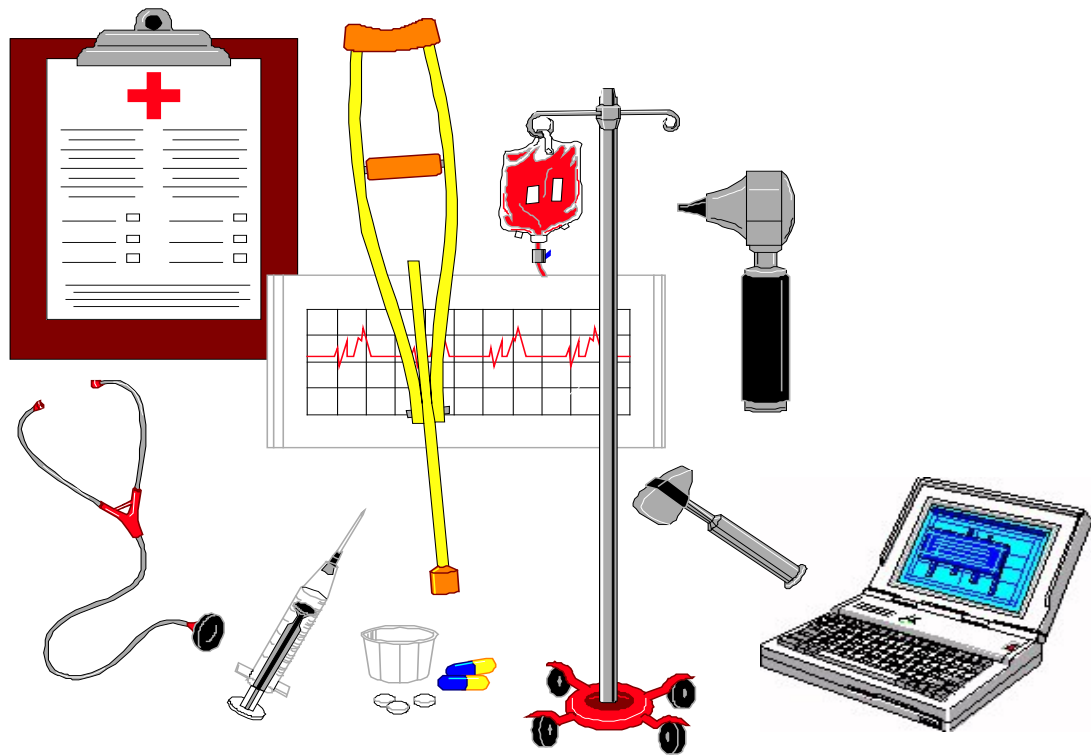


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NATIONAL HEALTH INTERVIEW SURVEY



CAPI MANUAL FOR NHIS FIELD REPRESENTATIVES

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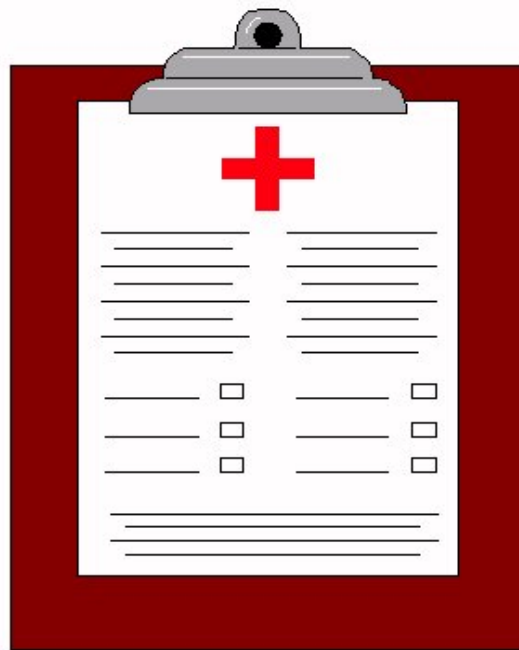
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PART A

The National Health Interview Survey



DESCRIPTION OF THE SURVEY

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

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PURPOSE OF THE NATIONAL HEALTH INTERVIEW SURVEY

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

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

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

Examples of Uses of the Data

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

- **Understanding Health Care Coverage**

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

- **Describing Injuries**

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

Who Uses the Data

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

SPONSORSHIP OF THE SURVEY

The National Health Interview Survey is sponsored by the National Center for Health Statistics (NCHS), which is part of the Centers for Disease Control and Prevention (CDC), within the U.S. Department of Health and Human Services. The U.S. Census Bureau is the data collection agent for the NHIS. The findings of the survey are analyzed and published regularly by NCHS.

DESIGN OF THE NHIS SAMPLE

The National Health Interview Survey is based on an annual sample of the civilian non-institutionalized population of the United States. Contingent on funding, the annual sample size is generally 64,000 selected addresses. Data are collected for approximately 127,500 persons. These households are located in the 50 states and the District of Columbia.

Sample Redesign

The Demographic Surveys' Sample Redesign, or simply "Sample Redesign," is the U.S. Census Bureau program that selects updated samples for a number of demographic surveys, including the NHIS.

Traditionally, Sample Redesign occurs once a decade after each Decennial Census so that census data can be used for research and program implementation. A large community of stakeholders depends on the Census Bureau and the Demographic Surveys' Sample Redesign program to build a solid foundation for demographic surveys.

These surveys play important roles in the Federal government and beyond. Results from the surveys provide timely indicators of the socio-economic well-being of the population, help guide policy decisions, and assist in evaluating program effectiveness.

Selection of Sample PSUs

The first step in the Sample Redesign process is the grouping of all

counties, parishes, boroughs, and independent cities in the U.S. into Primary Sampling Units (PSUs). A PSU is classified as either Self-Representing (SR) or Non-Self-Representing (NSR).

A **Self-Representing PSU** commonly contains large metropolitan areas like New York City and Los Angeles. The Self-Representing PSU only represents itself, ensuring that the Self-Representing PSU will always be sampled.

A **Non-Self Representing PSU** commonly includes non-metropolitan areas, such as groups of adjacent counties, townships, independent cities, parishes, or boroughs. Non-Self-Representing PSUs are not selected with certainty – sample Non-Self-Representing PSUs will represent other Non-Self-Representing PSUs that were not selected for the Sample Redesign.

2010 NHIS Sample Redesign

Prior to 2016, the sample design of the National Health Interview Survey (NHIS) was called the 2000 design, so-called because it was based on the demographics of the United States from Census 2000. We began interviewing under this design in January 2006, and the last interviews under this design took place in December 2015. Interviewing under the new 2010 sample design began in January 2016.

Starting for 2016, the sample design of the NHIS incorporates the demographic changes in America since 2000. The parts of the country that experienced rapid growth since 2000 have been more heavily represented in the new design, and areas that have experienced little growth or population decline have not been represented to the same extent that they were in the 2000 design.

NHIS Sample Frames

The 2000 sample design was an area-based and permit-based sample. Starting for 2016, with the 2010 sample redesign, the NHIS is primarily a **unit frame** survey, using a private vendor list of addresses as its main address source. Sample units in the Unit frame represent approximately 80 - 85 percent of the total sample.

The NHIS will also use an **area frame** in parts of the country. Approximately 10-15% of the NHIS sample, mostly in rural areas, is in the traditional area frame, where we identify which blocks our sample units are in, then list the blocks, and select from the listing results the sample units that you will interview. We have

evaluated the quality of coverage of the vendor list of addresses for the unit frame, and have made decisions on a county-by-county level of where to use it, and where to use our traditional area frame instead.

Also starting in 2016, the NHIS uses a **College Housing frame** to identify which college dormitory rooms are in sample. In the 2000 sample design, you found college dorms the same way you found your housing units: if you listed a block and a dormitory was in it, units in the dormitory might be selected for sample. However, for the 2010 sample design, our vendor address list is not entirely reliable about including dormitories, so if we relied on it, they would be underrepresented. In the College Housing frame, colleges/universities are sampled and then called to collect dorm-level information at the institution. From there, final units are selected. Sample units in the College Housing frame represent approximately one percent of the total sample.

The 2010 NHIS sample has also been designed to ensure the ability to produce state-level estimates using no more than three years' worth of interviews for a state, even for the smallest states.

Sample Units

For unit frame, area frame, and college housing frame cases, you will interview at units already designated in case management. In either the unit frame, area frame, or college housing frame, the sample consists of housing units, not persons or families.

Sample of Group Quarters

Some sample units are located in places with special living arrangements, such as dormitories, boarding houses, or convents. These types of living quarters are classified as "Group Quarters" (GQs). Unlike Unit and Area Frame assignments where only a small percentage of assigned cases in those frames are located in a GQ, all assignments in the College Housing Frame reside in a GQ.

Listing and Mapping Application (LiMA)

Beginning for 2016, The Listing and Mapping Application – Time of Interview (LiMA) replaced the Automated Listing and Mapping Instrument (ALMI) as the new mapping instrument that will be used for listing and time of interview mapping. LiMA is used to list sample addresses for some parts of the country in the NHIS area frame.

Definition of Control Number for 2010 Sample Design

The 2010 Sample Design control number changed significantly from the 2000 Sample Design control number. Control numbers are redesigned to better accommodate changes to the sample over time. Additionally, the change was a result of new security measures put in place to avoid potential security breaches

For the 2010 Sample Design, the following information was removed from the control number:

- Regional Office code
- Frame Number
- Frame Number Suffix
- Serial Number
- Serial Number Suffix

This layout for the 2010 Sample Design control number is:

- Positions 1 – 2: Survey Code
- Positions 3 – 7: Field Primary Sampling Unit (PSU)
- Position 8: Frame Indicator
- Positions 9 – 11: Sample Designation
- Positions 12 – 15: Sequence #1
- Positions 16 – 17: Sequence #2
- Position 18: Extra/Additional Unit Indicator
- Positions 19 – 20: Household Spawn Indicators

Control Number Definitions:

Survey Code

The survey code identifies the survey that is being conducted. The first two characters of the control number represent the survey code. As the survey code for NHIS is '08', the first two characters for all NHIS cases will begin with '08'.

Field Primary Sample Unit (PSU)

Field PSUs are five-digit numbers that show the geographic area where your sample unit is located. The third through seventh characters of the control number represent the Field PSU. The first two digits of the PSU number identify the Federal Information Processing Standards (FIPS) State code; in most cases, the last three digits identify the FIPS county code.

Frame Indicator

The eighth character of the control number represents the frame indicator, which shows the frame that your sample case is in. The frame indicator will be filled with the letter 'U' for cases in the Unit frame, 'A' for cases in the Area frame, and 'D' for cases in the College Housing frame.

Sample Designation

The ninth through eleventh characters of the control number represent the sample designation. Sample designations are three characters in length, with the first character being a letter and the last two characters being numeric.

Sequence #1 and Sequence #2

These two codes are primarily for Headquarters processing.

Extra/Additional Unit Indicator

This code indicates whether the case is an Extra or Additional unit. If it is blank, then the case is not an Extra or Additional unit.

Household Spawn Indicators

This code indicates whether the case is a spawned case. If it is equal to '00', then the case is not a spawned case.

Quarterly Sample

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

Mode of Interviewing

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

ABOUT THE INSTRUMENT

The NHIS instrument has the four major core parts:

Household Composition and Demographics Section

Family Questionnaire

Sample Child Questionnaire

Sample Adult Questionnaire

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

Household Composition and Demographics Section

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

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

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

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

Family Questionnaire

A family respondent is needed to answer the Family Questionnaire. The question KNOW2 will ask who can best answer questions about all members of the family. The respondent will be able to designate up to three persons, but the person(s) must be listed on the family roster. Ultimately, only one family respondent will be identified based on who is present and available for interviewing.

Once in the Family Questionnaire, questions will be asked about

the conditions and limitations, injuries and poisonings, access and use of health care services, insurance coverage, demographics, and income for every member of the family.

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

Sample Child Questionnaire

A Sample Child is randomly selected by the computer from each family with at least one child 17 years of age or younger, who is not married, widowed, divorced, separated, or living with a partner. An adult respondent who was previously indicated to be knowledgeable about and responsible for the Sample Child's health at KNOWSC2 will be asked questions about that child. The child topics include conditions, limitations of activities, health status, mental health, access to care, dental care, and health care provider contacts. You will also ask for the last four digits of the Sample Child's Social Security Number.

Sample Adult Questionnaire

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

In order to identify and address disparities in health status and access to health care for certain minority populations, the sponsor requires that elderly persons who consider themselves to be Black, Asian, or Hispanic, have a greater chance of being selected as the Sample Adult than other adults within the family. By obtaining more reliable health data for elderly minority persons, the sponsor can better track progress on these objectives. This does not mean that other adults who do not meet these criteria cannot be selected as Sample Adult. It means that those who do meet the criteria will have a greater chance of being selected.

PART A
SECTION 2
CONDUCTING THE NHIS INTERVIEW

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EXPLAINING THE SURVEY

How to Introduce the Survey

All of the steps listed below must be followed for ALL CASES. (Verify you are at the correct address before you speak to the respondent.)

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

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

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

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

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

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

- c. Then ask:

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

- d. After answering any questions, ask:

"Are you willing to participate in the survey?"

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

"I am _____ from the U.S. Census Bureau. Here is my identification card. We are

conducting the National Health Interview Survey on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). I have some information from (*previous respondent*). Now, I would like to ask you some questions."

Repeat steps b-d above.

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

Authorization

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

Confidentiality

All information that would permit identification of the individual is held strictly confidential by NCHS and Census Bureau staff, contractors, or agents who work on the National Health Interview Survey (including related studies carried out by the Public Health Service) with a need-to-know. NCHS and Census Bureau staff, contractors, or agents will not disclose or release information to anyone for any other purpose without the written consent of the respondent.

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

Unauthorized disclosure of individual information collected in the National Health Surveys is punishable by a fine of up to \$250,000,

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

Eligible Household Respondents

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

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

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

Maintaining Rapport with Respondents

You begin to build a harmonious relationship with the respondent when he or she first answers the door. Maintaining rapport throughout the interview will ensure that you collect complete and accurate information. Through your sincere understanding and interest in the respondent, you provide a friendly atmosphere in which the respondent can talk honestly and fully. If rapport is broken because the respondent finds a particular question "too personal," take time to reassure him or her that NCHS and its agents, which includes the Census Bureau, will not disclose any of his or her answers to anyone.

Answering Respondent Questions

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

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

- **General Explanation of the Survey**

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

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

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

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

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

- **I Don't Have the Time**

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

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

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

• Why Are You Interviewing This Household?

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

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

• Why Don't You Go Next Door?

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

• I Consider This a Waste of Taxpayers' Money

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

The Voluntary Nature of the Survey

The fact that participation in the NHIS is voluntary does not diminish your responsibility to convert reluctant respondents. When a person says the survey is voluntary and that he or she

would prefer not to participate, tell him or her how important he or she is to the survey and how important the survey is to the Nation. Tell him or her about the confidential nature of the survey, noting that neither NCHS nor the Census Bureau will disclose any of his or her answers, and ask him or her to let you begin the interview on a "trial basis." Inform the respondent that he or she can refuse to answer any question he or she feels is too personal.

BEGINNING THE INTERVIEW

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

How to Ask Questions

- **Ask Questions Exactly as Worded**

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

- **Ask Every Question**

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

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

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

How to Probe

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

- **Brief Assenting Comments**

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

- **An Expectant Pause**

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

- **Repeating the Question**

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

- **Repeating the Respondent's Reply**

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

- **Neutral Questions (Probes)**

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

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

or

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

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

respondent's desire to help someone who is trying to do a good job. However, do not overplay this technique. The respondent should not get the feeling that you do not know when a question is properly answered.

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

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

Importance of Using Neutral Probes

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

Respondent Replies "I Don't Know"

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

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

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

wrong answers. Your best estimate will be fine."

YOUR OWN MANNER

Your greatest asset in conducting an interview efficiently is to **combine a friendly attitude with a businesslike manner**. If a respondent's conversation wanders away from the interview, try to cut it off tactfully, preferably by asking the next question. Appearing too friendly or concerned about the respondent's personal troubles may actually lead to obtaining less accurate information.

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

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

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

NONINTERVIEWS

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

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

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

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

Sample units which are ineligible for interview for other reasons are Type B or Type C noninterviews. A vacant house or an unoccupied site for a mobile home are examples of Type B noninterviews, while a condemned housing unit is an example of a Type C noninterview. Refer to Part C, Section 21 for a detailed discussion of noninterview types and procedures.

SPANISH TRANSLATION

Availability and Procedures

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

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

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

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

Similarly, an effort has been made to render the Spanish translation

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

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

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

1. OCCURRENCE AND SEVERITY OF ILLNESS AND DISABILITY

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

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

2. HEALTH OF THE AGED

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

3. HEALTH EDUCATION AND RESEARCH

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

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

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

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

5. FACTORS RELATED TO VARIOUS DISEASES

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

APPENDIX A.2 CONFIDENTIALITY

1. WHAT IS CONFIDENTIALITY?

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

2. THE GUARANTEE OF CONFIDENTIALITY

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

"Information contained on this form that would permit identification of any individual or establishment has been collected in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m), the Confidential Information Protection and Statistical Efficiency Act (44 USC 3501 note), and the Privacy Act of 1974 (5 U.S.C. § 552a). In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015, which requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses."

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

3. SPECIAL SWORN EMPLOYEES (SSEs)

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

4. AUTHORIZED PERSONS

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

5. HOW TO MAINTAIN CONFIDENTIALITY

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

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

- b. **When Conducting Interviews:** Do **not** permit unauthorized persons (including members of your family) to listen to an interview. For example:
- (1) When conducting an interview with a student in a dormitory, if others are present, ask the respondent if he or she wants to be interviewed privately. If so, make the necessary arrangements to conduct the interview where and/or when it cannot be overheard by others.
 - (2) When conducting an interview in a home, if persons not participating in the survey are present (for example, neighbors, friends, other non-"family" members), use your discretion in asking the respondent if he or she wants to be interviewed privately. Since this may be awkward to ask in some situations, you might ask if another time would be more convenient. If so, make the necessary arrangements to accommodate the respondent. In a situation where you proceed with the interview, but persons not participating in the survey approach, it is appropriate to close the interviewing laptop or turn it away from view to protect the respondent's privacy.

- (3) When conducting an interview in which an interpreter is required, ask the respondent if he or she is willing to have another person act as an interpreter. If the respondent objects to the interpreter and a more suitable one cannot be located at the time of the interview, call your Regional Office to see if another interviewer who speaks the respondent's language can conduct the interview.
 - (4) When conducting interviews by telephone, do not allow unauthorized persons to listen to your conversation.
- c. **Keeping Forms Secure:** Any forms that contain information about the household must be kept out of view and secure until they are mailed to the appropriate person or office. Keep them in a specially designated place in your home.

6. **WHEN DISCUSSING YOUR JOB WITH FAMILY, FRIENDS, OTHERS**

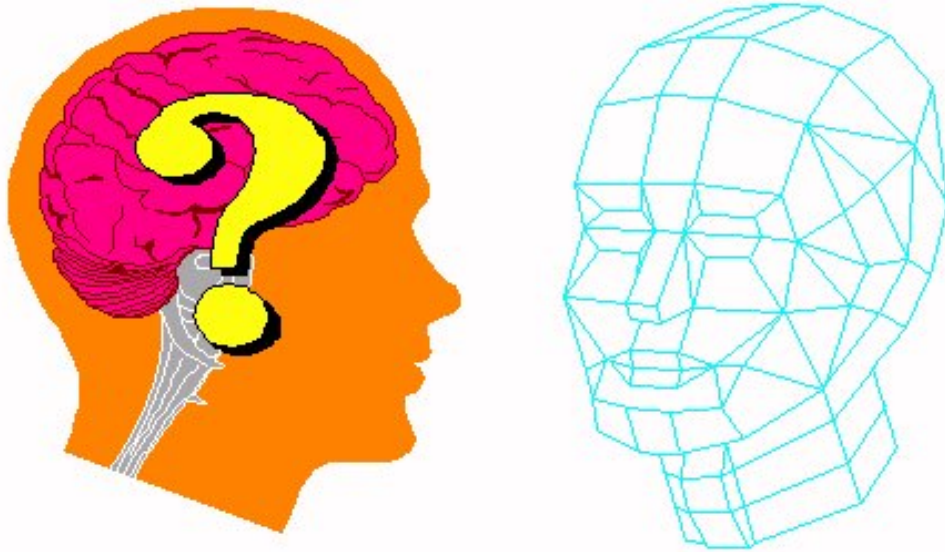
You must **not** reveal any information which you obtained during an interview or identify any persons who participated in the survey to unauthorized persons.

