. Insert the child care arrangement mentioned in question 5a or 5b when asking question 5e.

Questions 6 and 7. Other Child Care Arrangement

<p><b>6a.</b> Besides (nursery or preschool (and) (child care arrangements in 5a/b)), during the past four weeks, has -- been cared for in any other regular child care arrangement?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Check Item 6)</p>	<p>74</p>
<p>Hand Card P1, read list if telephone interview. <b>b.</b> Other than (nursery or preschool (and) (child care arrangement in 5a/b)), how was -- usually cared for during most of the other hours that child care was used?  Mark only one box.</p>	<p>01 <input type="checkbox"/> Day care center 02 <input type="checkbox"/> Babysitter in child's home 03 <input type="checkbox"/> In babysitter's home 04 <input type="checkbox"/> Father cares for child 05 <input type="checkbox"/> Mother cares for child while working at home 06 <input type="checkbox"/> Mother cares for child while working outside of home 07 <input type="checkbox"/> Child cares for self 08 <input type="checkbox"/> Other relative cares for child (6c) 09 <input type="checkbox"/> Day camp (6e) 00 <input type="checkbox"/> Other - Specify _____</p>	<p>75-76</p>
<p><b>c.</b> How is this person related to --?</p>	<p>1 <input type="checkbox"/> Sibling 2 <input type="checkbox"/> Grandparent a <input type="checkbox"/> Other relative 9 <input type="checkbox"/> DK</p>	<p>77</p>
<p><b>d.</b> Where does this person usually care for --, in (sample child) home or somewhere else?</p>	<p>1 <input type="checkbox"/> At home 2 <input type="checkbox"/> Somewhere else</p>	<p>78</p>
<p><b>e.</b> About how many hours per week was -- usually cared for (by/at) (arrangement)?</p>	<p>_____ Hours per week 99 <input type="checkbox"/> DK</p>	<p>79-80</p>
<p><b>7a.</b> Were any other child care arrangements used on a regular basis?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Check Item 6)</p>	<p>81</p>
<p><b>b.</b> How many additional hours a week was child care used?</p>	<p>_____ Hours per week 99 <input type="checkbox"/> DK</p>	<p>82-83</p>

Instructions

1. Ask questions 6 and 7 to determine any other care provider during the past four weeks.
- 2a. Select the appropriate child care arrangement or use both phrases within the brackets as necessary in question 6.
- b. If multiple responses are given in 6b, reask the question emphasizing "most of the other hours."
- c. Handle 6c-e the same as 5c-e.

CK 6

CK 6

8 - 10

## Check Item 6 and Questions 8 through 10. "Main Care" Information

8 - 10

<b>CHECK ITEM 6</b>	<i>Refer to 1d, 2a, 5a/5b, 6b.</i>	1 <input type="checkbox"/> No or blank in 1d AND No in 2a AND blank in 5a/5b(11) (No nursery school or child care)	85
		2 <input type="checkbox"/> Box 4, 5, 6, or 7 in 5a/5b AND blank or box 4, 5, 6, or 7 in 6b (13) (Mother, Father, self care ONLY)	
		3 <input type="checkbox"/> Other (8)	
8. Now I would like to ask you about (" <u>Main</u> " <u>child care arrangement</u> ). Including --, how many children are usually cared for together, in the same group, at the same time? Do not include children in the entire school or program.		_____ Children 99 <input type="checkbox"/> DK	85-86
9. How many adults usually supervise the children in the same group as --?		_____ Adults 99 <input type="checkbox"/> DK	87-88
10. Has the main person responsible for caring for -- received education or training specifically related to young children, such as early childhood or elementary education, or child psychology?		1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (13) 9 <input type="checkbox"/> DK }	89

Instructions

1. Mark Check Item 6 based on the entries in 1d, 2a, 5a/b or 6b. This is a rather complicated instruction so be careful to mark it currently and to follow the correct skip instructions. If necessary, explain the pause in the interview to the respondent as your need to get past answers to determine which questions to ask next.
2. In question 8, insert the main child care arrangement from the answers entered in question 5a/b or 6b. If both 5a/b and 6b are filled, refer to 5e and 6e. Select the arrangement showing the most hours per week. For example, if you have "Day Care Center" in 5a with "8 hours" in 5e and "Baby sitter's home" in 6b with "40 hours" in 6e, use "Baby sitter's home" when asking question 8.
3. A range such as 10-15, is acceptable for question 8 and/or question 9 if you cannot get a more exact answer after probing.

11 - 12

### Questions 11 and 12. Any Regular Care Arrangement

11 - 12

11. Was -- ever cared for in any regular child care arrangement?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Section P3, page B3)	90
12. When did -- last receive care in a regular child care arrangement?	1 <input type="checkbox"/> Within last 12 months 2 <input type="checkbox"/> Prior to last 12 months (15)	91

#### Instruction

Ask questions 11 and 12 for children who have had no regular child care during the past 4 weeks to determine if and when any of this type of care was received.

13 - 14

### Questions 13 and 14. Changing Care Arrangement

13 - 14

13. How many times has -- main child care arrangement been changed in the past year?	000 <input type="checkbox"/> None (15) _____ Times	92-94
<p>14a. <i>Hand Card P2, read list if telephone interview.</i> What was the last type of care used before -- changed to the type of care -- is using now? <i>Mark only one box.</i></p>	<p>01 <input type="checkbox"/> Nursery school or preschool  02 <input type="checkbox"/> Nursery school or preschool with day care  03 <input type="checkbox"/> Day care center  04 <input type="checkbox"/> Babysitter in child's home  05 <input type="checkbox"/> In babysitter's home  06 <input type="checkbox"/> Father cares for child  07 <input type="checkbox"/> Mother cares for child while working at home  08 <input type="checkbox"/> Mother cares for child while working outside of home  09 <input type="checkbox"/> Summer day camp  10 <input type="checkbox"/> Child cares for self  11 <input type="checkbox"/> Other relative cares for child (14b)  08 <input type="checkbox"/> Other - Specify --  _____ (14a)  99 <input type="checkbox"/> DK (15)</p>	95-96
b. How is this person related to --?	1 <input type="checkbox"/> Sibling                      8 <input type="checkbox"/> Other relative 2 <input type="checkbox"/> Grandparent                9 <input type="checkbox"/> DK	97
c. Where did this person usually care for --, in (sample child) home or somewhere else?	1 <input type="checkbox"/> At home 2 <input type="checkbox"/> Somewhere else	98
d. About how many hours per week was -- usually cared for [by/at] (arrangement)?	_____ Hours per week 99 <input type="checkbox"/> DK	99-100

#### Instructions

1. Ask question 13 to determine the number of times the main child care arrangement was changed during the past year. If asked, a "change" is whatever the respondent thinks it is. Do not try to define it for the person.

2. Complete question 14 in the same manner as other similar questions.

Questions 15 and 16. Age and First Care Arrangement

<p>15. How old was -- when regular child care was begun?</p>	<p>000 <input type="checkbox"/> Less than 1 month <span style="float: right;">101-103</span></p> <p>Age { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years</p> <p>999 <input type="checkbox"/> DK</p>
<p><i>Hand Card P2, read list if telephone interview</i></p> <p>16a. What type of child care arrangement was first used for --?</p> <p>Mark only one box.</p>	<p>01 <input type="checkbox"/> Nursery school or preschool <span style="float: right;">104-105</span></p> <p>02 <input type="checkbox"/> Nursery school or preschool with day care</p> <p>03 <input type="checkbox"/> Day care center</p> <p>04 <input type="checkbox"/> Babysitter in child's home</p> <p>05 <input type="checkbox"/> In babysitter's home</p> <p>06 <input type="checkbox"/> Father cares for child</p> <p>07 <input type="checkbox"/> Mother cares for child while working at home</p> <p>08 <input type="checkbox"/> Mother cares for child while working outside of home</p> <p>09 <input type="checkbox"/> Summer day camp</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> Other: relative cares for child (16b)</p> <p>88 <input type="checkbox"/> Other - Specify _____ (16d)</p> <p>99 <input type="checkbox"/> DK (Section P3)</p>
<p>b. How is this person related to --?</p>	<p>1 <input type="checkbox"/> Sibling <span style="float: right;">106</span></p> <p>2 <input type="checkbox"/> Grandparent</p> <p>8 <input type="checkbox"/> Other relative</p> <p>9 <input type="checkbox"/> DK</p>
<p>c. Where did this person usually care for --, in <i>(sample child)</i> home or somewhere else?</p>	<p>1 <input type="checkbox"/> At home <span style="float: right;">107</span></p> <p>2 <input type="checkbox"/> Somewhere else</p>
<p>d. About how many hours per week was -- usually cared for (by/at) <i>(arrangement)</i>?</p>	<p>_____ Hours per week <span style="float: right;">108-109</span></p> <p>99 <input type="checkbox"/> DK</p>

Instructions

1. Ask question 15 to determine how old the child was when regular child care was begun.
2. Ask and complete question 16 in the same manner as other similar questions.



### SECTION P3. RELATIONSHIPS AND MOBILITY

#### Objective

This section will produce data showing the nature and structure of the family relationships in the Nation in addition to the mobility of children in our society.

These next few questions are about --- (biological mother).		_____ Age	13-1
1. How old was --- (biological mother) when --- was born?		88 <input type="checkbox"/> Respondent knows nothing about biological mother (Check Item 7) 89 <input type="checkbox"/> DK	
2. Including ---, how many children has she ever had? Do not count miscarriages or stillbirths.		90 <input type="checkbox"/> One sample child only (Check item 7)	14-1
		_____ Number	
3. Was --- the first born (or) second born (or third, etc.)?		44 <input type="checkbox"/> DK 1 <input type="checkbox"/> First (Check Item 7) 2 <input type="checkbox"/> Second 3 <input type="checkbox"/> Third 4 <input type="checkbox"/> Fourth 5 <input type="checkbox"/> Fifth 6 <input type="checkbox"/> Sixth or Later 9 <input type="checkbox"/> DK (Check item 7)	15-1
4. How old was --- (biological mother) when the first child was born?		_____ Age	15-2
		39 <input type="checkbox"/> DK	
<b>CHECK ITEM 7</b>	Refer to Q. 1, page 88.	1 <input type="checkbox"/> Biological mother in hhld. (8) 8 <input type="checkbox"/> Other (5)	15-3
5a. Has --- ever lived with --- biological mother for at least 4 consecutive months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6)	15-4
b. In what month and year did --- last live with her?		_____ / 19 _____ Month Year	15-5
		9999 <input type="checkbox"/> DK	
6. Is she now living or deceased?		1 <input type="checkbox"/> Living 2 <input type="checkbox"/> Deceased (Check item 11) 9 <input type="checkbox"/> DK (Check Item 11)	15-6
7. How often does --- see her?		01 <input type="checkbox"/> Everyday 02 <input type="checkbox"/> Almost every day 03 <input type="checkbox"/> Several times a week 04 <input type="checkbox"/> About once a week 05 <input type="checkbox"/> Two or three times a month 06 <input type="checkbox"/> About once a month 07 <input type="checkbox"/> Several times a year 08 <input type="checkbox"/> Once a year or less 09 <input type="checkbox"/> Never 99 <input type="checkbox"/> DK	15-7

Instructions

- Whenever "--(biological mother)" appears, insert "you" if the bio-mother is the respondent; the name of the child's biological mother, if known; or read "--'s biological mother" if her name is not known.

2. Mark "Respondent knows nothing about biological mother" only if this is the actual response to question 1. For example, the child might be adopted, a foster child, or all contact with the mother has ceased to exist.
  
- 3a. Include in questions 2 and 3 any children born alive who subsequently died.
  
- b. Even if the sample child is part of a multiple birth (that is, twins, triplets, and so forth), ask 3 as worded and accept whatever response is given. However, if the respondent is unable to provide an exact order, do not mark an answer category in 3 but footnote, for example, "twin" and indicate the number of children born before the multiple birth. Be sure to ask question 4 after noting this situation. However, you may verify the entry in question 1 and mark question 4 without asking if this twin birth was the only or first birth.
  
4. Mark box 1 in Check Item 7 if the child's biological mother is a household member, regardless of whether or not she is the respondent.
  
5. For question 5, mark "No" without asking if the child is less than 4 months old.
  
6. If necessary, read the answer categories in question 7 to the respondent.

8. Is -- (biological mother) now married, widowed, divorced, separated, or has she never been married?	<input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Widowed <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Separated <input type="checkbox"/> 0 Never married (Check Item 11) <input type="checkbox"/> 9 DK (Check Item 11)	21
9. How many times altogether has she been married?	_____ Times <input type="checkbox"/> 9 DK	22
<b>CHECK ITEM 8</b>	Refer to Q. 1, page 78 and Q. 8.	23
10a. Was -- (biological mother) ever married to -- (biological father)?	<input type="checkbox"/> 1 Biological mother and biological father in household, and now married to each other (10b) <input type="checkbox"/> 8 Other (10a) <input type="checkbox"/> 1 Yes (10b) <input type="checkbox"/> 2 No (Check Item 10) <input type="checkbox"/> 9 DK (Check Item 11)	24
b. In what month and year was -- (biological mother) married to -- (biological father)?	_____ / 19 _____ Month Year 9999 <input type="checkbox"/> DK	25-28

A. Definition

Annulment--A legal decree voiding the marriage.

NOTE: Consider a legal divorce which also involves a religious decree of annulment as a "divorce."

Refer to page D14-42 for other marital definitions.

B. Instructions

1. Consider a person as "Never married" in question 8 if the only marriage was annulled.
2. If asked, consider common-law marriages as "married"; otherwise, accept whatever response is given. However, if the respondent is unable to provide an answer to these questions, mark "DK."

Check Item 9 through Question 12. Marital History of Biological Parents

<b>CHECK ITEM 9</b>	<i>Refer to 8 and 9.</i>	<input type="checkbox"/> 1 Married only once and now married ( <i>Check Item 11</i> ) <input type="checkbox"/> 2 Married only once and now separated or divorced ( <i>11b</i> ) <input type="checkbox"/> 3 Married only once and now widowed ( <i>11c</i> ) <input type="checkbox"/> 4 Married more than once and marriage to child's father is current marriage ( <i>Check Item 11</i> ) <input type="checkbox"/> 8 Other ( <i>11</i> )
11a. Was -- ( <i>biological mother</i> ) marriage to ( <i>biological father</i> ) ended by death, divorce, separation, or annulment?		<input type="checkbox"/> 1 Separation <input type="checkbox"/> 2 Divorce <input type="checkbox"/> 3 Death ( <i>11c</i> ) <input type="checkbox"/> 4 Annulment <input type="checkbox"/> 9 DK ( <i>Check Item 11</i> )
b. In what month and year did -- ( <i>biological mother</i> ) stop living with -- ( <i>biological father</i> )?		_____ / 19 _____ Month Year <input type="checkbox"/> 9999 DK
<i>If biological mother now separated, go to Check Item 11.</i>		_____ / 19 _____ Month Year <input type="checkbox"/> 9999 DK
c. In what month and year did the marriage to -- ( <i>biological father</i> ) (legally) end?		_____ / 19 _____ Month Year <input type="checkbox"/> 9999 DK
<b>CHECK ITEM 10</b>	<i>Refer to 8.</i>	<input type="checkbox"/> 1 Biological mother now widowed, divorced, separated, never married, or don't know ( <i>Check Item 11</i> ) <input type="checkbox"/> 2 Biological mother now married to someone other than biological father ( <i>12</i> )
12. In what month and year did -- ( <i>biological mother</i> ) current marriage begin?		_____ / 19 _____ Month Year <input type="checkbox"/> 9999 DK

Instructions

1. Refer to questions 8 and 9 and complete Check Item 9.
2. Refer to question 8 and mark Check Item 10 accordingly: mark Box 1 if any of Boxes 2 through 4 are marked in 8; mark Box 2 if Box 1 is marked in 8.
3. In question 11, for divorce and annulment, record the year the marriage legally ended in 11c, not when any separation occurred, which is reported in 11b. If the spouse died before a divorce or annulment was finalized, mark "Death" in 11a even if they were separated pending the final action. Use the parenthetical "legally" in 11c if "Divorce" or "Annulment" is marked in 11a. Do not ask 11c if "Separation" is marked in 11a.

<p><b>CHECK ITEM 11</b></p>	<p>Refer to Q. 1, page 86.</p>	<p>1 <input type="checkbox"/> Biological father in household (16)                  8 <input type="checkbox"/> Other (13)</p>
<p>These next few questions are about -- (biological father).</p>		<p>0 <input type="checkbox"/> Respondent knows nothing about father (16)</p>
<p>13 a. Has -- ever lived with -- biological father for at least 4 consecutive months?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No } (16)                  9 <input type="checkbox"/> DK</p>	
<p>b. In what month and year did -- last live with him?</p>	<p>48-49</p>	
<p>_____ / 19 _____                  Month Year</p>		<p>9999 <input type="checkbox"/> DK</p>
<p>14. Is he now living or deceased?</p>	<p>1 <input type="checkbox"/> Living                  2 <input type="checkbox"/> Deceased } (16)                  9 <input type="checkbox"/> DK</p>	
<p>15. How often does -- see him?</p>	<p>01 <input type="checkbox"/> Everyday                  02 <input type="checkbox"/> Almost every day                  03 <input type="checkbox"/> Several times a week                  04 <input type="checkbox"/> About once a week                  05 <input type="checkbox"/> Two or three times a month                  06 <input type="checkbox"/> About once a month                  07 <input type="checkbox"/> Several times a year                  08 <input type="checkbox"/> Once a year or less                  09 <input type="checkbox"/> Never                  99 <input type="checkbox"/> DK</p>	

Instruction

Questions 13-15 are the same as questions 5-7 except that they ask about the biological father rather than the biological mother.

<p>16. In what month and year did (sample child) move to this address or has -- lived here since birth?</p>	<p>0000 <input type="checkbox"/> Lived here since birth (Check item 12)</p> <p>____ / 19 ____ Month Year</p> <p>9999 <input type="checkbox"/> DK</p>
<p>17. About how far from here is the home (sample child) lived in before -- moved to this home -- less than a mile, 1 to 50 miles, or more than 50 miles?</p>	<p>1 <input type="checkbox"/> Less than 1 mile</p> <p>2 <input type="checkbox"/> 1-50 miles</p> <p>3 <input type="checkbox"/> 50+ miles</p> <p>9 <input type="checkbox"/> DK</p>
<p>18. Altogether, how many times has -- ever moved?</p>	<p>____ Times</p> <p>99 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM 12</b></p>	<p>1 <input type="checkbox"/> Respondent is biological mother or biological father (Section P4)</p> <p>8 <input type="checkbox"/> Other (19)</p>
<p>19. In what month and year did -- begin living with you?</p>	<p>0000 <input type="checkbox"/> Since birth</p> <p>____ / 19 ____ Month Year</p> <p>8888 <input type="checkbox"/> Does not live with respondent</p> <p>9999 <input type="checkbox"/> DK</p>

A. Definitions

1. Apartments--If the child lived in the same building but in a different apartment, consider this as a "move."
2. Mobile Homes
  - a. If the child lived in the same mobile home but at a different location, consider this as a "move."
  - b. If the child lived in a different mobile home in the same location or same space or site, do NOT consider this as a "move."
- 3a. Even if the child spent considerable time in the hospital before coming home, consider this as having "lived here since birth"; that is, do not consider coming home from the hospital as a "Move."
- \* b. Do NOT consider as a "move" those instances in which the child lives with one parent part time during a year and the other parent the remaining time.