7. **SUBPOENA OF RECORDS**

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

PART B

National Health Interview Survey



CONCEPTS

**PART B
SECTION 1
RESPONDENT RULES**

Purpose	B-2
Instructions	B-2
Important Terms	B-3

PURPOSE

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

INSTRUCTIONS

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

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

It is necessary before asking these questions to determine whether the person to whom you are speaking is a household member. See Appendix B.4 Household Membership for details on whom to include in the household.

Who May Respond to the Family Questionnaire

Any responsible family member equal to or greater than the age of majority for a given state may respond to questions in the Family Questionnaire. In most states, the age of the majority is 18 years old, but in Alabama and Nebraska this age is 19 and in Mississippi it is 21. Family members under 18 should not act as Family respondent unless they have ever been married or there are not any persons age 18 or greater in the family. Adult Armed Forces members living at home may respond to the Family Questionnaire.

Who May Respond to the Sample Adult Questionnaire

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

Who May Respond to the Sample Child Questionnaire

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

Exceptions to Eligible Respondent Rules

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

For persons who are not able to answer the questions for themselves and have no relative living in the household who can answer for them, you may interview someone who is responsible for their care. The person providing the care may or may not be a member of the household. In such situations, enter "3. Physical or mental condition prohibits responding" at the SADULT screen, which then takes you to the PROX1 screen. Also, enter "1" at screen NONRES in the Back section of the instrument, indicating that a proxy did act as a respondent for one or more of the family members. Then, make the appropriate entry indicating the relationship of the proxy respondent to the subject.

Persons Not Related to the Reference Person

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

Return Visits May Be Necessary

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

IMPORTANT TERMS

An **Adult** is any person equal to or greater than the age of majority for his or her state of residence. In most states, this age is 18 years

old, but in Alabama and Nebraska this age is 19 and in Mississippi it is 21.

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

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

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

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

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

The **Reference Person** is the person, or one of the persons age 18 or older, who owns or rents the sample unit. This person must be a

household member of the sample unit.

- The reference person should not be an Armed Forces member, but can be if no other person is eligible to be the reference person.
- For persons occupying the sample unit without payment of cash rent, the reference person is the first adult non-deleted household member named by the respondent.
- If more than one household member owns or rents the sample unit, designate the oldest member as the reference person.
- If none of the household members owns or rents the sample unit, designate the oldest household member as the reference person.

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

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

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

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

**PART B
SECTION 2
HOUSEHOLD MEMBERSHIP**

Topic	See Page
Purpose	B-7
Instructions	B-7

PURPOSE

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

INSTRUCTIONS

Filling in the Household Roster

The purpose of these questions is to obtain a complete list of all persons living or staying in the sample unit and to identify non-household members. List all of the persons living or staying in the sample unit, whether or not you think they are household members.

Names

Attempt to get each person's full name. If the respondent is hesitant or refuses to give you names, explain that throughout the interview it is necessary to refer to the specific household members. Without the correct names, the interview will be confusing, lengthier, and possibly result in recording inaccurate information. Always verify the correct spelling of names with the respondent.

Also, if the household is selected for one of the followback surveys it will be necessary to have the complete names of the household members. Make every effort to get complete names. If necessary, reassure the respondent that neither NCHS nor the Census Bureau will disclose any of his or her answers.

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

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

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

If there are two persons in the household with the same first,

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

Preferred Order of Listing

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

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

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

Armed Forces Reference Persons

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

Household Roster Limit

The Household Roster can hold up to 25 people. It is highly unlikely that you will ever exceed this limit.

Determine Who Constitutes a Household

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

Determine Who Constitutes a Family

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

families to interview.

Special Situations Regarding Household Membership

You may encounter certain situations where household membership is unclear. Below are guidelines for handling these situations. You may have to ask several probe-type questions to determine the actual situation and therefore, make the proper decision as to household membership. **Note:** Refer also Appendix B.4.

- **Families with two or more homes**
Some families have two or more homes and may spend part of the time in each. For such cases, the usual residence is the place in which the family members spend the largest part of the calendar year. Only one unit can be the usual residence. For example, the Citizens own a home in the city and live there most of the year. They spend their summer vacation at their beach cottage. Neither house is rented in their absence. The home in the city is their usual place of residence.
- **Students**
Students away at college, trade, or commercial schools are eligible to be interviewed in the locality **where they are attending school**. That is, even if a student considers his or her parents' home to be the usual residence, consider him or her to be a household member where he or she is presently residing. Consider a student to be a household member of his or her parents' home only if he or she is at home for the summer vacation and has no usual residence at the school.

Note: The above applies only to college, trade, or commercial school. Children under 18 attending boarding school away from home should still be considered as household members in their parents' homes.

- **Persons who work at sea**
Consider crew members of a vessel (such as, crews and officers on freighters, ferries, and cruise ships, fishermen, fishing personnel) to be household members at their homes rather than on the vessel, regardless of the length of their trips and regardless of whether they are at home or on the vessel at the time of your visit (assuming they have no usual place of residence elsewhere).

- **Members of Armed Forces**
Consider active duty members of the Armed Forces as household members if they are stationed in the locality and usually sleep in the sample unit.
- **Citizens of foreign countries temporarily in the United States**
Determine whether to interview citizens of foreign countries staying at the sample unit according to the following rules:
 - Do **not** interview citizens of foreign countries and other persons who are living on the premises of an embassy, ministry, legation, chancellery, or consulate. Code these cases as Other Type B – Outcome 233.
 - Interview citizens of foreign countries and other persons who are living in the United States, but not on the premises of an embassy, and the like. This applies only if they have no usual place of residence elsewhere **in the United States**.

However, **do not** consider foreign citizens merely visiting or traveling in the United States as household members.
- **Persons with two concurrent residences**
Ask how long the person has maintained two concurrent residences and consider the residence in which the greater number of nights was spent during that period as the person's usual place of residence.
- **Persons in vacation homes, tourist cabins, and trailers**
Interview persons living in vacation homes, tourist cabins and trailers if they usually live there or if they have no usual residence anywhere else. Do not interview them if they usually live elsewhere. Indicate at roster screens that the usual residence is elsewhere and the instrument will close the case.
- **Inmates of specified institutions**
Persons who are inmates of certain types of institutions at the **time of interview** are not household members of the sample unit. They are usual residents at the institution.

(See Group Quarter Tables in Appendix B.1 and Appendix B.2 for more information.)

Establishing Relationships

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

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

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

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

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

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

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

**PART B
SECTION 3
FAMILIES**

Topic	See Page
Purpose	B-14
Household Roster	B-14

PURPOSE

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

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

HOUSEHOLD ROSTER

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

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

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

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

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

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

HHSTAT stands for Household Status and the single letter codes are called Flags (see pages B-22 and- B-23 for definitions of Flags).

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

PART B
SECTION 4
DEFINITIONS AND PROCEDURES

Topic	See Page
Important Terms	B-17
Instructions	B-32

IMPORTANT TERMS

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

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

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

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

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

- Do not consider domestic work in other persons' homes, casual work such as that performed by a craft worker, or odd-job carpenter or plumber as a business. This is considered wage work. Whether the person is considered as having a job is described under Job.
- Do not consider the sale of personal property as a business.
- For questionable or borderline cases, do not consider persons as having a business. Determine whether a person is considered as having a job as described under Job.

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

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

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

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

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

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

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

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

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

Doctor Visits

Include as doctor visits:

- A visit by or for the person to the doctor or doctor's assistant for the purpose of obtaining medical advice, treatment, testing, or examination. For example, if a mother visits the doctor about her child, count this as a doctor visit for the child.
- A visit to a doctor's office, clinic, hospital emergency room, or outpatient department of a hospital where a person goes for treatment or examinations even though a doctor may not actually be seen or talked to.
- A visit by the doctor or doctor's assistant to the person. If the doctor or doctor's assistant visits the home to see one patient and while there examines or professionally advises another member of the household, count this as a "doctor visit" for each individual receiving the doctor's or assistant's attention.
- Telephone calls to or from a doctor or assistant for the purpose of discussing the health of the person. Include calls to or from a doctor or assistant for obtaining or renewing a prescription or calls to obtain the results of tests or X-rays. Count the telephone call as a doctor visit for the person about whom the call was made. For example, if the wife calls the doctor about her husband's illness because he is too ill to call himself, count the call for the husband, not the wife.

- Medical advice obtained from any non-household member (related or not) who is a doctor, even if this is done on an informal basis.
- Laboratory visits.
- Physicals for athletes or the U.S. Armed Services.
- Visits to a nurse at work or school unless such visits were mass visits. For example, include an individual visit, but exclude visits by all or many persons for the same purpose, such as for TB tests, hearing exams, and so on.

Exclude as doctor visits:

- A visit made by a doctor or assistant while the person was an overnight patient in the hospital.
- Visits for shots or examinations (such as X-rays) administered on a mass basis. If it is reported that the person went to a clinic, a mobile unit, or some similar place to receive an immunization, a chest X-ray, or a certain diagnostic procedure that was being administered identically to all persons who were at the place for this purpose, do not count this as a doctor visit.
- Immunizations or examinations administered to children in schools on a mass basis. (Physicals for athletes or the U.S. Armed Services are NOT considered mass visits; count these as doctor visits.)
- Telephone calls made between a pharmacist and a doctor to obtain, renew, or verify prescriptions or calls made between the person and a pharmacist. Also **exclude** calls for appointments, inquiries about a bill, and other topics not directly related to the person's health, and calls that are connected to a recording.
- Visits to dentists or oral surgeons.
- Self-treatment or medical advice prescribed for one's self.

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

Doctor Visits - Special Situations

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

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

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

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

nurse and temperature checked by another, both working for the same doctor.

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

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

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

An **Extra Unit** is a unit that is discovered during an interview or when asking the household coverage questions.

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

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

- A** Active Duty Armed Forces Member
- B** Family Health Respondent (Family Questionnaire)
- C** Sample Child
- D** Deleted (Non-household Member)
- E** Emancipated Minor
- F** Family Reference Person
- G** Family Demographics Respondent (HHC & FID)

- P** Household Reference Person
- R** Household Respondent
- S** Sample Adult

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

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

- SHIFT-F1** **Show HH**--Shows the list of all persons in the household roster, household and family phone numbers
- SHIFT-F2** **FAQ**--Frequently Asked Questions and answers
- SHIFT-F3** Not used "within instrument" in the NHIS
- SHIFT-F4** Not used "within instrument" in the NHIS
- SHIFT-F5** **Language**--Toggle to Spanish instrument
- SHIFT-F6** Not used "within instrument" in the NHIS
- SHIFT-F7** **Show Notes/Remarks** that were entered for specific question
- SHIFT-F8** Not used "within instrument" in the NHIS
- SHIFT-F9** Not used "within instrument" in the NHIS
- SHIFT-F10** **Show Function Keys**
- SHIFT-F11** **Show Standard Abbreviations**
- SHIFT-F12** Not used "within instrument" in the NHIS
- CTRL-D** **Don't Know**--To enter a "don't know" answer
- CTRL-F** **Search Tag**

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

Group Quarters (GQ) are places where people live or stay in a group living arrangement that are owned or managed by an entity or organization providing housing and/or services for the residents. People living in a group quarters are usually unrelated. A GQ does not meet the regular housing unit definition. Examples include college dormitories, group homes, and shelters for people experiencing homelessness. (See also Appendix B.1, Group Quarters Types and Descriptions, and Appendix B.2, Distinguishing Institutional and Non-Institutional Group Quarters from Housing Units at the Time of Interview)

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

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

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

If a person was moved (transferred) from one hospital to another; for example, from a general hospital to a veteran's hospital, record

each move as a separate hospital stay if each lasted overnight or longer. When a hospitalization is for childbirth, record one hospital stay for the mother and one for the baby.

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

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

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

A **Housing Unit** (HU) is any house, townhouse, apartment, mobile home or trailer, single room, group of rooms, or other location that is occupied as a separate living quarters, or if vacant, intended for occupancy as separate living quarters. An HU may be occupied by a family or one person, as well as by two or more unrelated persons who share the living quarters. A housing unit does not have to be a structure. For example, trailers, tents, boats, trucks, buses, caves, and so forth may be housing units if they are used as separate living quarters. HUs must be separate living quarters, meaning occupants live separately from any other occupants in the building, and have direct access, meaning the entrance to the living quarters must be directly from outside of the building or through a common hall.

The **Interview Month** is the monthly period for which you have

been given an assignment.

The **Interview Period** is the month-long span which the Field Representatives have to complete their NHIS assignment. The interview period will begin on the first day of the month and end on the last day of the month, regardless of what day of the week these days fall on. For example, the interview period for January 2017 starts on January 1, 2017 and closes out January 31, 2017.

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

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

not consider a person to have a job if his or her job has been phased out or abolished or if the company has closed down operations.

Listing is entering into a laptop computer either the addresses or descriptions of living quarters where people live, or could live, within an address or Census block. This can also be done using a sheet of paper if needed.

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

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

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

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

Primary Sampling Units (PSUs) contain large metropolitan areas or groups of adjacent counties, independent cities, parishes, or boroughs that are scientifically selected for the NHIS.

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

Reference Periods

There are many different reference periods used in the NHIS:

Last Week - This is the week (seven days) just prior to the date the first question is asked in each core section (Family, Sample Adult, and Sample Child) of the interview. This reference period does not include any days during the interview if a section is completed over more than one day. For example, if the family

interview begins on February 12, 2017, the last week reference period is from February 5, 2017 to February 11, 2017. For this same household, if the Sample Adult interview did not begin until February 22, 2017, the last week reference period is from February 15, 2017 to February 21, 2017. The interview period does not include any days during the actual interview; therefore, if the Sample Adult interview is conducted over a three day period from February 22, 2017 through February 24, 2017, the last week reference period remains the same, from February 15-21, 2017.

Two-Week Reference Period - The two-week reference period is the two weeks (14 days) just prior to the start date of the first question asked in each core section of the interview. The two-week reference period does not include any days during the interview if a section is completed over more than one day. For example, if the Family core interview begins on February 12, 2017, the two week reference period is from January 29, 2017 to February 11, 2017. For this same family, if the Sample Adult interview also began on February 12, 2017, the two-week reference period for the Sample Adult section is from January 29, 2017 to February 11, 2017.

30 Day Reference Period - This is the period 30 days just prior to the start date of the first question asked in each core section of the interview. The 30 day reference period does not include any days during the interview if a section is completed over more than one day. For example, if the Family core interview begins on February 12, 2017, the 30 day reference period is from January 13, 2017 to February 11, 2017. For the same family, if the Sample Child interview began on February 21, 2017, the 30 day reference period for the Sample Child Questionnaire is from January 22, 2017 to February 20, 2017.

Three Month Reference Period - This is defined as 91 days prior to the **day the injury screener question was asked**. In most questions that use this reference period the computer will calculate the day that the period begins and include that in the question. For example, if you are interviewing on May 14, 2017, question FINJ3M in the Family Section will read as follows: "During the past three months, that is, since February 13, 2017, was anyone in the family..." Once this question appears on your laptop screen (whether or not the question is actually answered), the reference period will not change for the case. Any questions that use the three month reference period but do not have a hardcoded date in them will utilize the same reference period that is used for the injury and poisoning questions.

Twelve Month Reference Period - This is defined as the 12 months prior to the start date of the first question asked in each core section of the interview. The twelve month reference period does not include any days during the interview if a section is completed over more than one day. For example, if the Family core interview begins on February 12, 2017, the twelve month reference period is from February 11, 2016 to February 11, 2017. For the same family, if the Sample Adult core interview begins on February 25, 2017, the twelve month reference period is from February 24, 2016 to February 24, 2017.

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

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

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

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

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

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

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

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

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

A **Sample Address** is a general lot or parcel of land that contains the sample unit that you are assigned to interview. The house number and street name of your assigned case, the Global Positioning System (GPS) coordinates of your assigned case, or the map spot of your assigned case can determine the sample address.

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

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

A **Sample Unit** is the individual case for which you must conduct an interview. One or more sample units may be associated with a **sample address**. For example, an apartment building located at 154 Riverside Court, Any Town ME, could have multiple sample units (Apartment A, Apartment B, Apartment C, etc.) with the same sample address of 154 Riverside Court.

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

A **Structure** is a separate building with open space on all sides (no other building is attached to it) or a portion of a building with dividing walls that extend from the ground to the roof. Some buildings are a single structure while others may contain several structures. Structures are classified into several types including single unit, mobile home, multi-unit, commercial/non-residential, and Group Quarters (GQ).

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

Work includes the following:

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

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

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

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

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

INSTRUCTIONS

Locating the Address

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

- Use resources for locating a sample unit using the Listing and Mapping Application – Time of Interview (LiMA-TOI), such as the Computer Based Training (CBT) on your laptop titled “Locating the Sample Unit Training.” For more information on using LiMA to locate addresses, see the LiMA-TOI and the Form HIS-100C.1, Locating Sample Units and Time of Interview Field Procedures for NHIS Sample Units, for assistance.
- Ask for help from a knowledgeable person. For example, post office employees are familiar with the locations of addresses and are the best sources of information on the locations of "rural route" mail delivery addresses. However, obtain postal help from the Post Office itself. Do not ask postal carriers for information.

- Ask for help from police, fire, and other local government officials, such as assessors, building inspectors, and zoning officials.
- Ask for help from local business persons who deal with people in the area as they may be able to give you the location of an address.
- Ask for help from utilities, such as electric companies and telephone companies, because they service most households in an area and may be helpful in locating many addresses.
- Check for any spelling differences between the street name listed and the street name posted on the street sign or map.
- Check for street name changes that may have occurred since the previous listing.

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

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

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

Resolving Address Problems

If you have difficulty locating a specific address, you can use LiMA-TOI and the Form HIS-100C.1 for assistance. If you are

unable to find the address on your own, you should contact your supervisor for guidance. The problem resolution system for resolving address problems is as follows:

- You retrieve your NHIS assignments.
- When you encounter an address problem you report the problem to your supervisor who will, if necessary, report the problem to your RO supervisor.
- If your RO supervisor cannot solve the problem, they escalate the problem to the National Processing Center or the Field Liaison in the Field Health Surveys Branch at Headquarters.
- The Field Headquarters liaisons make sure the problem contains the required information and forwards the question to the Demographic Statistical Methods Division (DSMD).
- DSMD uses available resources to investigate the problem and responds to the Field Liaison, who in turn responds to the regions, and subsequently to you. DSMD works under a 24-hour (1 business day) problem resolution turnaround goal.
- You use the provided additional information to locate the sample unit and conduct the interview.

DSMD has the expertise to help resolve multiple problems. You can help them assist you in finding the correct address by following these steps.

- Provide a completed control number. It is essential that complete tracking information is provided. This includes survey code, Primary Sampling Unit (PUS), frame indicator, sample designation, sequence numbers, and any Extra/Additional Unit or Spawn indicators.
- Clearly state what you would like headquarters to do (for example, provide map, etc.)
- Describe any discrepancies between information found in Case Management vs. ground, LiMA vs. ground, and any other pertinent information. Your description of what you found on the ground is very important.

Headquarters will use all available resources to investigate the problem and respond to you as soon as possible. The more complete the information you send, the quicker they can resolve your problem.

Remember that for this survey you are to interview at the address as given in case management. If you cannot find the address exactly as given in case management, or if a respondent indicates that the address is not correct as given, please confirm using LiMA or speaking with your supervisor before making any address changes. Address changes that should be confirmed before changing include differences in street identifier (i.e., St., Ave., Ct., Cir., etc.), a change in street name, Zip code, city, or house number. Updates to the “+4” portion of the Zip code can be made to the address without further confirmation.

Contacting the Household

Since the **NHIS is a personal visit survey and not a telephone survey**, visit the household at the sample unit and introduce yourself using an introduction similar to the one shown in Part A, Section 2 of this manual. If a discrepancy is found between the address given and the address found, inform your supervisor and update the address in the VERADD screen.

No One Home on First Visit

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

Try to find out from neighbors, janitors, or other knowledgeable persons when the occupants will be home; however, do not identify the specific name of the survey. Note the time in the Case Level Notes in Case Management, and call back at that time.

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

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

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

No One Home on the Second and Subsequent Visits

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

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

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

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

As an additional tool you can request that the Regional Office mail the household a No One Home letter or postcard.

Number of Callbacks to Obtain an Interview

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

Industry and Occupation

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

Definitions

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

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

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

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

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

and secondary schools.

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

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

General Instructions

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

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

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

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

If the person worked the same number of hours at all jobs, enter the one job or business at which he or she has been **employed the**

longest. If the person was employed at all jobs the same length of time, enter the one job or business, which the respondent considers to be the **main** one.

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

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

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

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

Kind of Farm Worker	For whom did you work at your main job or business?	What kind of business or industry is this?	What kind of work were you doing?	What were your most important activities on this job or business?	Were you ... *
a. Person responsible for operation of farm, as owner, tenant, or sharecropper.	own farm or self	farm	farmer or sharecropper	all farm work	5
b. Person doing general farm work for <u>wages</u> .	XYZ Farm, Inc. or father's farm	farm	farm hand	runs a tractor	1
c. Household relative of farmer doing work on the family farm <u>without pay</u> .	XYZ Acres or family farm	farm	farm helper	repairing fences	6
d. Person hired to manage a farm for someone else.	XYZ Plantation	farm	farm manager	keeping records	1

Kind of Farm Worker	For whom did you work at your main job or business?	What kind of business or industry is this?	What kind of work were you doing?	What were your most important activities on this job or business?	Were you ...*
e. Person who goes from farm to farm performing farm operations on a contract basis, using own equipment.	own business	harvesting farm crops	farm service worker	running own combine	5
f. Person hired to supervise a group of farm hands.	XYZ Farm	farm	farm foreman	supervise farm laborers	1
g. Person hired to do a specific farm job.	XYZ Farm	farm	fruit picker, cotton chopper, etc.	picking fruit, chopping cotton, etc.	1
h. Farm worker on Government-operated farm.	state farm agency	state agric. exper. farm, county farm, etc.	farm manager, farm hand, fruit picker, etc.	keeping records, feeding livestock, picking fruit, etc.	2, 3, or 4

*Were you-

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

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

Determining Employer

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

Government--For employees of a government agency, record the specific organization and indicate whether the organization is federal (U.S.), state, county, and the like. For example, **U.S.** Treasury Department, **STATE** Highway police, **CITY** tax office, **COUNTY** highway commission. It is **not** sufficient to report merely "U.S. Government," "City Government," "police department," and so on. **Note:** There are some persons who work full-time for the National Guard. These are considered civilian employees of the State, and should have this item completed as any other State employee, regardless of whether they normally wear a uniform.

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

Kind of Business or Industry

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

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

Some firms carry on more than one kind of business or industrial activity. If several activities are carried on at the same location, describe only the major activity of the establishment. For example, employees in a retail salesroom located at the factory of a company

primarily engaged in the manufacturing of men's clothing should be reported as working in "Men's clothing manufacturing."

- If the different activities are carried on at separate locations, describe the activity at the place where the person works. For example, report a coal mine owned by a large steel manufacturer as "coal mine," report the separate paint factory of a large chemical manufacturer as "paint manufacturing."
- A few specified activities, when carried on at separate locations, are exceptions to the above. Record the activity of the parent organization for research laboratories, warehouses, repair shops, and storage garages, when these kinds of establishments exist primarily to serve their own parent organizations rather than the public or other organizations.

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

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

- A wholesale establishment buys, rather than makes, products in large quantities for resale to retailers, industrial users, or to other wholesalers.
- A retailer sells primarily to individual consumers or users but seldom makes products.
- Establishments which render services to individuals and to organizations such as hotels, laundries, cleaning, dyeing shops, advertising agencies, and automobile repair shops are engaged in providing services. Report them as retailers, but show the type of services provided, for example, "Retail TV and VCR repair."
- Manufacturer's sales office: Record a separate sales office set up by a manufacturing firm to sell to other business organizations and located away from the factory or

headquarters of the firm as "(product) manufacturers' sales office." For example, a St. Louis shoe factory has a sales office in Chicago; "shoe manufacturer's sales office" is the correct entry for workers in the Chicago office.

- Business in own home: Some people carry on business in **their own** homes. Report these businesses as if they were carried on in regular stores or shops. For example, dressmaking shop, lending library, retail antique furniture store, insurance agency, piano teaching, boarding house, rest home, boarding children (for a foster home).
- Domestic and other private workers: When the name of a single individual is given as the employer, find out whether the person works at a place of business or in a private home.
- The proper industry entry for a domestic worker employed in the home of another person is "private home." For a person cleaning a doctor's office which is in the doctor's own home, the proper entry is "doctor's office." This also applies to other types of offices, such as dentists or lawyers.
- Persons placed on jobs through union hiring halls or other similar registers often report working for the union. In this situation, probe to determine who pays the person--the union or the site employer--and complete this item for the one who pays.

Kind of Work and Work Activities

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

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

The following example is provided to help clarify the use of the

combined information in these two work questions.

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

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

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

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

Some special situations

- Apprentice versus trainee--An apprentice is under written contract during the training period but a trainee may not be. Include both the occupation and the word "apprentice" or "trainee," as the case may be, in the description, for example, "apprentice plumber" or "buyer trainee."
- Baby-sitter versus boarding children--A baby-sitter usually cares for children in the home of the employer. However, when the children are cared for in the worker's own home, the occupation is "boarding children."
- Contractor versus skilled worker--A contractor is engaged principally in obtaining building or other contracts and supervising the work. Classify a skilled worker who works

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

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

Importance of the Work Activity Question

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

Class of Worker

Record the class of the worker by choosing one of the six

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

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

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

Cautions regarding class of worker entries:

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

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

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

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

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

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

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

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

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

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

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

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

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

Foster parents and child care in own home—For foster parents and other persons who consider themselves as working for profit and who provide child care facilities in their own homes, are furnishing the shelter and meals for certain time periods, and are to be considered as operating their own business, enter "5."

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

Sales or merchandise employees--Report persons who own a sales franchise and are responsible for their own merchandise and personnel as "Retail or Wholesale Sales" for industry with "5" for class of worker. Report persons who do sales work for someone else as "1" for class of worker. Also for such people, indicate whether they sell door-to-door or use the party plan method.

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

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

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

PART B
SECTION 5
QUALITY ASSURANCE FOR THE NHIS

Topic	See Page
Purpose	B-50
Important Terms	B-50

PURPOSE

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

Starting for 2016, NHIS moved to a Centralized Reinterview operation, with the continued goals of detecting and deterring interviewer data falsification. Interviewers are identified who falsified interview data, misclassified eligible household units as noninterviews to avoid interviewing them, and/or intentionally did not follow established survey interviewing procedures with regards to not using a laptop for a personal visit interview and collecting household roster information.

IMPORTANT TERMS

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

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

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

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

have the most significant outlier data, as determined by the setting of specific indicator flags.

- Individual cases receive a **case level indicator flag** if the case data meet the criteria for a given indicator. For example, a case will receive a case level Partial Rate indicator flag if that case was a partial case (OUTCOME = 203). Cases that receive a given number of distinct case level indicator flags are identified for follow-up by Field Division at Headquarters. Case level indicator flags provide a picture of what happened in a specific case. The only case level indicator flags that are assigned by comparing a specific case outcome to national level results are the case level Interview Time flags. For example, a case will receive a case level Sample Adult Interview Time flag if the completion time for the Sample Adult Questionnaire for that specific case is extremely low when compared to all other cases completed nationally. Cases that have Excessive Don't Know/Refused entries are also flagged for follow-up on the case level.
- FRs receive **FR level indicator flags** if there are characteristics in their work as a whole, over a given time period, that are unusual in comparison with the RO or national level results for a given indicator or measure of paradata. For example, FRs will receive an FR level Partial Rate indicator flag if their partial interview rate is extremely high when compared to other FRs on a national level.

Data falsification occurs when an interviewer knowingly deviates from interviewing procedures. This includes:

- making up some or all information
- deliberately miscoding the answer to a question to avoid follow-up questions
- misclassifying occupied units as Type B or Type C noninterviews

Failure to follow survey procedures is not the same as data falsification, although excessive failure to follow survey procedures can lead to data falsification. Examples of failure to follow survey procedures are:

- Not asking all questions as worded
- Not using a laptop for personal visits

APPENDIX B.1 GROUP QUARTERS TYPES AND DESCRIPTIONS

Institutional Group Quarters:

- Correctional Institutions, including:
 - Federal Detention Centers
 - Federal Prisons
 - State Prisons
 - Local Jails and other Municipal Confinement Facilities
 - Correctional residential facilities (for example, Halfway Houses for correctional purposes)
 - Military Disciplinary Barracks and Jails
 - Other types of Correctional Institutions
- Juvenile Institutions, including:
 - Group homes for juveniles (non-correctional) including orphanages, maternity homes, and homes for abused and neglected children in need of services
 - Residential treatment centers for juveniles (non-correctional), including facilities for treatment of drug/alcohol abuse, mental illness, and emotional/behavioral disorders
 - Correctional facilities intended for juveniles
- Hospitals and wards, In-patient Hospice facilities, including facilities for:
 - Drug/alcohol abuse
 - Nursing Homes/Skilled Nursing Facilities
 - Mental (Psychiatric) Hospitals and Psychiatric Units in Other Hospitals
 - General Hospitals for Patients who Have no Usual Home Elsewhere
 - Military Treatment facilities with assigned active duty patients
 - Residential schools for persons with disabilities (for example, for physically or developmentally disabled)

Non-Institutional Group Quarters:

- College/University housing, including Dormitories, Fraternity, and Sorority Houses, on or off campus. This category also includes seminaries.
- Military Quarters, including:
 - Barracks, dormitories, unaccompanied personnel housing, and similar living quarters on Base.
 - Transient quarters for temporary residents on Base.
- Emergency and Transitional Shelters (with Sleeping Facilities) for Persons Experiencing Homelessness, including:
 - Shelters for children who are runaways, neglected or experiencing homelessness
 - Shelters (such as churches) that provide temporary shelter during extremely cold weather
 - Hotels/motels/hostels used to shelter persons experiencing homelessness
- Group homes intended for adults (non-correctional)
- Residential treatment centers intended for adults (non-correctional), including for:
 - Drug/Alcohol Abuse

- Mental illness
- Emotional/behavioral disorders
- Physically disabled
- Workers' dormitories, including:
 - Worker's Group Living Quarters
 - Job Corps centers and residential vocational training facilities
 - Group living quarters at migratory farmworker camps
 - Energy enclaves in Alaska
 - Dormitories for Nurses and Interns in Hospitals
- Religious Group Quarters, such as convents, monasteries, rectories, and abbeys
- Other non-household living situations, such as hostels, YMCAs, and YWCAs.
- Residential care facilities providing "protective oversight."

Ineligible Group Quarters (Excluded from NHIS sample):

- Military ships
- Soup kitchens
- Domestic Violence Shelters
- Regularly Scheduled Mobile Food Vans
- Targeted Non-sheltered Outdoor Locations
- Maritime/Merchant Vessels
- Living Quarters for Victims of Natural Disasters

APPENDIX B.2 DISTINGUISHING INSTITUTIONAL AND NON-INSTITUTIONAL GROUP QUARTERS FROM HOUSING UNITS AT THE TIME OF INTERVIEW

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non-Inst.			
Abbeys - <i>see also Convents, Monasteries</i>		X			
Apartments		X	X		Treat as a GQ provided they house unmarried students only and are owned, leased, or managed by a college or university. In all other cases, apartments should be considered housing units.
Assisted Living Communities - <i>See also continuing care communities, life care communities, nursing homes.</i>	X		X		Treat an assignment in an assisted living community as a GQ if residents receive skilled nursing care; otherwise, treat as one or more housing units.
Bed and Breakfasts		X	X	X	<p>Depending on the situation, bed and breakfasts may be considered housing units, transitory units, or group quarters:</p> <p>If your assigned unit within the bed and breakfast is temporarily being used to house the homeless, consider it a GQ unit.</p> <p>If your assigned unit within the bed and breakfast is a transitory unit, it is out of scope.</p> <p>If your assigned unit within the bed and breakfast is a housing unit, it is in scope for interviewing.</p>

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non-Inst.			
Boarding Houses			X		Unless residents receive some kind of specialized care
Boats - <i>see also Marinas</i>			X	X	Boats that are transitory unit are not in scope for current surveys. Only interview boats considered to be housing units.
Campgrounds			X	X	Transitory units at campgrounds are not in scope for the current surveys. Only interview housing units assigned at campgrounds.
Camps			X		
Carnivals and Circuses			X		It is rare that we have a chance to capture these workers in sample. These interviews are valuable as it is likely that they may have different health characteristics than the rest of the population. If occupied, conduct the interview unless all residents have another specific residence where they spend six months or more each year.
Children's Homeless Shelters		X			
College Housing - <i>see also apartments, dormitories, fraternity and sorority houses</i>		X	X		Treat dormitories, fraternity houses, and sorority houses, and apartments on and off campus as GQs provided they only house unmarried students and are owned, not leased, by the college. Treat anything else, on and off campus, such as buildings housing married students, buildings leased by the college, and rooming houses, as HUs. Only interview college housing units if the assignment is part of the

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non-Inst.			
					College Housing Frame.
Communes		X			
Congregate care facilities - <i>see also independent living communities</i>		X	X		Treat an assignment in a congregate care facility as a GQ if residents receive skilled nursing care; otherwise, treat as one or more housing units.
Continuing Care Communities		X	X		Treat an assignment in a continuing care community as a GQ if residents receive skilled nursing care; otherwise, treat as one or more housing units.
Convents - <i>see also abbeys, monasteries</i>		X			
Correctional Facilities	X				
Dormitories		X			Examples: College dormitories (containing non-married students), agricultural worker dormitories, and non-agricultural worker dormitories
Fairs			X	X	Transitory units at fairs are not in scope for the current surveys. Only interview housing units assigned at fairs.
Fraternity Houses		X			
Group homes	X	X			Treat as institutional if for juveniles (non-correctional) and as non-institutional if for adults (non-correctional)
Halfway houses	X	X			Treat as institutional if for correctional purposes, otherwise non-institutional.
Homeless Shelters		X			
Hospices	X		X		Treat as GQ unless you think the living quarters instead meets the HU definition
Hospitals	X				
Hostels		X	X	X	Depending on the situation,

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non-Inst.			
					<p>hostels may be considered housing units, transitory units, or group quarters:</p> <p>If your assigned unit within the hostel is temporarily being used to house the homeless, consider it a GQ unit.</p> <p>If your assigned unit within the hostel is a transitory unit, it is out of scope</p> <p>If your assigned unit within the hostel is a housing unit, it is in scope for interviewing.</p>
Hotels - <i>see also homeless shelters, inns, motels, resorts</i>		X	X	X	<p>Depending on the situation, hotels may be considered housing units, transitory units, or group quarters:</p> <p>If your assigned unit within the hotel is temporarily being used to house the homeless, consider it a GQ unit.</p> <p>If your assigned unit within the hotel is a transitory unit, it is out of scope.</p> <p>If your assigned unit within the hotel is a housing unit, it is in scope for interviewing.</p>
Independent Living Communities - <i>see also congregate care facilities</i>		X	X		Treat an assignment in an independent living community as a GQ if residents receive skilled nursing care; otherwise, treat as one or more housing units.

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non-Inst.			
Inns - <i>See also homeless shelter, hotels, motels, resorts</i>		X	X	X	Depending on the situation, inns may be considered housing units, transitory units, or group quarters: If your assigned unit within the inn is temporarily being used to house the homeless, consider it a GQ unit. If your assigned unit within the inn is a transitory unit, it is out of scope. If your assigned unit within the inn is a housing unit, it is in scope for interviewing.
Job Corps Facilities - <i>see also vocational training facilities</i>		X			
Juvenile Facilities	X				
Life Care Communities	X		X		Treat an assignment in a life care community as a GQ if residents receive skilled nursing care; otherwise, treat as one or more housing units.
Manses - <i>see also parsonages, rectories</i>			X		Treat a manse or parsonage as one or more HUs. Treat a rectory as a GQ.
Marinas - <i>see also boats.</i>			X	X	Transitory units at marinas are not in scope for the current surveys. Only interview housing units assigned at marinas.
Military Barracks		X			
Military Campgrounds			X		
Military hotels/motels			X		

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non-Inst.			
Military Transient Quarters for Temporary Residents of Military Installations		X			
Mobile Homes - <i>see also RV parks, Trailer Park, Trailers</i>			X		
Monasteries - <i>see also Abbeys, Convents</i>		X			
Motels - <i>see also Homeless Shelters, Hotels, Inns, Resorts.</i>		X	X	X	<p>Depending on the situation, motels may be considered housing units, transitory units, or group quarters:</p> <p>If your assigned unit within the motel is temporarily being used to house the homeless, consider it a GQ unit.</p> <p>If your assigned unit within the motel is a transitory unit, it is out of scope.</p> <p>If your assigned unit within the motel is a housing unit, it is in scope for interviewing.</p>
Nursing Homes - <i>see also Assisted Living communities, Continuing Care Communities, Life Care Communities</i>	X				
Parsonages - <i>see also manse, rectories</i>			X		Treat a parsonage or manse as one or more HU. Treat a rectory as a GQ.
Race Tracks			X	X	Transitory units at racetracks are not in scope for the current surveys. Only interview housing units assigned at racetracks.

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non-Inst.			
Rectory - <i>see also manse, parsonage</i>		X			Treat a rectory as a GQ, treat a parsonage or manse as one or more HU.
Resorts - <i>see also homeless shelter, hotels, inns, motels</i>		X	X	X	Depending on the situation, resorts may be considered housing units, transitory units, or group quarters: If your assigned unit within the resort is temporarily being used to house the homeless, consider it a GQ unit. If your assigned unit within the resort is a transitory unit, it is out of scope. If your assigned unit within the resort is a housing unit, it is in scope for interviewing
Rooming Houses			X		Unless residents receive some kind of specialized care.
RV Parks - <i>see also mobile homes, trailer parks, trailers</i>			X	X	Transitory units at RV Parks are not in scope for the current surveys. Only interview housing units assigned at RV parks.
Shelters - <i>see also homeless shelters</i>		X			
Sorority Houses		X			
Staff Housing within a GQ			X		
Trailer Parks - <i>see also mobile homes, RV parks, trailers</i>			X		
Trailers - <i>See also mobile homes, RV parks, trailer parks</i>			X		

Living Situation	Group Quarters		Housing Unit	Transitory Unit	Comments
	Inst.	Non-Inst.			
Truck stops			X		
Vocational Training Facilities - <i>see also job corps facilities</i>		X			
YMCAs		X			
YMHAs		X			
YWCA's		X			

APPENDIX B.3 MERGERS

1. UNIT AND AREA FRAME MERGERS

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

If you are assigned a unit with a unit designation, determine if the structure is a single-unit structure or a multi-unit structure as follows:

If...	Then...
If the structure is a single-unit structure	Check the unit designation associated with your sample unit to determine if it marks it as the main unit of the address. For example, the unit designation may be “1st Floor”, “Unit 1”, “Main Floor”, “A”, or something similar.
If the unit designation marks it as the main unit and it is the only case at the address with that designation	Attempt to interview the unit and update the physical description in Case Management, mentioning that it is the single-unit structure.
If the unit designation marks it as the main unit, but there are multiple units in your case with that unit designation	Interview the unit with one of your cases and update the physical description in Case Management, mentioning that it is the single-unit structure. The remaining cases in Case Management should be assigned a Type C “Merged” outcome code.
If the unit designation does not mark it as the main unit of the structure	Assign a Type C “Merged” outcome code to the case.
If none of the unit designations implies that it is the main unit of the house	Assign a Type C “Merged” outcome code to all of your cases at the address.

2. GROUP QUARTERS MERGERS

This situation occurs when you discover that two or more separate Group Quarters have merged.

If you suspect that this has happened, do the following:

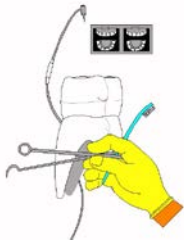
If...	Then...
If you suspect that two or more separate Group Quarters (GQs) have merged	Attempt to confirm with a knowledgeable contact that the GQs have merged before proceeding.
If the resulting GQ has the same name as one of your assigned GQs	Attempt all interviews in that GQ. Assign a Type C Non-Interview "Unit does not exist or unit is out of scope" outcome code to all assignments in the GQs that no longer exist due to the merger.
If the resulting GQ does not have the same name as one of your assigned GQs	Assign a Type C Non-Interview "Unit does not exist or unit is out of scope" outcome code to all assignments in the GQs that no longer exist because of the merger.