**B. Instructions**

1. If the child has never moved, mark the "Lived here since birth" box in question 16 and go to Check Item 12.
2. If the initial response to question 17 is "don't know," ask, "Could you give me an estimate?" and read the answer categories to the respondent. Mark the "DK" box only if an estimate cannot be provided.
- 3a. Ask question 19 only of respondents other than the biological mother or biological father. If the respondent reports that the child has lived with him/her on and off over a period of time, record the date when the child first started living with the respondent, disregarding any subsequent episodes.
- b. "Living with you" means in the same home and should not imply anything with regard to the homeowner/renter/etc. For example, if the respondent came to live in the sample child's home, enter the date of this event the same as if the sample child went to live in the respondent's home.
- c. Mark "Does not live with respondent" if the respondent, for example, a visiting relative or babysitter who cares for the child, is not a household member. On the other hand, do not mark this box for an unrelated household member. Instead, enter the appropriate time period in question 19. In either situation, footnote the details as to why you are interviewing an unrelated or nonhousehold member..



SECTION P4. BIRTH

Objective

This section will provide data related to the birth episode (for example, prenatal care, place of birth, birth weight, delivery, etc.) and will be analyzed in comparison to other survey items concerning the health of the Nation's children.

① - ③

Questions 1 through 3. Place of Birth, Weight, Gestation Period

① - ③

<p>1a. Was -- born in a hospital or some other place?</p>	<p>1 <input type="checkbox"/> Hospital } (1b)                  2 <input type="checkbox"/> Birthing center }                  3 <input type="checkbox"/> Home (2)                  4 <input type="checkbox"/> In transit to hospital (1b)                  5 <input type="checkbox"/> Other - Specify _____ (2)                  9 <input type="checkbox"/> DK</p>	<p>65</p>
<p>b. How many nights was -- (biological mother) in the [hospital/birthing center] during this stay?</p>	<p>00 <input type="checkbox"/> None                  _____ Nights                  99 <input type="checkbox"/> DK</p>	<p>66-67</p>
<p>c. How many nights was -- in the [hospital/birthing center] during this stay?</p>	<p>00 <input type="checkbox"/> None                  _____ Nights                  99 <input type="checkbox"/> DK</p>	<p>68-69</p>
<p>2a. How much did -- weigh at birth? <i>Probe for ounces if not reported.</i></p>	<p>_____ Lbs. _____ Oz. (3)                  9999 <input type="checkbox"/> DK</p>	<p>70-73</p>
<p>b. Did -- weigh more than 5 1/2 pounds or less?</p>	<p><input type="checkbox"/> More than 5 1/2 lbs.                  1 <input type="checkbox"/> Less than 5 1/2 lbs. } (3)                  7 <input type="checkbox"/> DK</p>	<p>74</p>
<p>c. Did weigh -- more than 9 pounds or less?</p>	<p>2 <input type="checkbox"/> More than 9 lbs.                  3 <input type="checkbox"/> Less than 9 lbs.                  8 <input type="checkbox"/> DK</p>	<p>75-76</p>
<p>3a. How many months pregnant was -- (biological mother) when -- was born?</p>	<p>_____ Months                  99 <input type="checkbox"/> DK</p>	<p>77</p>
<p>b. Was -- born about when expected, or was it earlier or later?</p>	<p>1 <input type="checkbox"/> Earlier than expected                  2 <input type="checkbox"/> When expected (Check item 13)                  3 <input type="checkbox"/> Later than expected                  9 <input type="checkbox"/> DK (Check item 13)</p>	<p>78-79</p>
<p>c. About how many weeks [earlier/late] than expected was -- born?</p>	<p>00 <input type="checkbox"/> Less than one week                  _____ Weeks                  99 <input type="checkbox"/> DK</p>	<p>78-79</p>

Instructions

1. Mark "In transit to hospital" if the response to question 1a is "In cab (car, ambulance, etc.) on way to hospital." If the birth occurred once inside the hospital, however, mark Box 1 even if it was in a hall, lobby, etc.

- 2a. If the response to 2a is reported in whole pounds only, for example, "6 pounds," probe for ounces. If the response is "exactly 6 pounds," enter "6" on the "Lbs." line and a dash (-) on the "Oz." line. If the response is "About 6 pounds," and the exact number of ounces is not known, enter "6" on the "Lbs." line and "DK" on the "Oz." line.
- b. If the response to 2a includes fractions of a pound rather than ounces, for example, "5 1/2 pounds," enter the response verbatim on the "Lbs." line without converting the fractions of a pound to ounces. In these situations also enter a dash on the "Oz." line.
- c. Ask 2b only if the exact weight is unknown in 2a. If the response to 2b is "exactly 5 1/2 pounds," do not mark a box in 2b but correct the entry in 2a. Likewise, if the response to 2c is "exactly 9 pounds," do not mark a box in 2c but correct the entries in 2a and b.
- 3a. Record the response to question 3a verbatim, including fractions if reported. If given in terms other than months, such as days or weeks, enter the response in the space to the right of the "months" line.
- b. Do not try to define any of the terms in 3b.
- c. The "Less than one week" box in 3c means any period less than 7 days, including a response of less than 168 hours.



Question 8 and 9. Conditions During Pregnancy

B. Do you NOW have diabetes or sugar diabetes? <span style="float: right;">93</span>			
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK			
9a. At any time during your pregnancy with --, did you have --	Sugar in the urine? (1)	High sugar in the blood? (2)	Diabetes? (3)
	94	97	100
1 <input type="checkbox"/> Yes (9b and c) 2 <input type="checkbox"/> No (Next column)			
b. When did you FIRST notice it -- was it during your pregnancy with -- or before?	95	98	101
	1 <input type="checkbox"/> During 2 <input type="checkbox"/> Before		
Mark box or ask.			
c. Did you have the (condition) for at least 3 months after -- was born?	96	99	102
	1 <input type="checkbox"/> Yes } 9a) 2 <input type="checkbox"/> No }		

A. Definitions

1. First Noticed--When the condition first began to give any trouble or show any symptoms, or was first diagnosed if there was no trouble or symptoms.
2. Doctor--A medical doctor, nurse, physicians assistant, nurse practitioner, or other medical person.

B. Instructions

1. If questions arise, do NOT include "high sugar" "prediabetes," etc., as "Yes" responses to questions 8 or 9.
2. If a "Yes" response is given in 9a to a condition, ask 9b and 9c before going to the next condition. When a "Yes" response is received to a condition, repeat the lead-in phrase in 9a when asking about the next condition.
3. "When did you FIRST notice it" in 9b means also when were you first told about the condition if the mother really never noticed anything herself.
4. If the sample child is less than 3 months of age, mark Box 0 in 9c without asking.

SECTION P5 - CHILDHOOD CONDITIONS

1

Question 1. Accidents, Injuries, Poisonings

<p>1 a. During the past 12 months, did -- have an accident, injury, or poisoning that required medical attention?</p>	<p>1a. <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK } (2)</p>
<p>b. How many accidents, injuries, or poisonings did -- have in the last 12 months that required medical attention?</p>	<p>b. _____ Number</p>
<p>c. (Beginning with the most recent,) what caused the accident, injury, or poisoning? For example, was -- hit by a car while riding a bike, or burned by hot liquid or did -- swallow an object or pills?  Enter each in a separate column.</p>	<p>c. Group A (Brief description) _____          (1) _____          _____          _____</p>
<p>Hand Card P3, read list if telephone interview.          d. Which of the conditions on this list OR ANY OTHER CONDITIONS resulted from the entry in 1c)?  Mark all that apply and ask 1e.</p>	<p>d. 01 <input type="checkbox"/> Broken or dislocated bones 15-16          02 <input type="checkbox"/> Sprain, strain, or pulled muscle 17-18          03 <input type="checkbox"/> Cuts, scrapes, or puncture wounds 19-20          04 <input type="checkbox"/> Head injury, concussion 21-22          05 <input type="checkbox"/> Bruise, contusion, or internal bleeding 23-24          06 <input type="checkbox"/> Burn, scald 25-26          07 <input type="checkbox"/> Poisoning from chemicals, medicines, drugs 27-28          08 <input type="checkbox"/> Respiratory problem such as breathing, cough, pneumonia 29-30          09 <input type="checkbox"/> Other 31-32          99 <input type="checkbox"/> Don't know type of condition } (1f) 33-34          00 <input type="checkbox"/> None 35-36</p>
<p>e. Were there ANY other conditions that resulted from this accident, injury or poisoning?  Mark any additional conditions</p>	<p>e. <input type="checkbox"/> Yes (Reask 1d, THEN 1f)  <input type="checkbox"/> No</p>
<p>f. Where did this accident or injury or poisoning happen?  DO NOT READ CATEGORIES Mark only one box.  List each accident, injury, or poisoning which resulted in at least one condition (Codes 01-88) on a condition page as group A and a short name for the accident, injury, or poisoning from 1c. Then go to 1c in next column or question 2.</p>	<p>f. <input type="checkbox"/> Home (not necessarily child's)  <input type="checkbox"/> Day care location (preschool/nursery)  <input type="checkbox"/> School (including grounds and athletic areas)  <input type="checkbox"/> Street or highway  <input type="checkbox"/> Public building or space (other than street or school)  <input type="checkbox"/> Farm or agricultural area, except farm home  <input type="checkbox"/> Place of recreation or sports, except at school  <input type="checkbox"/> Other  <input type="checkbox"/> Don't know</p>

A. Definitions

1. Accident, Injury, or Poisoning (A.I.P.)--See definition B.1 on page

D10-1.

2. Medical Attention--A doctor visit or hospital stay as defined on pages D5-18 and D8-1. It does not include home first aid.

B. Instructions

1. The six parts of question 1 identify accidents, injuries, or poisonings (hereafter called "A.I.P.") the sample child may have had in the past 12 months that were serious enough to require medical attention. If the sample child is under 1 year old, the reference period is since birth. For each A.I.P. which resulted in at least one condition, you will fill a Section P6, Supplement Condition Page column.
  - a. For vague responses to 1a, such as "He's had lots of accidents in his 3 years," repeat the question emphasizing the 12-month reference period and the medical attention qualification.
  - b. Record the total number of A.I.P.'s requiring medical attention in the past twelve months in 1b. For estimate or range responses, probe for an exact number since one column in the 1c-1f chart must be completed for each. You may say something like, "I have to ask some additional questions about each accident, injury, or poisoning that required medical attention, so please give me an exact number.
  - c. Complete 1c, d, e, and f for the most recent A.I.P. before asking 1c-f for the next, and so forth. If more than 4 A.I.P.'s were reported in 1b, complete a separate booklet for the others.

ACCIDENTS, INJURIES, POISONINGS (CONTINUED)

2a. Ask 1c and record the response on the lines. Then hand the respondent Card P3 and ask 1d, inserting the entry from 1c. Circle the number or numbers in 1d for the type of conditions that resulted from this A.I.P. Reword your write-in entry in 1c to make sense when asking 1d.

b. For a personal visit interview, hand the respondent Card P3 when asking 1d. For a telephone interview, ask, "What conditions resulted from the (A.I.P. in 1c)?" If the telephone respondent does not understand what you mean by resulting conditions, read all answer categories to him/her.

1) Mark all applicable boxes in response to 1d. For example, mark "06" and "88" if a stove burn resulted in a burned hand and subsequent infection. Mark "00" only if there were no resulting conditions.

NOTE: "Resulting" should not necessarily imply a long-term condition. For example, a fall may have resulted in only a scrapped elbow (03) and bruised knee (05).

2) If there was one or more resulting conditions, but the respondent does not know what it/they were, mark "99."

c. If any of conditions 01-88 (excluding 99 and 00) are marked in 1d, ask 1e and follow the appropriate instruction. Note that unlike similar questions, 1e is asked only once for each A.I.P. with resulting conditions. Do not keep reasking 1e until you get a "No" response. Therefore, the "No" box will NOT be marked if "Yes" is marked in 1e.

d. Ask 1f to determine where the A.I.P. happened. Mark one only. The definitions are very similar to those on page D13-32.

ACCIDENTS, INJURIES, POISONINGS (CONTINUED)

- e. After completing 1c-f for each A.I.P. indicated in 1b, review the 1d entries. Enter each A.I.P. with one or more of codes 01-88 (excluding 99 and 00) marked in 1d in Check Item 14 in a Supplemental Condition Page column that is located in Section P6.
- 1) Enter the A.I.P. from 1c, not the condition(s) from 1d. If necessary, condense the 1c entry into a short name or brief discription when entering it on the Supplemental Condition Page.
  - 2) Enter the letter A as noted at the top of 1c in the "Group letter" space of the Supplemental Condition Page column.
  3. Go on to question 2 upon completion of question 1. You will complete any required Supplemental Condition Page questions later.



## Question 2. Impairments

<p>2. Does -- now have --</p> <p>a. a missing finger, hand, arm, toe, foot, or leg?</p> <p>If "Yes," ask: Which is it?</p> <p>Is -- missing [1 or both/more than one] (<u>body part</u>)?</p> <p>(Enter on a Condition page, Group J)</p>	<p>2.</p> <p>a.</p> <p>1 <input type="checkbox"/> Yes (Ask probe questions)</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	<p>3-4</p> <p>5</p>
<p>b. permanent impairment, stiffness or any deformity of the back, foot, or leg?</p> <p>If "Yes," ask: Which is it?</p> <p>Is [1 or both/more than one] (<u>body part</u>) affected?</p> <p>(Enter on a Condition page, Group J)</p>	<p>b.</p> <p>1 <input type="checkbox"/> Yes (Ask probe questions)</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	<p>6</p>
<p>c. permanent impairment, stiffness or any deformity of the fingers, hand, or arm?</p> <p>If "Yes," ask: Which is it?</p> <p>Is [1 or both/more than one] (<u>body part</u>) affected?</p> <p>(Enter on a Condition page, Group J)</p>	<p>c.</p> <p>1 <input type="checkbox"/> Yes (Ask probe questions)</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	<p>7</p>

Instructions

1a. Ask question 2 in a similar manner as the impairment questions on the HIS-1 Condition List 1; however, for each "Yes," probe to determine the exact impairment and parts of body affected. For example, if the response is "Yes" to 2b, probe to determine if the sample child has an impairment, stiffness, or deformity and which part of body is affected. For impairments of the hand, arm, foot, or leg, determine if it is one or both. For fingers and toes, determine if it is one or more than one.

b. Enter each exact condition in separate columns of Section P6, Supplemental Condition Pages. Enter "J" as the Group letter. Some acceptable Supplemental Conditions from question 2 would be:

- Both missing hands.
- One deformed finger.
- One stiff leg.
- Three missing toes.

IMPAIRMENTS (CONTINUED)

c. Do not combine different impairments and/or separate body parts to make one condition. For example, some unacceptable Supplemental Conditions would be:

- Stiff legs and arms.
  - Stiff and deformed toes.
  - Missing and deformed fingers.
- } These examples would require 2  
Supplemental Condition Page  
columns each

2. Go on to question 3 upon completion of question 2. You will complete any required Supplemental Condition Page questions later.



Instructions

1. Read the introduction and ask question 3 for all listed conditions on both pages before asking question 4.
  - a. Repeat, "Did (sample child) ever have \_\_\_" as often as necessary.
  - b. For conditions with "Specify \_\_\_\_\_" spaces, such as "any other persistent bowel trouble," probe and write-in the exact condition before continuing with question 3 for the next condition on the list.
  - c. Several items have multiple conditions. If the specific condition is reported, circle it; otherwise, probe to determine it and then circle it. For example, when asked about "FREQUENT or REPEATED diarrhea or colitis" the respondent says, "Yes, he had frequent diarrhea." Circle "Frequent" and "Diarrhea" for future reference.
  - d. When asking about deafness or blindness in Group E, first ask "Deafness or trouble hearing with one or both ears?" If that response is "Yes," ask "Is it one or both ears?" and mark the appropriate "Yes" box in the question 3 answer space. If the initial response is "No," mark the "No/DK" box.
  - e. If a "Yes" response is given to "Any other condition that lasted three months or more?" in Group I, mark the "Yes" box, then probe for the conditions and enter them on the lines provided. Do not record more than 3 conditions.

2. Ask questions 4a, 4b, and 4c across, as appropriate, for each "Yes" in question 3.
  - a. Insert the listed or circled condition when asking 4a (and 4b).
  - b. After marking 4a, follow the instructions next to the box marked. This may entail asking 4b, entering the condition on a Supplemental Condition Page, or asking 4a for the next condition with "Yes" in 3. When entering a condition on a Supp. Cond. Pg. column, enter in Check Item 14 the group letter, that is, B, C, D, etc., from above the group of conditions.
  - c. Do not ask 4c of the respondent. When instructed to go to 4c, mark "Yes" or "No" to indicate if the condition in question is obviously permanent. If you are not sure, mark "No" since it's not obvious from your observation.
3. After completing questions 3 and 4, go on to Section P6.

SECTION P6 - SUPPLEMENTAL CONDITION PAGE

① - ⑥

Questions 1 through 6. Condition Details

① - ⑥

The next questions are about -- (condition/AIP).		000 <input type="checkbox"/> Less than 1 month	10-11
1. How old was -- when (condition/AIP) (happened/was first noticed)?	Age	<input type="checkbox"/> 3 Months <input type="checkbox"/> 4 Years 999 <input type="checkbox"/> DK	
<b>CHECK ITEM 15</b>	Refer to Check Item 14	1 <input type="checkbox"/> Group E (4) 2 <input type="checkbox"/> Group F or H (5) 9 <input type="checkbox"/> All others (2)	12
If not known, ask.			13
2a. (Including nursery or preschool) Did -- attend school at all during the past 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (3)	
b. During the past 12 months, did -- (condition/AIP) cause -- to miss any time from school?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK }	14
c. How many days in the past 12 months did -- miss all or part of the day?	_____ Days	999 <input type="checkbox"/> DK	15-18
3a. During the past 12 months, did -- (condition/AIP) cause -- to stay in bed more than half of the day?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (3c) 9 <input type="checkbox"/> DK }	19
b. How many days in the past 12 months did -- stay in bed more than half of the day?	_____ Days	999 <input type="checkbox"/> DK	20-22
c. During the past 12 months, did -- (condition/AIP) limit or prevent -- from doing usual childhood activities, such as playing with other children or participating in games or sports?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	23
4. During the past 12 months, about how many nights did -- spend in the hospital because of (condition/AIP)?	_____ Number of nights	000 <input type="checkbox"/> None 999 <input type="checkbox"/> DK	24-26
5. During the past 12 months, about how many times did [--/anyone] see or talk to a medical doctor or assistant about this (condition/AIP)? (Do not count doctor seen while an overnight patient in a hospital.)	_____ Number of doctor visits	000 <input type="checkbox"/> None 999 <input type="checkbox"/> DK	27-29
6. During the past 12 months, did this (condition/AIP) make it necessary for -- to use any medicine, other than vitamins, that a doctor prescribed OR told -- to take?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	30

A. Definitions

All definitions are the same as for similar items in the HIS-1 Limitation, Restricted Activity, and/or Condition pages.

B. Instructions

1. Complete a separate condition column for each condition or AIP entered in Check Item 14 from Section P5. Use additional booklets if more than 4 conditions were reported.