APPENDIX B.4 HOUSEHOLD MEMBERSHIP

WHO IS TO BE INCLUDED AS A HOUSEHOLD MEMBER	Include as member of household	
<p>A. PERSONS LIVING OR STAYING IN SAMPLE UNIT AT TIME OF INTERVIEW</p> <p>Any person in unit: members of family, lodgers, service staff, visitors, etc.</p> <p>1. Ordinarily stay here all the time (sleep here) _____</p> <p>2. Here temporarily – no living quarters held for person elsewhere _____</p> <p>3. Here temporarily – living quarters held for person elsewhere _____</p> <p>In Armed Forces</p> <p>1. Stationed in this locality, usually sleep here _____</p> <p>2. Temporarily here on leave – stationed elsewhere _____</p> <p>Student – Post-Secondary and/or Nursing School</p> <p>1. Staying here, attending school _____</p> <p>2. Here temporarily for summer vacation – no living quarters held for person elsewhere _____</p> <p>3. Here temporarily for break or visiting – living quarters held for person elsewhere _____</p>	Yes	
	Yes	No
	Yes	No
	Yes	
	Yes	No
<p>B. ABSENT PERSONS WHO USUALLY LIVE HERE</p> <p>Persons living in institutionalized Group Quarters (GQs) – Absent because person living in an institution (see Field Representative Manual Appendix B.1) regardless of whether or not living quarters held for person at sample address. _____</p> <p>Persons temporarily absent, on vacation, in general hospital, etc. (including veterans' facilities that are general hospitals) – Living quarters held here for person _____</p> <p>Absent in connection with job</p> <p>1. Living quarters held here for person – temporarily absent while "on the road" in connection with job (e.g., persons on work-related travel, long-distance truck driver) _____</p> <p>2. Living quarters held here and elsewhere for person who comes here infrequently (e.g., construction engineers, mission workers) _____</p> <p>3. Living quarters held here at home for unmarried college student working away from home during summer school vacation _____</p> <p>In Armed Forces – Were members of this household at time of induction but currently stationed elsewhere _____</p> <p>In school – Away attending post-secondary or nursing school _____ – Away attending boarding school _____</p> <p>Persons who work at sea – Living quarters held here for person _____</p>		No
	Yes	
	Yes	No
		No
	Yes	No
	Yes	
<p>C. EXCEPTIONS AND DOUBTFUL CASES</p> <p>Person with two concurrent residences</p> <p>1. Regularly sleep greater part of week in another locality _____</p> <p>2. Regularly sleep greater part of week here _____</p> <p>Citizens of foreign countries temporarily in the United States</p> <p>1. Living on premises of an Embassy, Ministry, Legation, Chancellery, or Consulate _____</p> <p>2. Not living on premises of an Embassy, Ministry, etc. –</p> <p>a. If living and studying here and no usual place of residence elsewhere in the United States _____</p> <p>b. If living and working here and no usual place of residence elsewhere in the United States _____</p> <p>c. If merely visiting or traveling in the United States _____</p>	Yes	No
		No
	Yes	
	Yes	No

PART C

National Health Interview Survey



INSTRUMENT

PART C
SECTION 1
NHIS INSTRUMENT GENERAL FEATURES

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SCREEN LAYOUT

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

COMPONENTS OF A SCREEN

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

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

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

Look at the **Info Pane**:

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

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

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

INFO PANE

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

It includes the following elements:

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

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

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

FORM PANE

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

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

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

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

- Table format
- Column format

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

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

TWO LEVEL SCREEN INTERACTION

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

CURSOR

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

VARIABLE NAME

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

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

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

CASE ID

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

TEXT COLOR AND SHADING

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

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

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

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

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

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

NAVIGATION AND SPECIAL KEYS

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

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

MOUSE, KEYBOARD, OR TOUCH SCREEN

You have the option to use the mouse, keyboard, touch screen of the laptop, or a combination of all three methods, to navigate through the instrument or make data entries. The mouse is embedded in your laptop (immediately below the keyboard). If you wish, you can also use an external mouse, but you may not have many opportunities to do so.

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

ARROW KEYS

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

PAGE UP/PAGE DOWN KEYS

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

FUNCTION KEYS

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

F12 (COPY DOWN) KEY

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

DON'T KNOW AND REFUSED

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

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

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

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

When to Enter Don't Know (Ctrl-D) and Refuse (Ctrl-R)

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

When to use the F9 and F10 Function Keys

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

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

1. Callback
2. No Callback
3. Cancel Callback

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

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

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

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

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

Option to Refuse the Entire Questionnaire using Ctrl-R

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

- **Family** – In the Family Questionnaire, you can press Ctrl-R at HLTH_BEG, the introductory screen, and this will take you directly to the Back section of the instrument, skipping both the Sample Child and Sample Adult Questionnaires. This will result in a Type A, Insufficient Partial (Outcome Code 215).
- **Sample Child** – In the Sample Child Questionnaire, you can press Ctrl-R at the CSPAVAIL OR KNOAVAIL screens, which ask if a family member who knows about the Sample Child’s health is available to answer questions about him or her. Depending on the situation, this will take you to the Sample Adult Questionnaire, the Recontact section, or the Back section of the instrument. If no callback is set up for the Sample Child, this will result in a Sufficient Partial interview, no follow-up (Outcome Code 203).
- **Sample Adult** - In the Sample Adult Questionnaire, you can press Ctrl-R at SADULT, the introductory screen. This will take you to the Recontact or Back section of the instrument. If no callback is set up for the Sample Adult, this will result in a Sufficient Partial interview, no follow-up (Outcome Code 203).

Keeping a Case Active on Your Laptop

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

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

ERROR MESSAGES

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

- Hard error messages
- Soft error messages

HARD ERRORS

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

SOFT ERRORS

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

HELP SCREENS

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

MAKING CORRECTIONS

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

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

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

Topic	See Page
Purpose	C-12
Instructions	C-12
Important Terms	C-17

PURPOSE

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

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

INSTRUCTIONS

Front Section

The START screen introduces you to the sample case by displaying the status of the case.

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

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

New Case

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

Household Reached

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

Partial

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

Fully Complete

You previously completed all applicable sections of the interview.

Enter "1" at the START screen to continue with the interview and the instrument will take you to the VERADD screen.

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

Enter "3" at the START screen for any Type A, Type B, or Type C Noninterview.

If the START screen has a pre-filled answer, you can press the END key to get to the next appropriate screen in order to continue the interview.

Coverage Section

Address Fields and Information

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

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

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

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

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

Extra Units

An extra unit (sometimes called a multi-unit) can be discovered unexpectedly while working your case assignments. There are two ways that unexpected extra units can be added to your case list, depending on how you discover the additional units.

Extra Unit Identified During an Interview

For parent sample units in the unit and area-based frames, you may be required to ask one or more "coverage" questions to determine if there are any additional living quarters, either occupied or vacant, in the same structure.

When answering these coverage questions in the instrument, if you have discovered a potential Extra Unit, you will record its address information and ask a series of questions to determine if it really qualifies as an Extra Unit. To qualify as an Extra Unit:

- The unit must be in the same structure and or space as the sample unit.
- The unit cannot be in a group quarters.
- The occupants (or intended occupants) must live separately from all others on the property.
- The occupants (or intended occupants) must have direct access to the unit from the outside or through a common hall.

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

The Extra Unit would not have a chance of being selected for sample, and it is within the same structure as the sample unit selected for interview. Before creating the Extra Unit, be sure it does not exist within the address list for the block in the LiMA as that means the unit was already given a chance of selection.

When Extra Units are discovered, the instrument will generate the Extra Unit(s) and assign a new Control Number consisting of the parent's Control Number plus an alpha suffix in the 18th position. The suffix will be assigned starting with Z and continuing to Y and X, and so on.

Additional Unit Identified When Locating Address (Before Interview)

In previous sample designs, Additional Units were typically

discovered at multi-units when there were units at the sample address that were unaccounted for on listing sheets provided to the FR. For example, what you thought would be a single family home is actually a two-unit duplex. Upon encountering these situations, the FR could create Additional Units in Case Management by clicking on the “Actions” drop down menu located just above the toolbar, clicking on “Add Case”, clicking “Yes,” and entering the address and then clicking “OK.”

Due to the new 2010 sample design for NHIS, it is unlikely that there will be many Additional Units as units that previously fell under this category in the previous design will be given a chance of selection as part of Headquarters’ (HQ) new processing procedures. Most situations that previously resulted in the creation of Additional Units are now covered in other procedures, primarily the multi-unit procedures detailed in the Form HIS-100C.1 Locating Sample Units and Time of Interview Field Procedures for NHIS Sample Units.

Prior to creating any Additional Units in Case Management, contact your RO, who will in turn contact HQ to determine how to proceed.

Note that if you add an additional unit via case management and the respondent mentions the same additional unit during the course of the interview, DO NOT re-list the same additional unit during the interview.

More Than 8 Extra Units

If more than eight Extra Units are discovered for a single sample case, inform your supervisor so that they can inform the RO on how to proceed. Some of the Extra Units may need to be subsampled out to manage your workload. Proceed accordingly after getting instructions.

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

Keep in mind that no matter how many units are present, if there is ever a question about how to proceed, call your supervisor, providing as much detail about what you observe as possible.

Telephone Number Issues

A telephone number is collected because it may be more efficient

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

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

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

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

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

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

For example, if during the past 12 months the sample unit was without telephone service for eight days because they didn't pay

the phone bill on time, and six hours while the telephone company reprogrammed their computers, enter "8 days."

IMPORTANT TERMS

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

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

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

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

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

Domestic violence shelters are considered sensitive in nature. Although Headquarters will never knowingly send out a case in a domestic violence shelter, you may encounter one while interviewing. If you do, assign a Type C "Unit does not exist or unit is out of scope" outcome code to the case.

An Extra Unit is a separate living quarters that is discovered when asking the household coverage questions in the instrument, associated with the sample unit, and not likely to have a chance of being selected as a sample unit in future samples. It qualifies as an Extra Unit by existing in the same structure and/or space as the sample unit, not being in a group quarters (for example, college dormitory), having occupants living separately from all other persons on the property, and having direct access to the living quarters by the occupants. Extra Units can not be added for units in the college housing frame.

An Additional Unit is similar to and are essentially treated the same as an Extra Unit. You will add additional units to Case Management using the F4 function key. Additional Units can not

be added for units in the college housing frame.

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

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

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

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

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

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

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

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

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

A combination boarding and rooming house is a house where some residents are considered boarders because they pay for their room and meals, while other residents are considered roomers

because they pay for their rooms only, but no meals.

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

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

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

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

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

Group Quarters (Institutional) house people who, in most cases, stay involuntarily and are not allowed (or able) to come and go without receiving permission. For example, federal detention centers, federal prisons, nursing homes, and assisted living facilities for patients requiring around-the-clock care..

Group Quarters (Military) house active duty armed forces personnel. For example, military barracks, unaccompanied personnel housing, disciplinary barracks, and officers' quarters.

Transitory Locations are non-traditional living areas where residents tend to be very mobile (for example, hotels, motels, fairs, carnivals, public campgrounds, and marinas).

- A **transitory unit** is a living quarters inside a transitory location where occupants do not live or stay most of the time (for example, boats in marinas used for recreational purposes, Campsites in campgrounds used for recreational purposes). Transitory units are **not** considered eligible for interviewing.
- If there is a living quarters inside a transitory location where occupants do live or stay most of the time, consider

it a **housing unit** (for example, boats in marinas used as primary residences, single family homes located on a campground and used as a primary residence). Housing units within transitory locations are considered eligible for interviewing.

- Refer to Appendix B.2 Distinguishing Institutional and Non-Institutional Group Quarters from Housing Units at the Time of Interview for further guidance on the appropriate way to treat living quarters that you encounter.

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

Purpose	C-22
Instructions	C-23
Important Terms	C-25

PURPOSE

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

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

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

We collect information on race and ethnic background for several reasons. The main reason for collecting racial and ethnic background information is so that data on doctor visits, hospitalizations, and other health variables can be linked to various racial and cultural groups throughout the Nation.

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

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

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

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

INSTRUCTIONS

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

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

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

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

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

When making entries at the SEX screen, be sure to ask for every

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

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

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

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

There are two places within the Household Composition Section where you can delete a person once you have entered him or her into the household roster. The first place is at ASKURE, which asks if the person has a usual residence elsewhere. This is the follow-up screen if you answer "No" at USUALRES, which asks if the person usually lives here. If the answer is "Yes" at ASKURE, a follow-up screen of NOLIST comes up indicating that the person will not be included in this interview. If the answer is "No," "Don't know," or "Refused" at ASKURE, the person will be deleted from the household and the instrument will go to the next appropriate screen.

The second place where you can delete a person is at the TABX screen, which gives you the line number and name of every person in the household and lets you delete as many or as few people as

you like from this one screen as long as at least one person remains in the household. This is the follow-up screen if you answer “No” at LIVEAT, which asks if everyone listed lives together, and then answer “yes” at the XACCESS screen. The XACCESS screen asks if the people who do not live here have direct access from the outside or through a common hallway to a separate living quarters.

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

IMPORTANT TERMS

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

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

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

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

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

The term **Legal Guardian** applies to a person appointed to take charge of the affairs of a minor, or a person not capable of managing his/her own affairs.

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

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

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

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

The term **Ward** applies to a child or person not capable of managing his/her own affairs placed by law under the care of a guardian or court.

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

Purpose	C-28
Instructions	C-28
Important Terms	C-28
Specific Questions	C-29

PURPOSE

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

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

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

INSTRUCTIONS

If a respondent reports having a limitation, he or she will look at a list of possible conditions that may cause his or her limitation. When you receive a response, be sure to carefully look at the list of conditions provided on the screen to see if the response fits into any of these categories. If it does not fit into any of the listed categories, you may type in the appropriate condition by selecting “Other impairment/problem”. At the next screen, you can enter the specific condition mentioned by the respondent.

IMPORTANT TERMS

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

Limited refers to a person's ability to only partially perform a specific activity, only perform the activity part of the time, or to not perform the activity at all. Do NOT define this term to

respondents. If asked for a definition, emphasize that we are interested in whether the respondent thinks the person is limited in the specific activity or not.

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

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

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

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

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

**SPECIFIC
QUESTIONS**

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

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

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

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

Children's Conditions Screen:

1. **Vision/problem seeing**
"blindness"
"corneal abrasion"
"glaucoma"
2. **Hearing problem**
"deafness"
"tinnitus"
3. **Speech problem**
"lisp"
"stutter"
"selective mutism"
4. **Asthma/breathing problem**
"pneumonia"
"bronchiolitis"
5. **Birth defect**

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

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

Adult Conditions Screen:

1. **Vision/ problem seeing** includes:
 - “blindness”
 - “cataracts”
 - “glaucoma”
2. **Hearing problem** includes:
 - “deafness”
 - “tinnitus”
3. **Arthritis/rheumatism** includes:
 - “osteoarthritis”
 - “degenerative joint disease”
4. **Back or neck problem** includes:
 - “degenerative disc disease”
 - “herniated disc(s)”
 - “sciatica”
 - “scoliosis”
 - “spinal stenosis”

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

18. **Weight problem** includes “overweight” and “obesity.”

These conditions are not printed on the flashcard.

Do not read them.

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

PART C
SECTION 5
FAMILY INJURIES AND POISONINGS
(FIJ)

Purpose	C-35
Instructions	C-35
Important Terms	C-36

PURPOSE

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

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

INSTRUCTIONS

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

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

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

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

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

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

IMPORTANT TERMS

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

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

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

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

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

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

Purpose	C-38
Instructions	C-38
Important Terms	C-38

PURPOSE

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

- The first set of questions in this section is intended to determine if the family's access to health care is restricted because of financial concerns.
- The next set of questions is intended to determine if the family's access to **specific** types of health care was restricted at any time or for any reason.
- The remainder of the questions in this section are designed to measure the overall utilization of health care services by the family.

INSTRUCTIONS

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

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

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

IMPORTANT TERMS

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

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

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

PART C
SECTION 7
FAMILY HEALTH INSURANCE
(FHI)

Topic	See Page
Purpose	C-41
Instructions	C-41
Important Terms	C-43

PURPOSE

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

INSTRUCTIONS

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

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

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

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

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

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

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

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

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

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

Beginning in 2011, and continuing for 2017, new questions have been embedded into the FHI section in order to address the following:

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

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

IMPORTANT TERMS

Private Health Insurance Plan is any type of health insurance, including Health Maintenance Organizations (HMOs), other than the programs in categories (2) and (4)-(10). These plans may be provided in part or full by the person's employer or union or may be purchased directly by an individual. Individuals who obtain their health insurance through their federal, state, or local government employment are considered to have private health insurance. Health insurance plans purchased through the Affordable Care Act (a.k.a. healthcare.gov or ObamaCare) are considered to be private plans.

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

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

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

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

Military Health Care/VA

Military health care includes:

TRICARE - regionally managed health care programs for

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

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

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

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

State-sponsored health plan refers to any other health care coverage run by a specific state, including public assistance programs other than “Medicaid” that pay for health care. It does not include private health insurance plans purchased through the Affordable Care Act.

Other government program is a catch-all category for any public program providing health care coverage other than those programs in categories previously mentioned. It does not include private health insurance plans purchased through the Affordable Care Act.

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

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

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

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

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

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

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

A **Health Reimbursable Agreement (HRA)** is an account that is used to pay for medical expenses. HRAs are an employer-funded account with the following features: tax free withdrawals for qualified medical expenses, carryover of unused credits from year

to year, credits in a HRA do not earn interest, credits in a HRA are forfeited if health insurance plan is switched.

Flexible Spending Accounts (FSAs) are employer-established benefit plans that reimburse employees for specified medical expenses as they are incurred. These accounts are allowed under section 125 of the Internal Revenue Code. The employee contributes funds to the account through a salary reduction agreement and is able to withdraw the funds set aside to pay for medical bills. The salary reduction agreement means that any funds set aside in a FSA escape both income tax and Social Security tax. Employers may contribute to these accounts as well. Once the amount of contribution has been designated during an open enrollment period that occurs once each year, the employee is not allowed to change the amount or drop out of the FSA during the year unless he or she experiences a change in family status. By law, the employee forfeits any unspent funds in the account at the end of the year other than the 2.5 month grace period. There is no requirement to have a private health insurance plan with a FSA.

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

Topic	See Page
Purpose	C-48
Instructions	C-48
Important Terms	C-49

PURPOSE

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

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

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

INSTRUCTIONS

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

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

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

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

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

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

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

IMPORTANT TERMS

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

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

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

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

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

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

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

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

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

- Performed exchange or share work on a farm.

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

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

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

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

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

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

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

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

for children or family, and the like.

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

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

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

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

Earnings include:

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

PART C
SECTION 9
FAMILY INCOME
(FIN)

Topic	See Page
Purpose	C-53
Instructions	C-54
Important Terms	C-54

PURPOSE

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

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

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

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

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

INSTRUCTIONS

If necessary, assure respondents that neither NCHS nor the Census Bureau will disclose any of this information.

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

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

IMPORTANT TERMS

Types of Income

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

Self-employment includes income from businesses and farm income.

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

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

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

parent (or guardian) of the child.

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

Disability Pension includes the following:

- Company or union disability--received by former employees of private companies, businesses, and so on, or members of unions who were forced to leave their jobs permanently or for an extended period of time due to a disability or other health condition.
- Federal Government (Civil Service) disability--received by former employees of the Federal Government prior to reaching retirement age, who were forced to leave their job permanently or for an extended period of time due to a disability or other health conditions.
- U.S. Military retirement disability--received by former members of the Armed Forces who have a disability of at least 30% (under a standard schedule of rating disability by the Veterans Association (VA)) and have either eight years of service, the disability resulted from active duty, or the disability occurred in the line of duty during a time of war, national emergency, or certain other time periods.
- State or local government employee disability--same as "Federal Government (civil service) disability," except received by former employees of state or local governments.
- U.S. Railroad Retirement Disability--similar to Social Security and received by disabled former employees of the railroad.
- Accident or disability insurance--received by persons who purchase, on their own, an accident or disability insurance policy. The payments would be received from the person's insurance company.
- Black Lung miner's disability--received by miners who suffer from black lung disease. These payments come from

the U.S. Government.

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

Other Retirement or Survivor Pension includes:

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

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

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

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

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

"STATE PAYMENT INCLUDED"

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

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

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

Temporary Assistance for Needy Families (TANF) is a public assistance program. Generally, TANF is administered at the state level and the type of benefits available differs by state. Each state has the authority to determine the eligibility criteria, and the benefits and services families will receive. TANF contains strong work requirements and provides support to families moving from

welfare to work. This support can be in the form of cash. Generally, cash assistance from a state or county welfare program comes in the form of a check, but some states give welfare recipients a debit card that is linked to an account containing their welfare monies. In other states, welfare recipients work at a job, and the monies for their paycheck come from the state or county welfare program. Debit card and welfare-subsidized wages are also considered cash assistance.

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

In recording which persons in the family are receiving TANF cash assistance, enter the line number as given by the respondent. In this case, the respondent defines which persons are receiving this assistance.

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

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

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

Total earnings are the sum of the individual earnings that were previously recorded

Program Participation

Non-cash Welfare Assistance can be part of some TANF

programs. Some TANF programs can make services available for the recipient, such as job placement, job training, and job retention efforts, and other post-employment support services. Other services provided may include childcare or transportation assistance so the recipient can work or attend training or educational classes.

Government Assistance for Housing can come from federal, state or local governments and may take many forms. Government housing assistance may come in the form of monetary assistance to help pay rent, a program called "Section 8," direct payment to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.

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

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

Eligibility for WIC is based on the following four criteria:

- Participants must be either a pregnant, postpartum, or breast-feeding woman, an infant, or a child under the age of five.
- The participant's household income must be below 185 percent of the poverty line.
- WIC participants must be certified by a health professional to be at nutritional risk, which can include problems such

as: inadequate diet, abnormal weight gain during pregnancy, a history of high-risk pregnancy, child growth problems such as stunting, underweight, or anemia, and homelessness or migration.

- Any individual at nutritional risk who receives benefits from the SNAP, TANF/AFDC or Medicaid, or is a member of a family in which a pregnant woman or infant receives Medicaid benefits, is deemed automatically eligible to meet the WIC income test.

PART C
SECTION 10
SAMPLE CHILD RESPONDENT IDENTIFICATION AND
VERIFICATION
(CID)

Purpose	C-62
Instructions	C-62

PURPOSE

The purpose of the Sample Child Identification and Verification section is to identify the person you are speaking to and verify that he or she is knowledgeable about the Sample Child's health. If the person you are speaking to is not knowledgeable about the Sample Child's health, then this section is designed to help identify a respondent who is knowledgeable, based upon the responses given at KNOWSC2, "Who in the family would you say knows about and is responsible for the health of [Sample Child]?" near the end of the Household Composition section.

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

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

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

INSTRUCTIONS

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

At the end of the Sample Child Questionnaire, you will ask for the last four digits of the child's Social Security Number. This number is useful for matching certain statistical records maintained by other government agencies.

It is required by the sponsor of the survey that the entire text of the linkage and Social Security questions be read. If you are asked for the legal authority for permission to collect information such as the last four digits of a Social Security Number, cite the title and section of the United States Code as printed on the screen.

If the number given has more than four digits, record only the last four digits. Do not record alphabetic prefixes or suffixes. Enter "N" if the person does not have a Social Security number.

PART C
SECTION 11
SAMPLE CHILD CONDITIONS, LIMITATIONS OF ACTIVITY AND
HEALTH STATUS
(CHS)

Topic	See Page
Purpose	C-64
Instructions	C-64
Important Terms	C-65

PURPOSE

The main purpose of the Sample Child Conditions, Limitations of Activity and Health Status section is to record basic health information about the Sample Child. This section collects basic physical data on the Sample Child, including:

- Birth weight
- Current weight (Sample Children age 12-17)
- Current height (Sample Children age 12-17)

Information on particular conditions and limitations of activity that the child may have are also collected here, including:

- Physical conditions such as cystic fibrosis, sickle cell anemia, diabetes, arthritis, or heart conditions
- Conditions such as Down syndrome; intellectual disability, also known as mental retardation; or autism
- Other developmental delays
- Attention deficit hyperactivity disorder (ADHD)
- Vision and hearing problems

The general health status of the child is also recorded by asking about conditions, such as:

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

Finally, this section collects information about the child's behavior and emotional adjustment.

INSTRUCTIONS

Some of the questions in this section are dependent upon the answers to previous questions within the instrument. For example, if the respondent indicates the child has asthma, then a series of follow up questions will be asked about asthma attacks, asthma medication and asthma related visits to the emergency room. The list of health conditions will change depending upon the age of the Sample Child.

Ask questions exactly as worded and correctly record the response. This attention to detail will assure that follow up questions make sense in the context of previously recorded information.

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

With regard to the questions about children's behavioral and emotional health, please note that there are two sets of questions, dependent upon the age of the Sample Child: one set for children age 2-3 years that is part of the Sample Child Conditions, Limitations of Activity and Health Status section and one set for children age 4-17 years that is part of the Child Mental Health Brief Questionnaire. It is important that you make sure you are showing the respondent the correct flashcard for the questions. Flashcard C3 (with the categories 0. NOT TRUE, 1. SOMETIMES TRUE, or 2. OFTEN TRUE) is used for 2-3 year olds. Flashcard C8 (with the categories 1. No, 2. Yes, minor difficulties, 3. Yes, definite difficulties, 4. Yes, severe difficulties) is used for 4-17 year olds.

IMPORTANT TERMS

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

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

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

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

Autism is pronounced (aw-tizm) and is a developmental disability affecting verbal and nonverbal communication as well as social interaction, including abnormal speech patterns or loss of speech; lack of eye contact; a restricted range of interests; resistance to

change of any kind; obsessive, repetitive body movements, such as hand flapping or spinning; a lack of awareness of the existence or feelings of others; or social isolation. Symptoms can range from mild to severe.

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

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

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

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

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

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

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

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

Impairment is respondent defined, but should be limited to chronic conditions. Generally speaking, it is any condition, physical or mental, which causes limitations of activity. (It should not include pregnancy or childbirth.)

Intellectual disability, also known as mental retardation, refers to someone who is significantly below average in intellectual functioning, in addition to having problems with adaptive behavior.

Learning disability refers to a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written. It may be evident by an inability to listen, think, speak, read, write, spell, or do mathematical calculations. It includes conditions such as brain injury, minimal brain dysfunction, dyslexia, or aphasia. It does not apply to children who have difficulty learning as a result of visual, hearing, or motor problems, intellectual disability, also known as mental retardation, or emotional disturbance.

Limited refers to a person's ability to only partially perform a specific activity, perform that activity only part of the time, or not perform that activity at all. The term limited should **NOT** be defined to the respondent. If asked for a definition, emphasize that we are interested in whether the respondent thinks the person is limited in the specific activity or not.

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

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

Sinusitis is an inflammation of the sinuses usually caused by viral, bacterial, or fungal infection. This can interfere with normal sinus drainage and cause increased mucus production.

Special equipment is any device, tool, utensil, instrument, implement, and so on, (excluding ordinary eyeglasses or corrective shoes) used as an aid in performing an activity because of a physical, mental or emotional problem.

Tonsillitis is acute inflammation of the tonsils, usually resulting from a bacterial or viral infection, including strep throat.

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

Topic	See Page
Purpose	C-69
Instructions	C-69
Important Terms	C-70

PURPOSE

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

- When a medical doctor was last seen
- Where the Sample Child usually goes for health care
- Whether the Sample Child has different places of health care because of specific needs
- Recent (past 12 months) changes in where the Sample Child gets health care
- Types of physicians seen in past 12 months
- Emergency room visits
- Monetary burden of care
- Doctor's or other health care professional's "house calls"
- Number of doctor visits in the last 12 months
- Surgeries in the past 12 months

Beginning in 2011, and continuing for 2017, additional questions about health care access and utilization were added throughout this section, including:

- Whether trouble was experienced finding a doctor who would see the Sample Child
- If doctor's office/clinic did not accept the Sample Child's health care coverage
- Emergency room visits

INSTRUCTIONS

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

If the Sample Child is less than two years old, some questions will not be asked, such as those about not getting mental health care, dental care and eyeglasses because of cost.

As with all questions that ask the respondent to give a specific length of time, always probe for an exact number. If the respondent reports a range or an interval, assist the respondent in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"

Be sure to notice if a question refers to a designated time period. For example, the questions recording information about health care provider contacts begin with the phrase "DURING THE PAST 12 MONTHS." The health care provider contact set of questions really contains two different types of questions. The first asks "[Has anyone in the family/Have you] seen or talked to ... about [Sample Child's] health?" The second set of questions in this section asks, "How many times did [Sample Child's name] see...?"

Seeing different types of health care providers all on one visit should be reported separately. For example, if the Sample Child saw a physician's assistant for a physical exam before seeing the general practitioner (physician) for further diagnosis, count this as both "a general practitioner" and as "a physician's assistant."

Do not include someone who prescribes eyeglasses as an optician.

When recording emergency room visits, **do not** include visits to outpatient clinics and urgent care facilities.

IMPORTANT TERMS

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

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

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

A **chiropractor** is a licensed professional, but not a medical

doctor, who uses manipulation of the body joints (especially the spine) to restore normal nerve function.

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

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

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

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

It does not include dental exams and vision tests.

A **hospital emergency room** is an emergency care facility at a hospital. It is also sometimes referred to as an **emergency department**. **Do not** include emergency care received at a clinic or HMO. Include emergency room visits that resulted in admission for inpatient care. **Do not** include visits to outpatient clinics, urgent care facilities and the like.

Medical doctor refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s) including general practitioners, all types of specialists, and their assistants. Do not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists or psychologists.

Mental Health Care is respondent defined.

A **nurse practitioner** is a registered nurse who has completed a program of study leading to an expanded role in health care. Nurse practitioners generally function under the supervision of a doctor, but not necessarily in the presence of a doctor. Nurse practitioners often perform duties similar to those of a physician's assistant.

An **obstetrician/gynecologist** is a medical doctor who treats women, pregnancy, and disease of the female reproductive system including the breasts.

An **occupational therapist** is a health professional who works to

develop, improve, or restore fine motor skills, which usually involves the use of the fingers, hands or arms. It may involve working on activities like dressing, feeding and writing.

A **physical therapist** is a health professional who administers therapy to develop, improve, or restore gross motor skill movements, such as walking.

A **Physician Assistant (PA)** is a health care professional licensed to practice medicine with physician supervision. What a Physician Assistant does varies with training, experience and state law. The scope of a PA's practice corresponds to the supervising physician's practice. In general, the PA sees many of the same types of patients as does the physician, but the more complicated or non-routine cases are referred to a physician as appropriate. Physician Assistants **always** work in the context of a supervising physician.

Prescription Medicines are medications that can only be obtained through a doctor or dentist. The medication is usually obtained from a pharmacy or mail order pharmacy using a written note or telephoned instruction from a doctor or dentist.

A **Respiratory Therapist** is a person who provides services prescribed by a physician for the assessment, diagnostic evaluation, treatment, management, and monitoring of patients with deficiencies and abnormalities of cardiopulmonary function.

Routine or Preventive care is a doctor's visit or health procedure to prevent illness or to detect problems early, such as immunizations and physical exams.

A **Speech Therapist** is a person who works to improve speech or oral communication for problems such as stuttering, impaired articulation, or language or voice impairment.

Surgery is any cutting of the skin including stitching of cuts or wounds. Include both major surgery and minor procedures such as cutting or piercing of other tissue, scraping of internal parts of the body and setting of fractures and dislocations.

Waiting time to see the doctor includes only the time from arrival until the health care provider is seen.

PART C
SECTION 13
SAMPLE ADULT IDENTIFICATION AND VERIFICATION
(AID)

Topic	See Page
Purpose	C-74
Instructions	C-74

PURPOSE

The purpose of the Sample Adult Identification and Verification section is to identify the Sample Adult and verify some information about him or her. It also allows a proxy respondent if the Sample Adult has a physical or mental problem that prohibits him or her from responding.

We collect a proxy respondent's relationship to the Sample Adult and his or her availability to conduct the interview. If the Sample Adult is not the person who acted as the respondent to the Household Composition section, or this is a proxy respondent, the instrument will ask you to verify:

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

INSTRUCTIONS

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

If a cultural situation arises, for instance, a female Sample Adult is selected but the respondent's culture does not allow women to speak to the FR, the following guidelines should be followed: If the gender or cultural background of the FR is the issue, another FR of a different gender or cultural background could be sent to conduct the interview. Also, the FR could ask whether the interview would be allowed if the spouse were present during the interview. Similarly, an offer could be made to conduct the interview over the telephone. For major cultural or religious issues where no options are acceptable, the FR should contact their supervisor for permission to conduct a proxy interview.

All instances of such proxy interviews should be well documented in the interviewer notes for the case. FRs should take special care in entering the appropriate information into PROX1, "Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves. Is a family member or caregiver that is knowledgeable about [Sample Adult]'s health available?" in the Sample Adult Questionnaire, and NONRES, "Did a non-household member act as a respondent for this survey?" in the Back section.

At the end of the Sample Adult Questionnaire, we will ask for the last four digits of the Sample Adult's Social Security Number and the last four digits and any letters of the Medicare Number. This

information is useful for matching certain statistical records maintained by other government agencies.

It is required by the sponsor of the survey that the entire text of the Social Security questions be read. If you are asked for the legal authority for permission to collect information such as the last four digits of a Social Security Number, cite the title and section of the United States Code as printed on the screen.

If the number given has more than four digits, record only the last four digits. Do not record alphabetic prefixes or suffixes. Enter "N" if the person does not have a Social Security number.

PART C
SECTION 14
SAMPLE ADULT SOCIO-DEMOGRAPHIC BACKGROUND
(ASD)

Topic	See Page
Purpose	C-77
Instructions	C-77
Important Terms	C-78

PURPOSE

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

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

INSTRUCTIONS

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

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

- **For Government Agencies:** If the title clearly designates the main function of the agency, enter the name of the agency. If the main function is not clear from the title, ask for and report the division or branch for which the person works.
- **For Firms with more than one business:** If activities are carried on in separate places, describe the business in which the person actually worked. If activities are carried on in the same place, describe the main activity.
- **For household or domestic workers:** Determine if the person works or worked for a business or private home. If it is a business, enter the name of the business. If it is a private home, enter "private home."
- **Manufacturing:** Makes and sells its products in large lots to other manufacturers, wholesalers, or retailers.
- **Wholesale trade:** Buys products in large quantities for resale to retailers, industrial users, or to other wholesalers.
- **Retail trade:** Sells primarily to individual consumers.
- **Some other kinds of business:** Any other type of

establishment, which renders a service to individuals or organizations. Examples are hotels, dry cleaners, advertising agencies, restaurants, and automobile repair shops.

When entering the kind of work the person was doing at his or her main job or business, remember that the entry should clearly state the kind of work or nature of duties performed by the person. The occupation entry should describe what the person does (for example, shipping department supervisor, inventory clerk). One word occupational descriptions are usually not adequate. For example, we need to know what type of nurse, engineer, clerk, or teacher the person is or was.

For example:

<u>Inadequate</u>	<u>Adequate</u>
Adjuster	Claims adjuster, brake adjuster, machine adjuster, merchandise adjuster, complaint adjuster, insurance adjuster
Engineer	Civil engineer, locomotive engineer, mechanical engineer, aeronautical engineer
Scientist	Political scientist, physicist, sociologist, oceanographer, home economist

When describing the kind of work or duties the person performs/performed at his or her main job or business, be sure to detail the kind of work the person does/did. The entry to this item must include enough additional information for a precise occupational classification. Usually a few words telling what the respondent's job activities are, or the tools he or she uses, will suffice. For example, two people with the same job title, "Telephone Co. serviceman," may have different activities such as installing phones in homes or repairing telephone transmission lines.

IMPORTANT TERMS

Main job or business refers to the job or business that is the **primary** source of a person's income.

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

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

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

A **business** exists when one or more of the following conditions is met:

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

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

Examples of what to include as a business:

- Sewing performed in the sewer's house using his or her own equipment.
- Operation of a farm by a person who has his or her own farm machinery, other farm equipment, or his or her own farm.

Examples of what are **not** businesses:

- Yard sales; the sale of personal property is not a business or work.
- Seasonal activity during the off-season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
- Distributing products such as newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

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

- Works for wages, salary, commission, tips, piece-rates, or pay-in-kind (for example, room-and-board).
- Works for profit in his or her own business, practice or farm.

- Works as a civilian for the National Guard or Department of Defense.
- Performed exchange or share work on a farm.

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

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

Active job search means a person took the steps necessary to put himself or herself in a position to be hired for a job and would include any of the following:

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

Job search methods are **not** active if the job seeker looks at ads but does not respond to them or picks up job applications but does not fill them out.

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

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

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

Unable to work because of health reasons, disabled, and retired

are respondent defined.

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

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

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

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

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

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

State government includes employees of State governments, such as paid state officials, state police, and employees of state universities and colleges.

Local government employees are employees of counties, cities, towns, and other local areas. City-owned bus lines, electrical power companies, water and sewage services, and the like, should be included as local government employees. Employees of public elementary and secondary schools that are part of the local government should be included as local government workers.

Self-employed persons includes any person working for profit or fees in their own business, shop, office, farm, and so on. Include persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators, or independent truckers.

Working without pay includes working on a farm or in a business operated by a related member of a household, without receiving wages or salary for work performed.

PART C
SECTION 15
SAMPLE ADULT CONDITIONS
(ACN)

Topic	See Page
Purpose	C-84
Instructions	C-84
Important Terms	C-85

PURPOSE

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

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

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

- Pregnancy (women only)
- Vision
- Tooth loss

For 2017, supplemental questions are embedded within the Sample Adult Conditions section. These new and continuing condition questions gather information on conditions the Sample Adult may have, which are not currently asked in the core questionnaire, like:

- Chronic Pain
- Diabetes
- Vision problems
- COPD
- Heart Disease and Stroke Prevention
- Epilepsy
- Heart Disease and Stroke

These supplemental questions will be discussed in more detail in Part D of this manual.

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

INSTRUCTIONS

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

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

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

Beginning for 2012, and continuing for 2017, a question on Chronic Obstructive Pulmonary Disease (COPD) was added as a core question in ACN. In prior years, the NHIS collected data on chronic bronchitis and emphysema (items from which a measure of COPD can be developed), but did not address COPD directly.

Beginning for 2012, and continuing for 2017, there will be one supplement question in ACN asked of female Sample Adults 18-49 years of age who are not currently pregnant or who don't know if they are currently pregnant and are interviewed during the months of April through July. This pregnancy question is related to the questions added to the Adult Health Care Access and Utilization (AAU) section in 2014 that aim to better monitor influenza vaccination coverage among pregnant women. The National Center for Immunization and Respiratory Diseases (NCIRD) is sponsoring these questions.

Continuing for 2017 is the embedded Heart Disease and Stroke Prevention supplement, and questions about Diabetes, Vision and Chronic Pain. New for 2017 are questions about Heart Disease and Stroke and Epilepsy. Please see Part D for more information about these embedded supplements.

IMPORTANT TERMS

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

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

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

Chronic Obstructive Pulmonary Disease (COPD) refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema, chronic bronchitis, and in some cases asthma.

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

Sinusitis is an inflammation of a sinus.

Bronchitis is an inflammation of the bronchial tubes caused by viral or bacterial infection or by the inhalation of irritating fumes (for example, tobacco smoke, air pollutants). Symptoms include cough, fever, and chest pains.

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

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

Prediabetes describes a state of impaired carbohydrate metabolism that places a person at risk for later developing diabetes. Blood glucose levels that are higher than normal but not high enough for a diagnosis of diabetes characterize this condition. The two forms of prediabetes are **Impaired Fasting Glucose** and **Impaired Glucose Tolerance**.

Borderline Diabetes is a former term used for type 2 diabetes or impaired glucose tolerance.

High Blood Sugar is an excessive amount of glucose found in the blood, also called hyperglycemia.

Epilepsy is a brain disorder in which a person has repeated seizures (convulsions) over time.

PART C
SECTION 16
SAMPLE ADULT HEALTH STATUS AND LIMITATIONS OF
ACTIVITY
(AHS)

Topic	See Page
Purpose	C-88
Instructions	C-88
Important Terms	C-89
Specific Questions	C-89

PURPOSE

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

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

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

INSTRUCTIONS

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

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

IMPORTANT TERMS

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

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

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

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

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

SPECIFIC QUESTIONS

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

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

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

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

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

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

9. **Hypertension/high blood pressure**
10. **Diabetes** includes “high blood sugar.”
11. **Lung/breathing problem** includes:
 - “asthma”
 - “chronic bronchitis”
 - “chronic obstructive pulmonary disease (COPD)”
 - “emphysema”
 - “pneumonia”
 - “respiratory allergies”
 - “shortness of breath”
12. **Cancer** includes:
 - “Hodgkin’s Disease”
 - “leukemia”
 - “lymphoma”
13. **Birth defect** includes “spina bifida.”
14. **Intellectual disability, also known as mental retardation** includes “Down syndrome.”
15. **Other developmental problem** includes:
 - “cerebral palsy”
 - “dyslexia”
 - “learning disability”
16. **Senility** includes:
 - “Alzheimer’s Disease”
 - “dementia”
 - “memory loss”
17. **Depression/anxiety/emotional problem** includes
 - “post traumatic stress disorder (PTSD)”
 - “nervousness”
 - “stress”
18. **Weight problem** includes “overweight” and “obesity.”

These conditions in bold are not printed on the flashcard.

Do not read them.

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

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

PART C
SECTION 17
SAMPLE ADULT HEALTH BEHAVIORS
(AHB)

Topic	See Page
Purpose	C-94
Instructions	C-94
Important Terms	C-95

PURPOSE

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

- Smoking
- Physical activity
- Alcohol

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

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

INSTRUCTIONS

This section contains many subsets of questions that are dependent upon the responses to previously asked questions. For example, if the Sample Adult indicates that he or she has smoked at least 100 cigarettes in his or her ENTIRE life, some follow up questions about smoking will be asked. Continuing for 2017, are questions about electronic cigarettes or e-cigarettes, cigars and pipes.