- 2. When asking question 1 and succeeding questions, select the correct term(s) based on the entries in Check Item 14. For example, for an AIP from group A you would ask "How old was Johnny when the broken bones happened?" If from another source, you would ask "How old was Johnny when the asthma was first noticed?"
- 3. If it is reported that one condition is the same as another, enter "same as condition \_\_\_" at the point you learn of it and ask no further questions about this condition. This procedure is the same as on the HIS-1 Condition page.
- 4. When asking question 5, insert the child's name or use "anyone" if the child is less than 14 years old. Include the parenthetical if there is an entry on the number of nights line in question 4.

Questions 7 and 8. Surgery/Pain

<b>CHECK ITEM 16</b>	Refer to Check Item 14	<input type="checkbox"/> Group D or F or H (8) <input type="checkbox"/> All others (7)	31
7.	During the past 12 months did -- have any surgery performed, including bone settings and stitches for this (condition/AIP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	32
Ba.	In the last 12 months, how often did (this condition/the conditions resulting from the (AIP)) cause -- pain or discomfort or upset -- all of the time, often, once in a while, or never?	<input type="checkbox"/> All of the time <input type="checkbox"/> Often <input type="checkbox"/> Once in a while <input type="checkbox"/> Never (Check Item 17)	33
b.	When this condition did bother --, was -- bothered a great deal, some, or very little?	<input type="checkbox"/> Great deal <input type="checkbox"/> Some <input type="checkbox"/> Very little	34

A. Definition

Pain/Discomfort/Bother/Upset--These terms are all respondent defined.

B. Instruction

When asking question 8, use the term "condition" rather than the name of the condition. However, do insert the name of the AIP when asking 8a.

## Question 9. Accident Involved

9

<b>9a. Did the <u>(condition)</u> result from an accident, injury or poisoning?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (NC)	36
<b>b. Did this occur within the last 12 months?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	37
<b>c. Did you already tell me about this accident, injury or poisoning?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9e)	38
<b>d. Which accident, injury, or poisoning was it?</b>	Condition No. _____ (NC)	39-40
<b>e. What kind of accident or injury or poisoning was it?</b>	Brief description _____ _____ _____ _____	41-45
<i>Hand Card P3. read list if telephone interview.</i>		
<b>f. Which of the conditions on this list OR ANY OTHER CONDITIONS resulted from the <u>(entry in 9e)</u>.</b>  <i>Mark all that apply in chart and ask 9g.</i>	01 <input type="checkbox"/> Broken or dislocated bones 02 <input type="checkbox"/> Sprain, strain, or pulled muscle 03 <input type="checkbox"/> Cuts, scrapes, or puncture wounds 04 <input type="checkbox"/> Head injury, concussion 05 <input type="checkbox"/> Bruise, contusion, or internal bleeding 06 <input type="checkbox"/> Burn, scald 07 <input type="checkbox"/> Poisoning from chemicals, medicines, drugs 08 <input type="checkbox"/> Respiratory problem, such as breathing, cough, pneumonia 09 <input type="checkbox"/> Other 99 <input type="checkbox"/> Don't know type of condition } (9h) 00 <input type="checkbox"/> None	46-47 48-49 50-51 52-53 54-55 56-57 58-59 60-61 62-63 64-65 66-67
<b>g. Were there ANY other conditions that resulted from this accident, injury or poisoning?</b>  <i>Mark any additional conditions.</i>	<input type="checkbox"/> Yes (Reask 9f, THEN 9g) <input type="checkbox"/> No	68
<b>h. Where did this accident or injury or poisoning happen?</b> DO NOT READ CATEGORIES <i>Mark only one box.</i>	1 <input type="checkbox"/> Home (not necessarily child's) 2 <input type="checkbox"/> Day care location (preschool/nursery) 3 <input type="checkbox"/> School (including grounds and athletic areas) 4 <input type="checkbox"/> Street or highway 5 <input type="checkbox"/> Public building or space (other than street or school) 6 <input type="checkbox"/> Farm or agricultural area, except farm home 7 <input type="checkbox"/> Place of recreation or sports, except at school 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Don't know	68

**Instructions**

1. Ask question 9 for specified groups of conditions to determine if they resulted from an accident, injury or poisoning.



9

ACCIDENT INVOLVED (CONTINUED)

9

2a. If the AIP was already reported in detail on a Supplemental Condition Page column, mark "Yes" in 9c and enter the column number in 9d. No repetition of the questions in 9f-h will be required.

b. If the condition resulted from an AIP not previously reported on, completed 9e-h the same as question 1 in Section P5.

SECTION P7 - GENERAL HEALTH STATUS

Objective

This section will provide information on several health related needs ranging from the use of eyeglasses to the respondent's perception of the child's health. It will also ascertain the smoking history of the biological mother as well as her exposure to cigarette smoke during and after her pregnancy.

CK  
18 - 3

Check Item 18 through Question 3. Use of glasses, Dental Care, Seat Belts

CK  
18 - 3

CHECK ITEM 18	<i>Refer to age of sample child</i>	1 <input type="checkbox"/> 3+ years old (1) 2 <input type="checkbox"/> Under 3 years old (3)	5
1. Does -- wear glasses or contact lenses?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	6
2. About how long has it been since -- LAST saw someone for dental care?		1 <input type="checkbox"/> 6 months ago or less 2 <input type="checkbox"/> Over 6 months to 12 months 3 <input type="checkbox"/> Over 12 months to 2 years 4 <input type="checkbox"/> Over 2 years to 5 years 5 <input type="checkbox"/> More than 5 years 0 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK	7
3. When riding in a car, does -- wear a seat belt or restraint all or most of the time, some of the time, once in a while, or never?		1 <input type="checkbox"/> All most of time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Once in a while 0 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK	8

Instructions

1. If asked, do not include in question 1 nonprescription sunglasses or safety glasses that are not worn to correct vision problems.

Occasionally, children will wear special glasses with one lens blacked out, instead of an eye patch, to correct a "lazy eye." Include such glasses regardless of whether or not the transparent lens has any corrective properties. If you were previously told that the child is completely blind, mark "No" without asking; however, if you were told that the child is "legally blind," you must still ask question 1.

USE OF GLASSES, DENTAL CARE, SEAT BELTS (CONTINUED)

- 2. Ask question 2 to determine when this child last saw someone for dental care.
- 3. For question 3, include child safety seats as restraints, but do not include being buckled on someone's lap. If the response is not one of the categories listed, reask the question emphasizing "all or most of the time, some of the time, once in a while, or never." If the respondent still does not give a category listed, enter the response verbatim in the answer space.

4

Question 4. Cigarette use by Biological Mother

4

4a. Did you smoke cigarettes at all during the year before -- was born?	<input type="checkbox"/> Yes <input type="checkbox"/> No (4e)	10
b. Did you continue to smoke during the entire pregnancy?	<input type="checkbox"/> Yes (4a) <input type="checkbox"/> No	11
c. Did you stop during the first three months of the pregnancy or later?	<input type="checkbox"/> Before pregnancy <input type="checkbox"/> 1st three months <input type="checkbox"/> Later <input type="checkbox"/> DK	12
d. About how many cigarettes a day did you usually smoke?	_____ Number <input type="checkbox"/> DK	13-14
e. Do you now smoke?	<input type="checkbox"/> Yes (5) <input type="checkbox"/> No	15
f. How long ago did you stop?	_____ Number: <ul style="list-style-type: none"> <li><input type="checkbox"/> Days</li> <li><input type="checkbox"/> Months</li> <li><input type="checkbox"/> Years</li> </ul>	16-18

A. Definition

Cigarettes--This term is respondent defined. Accept whatever is reported except small cigars and marijuana.

B. Instructions

- 1. Ask questions 4 and 5 only of the biological mother as determined in Check Item 19.

- 2. Mark the "Before pregnancy" box in question 4c if the respondent stopped smoking cigarettes before she became pregnant with the sample child; otherwise, mark Box 2 or 3 as appropriate to indicate when she stopped smoking.
  
- 3. Ask question 4d and enter the average number of cigarettes smoked per day, not the number of packs, during the pregnancy. There are usually 20 cigarettes to a pack. If the response is given in packs, multiply that number by 20. For example, a response of 1 1/2 packs probably should be entered as "30" cigarettes. However, some brands now contain 25 cigarettes in a pack, so be sure to verify the number in the pack before making an entry.

Questions 5 and 6. Exposure to Cigarettes

5. During most of your pregnancy, would you say you were in contact with persons who smoked cigarettes such as friends, co-workers or family members — occasionally, often, always or never?	<input type="checkbox"/> 1 Occasionaly <input type="checkbox"/> 2 Often <input type="checkbox"/> 3 Always <input type="checkbox"/> 0 Never <input type="checkbox"/> 9 DK	19
6a. Has anyone in your household smoked regularly since -- was born?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK } (7)	20
b. Is anyone in the household currently smoking cigarettes?	<input type="checkbox"/> 1 Yes (7) <input type="checkbox"/> 2 No (6c) <input type="checkbox"/> 9 DK (7)	21
c. How long has it been since anyone in the household smoked cigarettes?	<input type="checkbox"/> 1 During the last 12 months <input type="checkbox"/> 2 More than 12 months ago	22

Instructions

These questions are respondent defined, but "household" does not necessarily mean the current HIS-1 household composition for 6a. For example, if since the sample child was born, the only smoker moved from the household 2 months ago, the answers would be: 6a "Yes," 6b "No," and 6c "Box 1."

**Section P7 — GENERAL HEALTH STATUS — Continued**

7. Please tell me whether each of the following statements about -- health is mostly true or mostly false. The first statement is: "*(sample child)* health is excellent." Has this been mostly true or mostly false?  
(Record response and continue with statement b.)

	Mostly true (1)	Mostly false (2)	
a. -- health is excellent .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	23
b. -- seems to resist illness very well .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	24
c. -- seems less healthy than other children I know .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	25
d. When there is something going around, -- usually catches it .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	26
e. -- is somewhat clumsy .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	27
f. -- seems accident-prone .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	28
g. When -- is sick or injured, -- usually recovers quickly .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	29

---

8a. Has -- EVER been seriously ill? 30

1  Yes  
 2  No  
 3  DK } (Check Item 20)

---

b. Was -- EVER so sick that you thought -- might die? 31

1  Yes  
 2  No  
 3  DK

Definition

All statements are respondent defined.

Questions 9 and 10. Sleeping Habits

<p>9a. On weeknights (if 4+ during the school year), does -- usually go to bed at about the same time each night, or does -- bedtime vary a lot from night to night?</p>	<p>1 <input type="checkbox"/> Has usual bedtime 2 <input type="checkbox"/> Bedtime varies (9c)</p>	<p>43</p>
<p>b. About what time does -- usually go to bed?  <i>Round time to nearest quarter hour.</i></p>	<p>_____ : _____ 1 <input type="checkbox"/> a.m. } (10) 2 <input type="checkbox"/> p.m. } 99999 <input type="checkbox"/> DK</p>	<p>34-38</p>
<p>c. What is the latest time that -- goes to bed on weekdays?  <i>Round time to nearest quarter hour.</i></p>	<p>_____ : _____ 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m. 99999 <input type="checkbox"/> DK</p>	<p>39-43</p>
<p>10a. Does -- usually sleep in one room or in different rooms?</p>	<p>1 <input type="checkbox"/> One room 2 <input type="checkbox"/> Different rooms</p>	<p>44</p>
<p>b. Does -- usually sleep alone in a room or share a room?</p>	<p>1 <input type="checkbox"/> Alone (Section P8) 2 <input type="checkbox"/> Shares</p>	<p>45</p>
<p>c. Who usually sleeps in the room with --?  <i>Mark all that apply.</i>  Anyone else?</p>	<p>1 <input type="checkbox"/> Brother(s) 2 <input type="checkbox"/> Sister(s) 3 <input type="checkbox"/> Other children 4 <input type="checkbox"/> Father 5 <input type="checkbox"/> Mother 6 <input type="checkbox"/> Other adult(s) 9 <input type="checkbox"/> DK</p>	<p>46 47 48 49 50 51 52</p>

A. Definition

Sleep--The actual time spent sleeping. This does not include the time spent in bed but not sleeping.

B. Instructions

1a. Include the parenthetical phrase "during the school year" in 9a if the child is 4 years old or over, regardless of whether or not school is currently in session.

b. Enter times in 2-digit numerals for hour and minutes; such as "09:00" for 9 o'clock. Round time to the nearest quarter hour. For example, record "10:15" if the response is "20 after 10." Mark AM/PM as appropriate.

2. If the response to 10c is someone other than the child's sibling(s) or parent(s), mark the appropriate "Other" box(es). It is not necessary to specify who those persons are.

SECTION P8. SCHOOL

CK  
21 - 4

CK  
21 - 4

Check Item 21 through Question 4. School Attendance and Grades

<b>CHECK ITEM 21</b>	<i>Refer to age of sample child.</i>	<input type="checkbox"/> Under 5 years old (Section P9) <input type="checkbox"/> 5+ years old	53
1. Has -- ever attended school?		<input type="checkbox"/> Yes <input type="checkbox"/> No (Section P9)	54
2. Is -- NOW either going to school or on vacation from school?		<input type="checkbox"/> Going to school <input type="checkbox"/> On vacation from school <input type="checkbox"/> Neither (5)	55
3. What grade [ is -- in now? / will -- be in? ]  <i>If child is between grades, enter grade promoted to</i>		21 <input type="checkbox"/> Nursery school or preschool } (Section P9) 22 <input type="checkbox"/> Kindergarten }  _____ Grade	56-57
4. Overall what kind of student would you say -- is now? Is -- one of the best in the class, above the middle, in the middle, below the middle, or near the bottom of the class?		1 <input type="checkbox"/> One of the best 2 <input type="checkbox"/> Above the middle 3 <input type="checkbox"/> In the middle 4 <input type="checkbox"/> Below the middle 5 <input type="checkbox"/> Near the bottom } (6)	58

A. Definition

School--Use the HIS definition.

B. Instructions

1. If you know by this point whether or not the child is in school, complete questions 1 and 2 without asking. We are interested in "regular" school: nursery school and preschool are not regular schools.
2. If the response to question 3 is something other than a "grade," for example, "She's going to trade school" or "He'll start college this fall," enter the response in the answer space and continue with question 4.
3. If necessary, explain that question 4 asks for the respondent's opinion.

## Question 5. Stopped Going to School

<p>5a. Why did -- stop going to school?</p> <p>Mark first applicable box.</p>	<table border="0"> <tr> <td>0</td> <td><input type="checkbox"/> Never went -- health reasons</td> <td rowspan="2">} (Section P9)</td> <td>88</td> </tr> <tr> <td>1</td> <td><input type="checkbox"/> Never went -- other reasons</td> </tr> <tr> <td>2</td> <td><input type="checkbox"/> Graduated</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td><input type="checkbox"/> Health problem</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td><input type="checkbox"/> Dropped out</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td><input type="checkbox"/> Other -- Specify <u>      </u></td> <td></td> <td></td> </tr> </table>	0	<input type="checkbox"/> Never went -- health reasons	} (Section P9)	88	1	<input type="checkbox"/> Never went -- other reasons	2	<input type="checkbox"/> Graduated			3	<input type="checkbox"/> Health problem			4	<input type="checkbox"/> Dropped out			5	<input type="checkbox"/> Other -- Specify <u>      </u>		
0	<input type="checkbox"/> Never went -- health reasons	} (Section P9)	88																				
1	<input type="checkbox"/> Never went -- other reasons																						
2	<input type="checkbox"/> Graduated																						
3	<input type="checkbox"/> Health problem																						
4	<input type="checkbox"/> Dropped out																						
5	<input type="checkbox"/> Other -- Specify <u>      </u>																						
<p>b. How long ago did -- stop going to school?</p>	<table border="0"> <tr> <td>1</td> <td><input type="checkbox"/> Less than 12 months</td> <td>89</td> </tr> <tr> <td>2</td> <td><input type="checkbox"/> 12 months -- less than 2 years (7)</td> <td></td> </tr> <tr> <td>3</td> <td><input type="checkbox"/> 2+ years (7)</td> <td></td> </tr> </table>	1	<input type="checkbox"/> Less than 12 months	89	2	<input type="checkbox"/> 12 months -- less than 2 years (7)		3	<input type="checkbox"/> 2+ years (7)														
1	<input type="checkbox"/> Less than 12 months	89																					
2	<input type="checkbox"/> 12 months -- less than 2 years (7)																						
3	<input type="checkbox"/> 2+ years (7)																						

Instructions

1. Mark only one box in 5a. If more than one answer category applies, mark the first box listed. For example, if the response is, "He dropped out because of health problems," mark box 3--"Health problem."
2. If the response to 5a indicates that the child attended a nonregular school (that is, vocational, trade or business schools outside the regular school system), reask the question emphasizing that we are interested in regular schools. For example, "Why did -- stop going to REGULAR school?"

## Question 6. Days Absent due Illness

<p>6. During the past 12 months, that is, since (12 month date) a year ago, about how many days was -- absent from school because of illness?</p>	<table border="0"> <tr> <td><input type="checkbox"/> None</td> <td>90</td> </tr> <tr> <td>Days</td> <td></td> </tr> </table>	<input type="checkbox"/> None	90	Days	
<input type="checkbox"/> None	90				
Days					

Instructions

Insert the "12-month date" from item A1 on the HIS-1 when asking this question. If the child did not attend school most of the past 12 months, count only those days missed because of illness. For example, if the child dropped out after 1 month and missed no days due to illness in that month, mark the "None" box. However, if the child had to stop attending school because of illness, count all of the days missed because of illness in the past 12 months. Help the respondent determine this number if necessary.



### Question 7. Repeated Grades

7a. Has -- repeated any grades for any reasons?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (B)	63
b. What grade or grades did -- repeat?	_____ Grade(s)	64-65 66-67
c. Why did -- repeat the (grades in 7b) grade(s)?  <i>Mark all that apply.</i>	1 <input type="checkbox"/> Academic failure 2 <input type="checkbox"/> Immature/acted too young 3 <input type="checkbox"/> Frequently absent 4 <input type="checkbox"/> Moved into more difficult school 5 <input type="checkbox"/> Other - Specify _____	68 69 70 71 72
d. Any other reasons?	6 <input type="checkbox"/> OK 7 <input type="checkbox"/> Yes (Reask 7c and d) 8 <input type="checkbox"/> No	73

#### Instructions

- Do not consider special classes taken by the child during the summer or at other times to make up deficient work such as "repeating a grade." For example, if promotion to the next higher grade was dependent upon successfully completing summer school, do not consider this as repeating the grade.
- Record all grades mentioned in 7b. Enter "K" if kindergarten had to be repeated. When asking 7c, insert all grades recorded in 7b for the parenthetical. Mark all that apply. It is not necessary to try to relate the specific reasons with specific grades. For example, if the child had to repeat grade 1 because of immaturity and grade 8 because of academic failure, simply mark Boxes 1 and 2 in 7c.