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

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

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

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

- Vigorous activities
- Light or moderate activities
- Strengthening activities

With the exception of the questions about strengthening activities,

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

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

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

IMPORTANT TERMS

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

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

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

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

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

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

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

PART C
SECTION 18
SAMPLE ADULT HEALTH CARE ACCESS AND UTILIZATION
(AAU)

Topic	See Page
Purpose	C-97
Instructions	C-98
Important Terms	C-98

PURPOSE

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

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

Beginning in 2011, and continuing for 2017, additional questions about health care access and utilization were added throughout this section, including:

- Altered use of prescription medication
- Experience finding a physician
- Emergency room visits
- Obtaining health information on the internet
- Physical checkups using certain tests for health problems (diabetes, cholesterol, cancer, blood pressure, and so on)
- Experience with directly buying insurance

Continuing for 2017 are questions about flu vaccinations. Rather than asking about flu shots and flu vaccinations separately, we ask if the Sample Adult has had a flu vaccination in the past twelve months and the type of vaccination (shot or nasal spray). A flu vaccination is usually given in the fall and

protects against influenza for the flu season. Flu vaccinations include a new type of flu shot called the Fluzone Intradermal vaccine that features an ultra-fine needle that is 90 percent shorter than the typical needle used for flu injections. Also continuing for 2017 are supplemental questions on immunization and hepatitis. New for 2017 are supplemental questions about cultural competence.

INSTRUCTIONS

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

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

Do not include as an optician someone who prescribes eyeglasses.

When recording emergency room visits, **do not** include visits to outpatient clinics, urgent care facilities, and the like.

If necessary, explain that the hepatitis B vaccine is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

IMPORTANT TERMS

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

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

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

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

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

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

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

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

It does not include dental exams and vision tests.

A **hospital emergency room** is an emergency care facility at a hospital. It is also sometimes referred to as an emergency department. **Do not** include emergency care received at a clinic or HMO. Include emergency room visits, which resulted in admission for inpatient care. **Do not** include visits to outpatient clinics, urgent care facilities, and the like.

Medical doctor refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s) including general practitioners and all types of specialists and their assistants. Do not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, or psychologists.

Mental Health Care is respondent defined.

A **nurse practitioner** is a registered nurse who has completed a program of study leading to an expanded role in health care. Nurse practitioners generally function under the supervision of a doctor, but not necessarily in the presence of a doctor. Nurse practitioners often perform duties similar to those of a physician's assistant. An **obstetrician/gynecologist** is a medical doctor who treats

women, pregnancy, and diseases of the female reproductive system including the breasts.

An **occupational therapist** is a health care professional who works to develop, improve or restore fine motor skills that usually involve use of the fingers, hands or arms. It may involve working on activities like dressing, feeding and writing.

A **Physician Assistant (PA)** is a health care professional licensed to practice medicine with physician supervision. What a Physician Assistant does varies with training, experience, and state law. The scope of a PA's practice corresponds to the supervising physician's practice. In general, the PA sees many of the same types of patients as does the physician, but the more complicated or non-routine cases are referred to a physician as appropriate. Physician Assistants **always** work in the context of a supervising physician.

A **physical therapist** is a health care professional who administers therapy to develop, improve, or restore gross motor skill movements, such as walking.

Prescription Medicines are medications that can only be obtained through a doctor or dentist. The medication is usually obtained from a pharmacy or mail order pharmacy using a written note or telephoned instruction from a doctor or dentist.

A **respiratory therapist** is a person who provides services prescribed by a physician for the assessment, diagnostic evaluation, treatment, management and monitoring of patients with deficiencies and abnormalities of cardiopulmonary function.

Routine or Preventive care is a doctor's visit or health procedure to prevent illness or to detect problems early such as immunizations or physical exams.

A **speech therapist** is a person who works to improve speech or oral communication for problems such as stuttering, impaired articulation, or a language or voice impairment

Surgery is any cutting of the skin including stitching of cuts or wounds. Include both major surgery and minor procedures such as cutting or piercing of other tissue, scraping of internal parts of the body and setting of fractures and dislocations.

Waiting time to see the doctor includes only the time of arrival until the health care provider is seen.

**PART C
SECTION 19
RECONTACT
(REC)**

Topic	See Page
Purpose	C-102
Instructions	C-102

PURPOSE

The Recontact Section collects intent to move, additional telephone information, and contact person information.

The data are needed to assist in contacting the family if a follow-up survey is conducted at a later time and the family respondent has moved or proves difficult to contact. It also collects father and maiden names.

INSTRUCTIONS

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

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

If the respondent is reluctant to give this information, explain how it can save taxpayers money if, at a later date, the family moves or proves difficult to contact.

When collecting the name of the relative or friend that the respondent provides as a person that could be reached if there is trouble reaching the household, enter as complete a name as possible using the same rules you applied when entering the household members. The Recontact Person does not need to be related to the sample family, but should have knowledge of the family's whereabouts. Collect as complete an address and telephone number as possible for the Recontact Person, including trailer site numbers, house numbers, or apartment numbers, if applicable. You will also collect the Recontact Person's relationship to the family reference person.

**PART C
SECTION 20
THE BACK SECTION
(BCK)**

Topic	See Page
Purpose	C-104
Instructions	C-104

PURPOSE

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

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

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

INSTRUCTIONS

You will enter the answer to each of the debriefing questions without asking the respondent. These questions are designed to capture information on such topics as language of interview, mode of interview, level of household cooperation, and your assessment of the quality of collected data.

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

On the INTMODE screen, indicate whether any of the sections of the interview were conducted primarily by telephone. For example: If you completed the Household Composition by personal visit, but you had to call back by phone to complete the Family, Sample Adult, and Sample Child Questionnaires, enter "1" (Yes) since three sections of the interview were conducted by telephone.

At the INTMODE2 screen, you will be asked to report the sections that were conducted primarily by telephone.

The INTMODE3 question in the BACK section asks for a reason one or more main sections were conducted primarily by telephone. Indicate as many reasons as apply from the answer categories on the screen. If the reason is not one of the categories listed, you may select "10. Other" and specify the reason on the following screen.

Single questions collect information on the cooperativeness of the household (COOPFAM) and the likelihood the household will

participate in a later survey (RESPOND), while a series of questions collect information about the reasons for a partial interview and where the interview stopped (PARWHY – SPC_NCOM). Separate but similar questions are asked depending on whether the interview was stopped in progress (break-off) or completion before closeout was not possible.

You will rate the quality of the interview for each section (Family, Sample Adult, Sample Child).

Before exiting a case, a windows box pops up called “Case Level Note Editor” after the instrument is exited. Enter any notes about the case that you think may be helpful to you if you still need to make callbacks to complete the interview **or** to others who may get this household in sample for another health-related survey.

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

Exiting the Case With the F10 Key

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

Item: FIN

FR: THIS CASE IS NOT COMPLETE.
(1) Exit Case
(2) Arrange Callback
(3) Callback before closeout not possible OR Breakoff
(4) Type B Noninterview
(5) Type C Noninterview

Entering "1" in FIN is the "quick exit" option. This will get you out of the instrument encountering the fewest number of screens. You will be taken directly to the “Case Level Note Editor” screen in case management.

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

If the respondent gives a specific date and time, you are obligated

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

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

An entry of "4" in FIN will take you to the TYPEB1 screen, where you will enter the code for the reason this is a Type B Noninterview.

An entry of "5" in FIN will take you to the TYPEC1 screen, where you will enter the code for the reason this is a Type C Noninterview.

Otherwise, you will get the THANKS2 screen. You will get the PARWHY screen for all sufficient and insufficient partial cases (Outcomes 203 or 215). An entry of "10" in BRKRES will skip to a screen where you will enter the main reason the respondent terminated the interview before it was completed. An entry of "12" in NCOMRES will skip to a screen where you will enter the main reason the interview is not complete.

Completed and sufficient partial cases will receive questions about the quality of the information obtained within the interview. For the other cases, you will be taken directly to the "Case Level Note Editor" screen in case management.

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

PART C
SECTION 21
NONINTERVIEWS AND QUITTING OUT OF A CASE

Topic	See Page
Type A Noninterviews	C-108
Type B Noninterviews	C-112
Type C Noninterviews	C-116
Quitting Out of a Case	C-119

TYPE A NONINTERVIEWS

Type A Noninterviews occur in cases of households occupied by persons eligible for interview, for whom you should have interviewed, but did not.

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

There are six categories of transmittable Type A Noninterviews, five of which you can set yourself at the TYPEA1 screen in the Front Section of the instrument.

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

If you have progressed into the interview to screen NAME in the Household Composition section, but have not collected enough data to be considered sufficient, and are not able to complete the interview before closeout, the case will automatically be assigned Outcome code 215 (insufficient partial).

Type As and possible Type As are described below:

Refused

Occasionally, a household may refuse to give any information.

- Enter "1" on the TYPEA1 screen.
- In an F7 note, explain the pertinent details regarding the respondent's reason for refusing to grant the interview.
- Explain the circumstances in an email and send it to your RO. Also, include this explanation in the "Case Level Note Editor" screen in case management of the affected case.

Note: Your office will send a letter to the respondent (copy to you) requesting the household's cooperation and stating that someone will call on them again. If your supervisor will be in the area on other business, he or she may also visit the refusal household to try to obtain their cooperation or the case may be assigned to another FR for follow up.

No One Home--First Attempt or Only a Few Attempts

If no one is home on your first contact attempt, proceed as follows:

- Try to find out from neighbors, janitors, or other knowledgeable persons when the occupants will be home.
- Fill a Request for Appointment (Form 11-38 or 11-38a) indicating when you plan to call back. Enter your name and telephone number in the space provided.
- In the Case Level Notes in Case Management, enter the date and time you said you would call back.
- Regardless of whether or not you leave an appointment form, call back at the most appropriate time to contact the household.

This situation is not yet considered a Noninterview.

Follow the instructions for "Quitting Out of Case" in this Section:

- Enter "Q" (Quit) on the START screen in the Front Section of the CAPI instrument.
- Enter notes in the "Case Level Note Editor" after exiting the instrument, if necessary.

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

Enter "2" on TYPEA1 screen.

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

Temporarily Absent

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

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

- **All** the occupants are away temporarily on a vacation, business trip, caring for sick relatives, or some other reason and will not return before your close-out date for that interview period.
- The personal effects of the occupants, such as furniture, are there.

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

- The unit is **not** for rent or sale during the period of absence.

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

If, when you arrive to interview the unit, you discover that it has not been sold and that the occupants are away for the interview period, enter "3" (Temporarily absent) on TYPEA1 screen as the Noninterview reason.

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

If **all** the conditions are met, enter "3" on the TYPEA1 screen.

- If the occupants will return on a certain date, record this date in the Case Level Notes in Case Management **and** note the source of the information, such as a neighbor.
- If the occupants are definitely not expected to return before the end of the interview period, this situation is considered a Noninterview.
 - On the TEMPABS1 screen, enter the appropriate precode.
- If you can obtain the occupant's temporary address and telephone number:
 - Enter "1" on the TEMPABS1 screen.

- Call and report the information to your RO immediately.

Note: Depending upon where the occupants are, your regional office may be able to arrange for someone else to obtain the interview.

If the expected date of their return is before the end of the interview period, this situation is not considered a Temporarily Absent Noninterview.

This situation is considered a No One Home--First Attempt or Only a Few Attempts. You should do the following:

- Follow the instructions in this Section.
- Make a return visit on the expected date of their return.

Language Problem

If you cannot conduct the interview with the sample household because no one there speaks English, check with your RO.

Note: Your RO may be able to arrange for an interpreter or another FR who speaks the language to assist you. If so, the interview will be conducted at a later date.

If you cannot conduct the interview with the sample household because no one there speaks English and you cannot use an interpreter, this situation is considered a Type A Noninterview.

Enter "4" on TYPEA1 screen.

Other Type A

These **occupied** units are Type A Noninterviews other than "Refusal," "No one at home," "Temporarily absent," and "Language Problem."

Among others, these reasons could include the following:

- No eligible respondent available
- Death in family
- Household quarantined

- Roads impassable

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

If you determine the unit is occupied, this situation is considered a Type A Other Noninterview.

Enter "5" on TYPEA1 screen.

- On the TYPEA1_SPC screen, describe the circumstances in the space provided.
- If you determine the unit is vacant, this situation is NOT considered a Type A Noninterview. This situation is considered a Type B Noninterview. Follow instructions for Type Bs.

For each Type A Noninterview, you will get the TYPEA2 screen. Enter the race of the household members on the TYPEA2 screen.

TYPE B NONINTERVIEWS

Unlike Type A Noninterviews, Type B Noninterviews are entirely beyond your control. There are 10 categories of transmittable Type B noninterviews, 9 of which you can set yourself at the TYPEB1 screen in the Front Section of the instrument.

You must identify a knowledgeable contact person, such as a neighbor, janitor, or other knowledgeable person when classifying a case as a Type B or Type C noninterview. Remember when inquiring about addresses or residents, you may say you are a representative of the U.S. Census Bureau, and you are conducting a survey for the National Center for Health Statistics, which is part of the Centers for Disease Control and Prevention, but you must not mention the particular name of the survey.

Vacant Units

Vacant units include the bulk of the unoccupied living quarters, such as houses and apartments which are for rent, for sale, or being held off the market for personal reasons. This definition includes places which are seasonally closed. It also includes units which

are dilapidated if they are still considered living quarters.

Note: Units that are unfit for human habitation, being demolished, to be demolished, or condemned are defined below.

Report unusual types of vacant living quarters, such as mobile homes, tents and the like as vacant.

Do **not** consider a unit whose occupants are only temporarily absent as vacant.

GQ units are also included in this category (for example, vacant transient quarters, or vacant units in boarding houses or rooming houses).

For sample units that are presently unoccupied because the structure is undergoing extensive remodeling, enter the precode corresponding to the appropriate vacant category on the TYPEB1 screen.

Report vacant units as follows:

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

Occupied Entirely by Persons with Usual Residence Elsewhere (URE)

The entire household consists of persons who are staying only **temporarily** in the unit and who have a usual place of residence elsewhere.

Do **not** interview persons if the sample unit is only a temporary place of residence.

This category can be selected at the TYPEB1 screen or the instrument will automatically select this category if everyone listed in the household roster has a usual residence elsewhere.

Occupied Entirely by Armed Forces (AF) Members

All the occupants are now on full-time active duty with the Armed Forces. This includes those now serving in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, and in the military service of a foreign country. It also includes those in a Reserve branch of any of the above currently activated as part of the regular forces and U.S. Public Health Service commissioned officers currently assigned to any branch of the armed services. It also includes members of the National Guard currently blanketed into the regular forces by Presidential Order. Cadets in the U.S. military academies (West Point, Naval Academy, Air Force Academy, and Coast Guard Academy) are also considered on full-time active duty.

This category can be selected at the TYPEB1 screen or the instrument will automatically select this category if everyone listed is now on full-time active duty with the Armed Forces based on entries at the NOWAF_A and NOWAF2_B screens.

Occupied Entirely by Minors

The instrument will automatically select this category for occupied households with all persons less than the age of majority for their state of residence. In most states this age is 18 years old, but in Alabama and Nebraska this age is 19 and in Mississippi it is 21. This category will not appear as an option on the Type B specification screen (TYPEB1). You must complete the Household Composition section through the Marital questions in order to achieve this outcome.

Unfit or to be Demolished

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

Caution:

- If doors and windows have been boarded up to keep them

from being destroyed, they are not to be considered as missing. Also, in the few rural sections of the country where doors and windows are not ordinarily used, do **not** consider them as missing.

- Regardless of the condition of the unit, if it is occupied, do **not** classify unit as unfit or to be demolished.

For unoccupied units which are to be demolished, if there is positive evidence, such as a sign or notice that the unit is to be demolished, but the demolition work has not been started, this situation is considered unfit or to be demolished.

Under Construction, Not Ready

A sample unit that is being newly constructed but is **not** completed to the point where all the exterior windows and doors have been installed and usable floors are in place.

Note: Usable floors can be cement or plywood; carpeted, tiled, or hardwood flooring is not necessary.

If construction has proceeded to this point, classify the unit as one of the vacant categories.

Converted to Temporary Business or Storage

A sample unit intended for living quarters but is being temporarily used for commercial or business purposes, or for the storage of hay, machinery, business supplies, and so on.

Exceptions:

- Report unoccupied units in which excess household furniture is stored as one of the vacant categories.
- Report unoccupied units **permanently** converted to business or storage as Type C Noninterviews—"Converted to permanent business or storage."
- Report unoccupied units which are to be used for business or storage purposes in the future, but in which no change or alteration has taken place at the time of interview as one of the vacant categories.

Unoccupied Site for Mobile Home, Trailer, or Tent

An unoccupied site for a mobile home, trailer, or tent. This category should be used in a mobile home park or recreational park when a site was listed and the site is still present.

Exception: This category should **not** be used when a mobile home is **not** in a mobile home or recreational park and has been listed by a description only. This situation is considered a Type C Noninterview "House or trailer moved."

Other Type B

For Type B units which cannot be classified under any of the above reasons, select this category. Enter the specific reason in the space provided on the followup screen.

Caution: Do not use this category unless directed by your RO.

TYPE C NONINTERVIEWS

Type C Noninterviews are beyond your control. Explain the situation in an email and send it to your RO. Also, include this explanation in the "Case Level Note Editor" screen in case management of the affected case. Enter the appropriate precode on the TYPEC1 screen in the Front Section of the instrument.

As a reminder, you must identify a knowledgeable contact person, such as a neighbor, janitor, or other knowledgeable person when classifying a case as a Type C noninterview. Remember when inquiring about addresses or residents, you may say you are a representative of the U.S. Census Bureau, and you are conducting a survey for the National Center for Health Statistics, which is part of the Centers for Disease Control and Prevention, but you must not mention the particular name of the survey.

There are 10 categories of Type C Noninterviews:

Unused Line of Listing Sheet

In certain situations, you will need to do informal listings of the units at a sample address and select the unit to interview based upon matching the 'Line #' Field assigned to the unit in Case Management to the unit on your listing sheet. Select this Type C outcome category for any units where the 'Line #' in Case Management does not correspond to a unit from your listing.

Demolished

Sample units which existed at the time of listing, but have since been torn down, destroyed, or are in the process of being torn down.

House or Trailer Moved

A structure or trailer moved from its site since listing.

This rule applies for trailers or mobile homes only when:

- A basic address (for example, 112 Main St.) on the listing sheet identifies a trailer.

or

- Trailers rather than sites were listed by description only.

Exception: If a site **or** an address/description plus a site in a mobile home park was listed, and it is now unoccupied (no mobile home on it), this situation is considered a Type B Noninterview "Unoccupied site for mobile home, trailer, or tent."

Converted to Permanent Business or Storage

Units which were living quarters at the time of listing, but are now being used permanently for commercial or business purposes, or for the storage of machinery, business supplies, and the like.

Merged

Any current sample unit(s) eliminated after applying the rules for mergers. (See Part B for a definition of a Merged Unit)

Exception: An unoccupied sample unit **resulting from** the merger should be reported as one of the vacant categories.

Note: This outcome will be automatically selected for units that are not separate housing units as determined by an answer of "through another unit" at the ACCESS screen ("Is access to the unit direct or through another unit?") and an answer of "Type C noninterview" at the MERGE screen ("This is not a separate housing unit and must be combined with the unit through which access is gained. Apply the merged unit procedures in Appendix B.3, then complete this item to indicate whether this sample unit should be retained for

interview or made a Type C noninterview.”)

Condemned

Unoccupied sample units only if there is positive evidence such as a sign, notice, or mark on the house or in the block that the unit is condemned. Be sure this refers to **unoccupied** units.

Exception: If **occupied** units are posted "Condemned," ignore the sign and interview the occupants of the unit.

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

Removed During Subsampling

This applies to EXTRA and Additional units created and the parent unit associated with them. When there are more than 8 eligible units created and the units had to be subsampled, each unit that was subsampled out should be assigned this category.

Unit Does Not Exist or Unit is Out of Scope

Select this noninterview category if there is an issue with the sampling frame and you are not able to locate the unit or easily determine which unit to interview. Also select this category when you can locate the unit but it is not in scope or eligible for interviewing (for example, a GQ comes back from listing as non-institutional, but when the interviewing FR goes out, it is converted to an institutional GQ, and no longer in scope).

Spawned in Error

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

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

Other Type C

Type C units that cannot be classified in any of the above noninterview categories.

Some examples might be "duplicate unit selected for sample" or "never living quarters."

Enter the specific reason in the space provided on the follow-up screen.

QUITTING OUT OF A CASE

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

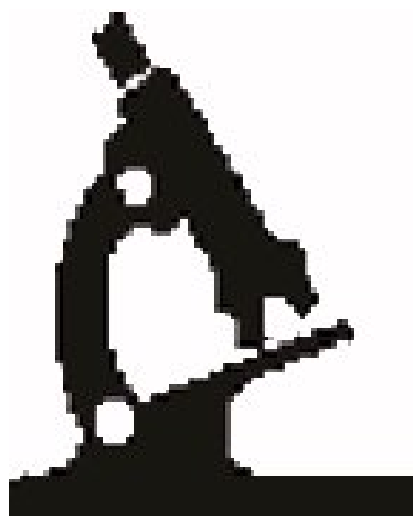
- Selected case in error
- No One Home--First Attempt or Only a Few Attempts
- Other

If you need to quit out of a case:

- Enter "Q" (Quit) on the START screen in the Front section of the CAPI instrument.
- Enter notes in the Case Level Notes Editor if necessary.

PART D

National Health Interview Survey



2017 SUPPLEMENTS

**PART D
2017 SUPPLEMENTS**

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PART D
SECTION 1
FAMILY DISABILITY / COGNITIVE DISABILITY QUESTIONS
(FDB)

Topic	See Page
Purpose	D-3
Instructions	D-3

FAMILY DISABILITY / COGNITIVE DISABILITY QUESTIONS (FDB)

PURPOSE

The Family Disability section is found at the end of the Family Questionnaire, and is asked of a random half of families. The questions are consistent with the disability questions that appear on the American Community Survey (ACS).

New for 2017 is a follow-up question on the cause of cognitive disability following the core family disability item on difficulty concentrating, remembering, or making decisions. Sponsored by the National Center for Health Statistics (NCHS), this question is designed to provide national prevalence estimates on the cause for cognitive disability among the adult U.S. population. Possible causes of cognitive disability include intellectual disability, dementia, mental illness, and chronic health conditions.

INSTRUCTIONS

The family respondent will answer questions about each person in the family. Note that not all questions will be asked of all persons due to age restrictions. The questions ask about the following:

- Difficulty hearing
- Difficulty seeing
- Difficulty concentrating, remembering, or making decisions
- Difficulty walking or climbing stairs
- Difficulty dressing or bathing
- Difficulty doing errands alone

PART D
SECTION 2
FAMILY FOOD SECURITY
(FFS)

Purpose	D-5
Instructions	D-5

FAMILY FOOD SECURITY (FFS)

PURPOSE

The purpose of the Food Security supplement in the Family Questionnaire is to assess whether the family has been able to afford adequate food for all adults during the previous 30 days. These questions are sponsored by the U.S. Department of Agriculture, Economic Research Service.

Past research has found that food security, meaning consistent access to adequate food, is an essential foundation for good nutrition and health. Responses to these questions in the NHIS will be used to study the associations between food security and health and developmental problems in more detail and for a wider range of health and nutrition outcomes. Results will be used by policy officials in designing and evaluating programs that support the food security of low-income households.

INSTRUCTIONS

The family respondent may receive as many as 10 questions. The first three questions pose statements about worries over running out of food, food not lasting, and not eating balanced meals due to a lack of financial resources. The respondent is asked if each statement applied to his or her family in the last 30 days. Depending on responses to these initial questions, additional questions directed to adults in the family may be asked on the following topics:

- Cutting the size of meals, or skipping meals because there wasn't enough money for food.
- Eating less because there wasn't enough money for food.
- Hungry but not eating because there wasn't enough money for food.
- Losing weight because there wasn't enough money for food.
- Not eating for a whole day because there wasn't enough money for food.

Like the initial screener questions, these questions use a "last 30 days" reference period.

PART D
SECTION 3
CHILD MENTAL HEALTH BRIEF QUESTIONNAIRE
(CMB)

Purpose	D-7
Instructions	D-7
Specific Question	D-7

CHILD MENTAL HEALTH BRIEF QUESTIONNAIRE (CMB)

PURPOSE

The purpose of the Child Mental Health Brief Questionnaire is to monitor emotional and behavioral problems in children and the impact that these problems have on children's lives. The brief questionnaire was included in the 2010-2016 Sample Child questionnaire for children age 4 to 17, and will be included in 2017 as well. This questionnaire was also included in years 2005-2007. These supplemental questions are an abbreviated version of the Strengths and Difficulties Questionnaire (SDQ-EX), which was administered as a supplement in the 2001, 2003, and the 2004 NHIS.

INSTRUCTIONS

Please note that parents or other respondents knowledgeable about the Sample Child's health are to answer these questions based on a 6 MONTH time period.

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

Some of the items include more than one behavior, such as "has many worries or often seems worried." For those questions, emphasize the **or**. Be sure the respondent understands that the question should be answered positively if the child does **any** part of the question.

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

SPECIFIC QUESTION

An example of a question in the Child Mental Health Brief Questionnaire is as follows:

CMHDIFF: Overall, do you think that [Sample Child] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

If parents ask for the time period for this question, tell them it is for the PAST 6 MONTHS.

PART D
SECTION 4
CHILD INFLUENZA IMMUNIZATION
(CFI)

Topic	See Page
Purpose	D-9
Instructions	D-9

CHILD INFLUENZA IMMUNIZATION (CFI)

PURPOSE

The purpose of the Child Flu Immunization Supplement is to determine if and when the majority of children get vaccinated. Questions on seasonal flu vaccines have been included in the survey since 2005.

In the past we have asked if the Sample Child got the seasonal flu vaccine and/or the H1N1 vaccine separately. Since mid-2010 Quarter 3, instead of asking separate questions to determine if and when a Sample Child had the H1N1 flu vaccine and/or the seasonal flu vaccine, we now ask if a flu vaccine has been given in the past 12 months, the number of vaccines, the month and year of the most recent vaccine (and next most recent vaccine if more than one dose was given), and whether each vaccine was given as a shot or a nasal spray.

INSTRUCTIONS

The flu vaccine questions are about the PAST 12 MONTHS. If the respondent gives a date prior to 12 months ago, verify if the date given is correct. If not, change the respondent's answer from "yes" to "no."

The Sample Child's most recent flu vaccination could have been the 2016-2017 seasonal flu vaccine. The flu questions allow you to indicate up to two flu vaccinations for the Sample Child during the past 12 months, starting with the most recent.

PART D
SECTION 5
ADULT ABCS OF HEART DISEASE AND STROKE PREVENTION
(ACN)

Topic	See Page
Purpose	D-11
Instructions	D-11
Specific Questions	D-11

ADULT ABCS OF HEART DISEASE AND STROKE PREVENTION (ACN)

PURPOSE

Beginning in 2012 and continuing for 2017, four supplemental questions on aspirin use have been embedded in the Sample Adult Conditions section (ACN) to address the CDC ABCS initiative to focus on appropriate aspirin therapy (the “A” in ABCS). The other focus areas are **B**lood pressure control, **C**holesterol control, and **S**moking cessation and are addressed in the NHIS core. More in-depth supplement questions may be added on these topics in future years. These questions are sponsored by the National Center for Health Statistics.

INSTRUCTIONS

The questions on aspirin use are for Sample Adults 40 years of age or older. If a respondent offers that he or she has taken or been advised to take aspirin every other day or “regularly,” count this as “every day” for the purpose of answering these questions.

Two questions from the 2012 Complementary and Alternative Health (CAM) supplement (HYPYR and CHLYR) were retained for 2017 as part of the ABCS of Heart Disease and Stroke Prevention supplement. The questions ask about having hypertension, also called high blood pressure, in the past 12 months and having high cholesterol in the past 12 months. For these questions, if the respondent is taking medication to control his/her high blood pressure or high cholesterol, answer “Yes” to the question(s).

SPECIFIC QUESTIONS

The ABCS of Heart Disease and Stroke Prevention questions are as follows:

ASPMEEDEV—Has a doctor or other health professional EVER told you to take a low-dose aspirin each day to prevent or control heart disease?

Answers of “yes” at ASPMEDEV go to ASPMEDAD.

ASPMEDAD—Are you NOW following this advice?

Answers of “no” at ASPMEDAD go to ASPMDMED.

ASPMDMED—Did a doctor or other health professional advise you to stop taking a low-dose aspirin every day?

Answers of “no” at ASPMEDEV go to ASPONOWN.

ASPONOWN—On your own, are you now taking a low-dose aspirin each day to prevent or control heart disease?

PART D
SECTION 6
ADULT HEART DISEASE AND STROKE
(ACN)

Topic	See Page
Purpose	D-14
Specific Questions	D-14

ADULT HEART DISEASE AND STROKE (ACN)

PURPOSE

The 2017 survey will have sixteen supplemental questions about heart disease and stroke embedded in the Sample Adult Conditions Section (ACN). Sponsored by the National Center For Chronic Disease Prevention and Health Promotion (NCCDPHP, CDC), this battery of questions is repeated from 2014.

The questions will allow monitoring of the nation's progress toward meeting the Healthy People 2020 objectives in these areas:

- Time since last blood pressure/cholesterol check
- Identify symptoms of a heart attack/stroke and the importance of calling 911 in the event of a related emergency

SPECIFIC QUESTIONS

The key questions about Heart Disease and Stroke are as follows:

HYBPCCKNO— 1 of 2 (time period follow-up question not shown)

About how long has it been since you had your blood pressure checked by a doctor, nurse, or other health professional?

* Enter '0' for Never.

*Enter '95' for 95 or more.

HYBPLEV— At that time, were you told that your blood pressure was high, normal, or low?

HYPMDEV2— Was any medicine EVER prescribed by a doctor for your high blood pressure?

HYPMED2— Are you NOW taking any medicine prescribed by a doctor for your high blood pressure?

CLCKNO— 1 of 2 (time period follow-up question not shown)

About how long has it been since you had your blood cholesterol checked by a doctor, nurse, or other health professional?

* Enter '0' for Never.

*Enter '95' for 95 or more.

CHLMDEV2— Was any medication EVER prescribed by a doctor to help lower your cholesterol?

CHLMDNW2— Are you NOW taking any medicine prescribed by a doctor to help lower your cholesterol?

**PART D
SECTION 7
ADULT DIABETES
(ACN)**

Topic	See Page
Purpose	D-16
Instructions	D-16
Definitions	D-16

ADULT DIABETES (ACN)

PURPOSE

The Sample Adult Diabetes Supplement is sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK, NIH) and the National Center For Chronic Disease Prevention and Health Promotion (NCCDPHP, CDC). Newly developed in 2016, and continuing for 2017, this set of questions underwent extensive cognitive testing to ask adult respondents about their risk factors for diabetes, questions about medication use for those with diabetes, gestational diabetes, and use of diabetes prevention programs.

INSTRUCTIONS

The causes of diabetes are due to insufficient insulin produced by the pancreas resulting in high levels of blood sugar. Some of the symptoms are urinating frequently, thirsty, and an increase in hunger. Some of the complications if left untreated are cardiovascular disease, stroke, chronic kidney failure, foot ulcers, and eye damage.

Treatment and prevention includes a healthy diet, exercise, maintaining a normal body weight and not smoking. Usually this disease can be managed by insulin injections while monitoring one's sugar levels.

DEFINITIONS

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

Prediabetes describes a state of impaired carbohydrate metabolism that places a person at risk for later developing diabetes. Blood glucose levels that are higher than normal but not high enough for a diagnosis of diabetes characterize this condition. The two forms of prediabetes are **Impaired Fasting Glucose** and **Impaired Glucose Tolerance**.

Borderline Diabetes is a former term used for type 2 diabetes or impaired glucose tolerance.

High Blood Sugar is an excessive amount of glucose found in the blood, also called hyperglycemia.

PART D
SECTION 8
ADULT COPD/CHRONIC PAIN
QUESTIONS
(ACN)

Topic	See Page
Purpose	D-18
Instructions	D-18
Definitions	D-18

ADULT COPD/CHRONIC PAIN QUESTIONS (ACN)

PURPOSE

Continuing for 2017, the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) is sponsoring a supplement question on chronic obstructive pulmonary disease (COPD). This question is embedded within the Adult Conditions (ACN) section in the Sample Adult module. This question aims to capture the prevalence of COPD among the adult population.

Also continuing for 2017 are questions about chronic pain. Sponsored by the National Institute of Neurological Disorders and Stroke (NINDS) and the National Center For Chronic Disease Prevention and Health Promotion (NCCDPHP, CDC), these questions were added to the NHIS in 2016 to establish the prevalence of chronic pain and its impact on daily life for adults.

INSTRUCTIONS

The chronic pain questions will ask for the frequency of having pain over the past 6 months, and the frequency of pain limiting one's work or life activities over the past 6 months.

DEFINITIONS

COPD, or chronic obstructive pulmonary (PULL-mun-ary) disease, is a progressive disease that makes it hard to breathe and worsens over time.

Chronic pain is defined as pain that is persistent, often lasting more than six months. Pain signals keep firing in the nervous system for weeks, months, or even years. Many chronic pain conditions affect older adults. Common chronic pain complaints include headache, low back pain, cancer pain, and arthritis pain.

PART D
SECTION 9
ADULT EPILEPSY
(ACN)

Topic	See Page
Purpose	D-20
Instructions	D-20

ADULT EPILEPSY (ACN)

PURPOSE

The Sample Adult Epilepsy supplement is sponsored by the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). These five questions are embedded within the Adult Conditions (ACN) section in the Sample Adult Module, and return to the NHIS from 2015 to monitor the Healthy People 2020 objectives around epilepsy. The purpose of the epilepsy questions is to:

- Monitor the prevalence of epilepsy in adults
- Determine whether medication is taken for epilepsy
- Find out the frequency of epileptic seizures, and whether epilepsy or its treatment interferes with work/school/social activities.

INSTRUCTIONS

Epilepsy is a brain disorder in which a person has repeated seizures (convulsions) over time. Seizures are episodes of disturbed brain activity that cause changes in attention or behavior. Symptoms vary. Some people may have simple staring spells, while others have violent shaking and loss of alertness. The type of seizure depends on the part of the brain affected and cause of epilepsy. People who experience epilepsy may call it a “convulsion,” “attack,” “fit,” “spell,” “drop attack,” “falling out spell,” “out-of-touch,” “episode,” or “staring spell.”

Some people with epilepsy have a strange sensation (such as tingling, smelling an odor that isn't actually there, or emotional changes) before each seizure. If the respondent mentions and counts an aura as a seizure, accept the response. If a respondent indicates that he or she had nothing more than an aura and is unsure about counting the aura, do NOT count auras as seizures.

Besides the prevalence of epilepsy, the sponsor is interested in collecting information on the impact of epilepsy on everyday activities and in the treatment of epilepsy, including whether the respondent is taking medication or has seen a neurologist or epilepsy specialist.

PART D
SECTION 10
ADULT IMMUNIZATION
(AAU)

Topic	See Page
Purpose	D-22
Instructions	D-22
Definitions	D-23

ADULT IMMUNIZATION (AAU)

PURPOSE

The Adult Immunization Supplement is sponsored by CDC's National Center for Immunization and Respiratory Diseases (NCIRD). The majority of the questions are continued from the 2012 NHIS. The questions on hepatitis A, shingles, and tetanus are designed to capture data on receipt of these relatively new vaccines. There are also questions to measure vaccine use among health care workers that ask whether respondents work or volunteer in a health care setting and whether they come into direct contact with patients.

Also in 2017 are the carry-over questions on flu vaccinations received in the past 12 months. A flu vaccination could have been the 2016-2017 seasonal flu vaccine. We will first ask if the Sample Adult has had a flu shot and then ask if he or she has had a flu vaccine sprayed in the nose. This includes a new type of flu shot called the Fluzone Intradermal vaccine that features an ultra-fine needle that is 90 percent shorter than the typical needle used for flu injections.

Continuing for 2017, NCIRD will be sponsoring questions that aim to better monitor influenza vaccination coverage among pregnant women. These questions ask women aged 18-49 about pregnancy anytime during the influenza vaccination period (August through March) and the timing of vaccination relative to the course of their pregnancy.

INSTRUCTIONS

These supplemental questions occur towards the end of the Sample Adult Health Care Access and Utilization section (AAU) and are intermixed with core questions. The supplement consists of twelve questions on immunization.

The immunization questions address:

- Knowledge and background information about the hepatitis vaccine.
- Whether the Sample Adult has received the hepatitis vaccine and if so, how many times.
- Knowledge and background information about Shingles and tetanus shots with related questions.
- Age at first HPV shot.
- Whether any liver conditions exist.
- Travel outside the U.S. excluding Europe, Japan, Australia, New Zealand or Canada, since 1995.

- Vaccine use among health care workers.

DEFINITIONS

The **hepatitis A vaccine** is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995.

Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006.

There are currently two types of **tetanus shots** available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or Adacel™. They are similar except the Tdap shot also includes a pertussis or whooping cough vaccine.

PART D
SECTION 11
ADULT HEPATITIS B/C SCREENING
(AAU)

Topic	See Page
Purpose	D-25
Instructions	D-25

ADULT HEPATITIS B/C SCREENING (AAU)

PURPOSE

Supplement questions on hepatitis screening tests are sponsored by the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP, CDC). These questions complement similar ongoing supplement questions (sponsored by NCIRD, CDC) that collect information on hepatitis A and B.

INSTRUCTIONS

The continuing questions ask about hepatitis B and C screening tests. The CDC has recently recommended that all persons born between 1945 and 1965 be screened for hepatitis C. The questions ask if the test has been administered and the main reason for the test.

PART D
SECTION 12
ADULT CULTURAL COMPETENCE
(AAU)

Topic	See Page
Purpose	D-27
Instructions	D-27
Specific Questions	D-27
Definitions	D-28

ADULT CULTURAL COMPETENCE (AAU)

PURPOSE

The Adult Cultural Competence supplement is sponsored by the Office of Minority Health, within the U.S. Department of Health and Human Services (OMH, HHS) and is new to NHIS for 2017.

This battery of five questions assesses respondents' sense of their health care providers' compliance with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards). The CLAS standards aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.

INSTRUCTIONS

For the first three questions (CLAS1, CLAS2, CLAS3), the answer categories should be read aloud to the respondent. For the remaining two questions (CLAS4, CLAS5), the answer categories should be read if necessary. When answering, the respondent should respond based on his or her experiences with health care providers during the past year.

SPECIFIC QUESTIONS

CLAS1 – The following questions are about your experiences with health care providers in the past year.

Some people think it is important for their providers to understand or share their race or ethnicity or gender or religion or beliefs or native language. How important is it to you that your health care providers understand or are similar to you in any of these ways? Would you say...

*Read answer categories below.

- 1. Very important**
- 2. Somewhat important**
- 3. Slightly important**
- 4. Not important at all**

CLAS2 – How often were you able to see health care providers who were similar to you in any of these ways? Would you say...

*Read answer categories below.

- 1. Always**
- 2. Most of the time**
- 3. Some of the time**
- 4. None of the time**

CLAS3 – How often were you treated with respect by your health care providers? Would you say...

*Read answer categories below. (same categories as **CLAS2**)

CLAS4 – How often did your health care providers ask for your opinions or beliefs about your medical care or treatment? For example, what kind of tests, procedures, or medications you prefer. Would you say...

*Read answer categories below if necessary. (same categories as **CLAS2**)

CLAS5 – How often did your health care providers tell or give you information about your health and health care that was easy to understand? Would you say...

*Read answer categories below if necessary. (same categories as **CLAS2**)

DEFINITIONS

Cultural competency can be defined as providing culturally and linguistically appropriate services that are respectful of and responsive to the health beliefs, practices and needs of diverse patients. The principal standard of cultural competency is to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

PART D
SECTION 13
ADULT SEXUAL ORIENTATION / LIFESTYLE / BLOOD DONATION
QUESTIONS
(ASI)

Topic	See Page
Purpose	D-30
Instructions	D-30
Definitions	D-31

ADULT SEXUAL ORIENTATION / LIFESTYLE / BLOOD DONATION QUESTIONS (ASI)

PURPOSE

Beginning in 2013, and continuing for 2017, the NHIS will include questions on sexual orientation. There are tremendous gaps in information about the health status and health care utilization of Lesbian, Gay, and Bisexual (LGB) persons. Over two dozen Healthy People 2020 objectives on eliminating disparities have no data for this population. These gaps exist because most general health studies do not include questions on sexual orientation and those studies that do are usually targeted to a specific health-related issue or population subgroup. By collecting sexual orientation data on the NHIS, researchers, policy makers, health providers and advocates will be able to identify and address health disparities affecting the LGB community.

NCHS is aware of the sensitive nature of certain questions and has tested different modes of interviewing designed to create a private environment for the respondents to answer these questions. There have been three pilot tests prior to full implementation of the sexual orientation questions. The pilot tests were designed to test the use of Audio Computer Assisted Self Interviewing (ACASI) technology and to evaluate whether questions on sexual orientation can be added to a major federal health survey.

The final test was a split panel test comparing the use of CAPI (with flashcards) to ACASI. Based on the results of that test, the decision was made to administer the sexual orientation questions as part of the regular CAPI interview beginning in 2013 and continuing in the 2017 NHIS.

Continuing for 2017 is a question asking about blood donation that was added in 2016. Sponsored by the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP, CDC), this single question is similar to the question included on the 1997-2010 NHIS and is on the survey to gather data for the Healthy People 2020 initiative.