Questions 8 and 9. School Behavior

8a. Has -- ever been suspended, excluded, or expelled from school?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9)	75-78
b. How many times has this happened?	____ Number	
c. How long ago was the last time?	_____ Number { <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Days</li> <li>2 <input type="checkbox"/> Weeks</li> <li>3 <input type="checkbox"/> Months</li> <li>4 <input type="checkbox"/> Years</li> </ul>	77-79
d. Was it for health or behavior reasons?	1 <input type="checkbox"/> Health 2 <input type="checkbox"/> Behavior 3 <input type="checkbox"/> Other 4 <input type="checkbox"/> DK	80
9a. Not counting routine conferences, has anyone from -- school ever asked someone to come in to talk about problems -- was having?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Section P9)	81
b. How long ago was the last time?	_____ Number { <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Days</li> <li>2 <input type="checkbox"/> Weeks</li> <li>3 <input type="checkbox"/> Months</li> <li>4 <input type="checkbox"/> Years</li> </ul>	82-84

A. Definitions

1. Suspended/Excluded--When the student is temporarily prohibited by school officials from attending school.
2. Expelled--when the student is permanently prohibited from attending school by school officials for the remainder of that school term or longer.
3. Routine Conferences--Meetings which are routinely scheduled by teachers or school officials for the purpose of meeting either individually or as a group with all parents or guardians during the school year.

B. Instructions

1. In 8c, record the period of time since the beginning of the most recent suspension, exclusion, or expulsion, regardless of whether or not the child subsequently returned to school.
2. If multiple responses are given to 8d, probe to determine the "MAIN" reason. Note also that 8d applies only to the most recent suspension, exclusion, or expulsion.

SECTION P9. DEVELOPMENT, LEARNING, BEHAVIOR

1

1

Question 1. Screener Question

<p>1. Has -- EVER had --</p> <p>a. a delay in -- growth or development?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>3</p>
<p><i>Mark box or ask:</i></p> <p>b. a learning disability?</p>	<p>0 <input type="checkbox"/> Child under 3 (Check Item 22)</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>6</p>
<p>c. an emotional or behavioral problem that lasted 3 months or more?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>7</p>

A. Definition

All terms are respondent defined.

B. Instruction

Ask question 1a of all children, ask questions 1b and c of children aged 3 and over to determine if any physical or emotional problem has ever existed.

CHECK ITEM 22	Refer to 1	1 <input type="checkbox"/> 1 or more "Yes" in 1a-c (2) 2 <input type="checkbox"/> All other (Check Item 23)		
		Delay in growth/ Development (1)	Learning Disability (2)	Emotional/Behavioral Problem (3)
Ask 2a-h for each "Yes" in 1a-c.		0-11	22-28	27-38
2a. How old was -- when the (condition) was first noticed?		000 <input type="checkbox"/> Since birth Age { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years	000 <input type="checkbox"/> Since birth Age { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years	000 <input type="checkbox"/> Since birth Age { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years
b. Has -- ever received treatment or counseling for the (condition)?		1 <input type="checkbox"/> Yes 12 2 <input type="checkbox"/> No (2e)	1 <input type="checkbox"/> Yes 26 2 <input type="checkbox"/> No (2e)	1 <input type="checkbox"/> Yes 48 2 <input type="checkbox"/> No (2e)
c. Has -- received any such treatment or counseling during the past 12 months?		1 <input type="checkbox"/> Yes 13 2 <input type="checkbox"/> No (2e)	1 <input type="checkbox"/> Yes 27 2 <input type="checkbox"/> No (2e)	1 <input type="checkbox"/> Yes 41 2 <input type="checkbox"/> No (2e)
d. During the past 12 months, about how many times did anyone see or talk to a doctor, psychologist, or counselor about this problem?		14-16 Times 999 <input type="checkbox"/> DK	28-30 Times 999 <input type="checkbox"/> DK	42-44 Times 999 <input type="checkbox"/> DK
e. During the past 12 months, did the (condition) cause -- to miss any time from school?		17 0 <input type="checkbox"/> Not in school (2h) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2g)	21 0 <input type="checkbox"/> Not in school (2h) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2g)	45 0 <input type="checkbox"/> Not in school (2h) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2g)
f. On how many days in the past 12 months did -- miss part or all of the school day because of this problem?		18-20 Days 999 <input type="checkbox"/> DK	32-34 Days 999 <input type="checkbox"/> DK	46-48 Days 999 <input type="checkbox"/> DK
g. During the past 12 months, did the (condition) make it necessary for -- to attend special classes, or a special school, or get special help at school?		21 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	35 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	49 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. During the past 12 months, has -- been taking any medicine for the (condition)?		22 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	38 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	50 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
		(Col. 2) or Section P10)	(Col. 3) or Section P10)	(Section P10)

Instructions

- If box 1 is marked in Check Item 22, ask questions 2a-h for each "Yes" response in 1a-c.
- The "condition" inserted throughout question 2 is based on the response to question 1. For example, if "Yes" is marked in 1a, say "How old was -- when the delay in growth or development was first noticed?". Include both terms unless you know which one to use. Do not probe. If "Yes" is marked in 1b, say "How old was -- when the learning disability was first noticed?" and of course for a yes in 1c, ask "How old was -- when the emotional or behavioral problem was first noticed?". Again use both terms unless you know which one to use. Do not probe. Continue with 2b-h for the first appropriate condition before asking 2a-h for the next.

DETAILS OF PROBLEMS (CONTINUED)

3. After completing 2a-h for each appropriate condition in 1, skip to Section P10.

Check Item 23 and Question 3.. Seek Medical Advice

<b>CHECK ITEM 23</b>	<i>Refer to age of sample child.</i>	0 Under 3 years old (Section P10)	81
		1 3 - years old (3)	
<b>3a. Has -- ever seen a psychiatrist, psychologist, doctor, or counselor about any emotional, mental, or behavior problem?</b>		1 Yes	82
		2 No (3c)	
<b>b. When was the last time -- saw this person?</b>		1 More than 12 months ago	83
		2 Within past 12 months (Section P10)	
<b>c. During the past 12 months, have you felt, or has anyone suggested, that -- needed help for any emotional, mental, or behavioral problem?</b>		1 Yes	84
		2 No	

Instruction

Ask question 3 for children aged 3 and over who reported "No" to all parts of question 1. This question is an abbreviated version of question 2.

SECTION P10. HEALTH SERVICES

1 - 6

Questions 1 through 6. Usual Source of Care

1 - 6

<p>Now I will ask about ROUTINE care, including routine checkups and immunizations when nothing is wrong.</p> <p>1. How long has it been since -- last visit to a clinic, health center, hospital, doctor's office or other place for routine health care?</p>	<p>1 <input type="checkbox"/> Less than 6 months                  2 <input type="checkbox"/> 6 months, less than 1 year                  3 <input type="checkbox"/> 1 year, less than 2 years                  4 <input type="checkbox"/> 2 years, less than 5 years                  5 <input type="checkbox"/> 5 or more years                  9 <input type="checkbox"/> DK                  0 <input type="checkbox"/> Never (4)</p> <p style="text-align: right;">55</p>
<p>2. Is there a particular clinic, health center, hospital, doctor's office or other place that -- usually goes to for routine health care?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No (4)</p> <p style="text-align: right;">56</p>
<p>3. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place?</p> <p><i>PROBE IF CLINIC:</i>                  Is this a private clinic, a hospital outpatient clinic, a company or school clinic, a migrant clinic, or some other kind of clinic?</p> <p><i>PROBE IF HEALTH CENTER:</i>                  Is this a community health center, neighborhood health center, a family health center, a rural health center, or some other kind of health center?</p> <p><i>PROBE IF HOSPITAL:</i>                  Is this an outpatient clinic or emergency room?</p>	<p>01 <input type="checkbox"/> Home                  02 <input type="checkbox"/> Doctor's office or private clinic                  03 <input type="checkbox"/> Company or school clinic                  04 <input type="checkbox"/> Hospital outpatient clinic                  05 <input type="checkbox"/> Migrant clinic                  06 <input type="checkbox"/> Other clinic -- Specify _____                  07 <input type="checkbox"/> Hospital emergency room                  08 <input type="checkbox"/> Community, neighborhood, or family health center                  09 <input type="checkbox"/> Walk-in emergency care center                  10 <input type="checkbox"/> Rural health center                  11 <input type="checkbox"/> HMO/prepaid group                  99 <input type="checkbox"/> Other place -- Specify _____</p> <p style="text-align: right;">57-58</p>
<p>Now I will ask about -- visits for health care when -- is sick or injured.</p> <p>4. Is there a particular clinic, health center, hospital, doctor's office or other place that -- usually goes to when -- is sick or injured?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No (8)</p> <p style="text-align: right;">59</p>
<p>5. Is this the same <u>place in 3</u>, or is it somewhere else?</p>	<p>1 <input type="checkbox"/> Same place                  2 <input type="checkbox"/> Somewhere else</p> <p style="text-align: right;">60</p>
<p><i>IF "SAME PLACE" IN 5, REFER TO 3 AND MARK WITHOUT ASKING, OTHERWISE ASK:</i></p> <p>6. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place?</p> <p><i>PROBE IF CLINIC:</i>                  Is this a private clinic, a hospital outpatient clinic, a company or school clinic, a migrant clinic, or some other kind of clinic?</p> <p><i>PROBE IF HEALTH CENTER:</i>                  Is this a community health center, neighborhood health center, a family health center, a rural health center, or some other kind of health center?</p> <p><i>PROBE IF HOSPITAL:</i>                  Is this an outpatient clinic or emergency room?</p>	<p>01 <input type="checkbox"/> Home                  02 <input type="checkbox"/> Doctor's office or private clinic (9)                  03 <input type="checkbox"/> Company or school clinic                  04 <input type="checkbox"/> Hospital outpatient clinic                  05 <input type="checkbox"/> Migrant clinic                  06 <input type="checkbox"/> Other clinic -- Specify _____                  07 <input type="checkbox"/> Hospital emergency room                  08 <input type="checkbox"/> Community, neighborhood, or family health center                  09 <input type="checkbox"/> Walk-in/Emergency clinic                  10 <input type="checkbox"/> Rural health center                  11 <input type="checkbox"/> HMO/prepaid group                  99 <input type="checkbox"/> Other place -- Specify _____</p> <p style="text-align: right;">61-62</p>

A. Definitions

1. Routine Care--A visit for the purpose of determining the general state of the sample child's health. This includes checkups for specific purposes, such as periodic (yearly) checkups, and for other similar purposes.

Do not include a visit for a checkup or examination for a specific condition, such as a checkup for high blood pressure, a heart condition, and so forth.

2. Rural Health Center--A public or private ambulatory facility generally sponsored by a unit of local government which provides medical care only to residents in a rural area.
3. Home--Any place the sample child was staying at the time of the doctor's visit. It may be his/her own home, the home of a friend, a hotel room, etc. Be sure the respondent does not mean that the visit took place at the office in the doctor's home.
4. Doctor's Office--The office of a doctor in private practice. This may be an office in the doctor's home, an individual office in an office building, or a suite of offices occupied by several doctors. This category also includes "doctor's clinic," meaning the office of a group of doctors.
5. Company or School Clinic--A company or plant doctor's office or clinic which is operated solely for the employees of that company or industry; or a clinic at a school for the use of students.
6. Hospital Outpatient Clinic--A unit of a hospital where persons may go for medical care without being admitted as an inpatient.
7. Migrant Clinic--Clinic set up to serve migrant farm workers.

8. Hospital Emergency Room--A unit of a hospital where persons may receive medical care, usually of an urgent nature, without or before being admitted as an inpatient.
9. Community, Neighborhood, or Family Health Center--A public or private ambulatory facility generally sponsored by a unit of local government (sometimes receiving Federal funding). They provide medical care only to residents of a particular area.
10. HMO/Prepaid Group--This is a type of medical care facility that provides care only to members of a Health Maintenance Organization ("prepaid group") health plan.

B. Instructions

1. If the response to question 1 indicates the child received no care or care only on a treatment basis and never visited a provider for routine care, mark the "Never" box; otherwise, mark the box that best represents the period since the sample child last received routine health care.
2. Ask question 2 to determine whether or not there is one particular place this child usually receives health care. If the response is not "Yes" or "No" but there is indication of more than one doctor or place, reask the question emphasizing "particular" and "usually." If the response is still not yes or no, mark the "No" box. If the child is bedridden but has a particular doctor come to the home to give medical care or advice consider (this a "Yes" response. Do not lead the respondent by referring to a "family" or "regular" doctor.



USUAL SOURCE OF CARE (CONTINUED)

3. Ask question 3 to determine the kind of place. If the response is "Hospital," "Health Center" or "Clinic," ask the appropriate probe question to determine if this was the outpatient clinic, emergency room, company clinic, etc. Mark the box which indicates the kind of place, not the name of the place.

4a. Handle questions 4 through 6 in the same manner as questions 1 through 3.

b. If "same place" is marked in question 5, mark the corresponding box in 6 without asking the question.

Questions 7 and 8. Usual Care Provider

7a. Is there a particular medical person -- usually seen at the <u>place in 6</u> when -- is sick?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9)	63
7b. Is there someone at the <u>place in 6</u> , that knows about -- health history who will give you advice over the telephone?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (9)	64
<i>Card P3 - Use categories if telephone interview</i>		65
8. Why people if -- not have a particular place they usually go when they are sick. (Could you please give me the number of the statement) which is the MAIN reason -- does not use a particular place -- usually goes?	1 2 3 4 5 8	
<ul style="list-style-type: none"> <li>1. Has two or more usual doctors or places depending on what is wrong.</li> <li>2. Has not needed a doctor.</li> <li>3. Previous doctor no longer available.</li> <li>4. Has not been able to find the right doctor.</li> <li>5. Recently moved to area.</li> <li>8. Other reason (Specify).</li> </ul>	Specify	

Instructions

1a. Ask question 7a to determine if the sample child usually sees a particular medical person at the place specified in question 6. If he/she usually sees or is seen by different medical persons on various visits, mark "No."

USUAL CARE PROVIDER (CONTINUED)

b. Question 7b includes anyone who knows enough about the child's health condition to give advice.

2a. Hand Card P4 and ask question 8 for all persons with "No" in question 4.

If the person does not give a number from the card but gives a response that is exactly the same as one listed, circle the appropriate number. If the response is not exactly the same as one of the listed categories, ask for a number. If the answer still doesn't fit, circle "8" and enter the response verbatim. If you are given more than one number reask the question reemphasizing "MAIN."

b. For telephone interviews, read ALL of the reasons to the person before accepting an answer.

Questions 9 and 10. Health Insurance Coverage

9a. During the past 12 months, that is since 12 months ago a year ago, did -- receive any health care which has been or will be paid for by Medicaid?	1 <input type="checkbox"/> Yes (9c) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	66
b. During the past 12 months, was -- covered at any time by Medicaid?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	67
c. During the past 12 months, did -- receive assistance through the "Aid to Families with Dependent Children" program, sometimes called AFDC or ADC?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	68
10. Is -- now covered by a health insurance plan which pays any part of a hospital, doctor's or surgeons bill?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	69

A. Definitions

1. Medicaid--A national program which pays for health care for persons in need.
2. AFDC--A program which bases payment upon family income and number of dependent children.

HEALTH INSURANCE COVERAGE (CONTINUED)

3. Health Insurance Plan--A plan specifically designed to pay all or part of the hospital, doctor, surgeon, dentist or other medical expenses of the insured individual. The plan, in order to be considered as insurance, must be a formal one with defined membership and benefits. Include Health Maintenance Organizations (HMO), such as Kaiser, Group Health, etc. Exclude plans which pay only for accidents, dread diseases or are covered under Public welfare.

Question 11. "Head Start" Program Participation

11a. Has -- EVER been enrolled in the "Head Start" program?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No } (P11) <input type="checkbox"/> 3 DK	70
b. In which "Head Start" program was -- enrolled, the Center based or the Home based program?	<input type="checkbox"/> 1 Center based <input type="checkbox"/> 2 Home based <input type="checkbox"/> 3 DK	71

A. Definitions

Head Start--A program which provides comprehensive developmental services primarily to low income preschool children and their families. Head Start programs provide comprehensive health, nutritional, social and educational services. In addition, Head Start programs are required to provide for the direct participation of parents of enrolled children in the development, conduct and direction of local programs. Two Head Start programs which provide basically the same comprehensive services are:

1. Center Based Program--A Head Start program which focuses on service to the child and provides services in a classroom setting.

"HEAD START" PROGRAM PARTICIPATION (CONTINUED)

2. Home Based Program--A Head Start program which focuses on the parents or the parents and the child. Home visitors provide weekly visits in their homes for a small group of children approximately once a month.

B. Instruction

If questions arise, use the above definitions to explain the program to the respondent.

SECTION P11. BEHAVIOR PROBLEMS INDEX

CK  
24 - 32

Check Item 24 through Question 32. Behavior Problems Index

CK  
24 - 32

<b>CHECK ITEM 24</b>		72		
<i>Refer to age of sample child</i>		1 <input type="checkbox"/> Under 5 years old (Cover Page) 2 <input type="checkbox"/> 5+ years old (Intro)		
<b>INTRO</b> Now I am going to read some statements that describe the behavior of many children. Please tell me whether each statement has been <b>OFTEN</b> true, <b>SOMETIMES</b> true, or <b>NOT</b> true of -- during the past 3 months?  The first statement is: "Has sudden changes in mood or feelings." Has that been <b>OFTEN</b> true, <b>SOMETIMES</b> true, or <b>NOT</b> true of -- in the past 3 months.  <i>Record response and continue with statement 2.</i> <i>Read list repeating categories and/or time reference as needed.</i>				
	Often true (a)	Sometimes true (b)	Not true (c)	
1. Has sudden changes in mood or feelings.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	73
2. Feels or complains that no one loves --.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	74
3. Is rather high strung, tense, or nervous.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	75
4. Cheats or tells lies.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	76
5. Is too fearful or anxious.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	77
6. Argues too much.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	78
7. Has difficulty concentrating, cannot pay attention for long.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	79
8. Is easily confused, seems to be in a fog.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	80
9. Bullies, or is cruel or mean to others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	81
10. Is disobedient at home.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	82
11. Is disobedient at school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	83
12. Does not seem to feel sorry after -- misbehaves.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	84
13. Has trouble getting along with other children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	85
14. Has trouble getting along with teachers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	86
15. Is impulsive, or acts without thinking.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	87
16. Feels worthless or inferior.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	88
17. Is not liked by other children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	89
18. Has a lot of difficulty getting -- mind off certain thoughts, has obsessions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	90
19. Is restless or overly active, cannot sit still.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	91
20. Is stubborn, sullen, or irritable.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	92
21. Has a very strong temper and loses it easily.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	93
22. Is unhappy, sad or depressed.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	94
23. Is withdrawn, does not get involved with others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	95
24. Breaks things on purpose, deliberately destroys -- own or others' things.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	96

BEHAVIOR PROBLEMS INDEX (CONTINUED)

25. Clings to adults.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97
26. Cries too much.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98
27. Demands a lot of attention.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	99
28. Is too dependent on others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	100
29. Feels others are out to get --.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	101
<i>If child is under 12 years, go to Cover Page</i>				
30. Hangs around with kids who get into trouble.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	102
31. Is secretive, keeps things to [himself/herself].	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	103
32. Worries too much.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	104

Objective

These data will provide insight into the relationship between childhood behavior and the other information obtained in this supplement as well as in the core HIS-1.

Definitions

All statements are respondent defined.

Instructions

1. If the respondent indicates the child's behavior has been different because of an unusual situation (for example, the death of a close relative), reemphasize that it is the past 3 months that we are interested in and mark the appropriate category for behavior during that period, regardless of the reason for any difference.
2. If the respondent asks if he/she should compare the child to other children of similar ages when responding to these questions, explain that we are interested in how he/she would describe the child and leave it up to the respondent to decide whether or not to use comparisons.
3. If the respondent states or if you know that items 11 and/or 14 are not applicable because the child does not go to school, enter "doesn't go to school" in the answer space without marking a box.

CHAPTER 16. 1988 AIDS KNOWLEDGE AND ATTITUDES SUPPLEMENT, FORM HIS-4

A. BACKGROUND AND GENERAL INSTRUCTIONS

1. Background

Beginning with Sample 882, Week 04, the AIDS Knowledge and Attitudes Supplement was introduced as part of the 1988 NHIS interview.

AIDS, Acquired Immunodeficiency Syndrome, has been identified as the most devastating communicable disease of this decade and has reached epidemic proportions. Educational programs have been designed in an effort to inform the population about the disease and to help stop its spread. In one of these programs, the Centers for Disease Control (CDC) made a special mailing of an educational pamphlet on AIDS to each household in the United States in May 1988.

The purpose of the 1988 NHIS AIDS Knowledge and Attitudes Supplement is to assess the level of knowledge and attitudes in the population and to determine any changes over time that occur in knowledge about AIDS. Among other objectives, the supplement is expected to provide data about the receipt of the pamphlet.

2. General Instructions

There are currently four (4) versions of the 1988 AIDS Knowledge and Attitudes Supplement, Forms HIS-4A, HIS-4B, HIS-4C, and HIS-4D. The versions differ in the question order and/or the response order categories. The use of four versions will enable an assessment of the possible effects on the data of the order of asking critical parts of the questionnaire. Use only one version in each family unit.

Conduct the HIS-4A, 4B, 4C, or 4D interview with the same sample person selected for the HIS-1A, Occupational Health and Alcohol Supplements, (no proxies allowed) using the same HIS procedures for unrelated persons and callbacks. Fill a form HIS-4 for each HIS interview, even if the AIDS Supplement is a noninterview.

There are now three supplements for the adult sample person--AIDS, the Occupational Health, and the Alcohol Supplements. The order in which these three supplements are to be asked is shown in the upper right corner of the sample person selection label. If "Occ" appears, begin with the Occupational Health Supplement, then Alcohol, then AIDS. If "AIDS" appears in the upper right corner of the label, begin with the AIDS Supplement, then follow with Occupational Health and Alcohol.

B. MATERIALS NEEDED

1. HIS-4A through HIS-4D

2. Flashcards:

HIS-4A1 through HIS-4A4  
HIS-4B1 through HIS-4B4  
HIS-4C1 through HIS-4C4  
HIS-4D1 through HIS-4D4

3. Beginning with Sample 883, Week 4, use only the HIS-4A and its accompanying flashcards, 4A1 through 4A4, for the remainder of 1988.
4. Note that each questionnaire version has its flashcards on the same color paper. Be sure to match the colors so that the categories on the flashcard are in the same order as the categories in the questionnaire.

C. SELECTION OF VERSIONS OF HIS-4 TO USE

Only one HIS-4 version form will be used for a sample person. Your office will predetermine the version when preparing assignments. For unrelated persons or sample units for which no HIS-1 was prepared by the office, determine the HIS-4 version as follows:

	1988 NHIS									AIDS									
FAM MEMB 0-17:	1	2	3	4	5	6	7	8	9+										
SELECT THE		1	2	1	3	4	2	1	5	5									
FAM MEMBR 18+:	1	2	3	4	5	6	7	8	9+										
SELECT THE		1	2	3	3	2	1	7	8	5									

(Example of Label for 1988 Sample Person Selection)

Refer to the portion of the label for selecting the 18+ (Adult) Sample Person to select the version of the HIS-4 to be used.

1. Always go to the number "4" on the "FAM MEMBR 18+" line.
2. Refer to the number on the "SELECT THE" line of the label directly below the "4" in the "FAM MEMBR 18+" line.
3. This number on the "SELECT THE" line below the "FAM MEMBR 18+" line will indicate the version of the HIS-4 to use:

<u>Number on "SELECT THE" line</u>	<u>Use This HIS-4 Version</u>
1	HIS-4A
2	HIS-4B
3	HIS-4C
4	HIS-4D



4. Do not circle any of the numbers on the label when determining the HIS-4 version to use. The only numbers circled should indicate the child and adult sample persons.

From the sample person label in the example above, the HIS-4C would be used because the number "3" appears below the "4" on the Adult Sample Person portion of the label. Also in this example, the AIDS Supplement would be asked first, then Occupational Health and then Alcohol because the upper right corner of the label shows "AIDS."

D. EXPLANATION BY ITEM OF THE HIS-4, "AIDS" SUPPLEMENT BOOKLET

1. Cover Page

Overall Objective

The purpose of the cover page is to record identifying information and interview status information which will link the HIS-4 form with the HIS-1 filled for the same family.

Items 1-5, Identification and Beginning Time

1. Complete the "Book \_\_\_ of \_\_\_ Books" item on the HIS-4 to indicate the number of AIDS Supplement Booklets used for the household.
2. Transcribe items 2 through 4, control information, from the Household page of HIS-1 before beginning this part of the interview. This will ensure that the appropriate forms match their corresponding HIS-1 questionnaire during your edit and during processing.
3. Enter the beginning time for this part of the interview in item 5, using 2 digits each for the hour and minutes. For example, "09:12" for 12 minutes after 9 o'clock. Circle "AM" or "PM," as appropriate.

Item 6. Number of Family Members 18+ Years Old

Record the total number of nondeleted family members 18+ from Table B, on the Cover Page of the HIS-1A. Be sure to count the Sample Person in the total. If there are no family members 18+, enter a dash (-) on the line for the Item 6 entry.

Item 7. Final Status of Supplement

1. Item 7 indicates the final status of Form HIS-4. Mark "No person 18+ in this family" if this is the case.
2. a. Mark "Complete interview" if all appropriate questions are completed. Consider a question completed even if the respondent refused to answer it.  
b. Mark "Partial interview" if some, but not all, of the required questions are completed. A "DK" or "Refused" response to some questions does not constitute a "Partial interview."

3. Mark the appropriate "Noninterview" box and explain the reason if none of the HIS-4 is completed with the sample person.
4. If a box is marked in item 7 indicating a partial interview or noninterview, submit an INTER-COMM with a detailed explanation of the situation(s) and actions you took to try to complete the interview.
5. Fill items 63 through 68 on page 18 for all AIDS supplement interviews, noninterview, and families where there are no persons 18 or older.

Items 8-11, Ending Time, Interview Mode, and Name and Code

1. Enter the ending time in item 8 in the same manner as the beginning time in item 5.
2. Mark a box in item 9 to indicate whether the booklet was completed by a personal visit or by telephone. If begun by one mode and finished by another, mark the box for the way in which most of the interview was conducted.
3. Leave items 8-9 blank for AIDS Supplement noninterviews (box 0, or 3-5 or 8 marked in item 7).
4. Note that there is no item 10. Do not record anything in this space.
5. Enter your name and code in item 11.

Items 12-16, Transcription Items from HIS-1

The purpose of these transcription items is to permit processing of the form HIS-4 booklet before the HIS-1 is processed. In order to do this, certain demographic items must be transferred from the HIS-1 to the supplement. During your "at home" edit of the HIS-1, transcribe these items from the HIS-1 to the HIS-4 for the sample person. If the response to any transcription item was "DK" or "Refused" in the HIS-1, enter this same response on the HIS-4. Transcribe items 12-16 for noninterviews as well as interviews.

1. Item 12 - Transcribe the entry from Household Composition Page question 3 (page 2 or 51).
2. Item 13 - Transcribe the education entries from Demographic Background Page questions 2a and b (page 42 or 43).
3. Item 14 - Transcribe the entry from Demographic Background Page question 3a (page 42 or 43); if an entry was made in question 3b, transfer this entry, not multiple entries from 3a.
4. Item 15 - Transcribe the marital status entry from Demographic Background Page (page 46 or 47).

5. Item 16 - Transcribe the income entry from Demographic Background Page question 8b (page 46). If question 8b is blank, transcribe the entry from 8a. Transcribe "DK" or "Refused" as appropriate, if that was the 8a entry.

Items 17-18, Person Number and Age of This SP

1. Enter the sample person's HIS-1 person number.
2. Enter the sample person's age from the Household Composition Page in the HIS-1.

Complete items 17 and 18 for both interviews and noninterviews.

Item 19, Booklet Type

This item is precoded, "1" for HIS-4A, "2" for HIS-B, "3" for HIS-4C, or "4" for HIS-4D to indicate the booklet version used for this family. Remember that beginning with Week 04 of Sample 883 you will use only one version, the HIS-4A.

2. Interview Questions, HIS-4 Booklet, Pages 2-18

Questions 1-2

This question measures how many people saw or heard Public Service Announcements (PSA's) about AIDS only on television or radio during the past month.

Questions 3-5

These questions determine how recently pamphlets or brochures about AIDS have been read and where they were obtained. These questions are about pamphlets and brochures only and do not include magazine or newspaper articles, billboards, posters, and so forth, about AIDS.

If question 5 is asked, mark as many sources of pamphlets and/or brochures about AIDS as the sample person mentions. If you receive a potentially overlapping response that may cover two or more categories, such as, "I got it from the State Health Department's Free Employee's Clinic," probe for clarification. Probe for "Anywhere else?" until the sample person indicates no other source.

Check Item 2

If Monday (date) of interview week falls in May, June, or July mark the first box. Otherwise, mark the second box.

Questions 6-10

This set of questions concerns the AIDS brochure mailed by the Center for Disease Control (CDC) in May 1988 to all households in the country. During a personal visit interview, show it to the sample person before asking question 6. For telephone interviews, read the description. Questions 6-10 deal specifically with this particular brochure. Emphasize this if there is any indication that the sample person may be considering or referring to another brochure.

#### Questions 11-14

Ask question 11 regardless of age or your knowledge of the household composition. The children in question 11 do not have to be household members. For example, mark "Yes" in question 11 if a 13 year old daughter lives full-time with her other parent or the 17 year old son is away at school.

For the purpose of this set of questions, child/children refers to biological, step, adopted, and foster child(ren) regardless of where he/she/they live.

Questions 13 and 14 concern the specific AIDS brochure described in question 6.

#### Questions 15-16

These questions deal with discussions on the AIDS topic at any time by the sample person with his/her children in this 10-17 age group and whether or not the children have received any instruction about AIDS at school.

#### Questions 17-20

These questions are identical to questions 11, 12, 15, and 16, but are asked of persons who did not receive the CDC AIDS brochure.

#### Question 21

This is strictly an opinion question.

#### Question 22

This question determines whether or not the sample person knows if there is a difference between having the AIDS virus and having the disease AIDS. Accept "Don't Know" as a viable answer and do not probe. Also, do not try to explain anything about the AIDS virus or the disease AIDS regardless of how sure you are of your information.

#### Question 23

Hand Card A to the sample person and ask question 23 to determine how true the person feels these statements are about AIDS. Complete the questions in the same manner as similar questions, repeating the answer categories as often as necessary when conducting the interview by telephone.

When handing any of the flashcards be sure to use the corresponding color that matches the version of the HIS-4 you are using.

#### Question 24

Question 24 provides data about what people think about modes of transmission and the likelihood of contracting the virus through these modes. If questions arise, "sharing plates, forks, or glasses with someone who has the AIDS virus" means without washing the utensils. Hand Card B and complete this question in the same manner as question 23.

Questions 25-28

These questions deal with blood donations and knowledge of the Human Immunodeficiency Virus (HIV) antibody test (or AIDS virus test) administered since March 1985.

Questions 29-32

These questions will determine whether or not the sample person has had any counseling about the AIDS virus test and AIDS virus transmission, usually at some time before actual testing.

An "STD Clinic" refers to a Sexually Transmitted Disease clinic. These may be public or privately operated.

Questions 33-35

These questions determine whether or not the sample person's blood was ever tested for the AIDS virus infection, how many times, and if within the past twelve months. The answer column for 35a is marked to indicate the total times the blood was tested for the AIDS virus infection. The right column for 35b refers to the number of times in the past 12 months the blood was tested for the AIDS virus infection. Mark only one box in each column.

Questions 36-38

These questions deal with the circumstances surrounding the reasons for the AIDS virus blood test, where the test was administered, and if the sample person obtained the results of the test(s). Again, mark all that apply in question 37 and probe for "Anywhere else" until no other sources are indicated.

For question 38, some blood tests are blind--that is, the results cannot be given to the participant because the person was not identified to the tester. In other cases, the results may not yet be available. Mark "No" in either situation.

Questions 39-40

These questions deal with counseling at the time of the test results.

Questions 41-43

These questions determine if the sample person would have the AIDS virus blood test and if "Yes," where the person would go to have it done. Mark the first test source mentioned. Do not probe for any additional test sources.

Question 44

Ask 44b regardless of the response to any previous question.

### Question 45

This question concerns various methods people use to keep from getting the AIDS virus through sexual activity. Hand Card C if a personal interview; read the answer categories as often as necessary if a telephone interview. "Don't know how effective" means the sample person is aware of the method but not how effective it is in preventing AIDS transmission. "DK method" means that the sample person has never heard of the method and therefore cannot judge its effectiveness.

### Questions 46-49

These questions deal with the sample person's opinion of his/her chances of having or getting the AIDS virus and the reason(s) why the person thinks this is so.

If difficulty arises in questions 46 and 47 and the sample person does not understand the choices or struggles for an answer, reask the questions and repeat the answer categories. Do not offer a further explanation of the choices. Mark only one response for each question.

Question 48 attempts to define the answers to question 47. Read the introduction and question 48 carefully and slowly so that an accurate portrayal of feelings concerning chances out of 100 can be recorded. Do not try to explain what is meant by "times out of one hundred." Allow the sample person to provide his/her own definition, answering the question as he/she sees fit.

### Check Item 6 and Questions 50-51

Mark the appropriate box in item 6 and proceed accordingly.

Question 50 refers to any services received within the past 12 months at the listed health care sources, regardless of whether or not it was AIDS related.

Ask question 51 regardless of the age, sex or other characteristics of the sample person.

### Questions 54-56

For questions 54, 55, and 56, if it is volunteered that the sample person himself/herself has AIDS or the AIDS virus, read 54 as follows--"Expect for yourself, have you ever personally known anyone with AIDS or the AIDS virus?" A sample person with AIDS or the AIDS virus should not report his/her own medical condition in these questions. Make any necessary corrections in such situations.

Read all answer categories to the respondent when asking question 56. Mark only one box.

### Question 57

Hand Card D if a personal interview and do not read the parenthetical. Otherwise, read the introduction including the parenthetical and all of question 57. Mark box 1--"Yes to at least one statement" if that is the response; that is, if one or more statements apply. Do not probe for which apply. Mark box 2--"No to all statements" if none apply.

### Questions 58-60

These questions ask about a proposed national study to determine the prevalence of AIDS through blood testing. If the response is "No," "Don't Know" or "Other" in question 58, indicate all reasons in question 59.

### Questions 61-62

These questions ask about the sample person's attitudes toward what Federal Public Health officials say about AIDS and its prevention. The questions will measure the level of credibility the public has in official statements about AIDS.

### Interviewer Transcription - Page 18

Do not forget to transcribe the information from the HIS-1 to the Interviewer Transcription section on page 18 during your at home edit. This information is vital for any immediate follow-up which may take place. In item 63, enter the date the final status was determined.

CHAPTER 17. ITEM E AND TABLE X (HIS-1 QUESTIONNAIRE)

(E)

Item E

(E)

E	If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit (2)	If in AREA OR BLOCK SEGMENT also enter the FIRST unit listed on property (2)	LISTING SHEET	
			Sheet number	Line number

A. Objective

Fill item E on questionnaires prepared for EXTRA units. The information is utilized by the regional office in assigning serial numbers.

B. Instruction

Fill item E by entering the control number of the original sample unit and, if the EXTRA unit is in an area or block segment, by entering the listing sheet and line number of the first unit listed on the same property as the original sample unit.



(X)

Table X

(X)

TABLE X - LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESSES						
ADDRESS OF ADDITIONAL LIVING QUARTERS	LOCATION OF UNIT	SEPARATES AND FACILITIES	CLASSIFICATION	AREA AND BLOCK SEGMENTS	PERMIT SEGMENTS	
<i>If already listed, fill sheet and the number below and check Table X. Otherwise, enter basic address and unit number, if any. Or description of location.</i>	<i>In this unit in a separate phase?</i>	<i>Do the occupants for intended occupancy of SUPPLEMENT (11) live and the separately from all other persons on the property?</i>	<i>Does (ADDRESS, LINE 11) have direct access from the outside or through a common hall?</i>	<i>H - Not a separate unit. Include on the questionnaire.  (Separate unit - Do not include on this questionnaire. Carryover the appropriate segment type column for interviewing respondents.)  MU OT</i>	<i>In this unit within the segment boundaries?</i>	<i>In this unit within the same structure as the original sample unit?</i>
Sheet _____ Line _____	<input type="checkbox"/> Yes - Show on est. (B) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - Show to est. (B) and mark H	<input type="checkbox"/> Yes - Mark MU in est. (B) <input type="checkbox"/> No - Mark H in est. (B)	<input type="checkbox"/> H - Show Table X for this line <input type="checkbox"/> MU - Fill est. (B) or (7), as appropriate <input type="checkbox"/> OT - Fill est. (B) or (7), as appropriate	<input type="checkbox"/> Yes - Interview as an EXTRA unit <input type="checkbox"/> No - Do not interview	<input type="checkbox"/> Yes - List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No - Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes - Show to est. (B) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - Show to est. (B) and mark H	<input type="checkbox"/> Yes - Mark MU in est. (B) <input type="checkbox"/> No - Mark H in est. (B)	<input type="checkbox"/> H - Show Table X for this line <input type="checkbox"/> MU - Fill est. (B) or (7), as appropriate <input type="checkbox"/> OT - Fill est. (B) or (7), as appropriate	<input type="checkbox"/> Yes - Interview as an EXTRA unit <input type="checkbox"/> No - Do not interview	<input type="checkbox"/> Yes - List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No - Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes - Show to est. (B) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - Show to est. (B) and mark H	<input type="checkbox"/> Yes - Mark MU in est. (B) <input type="checkbox"/> No - Mark H in est. (B)	<input type="checkbox"/> H - Show Table X for this line <input type="checkbox"/> MU - Fill est. (B) or (7), as appropriate <input type="checkbox"/> OT - Fill est. (B) or (7), as appropriate	<input type="checkbox"/> Yes - Interview as an EXTRA unit <input type="checkbox"/> No - Do not interview	<input type="checkbox"/> Yes - List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No - Do not interview

NOTE: Be sure to continue interview for original unit after completing Table X for all lines.

A. Objective

Use Table X to record information to help determine whether the reported living quarters is a part of the unit being interviewed or is occupied or intended for occupancy as separate living quarters and should be interviewed as an EXTRA unit or added to the listing sheet.

(X)

Table X (Continued)

(X)

B. Instructions

Use a separate line of Table X for each living quarters reported, example, if the respondent reports there are living quarters in the basement and on the second floor, you would fill one line for the basement and another line for the second floor.

1. Column (1)

- a. If the unit in question is already listed on the listing sheet, enter the sheet and line number that the unit is listed on, in the space provided; then stop.
- b. If the unit in question is NOT listed on the listing sheet, enter the basic and unit (specific) address of the living quarters or a description of each space you are inquiring about; for example, "2nd floor left", "1st floor rear", or "basement".

2. Column (2)

Mark "Yes" or "No" in column (2) based upon whether or not the address is in a special place. If the address is in a special place, refer to Table A in part C to determine whether or not the address is a separate housing unit or OTHER unit. Then skip to column (5) and mark the appropriate box. If the address is not in a special place, go to column (3).

3. Columns (3) and (4)

For addresses not located in special places the questions in these columns will determine whether or not the living quarters is a separate housing unit.

a. Column (3)

Mark "Yes" or "No" in column (3) based upon whether or not the occupants or intended occupants of the address in column (1) live and eat separately from all other persons on the property. (See part C, topic ⑩ for definition of separateness.)

- If "Yes", go to column (4).
- If "No" skip to column (5) and mark the "N" box.

b. Column (4)

In column (4) indicate whether or not the address in column (1) has direct access from the outside or through a common hall. See part C, topic ⑩, for definition of direct access.

- If "Yes", go to column (5) and mark the "HU" box.
- If "No", go to column (5) and mark the "N" box.

(X)

Table X (Continued)

(X)

4. Column (5)

Mark in column (5) the classification of the living quarters identified by the address in column (1). Do this based upon the responses to the questions in columns (2) and (4) (plus information from Table A in part C if applicable).

- If you mark "N," indicating that the address in column (1) does not identify separate living quarters, stop filling Table X for this line. Consider the additional living quarters on this line as part of the original sample unit and include any occupants of it on the HIS-1 questionnaire prepared for the original sample unit.
- If you mark "HU" or "OT," indicating that the address in column (1) identifies separate living quarters, fill column (6) or (7), depending on the segment type.

5. Columns (6) and (7)

Fill column (6) or column (7), depending on the type of segment in which the separate living quarters is located. Determine if the unit meets the criteria, as listed at the top of the appropriate column.

- If the unit does meet the criteria, mark "Yes" in the appropriate column. For an EXTRA unit in Area or Block Segments, prepare a separate HIS questionnaire. Continue the interview with the original sample unit. For an unlisted unit in a Permit Segment, add the unit to the Listing Sheet and prepare a separate HIS-1 questionnaire if the unit is listed on a current sample line. Continue the interview with the original sample unit.
- If the unit does not meet the criteria, mark "No" in the appropriate column and do not prepare an HIS questionnaire. Continue the interview for the original sample unit.

CHAPTER 18. PROCEDURES FOR EXTRA UNITS AND MERGED UNITS

A. Definitions

1. EXTRA Unit--An unlisted unit, found at the sample address in an Area or Block Segment at time of interview. For a more complete discussion of EXTRA units, refer to part C, topic (8) .
2. Merged Unit--A unit which is formed by the combination of two or more units. The resulting unit may or may not be in the current sample.

B. Instructions

EXTRA UNITS

1. Prepare an HIS-1 questionnaire for each EXTRA unit, whether occupied or vacant.
  - a. Transcribe heading items 2 through 4 from the questionnaire for the original unit.
  - b. Transcribe PSU and segment number to item 5 but leave the space for serial number blank.
  - c. Item 7, YEAR BUILT--Mark the "Ask" or "Do not ask" box the same as for the original unit.
  - d. Item 9, LAND USE--Mark the "URBAN/RURAL" boxes the same as for the original sample unit.
  - e. Fill item E on the back of the questionnaire for the EXTRA unit.
  - f. If the EXTRA unit is occupied, complete the interview in the usual fashion. If the EXTRA unit is vacant, fill the questionnaire as you would for any vacant unit.

See page E1-19 for items which must be filled prior to transmittal.

2. Prepare an INTER-COMM; fill the heading items and explain how the EXTRA unit was discovered. Attach the INTER-COMM to the forms for the EXTRA unit.

## MERGED UNITS

1. To determine if the merged unit should be interviewed, see part C, topic 14, of the manual.
2. For merged units discovered at time of updating, see part C, topic 14.
3. Questionnaires
  - a. First Unit Involved in Merger--A Current Sample Unit--If the first of the listed units which are involved in the merger is a unit for which you have a questionnaire, interview the merged unit on that questionnaire. If the merger also involves any other units for which you have questionnaires, return those questionnaires as "Type C-merged."
  - b. First Unit Involved in Merger--Not a Current Sample Unit--If the first of the listed units involved in the merger is not a current sample unit but the merger involves one or more other units for which you do have questionnaires, return the questionnaires as "Type C-merged."
  - c. On the Questionnaire Used for the Merger--Enter in item 6a the complete description or address of the units now merged.
4. In addition to the entries required on the questionnaires for merged units, certain notations must be made on the listing sheet. For these instructions, refer to part C, topic 14.
5. Prepare an INTER-COMM; fill the heading items and specify sheet and line numbers of the merged units. Attach the INTER-COMM to the forms for the merged units.

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1988

PART E

INTERVIEWING TECHNIQUES AND ADMINISTRATIVE

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PART E

INTERVIEWING TECHNIQUES AND ADMINISTRATIVE

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## CHAPTER 1. INTERVIEWING TECHNIQUES

### A. Your Role as an Interviewer

You must play two roles as an interviewer.

#### 1. Technician

You are a technician who applies standard techniques to each interview. The standard techniques, detailed in parts A through D of your Interviewer's Manual, ensure that the data collected by all HIS interviewers are accurate and reliable. Since all interviewers apply the same techniques, the results of the interviews from across the country can be combined to provide valid statistical totals on the health of the Nation's population.

#### 2. Diplomat

You should show a sincere understanding and interest in the respondent, and create a friendly but businesslike atmosphere in which the respondent can talk truthfully and fully. You should begin building a harmonious relationship with the respondent when he or she first answers the door. Maintain the rapport throughout the interview to ensure full and valid information.

During an interview, if rapport is broken because the respondent finds a particular question "too personal," you would be wise to take a little time to reassure the respondent regarding the impersonal and confidential nature of the survey. Through restating the survey (or question) objectives and showing the respondent a report from a past survey you will be able to illustrate how one respondent's answers are grouped with answers from other respondents as an impersonal statistic.

### B. Locating the Address and Contacting the Household

#### 1. Locating the Address

Most addresses in your assignment can be easily located based on your general knowledge of your interviewing area. If you have difficulty locating an address, use the suggestions below to find the address.

- Maps of your interview area may be available from various sources, such as the Chamber of Commerce, local government offices, automobile clubs, private firms that sell maps, some service stations, and local or state highway departments. Ask your supervisor before purchasing any maps, since you may be reimbursed for the cost of maps.
- Post Office employees are familiar with the locations of addresses, and are the best sources of information on the locations of "rural route" mail delivery addresses.

- The segment folder may contain maps, sketches, or notes on the locations of the addresses in that segment.
- Police, fire, and other local government officials, such as assessors, building inspectors, and zoning officials, may be helpful.
- Local businesspersons who deal with people in the area may be able to explain the location of an address.
- Utilities such as electric companies and telephone companies service most households and would have a knowledge of the locations of most addresses.
- Part B, Chapter 2, of your Interviewer's Manual discusses locating addresses in permit segments.

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

## 2. Contacting the Household

After you locate an assigned address, list or update at that address, if applicable, then visit the household at the sample unit and introduce yourself using an introduction similar to the one discussed in paragraph Clb on page E1-4. Area and Block segments are prelisted and preupdated; therefore, you will only have to visit the household at the sample unit and introduce yourself using the above introduction reference.

### a. No one Home on First Visit

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

- If the occupants are temporarily absent (according to the conditions listed on page D4-18), follow the instructions on pages D4-18 and D4-19 for temporarily absent households.
- If the occupants are not temporarily absent, fill a Request for Appointment (Form 11-38 or 11-38a) indicating when you plan to call back. Enter your name and telephone number in the space provided. Also, enter the date and time you said you would call back in a footnote on the Household Page. Do not leave this form where it is easily visible from the street as this may anger the respondent.
- Try to find out from neighbors, janitors, or other knowledgeable persons when the occupants will be home; however, do not identify the specific name of the survey. Note the time in a footnote on the Household Page and call back at that time.

b. No One Home on the Second and Subsequent Visits

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

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

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

c. Number of Callbacks to Make in an Attempt to Obtain an Interview

It is important to obtain as many interviews as possible; therefore, we are not prescribing a specific number of callbacks. In some cases, you may have to make many callbacks before you are able to interview the respondent. For most cases, however, one or two visits will be sufficient to obtain the interview. See also L4 on page E1-26 for additional instructions for telephone interviews.

Your office will designate a closing date for completing your assignment.

C. How to Begin the Interview

1. Introduce Yourself to the Respondent

a. The first step in an interview is to introduce yourself, including these six points:

- (1) Your name.
- (2) The U.S. Bureau of the Census.
- (3) Your Identification (ID) Card.
- (4) The fact that you are taking a health survey.
- (5) The National Center for Health Statistics of the U.S. Public Health Service.
- (6) The "Advance" letter.

b. A suggested introduction is:

"I am \_\_\_\_\_ from the United States Bureau of the Census. Here is my identification card. We are conducting a health survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service. Did you receive a letter explaining this survey?"

c. If you are not invited in immediately after your introduction, you may add, "May I come in?"

2. The Privacy Act of 1974 and the "Advance" Letter

a. The Privacy Act passed by Congress in 1974 seeks to ensure that personal information about individuals collected by Federal agencies is maintained in a manner which prevents unwarranted intrusions on individual privacy.

Among other things, the provisions of the Privacy Act call for Federal agencies to provide individuals with the following information about requests for information:

- The authority under which the information is being collected and whether compliance is mandatory or voluntary.
- The principal purpose or purposes for which the information is intended to be used.
- The various uses which may be made of the information.
- The effects on the respondent, if any, of not providing all or any part of the requested information.

- b. The information listed above, along with a general explanation of the HIS, is contained in the advance letter which is sent from the regional office on Monday preceding the week of interview. The letter is sent only to those households for which the office has a specific street address or mailing address.
- c. It will be necessary for you to inquire if respondents received the "Advance" letter. It is not necessary to ask if they have read it. If the "Advance" letter was not received or if the respondent does not know if it was received, provide him/her with a copy. If the respondent wishes to read the letter prior to the interview, allow sufficient time for that purpose. If the respondent inquires about the purpose of the survey, even though a copy of the "Advance" letter had been provided, you should offer an explanation such as:

"The Bureau of the Census is conducting the National Health Interview Survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service, because of the urgent need for up-to-date statistics on the health of the people. The survey is authorized by title 42, United States Code, section 242k. The information collected is confidential and will be used only for statistical purposes. Participation in this survey is voluntary and there are no penalties for refusing to answer any question. However, your cooperation is extremely important in obtaining much needed information to ensure the completeness and accuracy of the data."

At households where two or more members are interviewed at different times, it is not necessary to give the second person a letter; however, include the statement, "Your household has been provided with a letter explaining this survey," in your introduction.

- d. After inquiring about the "Advance" letter and seating yourself, begin immediately with the first question of the interview: "What is your exact address?" The sooner the respondent begins to participate in the interview, the better. (NOTE: If a listing of the address is required, verify the listing before beginning the HIS-1 interview.) Starting the actual interview is much more desirable than describing the types of questions you plan to ask.
- e. If persons who are not members of the immediate family are present, before continuing suggest to the respondent that it might be preferable to talk in a more private place. Even though a respondent might not refuse to be interviewed under these circumstances, the presence of outsiders might cause a reluctance to talk about certain types of illnesses which could result in a loss of information and cause a bias in the data. This may also help to assure respondents that the information they provide is confidential. Allow the respondent to make this determination.

### 3. Background of the National Health Interview Survey

- a. The National Health Survey, of which the National Health Interview Survey is a part, is authorized by title 42, United States Code, section 242k.
- b. The National Health Survey is a fact-finding survey only. Everyone realizes the importance of information about people's health and medical care, and they trust the survey to be concerned only with gathering facts about these health problems--and not with how the problems should be solved. Actually, when there are questions about how to solve a health problem, health administrators turn to the National Health Interview Survey for the facts on the situation because they trust the survey results to be accurate.
- c. If the respondent confuses this survey with other census work, or the 10-year decennial census, explain that this is one of the many special surveys that the Census Bureau is asked to carry out because of its function as an objective fact-finding agency and because of its broad experience in conducting surveys.

### 4. Reluctant Respondents

You will find that most respondents will accept your introduction as the reason you are taking the survey. However, there will be a few who want more information about the survey and you should be prepared to answer their questions. There also may be a few respondents who are reluctant to give information, or who refuse to be interviewed because they do not want to be bothered or because they do not believe the survey has any real value.

It is your responsibility, as a Census Bureau representative, to "sell" the HIS program to a reluctant respondent. A good selling job at the beginning of the interview should gain you the cooperation needed to complete the HIS interview.

To convert reluctant respondents, you must decide how much explanation is needed and the best approach. Explain the survey in your own words, in a manner that the respondent can understand. A thorough understanding of the survey by you is the key to an appropriate explanation.

#### a. General Explanation of Survey

If a respondent mentions specific reasons why he/she does not want to participate, refer to the topics listed in section 4b below for handling specific points. An example of a general explanation is shown below.

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

If we know in advance the direction the Nation's health is moving, it is easier to initiate programs to meet current and future health care needs. The statistical information developed from this survey is urgently needed in order to plan intelligently for the health needs of the population."

You may also refer to the "Advance" letter, the explanation on the last page of the Flashcard Booklet, and the material in part A, chapter 1, of this manual for assistance in explaining the survey to the respondents.

b. Specific Reasons for Reluctance

If a respondent gives specific reason(s) for her/his reluctance to be interviewed, you may use the general explanation in section 4a above, but you should also respond to the reason(s) mentioned. Shown below are some reasons a person may give for being reluctant to participate, and the responses you should give.

(1) How long will the interview take?

Mention that the length of the interview depends largely on the number of persons in the family. Do not say the interview will take only a few minutes.

(2) I don't have the time.

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

(3) I don't want to tell you about myself and my family.

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

(4) Why are you interviewing this household?

Explain that it would be too costly and time-consuming to interview everyone in the United States and therefore a sample of addresses was selected. The respondent happens to live at one of the representative addresses picked. Say that the selection was not based on who lives at the address, nor whether they have problems with their health. Each person represents approximately 1,600 persons. Taken as a group, the people living at these sample addresses will represent the total population of the United States in the health statistics produced and published by the U.S. Public Health Service.

(5) Why don't you go next door?

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

(6) I consider this a waste of taxpayer's money.

We are conducting the National Health Interview Survey for the U.S. Public Health Service to provide needed information on the health of the Nation's people. This information is useful when public or private health care programs are proposed or evaluated. The cost of conducting this survey is modest in comparison to the cost of health care in the United States. The information obtained from this survey helps ensure a more efficient allocation of funds for health care programs.

(7) How can you say that the survey is confidential but yet the data will be published?

All information gathered in this survey is held in strict confidence by law, unless we specifically request a respondent to sign a release form. There are severe penalties for revealing any information gathered in the survey that would identify any individual. Data are produced in such a way that no individual person can be identified. Both NCHS and the Census Bureau have outstanding records in this area.



(8) Why don't you get this information from doctors or the American Medical Association?

Doctors and the American Medical Association only have records on contacts with health care facilities. They do not have information on illnesses or injuries for which persons do not contact medical persons, and on persons without health problems.

The HIS also collects information on the effects of health on the person's lifestyle. This information is not available from medical records.

(9) What have you done with the data collected in the past?

From previous surveys a number of detailed reports on the following subjects have been published.

- Medical Care of Acute Conditions
- Hospital and Surgical Insurance Coverage
- Personal Out-of-Pocket Health Expenses
- Characteristics of Persons with Hypertension
- Information on Hospitalizations

Provide the respondent with a copy of the most recent "Fact Sheet" provided by NCHS.

(10) I gave information in the decennial census.

The 1980 Decennial Census was conducted in April 1980. Therefore, some respondents may question why you are interviewing them when they have already completed a census questionnaire. Explain that the decennial census does not collect information on the health of the Nation's people. The information in the National Health Interview Survey is very important to collect this needed health information.

(11) Isn't participation in the survey voluntary?

Although participation in the National Health Interview Survey is voluntary, it is very important that we obtain the cooperation of all households selected in this relatively small sample to assure that we will continue to produce valid and representative information on the health of the population.

(12) Will this be the end of it?

Do not tell respondents they will be interviewed only once, since they may be reinterviewed by your supervisor or interviewed again for some other survey at a later time. If asked about additional interviews, tell the person that the household may be contacted at a later date to obtain additional health related information. This is also stated in the "Advance" letter.

(13) Not convinced of need for information on health.

Other approaches may be used for persons who are not convinced that it is important to have information on health.

- For example, a respondent with children may be interested that data are sometimes collected on the immunization of children, dental care, or other topics specific to children.
- For example, a respondent who is concerned with the "high" cost of health care may be interested in the fact that HIS data may be useful for more efficiently directing government health care expenditures and for formulating government programs to assist persons with their payments for health care.

c. Refusals

Occasionally, a household may refuse to give any information. You should make every effort to obtain cooperation from each household assigned to you for interview. Use the explanations provided in this part of the Manual to demonstrate to the respondent the need for this information and to overcome any objections he/she has.

If all attempts at obtaining cooperation have failed, follow the instructions for refusals on page D4-17.

D. Your Own Manner

1. Your greatest asset in conducting an interview efficiently is to combine a friendly attitude with a businesslike manner. If a respondent's conversation wanders away from the interview, try to cut it off tactfully, preferably by asking the next question on the questionnaire. Appearing too friendly or concerned about the respondent's personal troubles may actually lead to your obtaining less accurate information.
2. It is especially important in this survey that you maintain an objective attitude. Do not indicate a personal opinion about replies you receive to questions, even by your facial expression or tone of voice. Since the illness discussed may be of a personal or serious nature, expressions of surprise, disapproval, or even sympathy on your part may cause respondents to give untrue answers or to withhold information. Your own objectivity about the questions will be the best method for putting respondents at ease and making them feel free to tell you the conditions and illnesses in the family.
3. Sometimes you may feel it awkward to ask particular questions of certain family groups or in certain situations, for example, specific items in the condition lists, income, etc. If you ask these questions without hesitation or apology and in the same tone of voice as other questions, you will find that most respondents will not object. If

there is any discussion on the respondent's part, explain that the questionnaire is made up of a prescribed set of questions that must be asked in all households, even though they may seem to be inappropriate in some cases.

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

#### E. How to Ask the Questions

1. Ask Each Question as Instructed--The uniformity and value of the final results depend on all interviewers asking the questions in the same order and with the same wording.
  - a. If you change the order, it is likely that both you and the respondent will become confused. This is especially true of the health questions, which refer to different periods of time. Asking the questions out of order would invite confusion.
  - b. Speak clearly and read the entire question as it appears on the questionnaire. If you change the wording of a question, the respondent may answer differently than if you asked the question with the proper wording. This would mean the information obtained in the interview is not reliable, because it is not comparable to the information obtained in all interviews where the question was asked properly.
  - c. It may appear to be bad manners to ask a question when the respondent has already provided you with the specific answer. It may confuse the respondent, or even cause antagonism, and may result in loss of information for later questions in the interview. If you are sure of the specific answer, you may make the appropriate entry without asking the question. However, you should verify the answer by saying something like: "I believe you told me earlier that a motor vehicle was involved in the accident, is this correct?"
2. Listen to the respondent until the statement is finished. Failure to do so can result in your putting down incorrect or incomplete entries. The two most common types of errors made in this regard are:
  - a. Failure to listen to the last half of the sentence because you are busy recording the first half.
  - b. Interrupting before the respondent has finished, especially if the person hesitates. A respondent often hesitates when trying to recollect some fact, and you should allow sufficient time for this to be done. Also, people will sometimes answer "I don't know" at first, when actually they are merely considering a question. When you think that this may be the situation, wait for the respondent to finish the statement before repeating the question or asking an additional question.

3. Repeat the Question if Not Understood--The respondent may not always understand the question when it is first asked, and sometimes you can tell from the answer that the question has not been understood. In this case, repeat the question using the same phrasing as used originally. This should not prove to be embarrassing since what you said the first time was not heard or understood. Frequently the respondent is capable of understanding the question but has missed a word or two. If you think it is helpful, preface the repetition of the question by a phrase, such as "I see," "Oh, yes," and the like, and then repeat the actual question. If the respondent still does not understand the question, follow the instructions for probing in paragraph F on page E1-14.
4. Repeat the Answer--Sometimes it is helpful to repeat the respondent's answer and then pause expectantly. Often this will bring out additional information on the subject. It is also helpful as a check on your understanding of what has been said, especially if the statements or comments given have not been entirely clear. For example, "Including your doctor visit last week, that makes three times during the past 2 weeks?"
5. Avoid Influencing the Respondent
  - a. Experiences in other studies have shown that respondents tend to agree with what they think you expect them to say, even though the facts in the case may be different. Therefore, avoid "leading" the respondent by adding words or making slight changes in questions that might indicate an answer you expect to hear.
  - b. Even slight changes which may seem to make no apparent difference can prove harmful and should be avoided. For example, the question, "During those 2 weeks did you stay in bed because of illness or injury?" is greatly changed in meaning when changed to, "You didn't stay in bed during those 2 weeks because of illness or injury, did you?" The question, "Did the doctor or assistant call the eye trouble by a more technical or specific name?" would have a different meaning if changed to "Did the doctor say you had glaucoma?"
  - c. Changes in question wording such as these suggest answers to the respondent and must be avoided. In an effort to be helpful the respondent may say, "Yes, that was it," or "That is true," or "That sounds about right"; whereas, the facts may have been quite different.
  - d. Sometimes the respondent may not know the answers to the questions, and if this is the case, record the fact that the information is not known. (See page D2-9, paragraph 4, for instructions on recording "Don't know" responses.)

6. Information Given Out of Turn--Sometimes respondents will start describing the health of the family in answer to the very first question and will cover their own illnesses and those of other family members in such a way that is difficult to know which person has which condition. When this happens, you should explain that you cannot keep up in recording the information and ask them to permit you to ask the questions as they appear so that the information needed will not be given more than once.

If you find it helpful, you may footnote conditions which are reported in questions not designed to pick up conditions for your reference in verifying these conditions later on the same page. For example, if the response to 2b on the Restricted Activity Page is, "He missed 3 days from work because of sinus trouble," you may wish to footnote "Sinus trouble" for verifying this condition when asking 7a. Do NOT attempt to verify conditions reported on a previous page.

Do not enter conditions in C2 unless they are verified or reported in response to questions designed to obtain conditions so that you will be sure to enter the proper source.

7. Do Not "Practice Medicine"

- a. Do not try to decide yourself whether or not any member of the household is ill. If the respondent mentions a condition but makes light of it or expresses doubt that the person was "ill," enter the condition on the questionnaire and ask the appropriate question(s) about it.
- b. Do not attempt to diagnose an illness from the symptoms, or to substitute names of diseases for the respondent's own description of the trouble. If an answer to a question is not specific or detailed enough, ask additional questions in accordance with instructions in section F below. However, the final entry must always represent what the respondent said, in his or her own words.
- c. If respondents ask for any information regarding health, explain that you are not knowledgeable enough to give health information and refer them to their physician or to the local medical society.

8. Pacing the Interview

- a. Try to avoid hurrying the interview even under trying circumstances. If respondents sense that you are in a rush to complete the questions and get out of the house, they will probably cooperate by omitting important health information which they might feel would take too much time to explain and record.
- b. Maintaining a calm, unhurried manner and asking all the questions in an objective and deliberate way will do much to promote an attitude of relaxed attention on the part of the respondent.
- c. Do not, however, unnecessarily "drag" the interview by allowing the respondent to present extraneous information after each question.

## F. Probing

### 1. When to Probe

- a. Sometimes a person will give you an answer which does not furnish the kind of information you need or one which is not complete. It will be necessary to ask additional questions to obtain the required information, being careful to encourage the respondent to do the explaining without suggesting what the explanation might be. Ask as many questions as necessary to satisfy yourself that you have obtained complete and accurate information insofar as the respondent is able to give it to you.
- b. Be sure to keep asking additional questions until you have a complete picture and all the pertinent details. In some cases, the actual probe to use is printed on the questionnaire.
- c. However, do not "over-probe." If the respondent does not know the answer to a question, do not try to insist that an answer be given. This might cause irritation and also cause concern about our interest in accurate responses.

### 2. How to Probe

- a. Ask additional questions in such a way that you obtain the information required without suggesting specific answers. For example, "Please explain that a little more," "Please describe what you mean," or "What was the operation for?" Fit the question to the information which has already been given.
- b. Ask probes in a neutral tone of voice. A sharp demanding voice may damage rapport. Also, it is sometimes a good technique to appear slightly bewildered by the respondent's answer and suggest in your probe that it was you who failed to understand. (For example, "I'm not sure what you mean by that--could you tell me a little more?") This technique can arouse the respondent's desire to cooperate with you since he or she can see that you are conscientiously trying to do a good job. However, do not overplay this technique. The respondent should not feel that you do not know when a question is properly answered.
- c. In some instances you may need to suggest specific alternatives when general phrases have not been successful in obtaining the information. This is also an acceptable method of asking additional questions, provided the respondent is never given a single choice. Any items specifically suggested must always consist of two or more choices. The examples below illustrate both acceptable and unacceptable methods for asking additional questions.

Acceptable

Not Acceptable

- |   |                                    |
|---|------------------------------------|
| (1) Can you tell me the approximate number of days?   | Would you say it was 6 days?       |
| (2) You said you first noticed the condition about a year ago. Was it more than 12 months ago or less than 12 months ago? | Was it more than a year ago?       |
| (3) Do you all live and eat together?   | Are you all one household?         |
| (4) Does she live the greater part of the year here or at her sister's home?  | Is she a member of this household? |
| (5) What kind of asthma is it?  | Is it bronchial asthma?            |

- d. The "Not acceptable" questions in examples (3) and (4) show an interviewer who is unable to apply Census rules for determining the composition of a household, and expects the respondent (who doesn't know the Census rules) to make the decision.
- e. The "Not acceptable" questions in examples (1) and (5) illustrate an invitation to the respondent to just say "Yes" without giving any thought to the question.
- f. The "Acceptable" question in example (2) illustrates a proper way to give the respondent an opportunity to tie an event to a particular period of time. The "Not acceptable" question is again an invitation to the respondent to say "Yes."
- g. We have stressed the fact that you need to "stimulate" discussion. This does not mean that you should influence the respondent's answer or unnecessarily prolong the interview. Probing should always be neutral so that the respondent's answers are not distorted. When a neutral question is asked of all respondents, we have comparability between all the interviewers in the survey. If each interviewer asked a leading probe, the replies would no longer be responses to the original question but would vary from interviewer to interviewer, depending upon the probe. This thoroughly defeats the objective of standardization, and dilutes the respondent's answer with interviewer ideas.

- h. Your thorough knowledge of the objectives of the questions will alert you to those times when probing is necessary for clearer, more complete, answers. Do not accept vague or partial answers which a respondent gives; this may lead to inaccurate data. The following example illustrates a faulty knowledge of a question objective:

Question: What were you doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?

Answer: Well, last week I was doing something else.

Probe: Then you were doing something other than working, keeping house, or going to school. Is that right?

Answer: Yes, that's correct.

In this example, notice that the question asks what the respondent was doing during most of the past 12 months. However, the respondent answered in terms of last week and the interviewer failed to catch this. The mere fact that the respondent said something doesn't mean that the question was answered according to the question objective. You must be able to separate the facts wanted from the respondent's answers. The basic procedure is:

- to know the question objective thoroughly.
- to know how to probe when the answer is inadequate while, at the same time, maintaining good rapport.

- i. Sometimes a respondent may answer, "I don't know." This answer may mean:

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

Do not immediately record "DK" for "Don't know" if that is the respondent's first answer. Probe if it appears the respondent answered "I don't know" only because he/she did not understand the question, needs additional time to think of an answer, or is attempting to evade the question.



## G. Recording Information Correctly

Recording information correctly is just as important a part of the interview as asking the questions correctly. This involves printing clearly in the space allotted for descriptive entries. If an additional description is required, make free use of the footnote space. Be careful not to leave blank spaces where they should be filled in.

1. Use a black lead pencil so that you can erase incorrect entries.
2. Make sure all entries are legible. Printing is required in some cases and may be best for you if your handwriting is hard to understand.
3. Use "DK" for "don't know" only to indicate that the respondent does not know the answer to a particular question. Do not use it to fill answers for questions that you may have overlooked at the time of interview.
4. If, after an interview, you discover blanks in the questionnaire for questions which should have been asked, and you are unable to call back for the information, leave the items blank.

## H. Making Corrections

### 1. HIS "Core" Questions

- a. The HIS core questions are separated by topic into "Pages"--Limitation of Activities, Restricted Activity, etc. through the Demographic Background Page. Generally, do not go back and make corrections to information recorded on previously completed "Pages" when inconsistencies are discovered later during the interview. For example, do not change the Restricted Activity Page because of answers received to questions 5 and 6 on the Demographic Background Page. For these cases, footnote the situation.
- b. However, you should make any necessary corrections when inconsistencies are discovered with information on the "Page" you are currently completing. For example, correct the entries in Limitation of Activities Page questions 2-6 if an inconsistency is discovered when asking question 14.
- c. The above rules apply to inconsistencies discovered during the interview. If you discover errors or omissions in any "core" pages during your edit after the interview, call the respondent and reask only the appropriate questions, that is, the ones missed or in error. Do not try to fill answers or make corrections from memory.

- d. **Make corrections to item C1 on the HIS-1 as necessary:**  
Correct item C1 and footnote the reason if the number of Doctor Visit columns completed for a person differs from the entry in the 2-Wk. Dr. Visit box (D9-3) or the number of Hospital columns completed for a person differs from the entry in the Hospital box (D12-5).
- e. If, when completing the Demographic Background Page, there is an inconsistency between the response to question 5 or 6 and the entry in item L2, correct item L2 and the "Work" box in C1 (D14-13 through 15), footnoting the reason for the change.
- f. If, when completing the Condition Page, you learn that a condition started during "interview week," do not delete the condition from item C2. Footnote the situation and do NOT ask any further questions for this condition (D13-21). For example, if the response to question 5 is "this week," verify the information, footnote "during interview week," and stop asking further questions on this Condition Page. However, do not delete or correct any previously recorded information for this condition.

NOTE: Make NO changes to the HIS-1 pages because of information received later in the interview while completing the booklet(s). Footnote any inconsistencies on the appropriate pages of the booklet.

## 2. Supplemental Topics

Additional supplemental topics may be contained in the HIS-1 or may be contained in a separate booklet.

- a. Do not make any corrections when inconsistencies are discovered from one "section" to another, but do make corrections within the "section." For example, do not correct the entries in Section N based on later information provided in Section P. However, do footnote the situation.
- b. The above rules apply to inconsistencies discovered during the interview. If you discover errors or omissions in any of the sections during your edit after the interview, call the respondent and reask only the appropriate questions, that is, the ones missed or in error. Do not try to fill answers or make corrections from memory.

## 3. Correcting the Sample Person Selected

- a. If you discover during the interview that the wrong sample person was selected, stop the interview with this person, make any necessary corrections and try to interview the correct sample person. Call back, if necessary, to interview the correct sample person.
- b. If you discover after the interview that the wrong sample person was selected, footnote this information on the Cover page of the HIS-1A but do NOT try to contact the correct person.

I. Review of Work

1. At Close of Interview--Look over the questionnaires while you are in the house so that you can ask any missing items or clarify any questions you might have. Check to be sure you have completed:
  - a. The Limitation of Activities Page.
  - b. A Restricted Activity Page for each person.
  - c. A 2-week doctor visit column for each visit recorded in item C1.
  - d. The Health Indicator Page.
  - e. A hospital stay column for each hospitalization recorded in item C1.
  - f. A Condition Page for each condition listed in item C2.
  - g. The Demographic Background Page.
  - h. The Cover Page of the HIS-1A Supplement Booklet.
  - i. The Supplement Booklet and either of the Self-Administered Alcohol Questionnaires, if appropriate, or made arrangements for a callback.
  - j. The HIS-4, AIDS Supplement or made arrangements for a callback.

Also check to be sure you have entered dates and times for callbacks on the Household Page.

2. Prior to Transmittal

Review the Household Pages for completeness. Verify that you have correctly filled the following items:

a. EXTRA (OR UNLISTED) UNITS

1 through 5 (except serial number)

6

7 (Ask or Do not ask box must be marked same as for original unit.)

9 (URBAN or RURAL box must be marked same as for original unit.)

10

11 through 17

Item E on page 52 (for EXTRA units)

Unrelated household members

1 through 5

6b

11 through 17

c. More Than One Questionnaire for Related Household Members

1 through 5

13

d. Noninterviews

All items must be completed as specified in item 14.

J. "Thank You" Letters

The "Thank You" letters are signed by the Director of the National Center for Health Statistics of the U.S. Public Health Service. Leave one of these at each household after the interview has been completed. The letter thanks the respondent briefly for his/her cooperation and can be shown by the person interviewed to other members of the household who were not a home at the time of your call. In leaving the letter, say something such as: "Here is a letter of appreciation from the U.S. Public Health Service," or "Here is a letter from the U.S. Public Health Service thanking you for your cooperation in this survey."

K. AIDS Pamphlets

The U.S. Public Health Service has provided AIDS pamphlets which contain answers to questions frequently asked by respondents during or after the interview. There is also a toll-free telephone number for those persons who would like more information about the disease. Leave one of these brochures with the sample person if the interview is completed during a personal visit, mail it if the booklet is completed by telephone. Do not leave or mail the brochure until an interview is conducted, either complete or partial.

L. Use of Telephone

1. When to Use the Telephone

Use the telephone only:

- a. To make appointments.
- b. To obtain a few items of information missed in the personal interview.
- c. To obtain information that was not available to the respondent during the personal interview.
- d. To conduct interviews in special situations that otherwise would be unattainable.
- e. To conduct certain additional interviews with persons not available during the initial interview. (See Chapters D15 and D16 for specific callback procedures.)

## 2. General Guidelines

The guidelines appearing in this section should be kept in mind any time you contact respondents on the telephone.

### a. Principles of Using the Telephone

Successful telephone communication is not dependent on visual techniques. Physical means of communication, such as gestures, posture, etc., which can be a factor in creating a favorable impression during a personal visit are not a factor in telephone interviewing. Vocal expression, through the use of language, grammar, voice quality, rate of speech, and effective enunciation is the key for creating a favorable impression over the telephone.

When you are talking to a respondent on the telephone, he/she forms a mental picture of you. Therefore, it is important to convey a positive image over the telephone. To do that, you must maintain a businesslike attitude and positive frame of mind at all times. There will be occasions when respondents will give you a very difficult time on the telephone. At these times, it is especially important that you maintain a professional attitude. Do not allow a respondent to upset or excite you and, by all means, be certain that you do not say anything to upset or excite the respondent.

### b. General Rules

You obviously want to create a favorable impression over the telephone. Experienced interviewers will impress the respondent as being confident, easy to understand, polite, and businesslike. The following general rules should help you to project this image when interviewing by telephone.

#### ● CLARITY

Avoid talking with anything in your mouth, such as a cigarette, food, chewing gum, or pencils. Speak directly into the mouthpiece with your mouth about one inch from the telephone.

#### ● ENUNCIATION

The English language is full of similarities, "T" and "D," "P" and "B," and "E" and "P." Clear enunciation will help avoid misunderstandings and the need to repeat yourself.

#### ● COURTESY

Common everyday courtesy is just as important on the telephone as it is in personal interviews. For telephoning, it may be even more important because you can't see the person to whom you are speaking, and it may be more difficult to gain his/her confidence and trust.

- RATE

The basic rate of speech is 120 words per minute. If you speak too rapidly, people start listening to how fast you're talking, instead of what you are saying. If you speak too slowly, it can be irritating to a listener because he or she is kept hanging on every word and tends to anticipate what you are going to say. Take a paragraph from a magazine or newspaper, count out 120 words, and practice reading it aloud, timing yourself to see how close you can come to the standard rate.

- PITCH

Speech experts say low pitch is desirable because it projects and carries better. Also, it is more pleasant. Try lowering your head, since this technique helps to lower the pitch of your voice.

- INFLECTION

Don't talk in a monotone. Use the full range of your voice to make the conversation interesting. Rising inflection toward the end of a sentence is very helpful. As in personal interviews, stress those words or phrases that need to be emphasized. These are USUALLY shown in capital letters.

c. Keys to Good Listening

A good interviewer does much more than ask questions. In order to interview properly, he/she must be a good listener. This is especially important during a telephone call, where verbal communication is the only form of contact. During a personal interview, where you can see the respondent, gestures, facial expressions, etc., may tell you that a respondent is pausing to gather his/her thoughts. Since we lose this advantage when using the telephone, interviewers must be especially aware of the proper listening techniques described below:

- LIMIT YOUR OWN TALKING

You can't talk and listen at the same time.

- ASK QUESTIONS

If you don't understand something, or feel you may have missed a point, clear it up immediately. If you don't it can confuse the interview and may embarrass both you and the respondent.

- **DON'T INTERRUPT**

A pause, even a long pause, doesn't always mean the respondent is finished saying everything he/she wants to say. When telephoning, you may find it is necessary to probe more often than usual.

- **CONCENTRATE**

Focus your mind on what the respondent is saying. Practice shutting out distractions.

- **INTERJECTIONS**

An occasional "Yes," "I see," etc., shows the respondent you're still with him/her, but don't overdo it or use comments that might bias the interview in any way, such as "That's good," or "That's too bad."

- **AVOID REACTIONS**

Don't allow your irritation at things the respondent may say, or allow his/her manner, to distract you.

- **DON'T JUMP TO CONCLUSIONS**

Avoid making assumptions about what the respondent is going to say, or mentally trying to complete a sentence for him/her. Such conclusions "lead" the respondent, and bias the interview.

d. Telephone Techniques

Every interviewing situation is unique and should be treated as such. It is important that you adapt to each new respondent. Don't allow a difficult interview or sharp refusal to shake your confidence or affect subsequent interviews. There is nothing mechanical about interviewing either in person or by telephone, but there are some basic techniques for a telephone contact that will help to make telephone interviewing easier.

- **SELECT GOOD WORKING PLACE**

When contacting a respondent on the telephone, select a quiet place where you have adequate working space, and where interviews may be conducted confidentially.

- **BE PREPARED**

Always have enough paper, pens, pencils, and forms, as well as your Interviewer's Manual and interviewer aids within arm's reach when you are on the telephone. Excuse yourself in the unlikely event that you have to leave the telephone and never leave the telephone for more than 30 seconds.

- **KEEP INTRODUCTION BRIEF**

Avoid lengthy introductions. Keep them brief and to the point, and begin interviewing as soon as possible. A recommended telephone callback introduction is printed on the last page of your Flashcard Booklet.

- **BE COURTEOUS**

Never slam the receiver down. Explain all lengthy pauses which delay the interview; for example, "Please excuse the slight delay but I'm writing down the information you gave me. Is this correct (repeat your entry)?"

- **MAINTAIN YOUR CONFIDENCE**

Do not allow a "tough" interview or refusal to affect the next call. Remember, you are speaking to a different person each time and your attitude will be easily betrayed by your telephone voice.

- **DO NOT RUSH THE INTERVIEW**

Speak deliberately and distinctly and ask all questions as worded. Speak clearly and pronounce each word.

- **ENDING THE INTERVIEW**

When you are finished interviewing a respondent, express your thanks, and when the time comes, always let the respondent hang up first.

- e. Telephone Expenses

You will be reimbursed each month for the actual expenses you incur in making telephone calls. See instructions in your 11-55, Administrative Handbook.

- 3. Specific Rules for HIS Telephone Interviews

- a. Local and Long Distance Calls

Use a local telephone whenever practical. (Consult your Administrative Handbook or supervisor on the use of long distance calls.)

- b. Make your telephone calls at the time which will maximize your chances of contacting the desired household members you need to interview. Avoid calling very early in the morning (before 8:00 a.m.) or very late in the evening (after 9:00 p.m.) unless the respondent specifically requested that you call at such times.



- c. Once you have contacted the household by phone, ask to speak to the desired respondent(s). If they are not available, determine when they will be available and record this in a footnote on the Household Page of the HIS questionnaire.
- d. If the desired respondent is available and you have spoken to this person previously, introduce yourself and explain your reason for calling. (For example, "I am calling for the information which you were unsure of during my visit.")
- e. If the desired respondent is available and you have not spoken to this person previously, you will need to introduce yourself and explain your reason for calling in more detail.

Use the following introduction:

"I am \_\_\_\_\_ from the United States Bureau of the Census. I spoke with -- (previous respondent) during a visit to your household concerning a health survey we are taking across the Nation. I arranged with -- (previous respondent) to call today to ask you some questions. Your answers are confidential. The survey is voluntary and you may discontinue participation at any time. Your household has been provided with a letter explaining this survey."

- f. If the respondent is unable to provide certain information during the HIS-1 interview, arrange a telephone callback to obtain this information from a more knowledgeable respondent. For example, if the respondent is unable to provide information on the 2-Week Doctor Visits Probe Page about his 19-year-old cousin, arrange a telephone callback to speak with the cousin and complete all appropriate questions which the previous respondent was unable to answer. If the cousin now reports one doctor visit during the 2-week period, also complete a 2-Week Doctor Visits column. Do NOT, however, verify or change information previously reported by the original respondent. For example, if you are calling the cousin to ask questions 2 and 3 on the Health Indicator Page, do not reask questions 1, 4, or 5 on this page for the cousin. Again, if the family does not have a telephone, make personal callbacks for missing information only if you have other work to do in the same general area.

Keep in mind that the above callback procedures apply only if a few items are missing. If most of the interview cannot be completed for one or more family members or the household in general, a personal callback is required to interview a more knowledgeable respondent.

- g. After the interview is completed, thank the respondent for his/her cooperation. If necessary, ask to speak with any other persons you need to interview.

#### 4. Special Situations

a. It is becoming more difficult and costly to conduct all HIS-1 core interviews by personal visit. It is important, however, to obtain as many interviews by personal visit as possible, but a limited number of interviews may be conducted by telephone in the following situations:

- Where it is simply too expensive to continue to make additional personal visits to the segment. For example, there may be only 1 or 2 households not yet interviewed in the area or an unrelated individual who can never be found at home. This would be especially beneficial in per diem areas or for segments requiring a lot of travel time.
- In instances when the respondent simply will not allow strangers to enter their home but agrees to participate in a telephone interview.
- In cases where the respondent suggests or requests the interview be done by telephone because of time schedules; too busy, leaving town, and so forth, but only after repeated calls have been made to set up an appointment.
- In language problem situations where you cannot conduct the interview but there is a supervisor, SFR or other HIS interviewer who is available to conduct the interview by telephone. Notify the office of these situations to get permission before transferring the case.

Call your regional office to request permission to conduct a telephone interview in any other type of situation.

- b. Document on an INTER-COMM why you completed the HIS-1 by telephone and send it to the regional office.
- c. Because of the importance of the use of calendar cards, flashcards and so forth in the interview, use the telephone only as a last resort. The following points should be made clear to the respondent when conducting the interview by telephone: 1) ask the respondent if there is a calendar available, and request that he/she refer to it during the interview; 2) some rewording may be necessary, for example when asking 8b, Income, you should say "Now I am going to read a list of income groups. Of these groups which best represents ...?"; 3) the reference periods should be repeated more frequently than printed in the HIS-1; and 4) all answer categories should be read for questions which normally use a flashcard.

CHAPTER 2. ADMINISTRATIVE

A. Transmittal of Materials

1. If possible, transmit all "materials" for a segment to the regional office together, in the same package. These include all questionnaires (completed interviews and final noninterviews) and the Segment Folder. However, do not delay your transmittal for one or two outstanding cases.
2. Insert any HIS-2 and HIS-3 questionnaires inside the HIS-1 questionnaire for that household.
3. Insert any HIS-1A and HIS-4 booklets for a household inside the HIS-1 questionnaire(s) for that household.
4. Mail the materials on the day you make your last call, that is, the day you complete your last interview in the segment, but no later than Saturday of interview week.
5. If you feel you will not be able to complete your assignment by Saturday of the interview week but can complete it by Monday or Tuesday of the following week, contact your office by Friday for instructions.
6. If you have picked up an EXTRA unit(s) or added a unit for which no serial number was assigned, enter "EXTRA" or "ADDED," as appropriate, in the serial number column of the "Transmittal Record" on the Segment Folder, following the serial numbers for questionnaires received from your office.
7. Enter the date you are mailing all "materials" for the segment on the Segment Folder in the "Date of Shipment" column opposite serial number "01." If only some questionnaires are being mailed, enter the date after each appropriate serial number.
8. If, in unusual circumstances, you have permission to complete any questionnaires after interview week, enter the following notation in the lower left-hand corner of the mailing envelope: "Late transmittal for Week \_\_\_\_\_" (enter the appropriate interview week number, for example, 01, 02, etc.). If you have permission to complete an HIS-1A or HIS-4 interview after interview week, make a note in your transmittal of HIS-1 questionnaires of which HIS-1A or 4 booklets you are retaining. You may need to transcribe the telephone number and other appropriate information from the HIS-1 before you transmit it in this situation.

## CONFIDENTIALITY

### 1. AUTHORITY TO CONDUCT SURVEYS

The Bureau of the Census is authorized to conduct surveys by Title 13 or Title 15, United States Code. In general, Title 13 authorizes surveys that are related to censuses by subject matter and/or sample design and Title 15 authorizes the Census Bureau to perform work for other agencies on a cost reimbursement basis. All provisions of confidentiality for Title 13 surveys are detailed in the enabling legislation, while the confidentiality of the data collected in a Title 15 survey is provided in an agreement between the Census Bureau and the sponsor.

### 2. 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 whether it is a Title 13 or Title 15 survey. This appendix to Part E of the manual explains the guarantee of confidentiality given to respondents in the National Health Interview Survey (HIS), a Title 15 survey, and what you should do to maintain this guarantee. Your 11-55, Administrative Handbook, also contains information on nondisclosure policies, violations of confidentiality, and ways to prevent careless disclosure. You took an oath not to reveal information collected and you will be required to sign a semiannual certification of compliance with the Bureau's nondisclosure policy.

### 3. THE GUARANTEE OF CONFIDENTIALITY

The U.S. Public Health Service as sponsor of this Title 15 survey, provides the guarantee of confidentiality for the National Health Interview Survey. This guarantee is contained in the "Notice" statement printed in the upper left corner of the HIS-1 Household Page:

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

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

#### 4. AUTHORIZED PERSONS

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

#### 5. USING THE GUARANTEE OF CONFIDENTIALITY WITH RELUCTANT RESPONDENTS

Use the information in Part A, paragraph E (page A1-7), and Part E, section C4.b(3), (7), and (9) (pages E1-7 through E1-9), when a respondent is reluctant to participate because he/she thinks the data will be open for public inspection. Also show the respondent a copy of published data from this survey, if available.

#### 6. PENALTIES FOR DISCLOSING CONFIDENTIAL INFORMATION

Unauthorized disclosure of individual information collected in the National Health Surveys is punishable by a fine of up to \$1,000, or imprisonment up to 1 year, or both (18 USC 1905). Deliberate falsification, by an employee, of any information in this survey is punishable by a fine up to \$10,000, or imprisonment up to 5 years, or both (18 USC 10001).

#### 7. HOW TO MAINTAIN CONFIDENTIALITY

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

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

b. When Conducting Interviews: Do not permit unauthorized persons (including members of your family) to listen to an interview. For example:

- (1) When conducting an interview with a student in a dormitory, if others are present, ask the respondent if he/she wants to be interviewed privately. If so, make the necessary arrangements to conduct the interview where or when it cannot be overheard by others.
- (2) When conducting an interview in a home, if persons not participating in the survey are present (e.g., neighbors, friends, other non-"family" members), use your discretion in asking the respondent if he/she wants to be interviewed privately. Since this may be awkward to ask in some situations, you might ask if another time would be more convenient. If so, make the necessary arrangements to accommodate the respondent.
- (3) When conducting an interview in which an interpreter is required, ask the respondent if he/she is willing to have another person act as interpreter. If the respondent objects to the interpreter and a more suitable one cannot be located at the time of the interview, call the office to see if another interviewer who speaks the respondent's language can conduct the interview.
- (4) When conducting interviews by telephone, do not allow unauthorized persons to listen to your conversation.

c. When Discussing Your Job With Family, Friends, Others: You must not reveal any information which you obtained during an interview or identify any persons who participated in the survey to unauthorized persons in conversation or by allowing them to look at completed questionnaires.

d. When "Storing" Completed Questionnaires: If it becomes necessary to leave completed questionnaires around your home, motel room, or other nonsecure place when you will not be there, and you cannot securely store them, put them "out-of-sight" so that unauthorized persons will not be tempted to look at them.

#### 8. SUBPOENA OF RECORDS

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

APPENDIX B  
DIAGNOSTIC ERROR CODES

Code	Page/Item	Situation
01	Limitation of Activities/2 through 15	Limitations are reported, but <u>conditions</u> causing the limitations are not entered in C2 with "LA" as source.
02	Restricted Activity/2 through 7	<p>Restricted activity days are reported, but no condition entered in C2 with "RA" as source.</p> <p>-----</p> <p><u>Code 02 is not assigned if:</u></p> <p>"Normal birth," "immunization/vaccination with no side effects," or "tests/exams-no condition" is footnoted as the cause of the restricted activity.</p>
03	2-Week Doctor Visits/Column	Doctor visit recorded in C1 but a doctor visit column is not completed for it.
04	2-Week Doctor Visits/4	<ul style="list-style-type: none"> <li>● "Condition" box is marked in 4a/b,  <p style="text-align: center;">AND/OR</p> an entry appears in 4f and/or 4h,  <p style="text-align: center;">BUT</p> no condition entered in C2 with "DV" as source.</li> <li>● "Other" box is marked in 4a/b,  <p style="text-align: center;">AND</p> the name of a condition is entered in 4a/b but not in C2,  <p style="text-align: center;">OR</p> an operation or surgery is reported in 4a/b but the condition causing the operation or surgery, or the name of the operation or surgery if condition cannot be determined, is not entered in C2.</li> </ul>

Code	Page/Item	Situation
05	Hospital/ Column	Hospital stay recorded in C1 but a hospital column is not completed for it.
06	Hospital/4 and J1	<ul style="list-style-type: none"> <li>● Nights during 2-week reference period but condition in 4 is not entered in C2 with "HS" as source.</li> <li>● - "No condition" box is marked in 4,</li> </ul> <p style="text-align: center;">AND</p> <p>the name of a condition is entered in 4 but not in C2,</p> <p style="text-align: center;">OR</p> <p>an operation or surgery is reported in 4 but the condition causing the operation or surgery, or the name of the operation or surgery if condition cannot be determined, is not entered in C2.</p>
07	Condition/ Page	Condition entered in C2 but a Condition Page is not completed for it.
08	Condition/3b	Double entries appear, but a separate Condition Page is not completed for each entry.



Code	Page/Item	Situation
09	Condition/3f and 17b	<p>Condition, or additional present effect(s), not entered in C2 when more than one present effect is reported in 3f (for stroke only).</p> <p>Examples--3f:</p> <ul style="list-style-type: none"> <li>● "Paralyzed arm and leg"--requires one Condition Page.</li> <li>● "Paralyzed arm and stiff leg"--requires two Condition Pages.</li> </ul> <p>Multiple present effects reported in 17b but not entered in C2.</p> <p>Examples--17b:</p> <ul style="list-style-type: none"> <li>● "Lower left arm stiff and sore"--requires two Condition Pages.</li> <li>● "Lower left arm stiff, upper right leg sore"--requires two Condition Pages.</li> <li>● "Upper left arm and lower right leg stiff"--requires one Condition Page.</li> </ul> <p>-----</p> <p><u>Code 09 is not assigned if:</u></p> <p>Present effects in 3f (for stroke only) or in 17b are the same as the entry in item C2 or question 3b on the same Condition Page.</p>
10	2-Week Doctor Visits/1	<p>Date entered is impossible.</p> <p style="text-align: center;">OR</p> <p>Date is outside the reference period.</p> <p style="text-align: center;">OR</p> <p>Date is omitted.</p> <p>-----</p> <p><u>Code 10 is not assigned if:</u></p> <p>Date is blank but "Last week" or "Week before" box is marked.</p>

Code	Page/Item	Situation
11	Hospital/2	<p>Date entered is impossible.</p> <p style="text-align: center;">OR</p> <p>Date is omitted.</p> <p style="text-align: center;">OR</p> <p>Date and number of nights indicates entire stay during interview week.</p>
12	Condition/3b	<p>"Effects of operation," "after-effects," "ill effects," "recuperating," or "convalescing" is entered, but not the condition causing the operation, or the name of the operation if no condition.</p> <p>-----</p> <p><u>Code 12 is not assigned if:</u></p> <p>Condition causing the operation is given as "cause."</p>
13	Condition/3b	<p>Only part of body is entered.</p> <p style="text-align: center;">OR</p> <p>"DK" entered.</p> <p style="text-align: center;">OR</p> <p>An obviously vague description, such as "lame," "retarded," "gastric stomach," "impaired," "crippled," "heart failure," "tubes in ear," etc., is entered, AND a more complete description is not recorded in any succeeding question.</p> <p style="text-align: center;">OR</p> <p>No entry is recorded.</p>
14	Condition/3c	<p>Cause not entered for any condition other than color blindness, cancer, normal pregnancy, normal delivery, vasectomy, or old age.</p> <p>-----</p> <p><u>Code 14 is not assigned if:</u></p> <p>Accident/injury is given as "cause" and a complete or adequate description of the accident is not given.</p>

Code	Page/Item	Situation
15	Condition/3d	Neither "Accident/injury" box nor "Yes/No" box marked, as appropriate.
16	Condition/3e	<p>Kind or manifestation is not given, for the terms or conditions listed.</p> <p style="text-align: center;">OR</p> <p>Entry describes only site, part of body, or surface.</p> <p>Example: "flesh tumor," "bone cyst," "skin ulcer."</p> <hr style="border-top: 1px dashed black;"/> <p><u>Code 16 is not assigned if:</u></p> <ul style="list-style-type: none"> <li>● Entry includes term "disease," when commonly used as part of the name of a specific disease.</li> <li style="margin-left: 2em;">Example: "Parkinson's Disease."</li> <li>● Entry of "skin cancer."</li> <li>● "Birth defect" entered as cause.</li> <li>● Entry of "<u>trouble</u> sleeping."</li> <li>● Entry indicates doubt that the condition exists, or respondent is not sure what condition is.</li> <li style="margin-left: 2em;">Example: "Swelling on neck-DK, cyst or boil," or "chest congestion, may be asthma, DK."</li> </ul>
17	Condition/3f	Effects or manifestation of allergy or stroke is not entered OR is inadequate, such as "lame," "impaired," "no use of," "deformed," etc.

Code	Page/Item	Situation
18	Condition/3g	<p>Part of body is not entered OR is inadequate, for</p> <p>(1) the terms or conditions specified, OR</p> <p>(2) an impairment, OR</p> <p>(3) for the parts of the body shown.</p> <p style="text-align: center;">OR</p> <p>"Internal" is entered without any reference to specific areas.</p> <p>Example: "internal pain."</p> <hr style="border-top: 1px dashed black;"/> <p><u>Code 18 is not assigned if:</u></p> <ul style="list-style-type: none"> <li>● Specific part of body is not entered in 3g for terms entered in item 1 but not 3b.</li> </ul> <p style="margin-left: 40px;">Example: "Ear infection" is entered in item 1 and "otitis media" is entered in 3b, no error is charged if 3g is blank.</p> <ul style="list-style-type: none"> <li>● "Headache," "earache," "eye strain," or "female organs" entered.</li> <li>● Part of body is adequately described in previous part of 3.</li> </ul>
19	Condition/13 through 17	<p>Accident questions not complete for an injury or condition due to an accident.</p> <hr style="border-top: 1px dashed black;"/> <p><u>Code 19 is not assigned if:</u></p> <ul style="list-style-type: none"> <li>● Code 15 was previously assigned for question 3d on this Condition Page.</li> <li>● Birth injuries to mother or child entered.</li> <li>● There is a footnote indicating "same as for condition 1" or something similar.</li> <li>● There is doubt as to whether or not an accidental injury happened, or the respondent does not remember the accident, even though a doctor believed it was the cause of the condition.</li> </ul>

Code	Page/Item	Situation
20	Condition/17	<p>Part of body not entered OR is inadequate.</p> <hr/> <p><u>Code 20 is not assigned if:</u></p> <p>Part of body is not entered for "whiplash" (neck injury).</p>
21	Condition/17a	<p>"Kind of injury" is inadequate.</p> <p style="text-align: center;">OR</p> <p>"Kind of injury" is not specified when injury is described as internal but no site or organ is entered.</p> <p>Example: "internal bleeding" or "broken blood vessel."</p> <p style="text-align: center;">OR</p> <p>Entry consists of only a general description.</p> <p>Example: "nerve injury," "nerve damaged," etc.</p>
22	Condition/17b	<p>Present effects are not entered or are inadequate for accidents or injuries which happened more than 3 months ago.</p> <p style="text-align: center;">OR</p> <p>Entry such as "no use of," "can't bend," "lack of mobility," "difficulty," etc., i.e., a limitation rather than a condition.</p> <hr/> <p><u>Code 22 is not assigned if:</u></p> <p>Entry of "slipped disc," "slipped vertebra," "dislocated disc," or "ruptured disc," which may indicate continuing conditions (present effects).</p>

PART F

INDEX OF QUESTIONNAIRE TERMS AND CONCEPTS

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PART F

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