INSTRUCTIONS

These supplemental questions appear near the end of the Sample Adult Questionnaire, immediately following the Adult Immunization Supplement (AAU). Some of the questions will require the use of flashcards.

Questions in this supplement are not limited to questions about

sexual orientation. Other topics include questions on computer use, the respondent's neighborhood, financial worries, mental health, and HIV testing. Please be sure to use the flashcards with the sexual orientation question and the mental health questions. The enhanced level of privacy provided by flashcard administration has been shown to improve the candor of respondent answers to sensitive questions. In addition, please be sure to read these questions, as worded, regardless of the age, gender, race, etc. of the respondent.

The supplemental question about blood donation will ask the respondent about donating blood to a blood bank such as the American Red Cross during the past 12 months.

DEFINITIONS

The NHIS sexual orientation question asks about only one component of sexual orientation: **sexual identity**. Sexual attraction, sexual behavior, and sexual identity all make up sexual orientation. The NHIS sexual orientation question does not measure sexual attraction or sexual behavior.

Sexual attraction refers to a sexual interest in another person based on a combination of factors including a person's looks, movement, voice, smell, etc. that are appealing to the person attracted. Sexual attraction can also be defined as having sexual feelings towards someone.

Sexual behavior refers to how people behave sexually. That is whether they have sexual partners of the same sex or not. Sexual behavior does not necessarily form a basis for a person's sexual orientation or sexual attraction.

Sexual identity is how individuals think of themselves. This does not necessarily match their sexual behavior or attraction and may change over time. Sexual orientation can be derived from any of the aspects already mentioned above.

PART D
SECTION 14
ADULT FUNCTIONING AND DISABILITY
(AFD)

Topic	See Page
Purpose	D-33
Instructions	D-33

ADULT FUNCTIONING AND DISABILITY (AFD)

PURPOSE

Continuing in 2017 is the Adult Functioning and Disability supplement. The portion of families that were not asked the Family Disability Supplement (FDB), will be asked a series of questions about Adult Functioning and Disability towards the end of the Sample Adult Questionnaire, prior to the Adult Internet and Email usage supplement (AWB).

These questions were developed by the United Nations Washington Group on Disability Statistics. The questions are being asked in national health surveys in multiple countries in order to better understand and compare functional limitations across many cultures. These data will allow us to compare levels of social participation (for example, employment, education or family life) between persons with disabilities and persons without disabilities.

INSTRUCTIONS

The AFD section contains 41 questions. The questions address disabilities in the areas outlined below:

- Seeing
- Hearing
- Communicating, concentrating, remembering or making decisions
- Walking or climbing stairs
- Using your hands or fingers for certain chores
- Doing errands alone
- Feeling worried; nervous or anxious; tired or exhausted; and coping with them
- Performing various daily activities

PART D
SECTION 15
ADULT INTERNET AND EMAIL USAGE QUESTIONS
(AWB)

Topic	See Page
Purpose	D-35
Instructions	D-35

ADULT INTERNET AND EMAIL USAGE QUESTIONS (AWB)

PURPOSE

Continuing in 2017 is the Sample Adult Internet and Email Usage questions that are sponsored by the Assistant Secretary for Planning and Evaluation (ASPE). These questions were added to identify Internet capability of Sample Adult respondents and obtain their email addresses for future health-related web based surveys. This data will contribute to the improvement of Health and Human Services (HHS) data and analytical capacity for evaluation.

INSTRUCTIONS

The Internet and Email Usage section is a series of seven questions. The following topics are covered:

- If the Sample Adult uses the Internet and if so, how often the Internet is used (how many times per day, per week, per month, or per year).
- If the Sample Adult uses the Internet, whether or not he or she participates in online research panels.
- If the Sample Adult sends or receives emails and if so, what his or her email address is and how often he or she checks this email account (how many times per day, per week, per month, or per year).

These questions will appear at the end of the Sample Adult questionnaire, right after the Sample Adult Social Security number questions.

**PART D
SECTION 16
CHILD AND ADULT VISION
(CHS & ACN)**

Topic	See Page
Purpose	D-37
Instructions	D-37
Definitions	D-38

CHILD AND ADULT VISION (CHS & ACN)

PURPOSE

The Vision supplement, which last appeared on the NHIS in 2008 and 2016, is sponsored by the National Eye Institute (NEI), which is part of the National Institutes of Health (NIH). The questions for adults and children ask about conditions of the eye, visual activity, and use of protective eyewear.

The Sample Child and Sample Adult Vision supplements are part of Healthy People 2020 Objectives including:

- Increase the proportion of people who get dilated eye exams.
- Increase the proportion of preschool children who get vision tested.
- Reduce blindness and visual impairment in children and adolescents.
- Increase the use of personal protective eyewear in recreational activities and hazardous situations around the home.
- Reduce visual impairment due to uncorrected refractive error, diabetic retinopathy, glaucoma, cataracts, and age-related macular degeneration.
- Reduce occupational eye injuries.
- Increase vision rehabilitation for those who need it.

INSTRUCTIONS

The Child Vision supplement consists of seven questions embedded within the Child Conditions, Limitations of Activity and Health Status section (CHS). The Adult Vision supplement consists of 23 questions embedded within the Adult Conditions (ACN) section.

Both the Child and Adult Vision supplements obtain information on whether the Sample Child and the Sample Adult respondent wear eyeglasses or contact lenses. If they do, both respondents are asked a series of questions related to when and why they use eyeglasses or contact lenses.

There are also questions asked for both the Sample Child and Sample Adult pertaining to if they participate in sports, hobbies, or other activities that can cause eye injury and whether they wear eye protection while doing these activities.

In addition, the Sample Adult will be asked whether they have ever seen a doctor or health professional for a series of vision problems. If they have seen a doctor for a vision problem, the Sample Adult will be asked if they have lost any vision because of that particular problem.

DEFINITIONS

Cataracts is the clouding of the eye's lens which causes a general loss of detail. This may cause problems with glare or distortion, such as double images. It is the leading cause of blindness worldwide, and the leading cause of vision loss in the United States.

Diabetic retinopathy is an eye problem of diabetes that damages the tiny blood vessels in the retina. The retina is the light-sensitive tissue at the back of the eye.

Glaucoma is an increase in fluid pressure in the eye which causes damage to the eye's optic nerve and results in vision loss and blindness. If not treated soon enough, glaucoma can destroy side vision, leaving a small area in the center where the person still sees.

Macular degeneration is an eye disorder associated with aging and results in damaging sharp and central vision. It occurs when the macula, which is a small area in the eye where vision is sharpest, deteriorates. Central vision declines, making it difficult to do daily tasks such as reading, driving, or recognizing faces. The person may still have side vision

PART D
SECTION 17
CHILD AND ADULT COMPLEMENTARY HEALTH
(CCH & ACH)

Topic	See Page
Purpose	D-40
Instructions	D-40
Definitions	D-41

CHILD AND ADULT COMPLEMENTARY HEALTH (CCH & ACH)

PURPOSE

The 2017 Child and Adult Complementary Health Supplements are sponsored by the National Center for Complementary and Integrative Health (NCCIH), which is part of the National Institutes of Health (NIH). These questions are repeated in modified form from a much longer battery of questions that was included on the 2012 NHIS.

The purpose of these questions is to assess the use of alternative and integrative or complementary medicine practices among adults and children.

INSTRUCTIONS

Among the different systems and practices included in the Complementary Health Supplements are the following:

- Naturopathy
- Chelation therapy
- Practitioner of traditional medicine (Shaman, curandero, Yerbero, sobador, or Native American Healer)
- Homeopathy
- Meditation
- Guided imagery
- Progressive Relaxation
- Yoga, Tai Chi, and Qi Gong
- Breathing exercises

The Sample Adult and Sample Child supplements are identical. Children, ages 4 and older, will receive the Sample Child Complementary Health Supplement (CCH). All adults will receive the Sample Adult Complementary Health Supplement (ACH).

Please use the pronunciation guides throughout the instrument until you are very comfortable saying the names of the various alternative or complementary health practices. Remember to also use the help screens in the instrument to find definitions for these terms throughout the supplement. Feel free to offer these definitions even if the respondent has not requested them.

DEFINITIONS

An **Alternative or Complementary Health Practitioner** is someone who is knowledgeable about a specific alternative or complementary health practice. This person provides care or gives advice about its use, and usually receives payment for his or her services.

For some practices, the provider may have received formalized training and has been certified by a licensing board or related professional association. For example, a practitioner of naturopathy (naturopathic physician) has usually completed a 4-year, graduate-level program at one of the North American naturopathic medical schools accredited by the Council on Naturopathic Medical Education.

Complementary health approaches are health care practices developed outside of mainstream Western, or conventional, medicine, that are used together with conventional medicine. If a non-mainstream practice is used in place of conventional medicine, the practice is considered an **alternative health approach**.

Conventional medical treatments are those normally practiced by medical doctors (MD) or doctors of osteopathy (DO), some of whom may also practice complementary techniques included in this supplement.

Naturopathy (nay-chur-AH-puh-thee), also called naturopathic medicine, is a complementary medical system. Naturopathic medicine proposes that there is a healing power in the body that establishes, maintains, and restores health. Practitioners work with the patient with a goal of supporting this power, through treatments such as nutrition and lifestyle counseling, stress reduction, medicinal plants, dietary supplements, manipulative therapies, exercise therapy, homeopathy, practitioner-guided detoxification, psychotherapy and counseling, and treatments from traditional Chinese medicine.

Chelation (key-LAY-shun) **therapy** is a chemical process in which a substance is used to bind molecules, such as metals or minerals, and hold them tightly so that they can be removed from a system, such as the body. In conventional medicine, chelation therapy has been scientifically proven to rid the body of excess or toxic metals, such as with lead poisoning or iron overload. For example, a person who has lead poisoning may be given chelation therapy in order to bind and remove excess lead from the body before it can cause damage.

A **Curandero** (coo-rah-DEHR-oh), **Machi** (MAH-chee), or **Parchero** (pah-CHEH-roh) is a type of traditional folk healer. Originally found in Latin America, Curanderos specialize in treating illness through the use of supernatural forces, herbal remedies, and other natural medicines.

A **Yerberero** (yehr-BEH-roh) or **Hierbista** (yehr-BEE-stah) is a practitioner with knowledge of the medicinal qualities of plants.

Shamans (SHAH-mans) are said to act as mediums between the invisible spiritual world and the physical world. Most gain knowledge through contact with the spiritual world and use the information to perform tasks such as divination, influencing natural events, and healing the sick or injured.

Like Shamans, **Native American Healers/Medicine Men** use information from the “spirit world” in order to benefit the community. People see Native American healers for a variety of reasons, especially to find relief or a cure from illness or to find spiritual guidance.

A **Sobador** (so-bah-DOHR) uses massage and rub techniques in order to treat patients.

Homeopathy (ho-mee-AH-puh-thee) is a system of medical practices based on the theory that any substance that can produce symptoms of disease or illness in a healthy person can cure those symptoms in a sick person. For example, someone suffering from insomnia may be given a homeopathic dose of coffee. Administered in diluted form, homeopathic remedies are derived from many natural sources, including plants, animals, metals, and minerals.

Meditation refers to a group of techniques, most of which started in Eastern religious or spiritual traditions. In meditation, a person learns to focus his attention and suspend the stream of thoughts that normally occupy the mind. This practice is believed to result in a state of greater physical relaxation, mental calmness, and psychological balance. Practicing meditation can change how a person relates to the flow of emotions and thoughts in the mind. Some research suggests that meditation may physically change the brain and body and could potentially help to improve many health problems and promote healthy behaviors.

In **mantra meditation**, the meditator focuses on a mantra (a

specially chosen word, sound, or phrase repeated silently).

Mindfulness meditation is a type of meditation based on the concept of being mindful, or having increased awareness, of the present. It uses breathing methods, guided imagery, and other practices to relax the body and mind and help reduce stress. It is also known as mindfulness relaxation and mindfulness-based stress reduction.

Spiritual meditation may be performed according to the practices of one of the major religions or within a spiritual tradition. The techniques used may be the same as in other types of meditation (for example, transcendental meditation), but the focus is on spirituality (such as repeating a spiritual, meditative phrase).

Used for healing or health maintenance, **guided imagery** involves a series of relaxation techniques followed by the visualization of detailed images, usually calm and pleasant in nature, to replace negative or stressful feelings. If used for treatment, the individual will visualize his body free of the specific problem or condition. Sessions are typically 20 to 30 minutes in length, and may be practiced several times a week.

Progressive relaxation is used to relieve tension and stress by systematically tensing and relaxing successive muscle groups. Progressive relaxation is often combined with guided imagery and breathing exercises.

Yoga combines breathing exercises, physical postures, and meditation to calm the nervous system and balance body, mind, and spirit. Usually performed in classes, sessions are conducted once a week or more and roughly last 45 minutes.

Tai chi (tie-CHEE) is a mind-body practice that originated in China as a martial art. A person doing tai chi moves his body slowly and gently, while breathing deeply and meditating (tai chi is sometimes called "moving meditation"). Many practitioners believe that tai chi helps the flow throughout the body of a proposed vital energy called "qi." A person practicing tai chi moves her body in a slow, relaxed, and graceful series of movements. One can practice on one's own or in a group. The movements make up what are called forms (or routines).

Qi gong (chee-GONG) is an ancient Chinese discipline combining the use of gentle physical movements, mental focus,

and deep breathing directed toward specific parts of the body. Performed in repetitions, the exercises are normally performed two or more times a week for 30 minutes at a time.

Breathing exercises are an active process that involves conscious control over breathing in and out. This may involve controlling the way in which air is drawn in (for example, through the mouth or nostrils), the rate (for example, quickly or over a length of time), the depth (for example, shallow or deep), and the control of other body parts (for example, relaxation of the stomach).

PART E

National Health Interview Survey



THE CONTACT HISTORY INSTRUMENT (CHI)

PART E
SECTION 1
INTRODUCTION TO THE CONTACT HISTORY INSTRUMENT (CHI)

Topic	See Page
Introduction	E-2
Benefits of CHI	E-2
Key Points to Remember	E-2
Case Management Contact History Tab	E-2
Asterisk (*)	E-3
Launching the CHI	E-3

INTRODUCTION

This chapter provides information on the Contact History Instrument (CHI), pronounced “KI,” and its different modules used by Field Representatives to manage survey assignments in the field. These modules are: Household-level CHI (simply referred to as “CHI”) and Person-level CHI (pCHI). Each of these modules is discussed later in this lesson.

The CHI was developed to capture details of **all** contact attempts made on a household/family. This means each time an **attempt** to make contact **or** contact is **made** with a household/family, information is entered into the CHI.

BENEFITS OF CHI

There are many benefits to utilizing CHI, including:

- CHI is a tool you can use to help track and manage your caseload easily.
- CHI provides a record of the best times to make contact so you can use your time efficiently.
- CHI shows all of the hard work that you put into each case since it records every contact attempt you make.
- CHI records follow a case, so that if a case is reassigned, the new FR has a history of contact attempts and outcomes.
- CHI is fast! It only takes a few seconds to record an entry.

KEY POINTS TO REMEMBER

There are several key points to keep in mind when using the CHI. They are:

- A CHI entry is made for **every** individual contact attempt, whether you speak with a neighbor or call a respondent and no one answers.
- Each CHI entry is for **one** contact attempt. Do not record information for all contact attempts into one CHI record.
- CHI is not just for Type As. You should record contact attempts for **all** outcomes including Type As, Bs, Cs, and successful interviews too.

CASE MANAGEMENT CONTACT HISTORY TAB

This tab is located in the case management details pane. Clicking on this tab will show all contact attempt information for the case you have highlighted in your case list. The columns displayed in the Contact History tab are:

Display Columns

- FR code
- Contact Date - Lists the date of the contact attempt.
- P/T - Lists “P” for Personal Visit or “T” for Telephone Attempt
- Status - Lists “C” for Completed case, “P” for Partial interview, “U” for Unable to conduct interview, or “N” for Noncontact.
- Description - Lists entries made at the noncontact and noninterview screens.
- Strategy - Lists strategies used for **THAT** contact attempt.
- Reluctance - Lists any concerns or reluctance expressed by the respondent for that contact attempt. If contact was not made, this column will display an “N/A.”

ASTERISK (*)

You may see a small asterisk (*) next to some of the columns. Clicking on the snowflake will bring up a box that displays **all** entries made for that column.

LAUNCHING THE CHI

There are two ways to initiate, or launch, the CHI. CHI automatically launches after you exit a case, **or** you can launch the CHI from Case Management using the F12 function key while highlighting a specific case.

PART E
SECTION 2
INTRODUCTION TO HOUSEHOLD-LEVEL CHI

Household-Level CHI Questions	E-5
Describe This Contact Attempt	E-5
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Contact With Non-Sample Unit Member or Noncontact	E-10
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**HOUSEHOLD-
LEVEL CHI
QUESTIONS**

As noted earlier, the household-level CHI questions make up one of the two components of the CHI. Household-level questions record contact attempt information not associated with a specific person within the household. The household-level CHI will come up as long as there is no household roster.

**DESCRIBE THIS
CONTACT
ATTEMPT**

The first household-level screen you will come to is the CTATEMPT screen. This screen allows you to capture whether you are making a contact attempt or not. If it is a contact attempt, it additionally enables you to record whether the attempt is via personal visit or telephone (outgoing or incoming).

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

• CONTACT HISTORY INSTRUMENT

• Describe this contact attempt.

1. Personal visit

2. Telephone (outgoing)

3. Telephone (incoming)

4. Not attempting contact

Continue CHI / Exit

Immediate Attempt

Date

Time

**TIME OF
CONTACT**

Answering Precodes '1', '2' or '3' at the CTATEMPT screen will bring you to the TIMEOFCT screen where you will be asked whether you are entering CHI at the time of a contact attempt. If you answer "No" here, you will be asked to enter the date and time of the contact attempt.

**NOT
ATTEMPTING
CONTACT**

If you are **not** making a contact attempt (precode '4' at CTATEMPT), the NOATTEMPT screen allows you to select the action you were taking when you entered CHI without attempting contact.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms [Answer](#) [Navigate](#) [Help](#)

pCHI [Roster Information](#)

♦ NOT ATTEMPTING CONTACT

♦ What were you doing?
♦ Enter all that apply, separate with commas.

1. Reviewing or changing case information

2. Readyng case for transmission

3. Doing ACS geocode verification

4. Locating activities (canvassing, management or government office, FastData, ALMI, etc.)

5. Verification of Type B/C

6. Opened case / CHI by mistake

99. Other - specify

[Not Attempting Contact](#)

Other Activities

Notice that the NOATTEMPT screen includes seven possible pre-coded answers with the last precode (Other – specify) numbered ‘99’. All “Other - specify” pre-codes have been standardized throughout the CHI instrument to be coded as ‘99’ responses.

Precode – ‘2’ would include marking a case as “Ready to Transmit.”

Precode – ‘4’ includes activities such as calling or visiting a permit office, management company, post office, or other government office that contains public records. These actions include visits or calls to verify sample unit location and use of databases such as FastData to obtain phone numbers or other contact information.

Precode – ‘5’ would apply in instances when you are specifically trying to contact someone other than a sample unit member, for example calling a rental office to confirm a unit is vacant. However, if you make a visit to a sample unit, trying to contact a sample unit member, and wind up talking to a neighbor or someone else, you would record that as a contact attempt and contact with a non-sample unit member.

Precode – ‘99’ will send you to a screen where you can type in the “Other-specify” information.

Once this screen is completed, the CHI will close out and no further screens will appear.

CONTACT/ NONCONTACT

If this contact attempt was your first personal visit, and you were able to observe the sample unit (or building in which the sample unit resides), you will complete the Neighborhood Observation Instrument (NOI) questions as described later in this manual.

After answering the NOI observation questions, you will select either “Contact with sample unit member,” “Contact with **non-sample** unit member,” or “Noncontact” at the CASECONTACT screen. The household-level CASECONTACT screen captures the description of the contact or noncontact when a household roster **has not yet** been created. The CASECONTACT screen is below.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

• **CONTACT OR NONCONTACT**

• Select the category that best describes this attempt.

No Roster Present - Household CHI

1. Contact with sample unit member

2. Contact with NON-SAMPLE unit member

3. Noncontact

Contact or Noncontact

CONTACT TYPE

If you select “Contact with sample unit member,” you will receive a series of follow-up questions about the contact.

At the “Contact” screen, CTTYPE, you must enter the type of contact: Completed case – ready to transmit, Partial interview - follow-up required, or Unable to conduct interview.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

♦ **CONTACT**

♦ Select the category that best describes this contact attempt.

1. Completed case - ready to transmit

2. Partial interview - follow-up required

3. Unable to conduct interview

Contact

WHY?

If you select “Partial Interview – follow-up required” or “Unable to conduct interview,” the “Partial Interview or Unable to conduct interview” screen, NONINTER, is displayed, where you must select a description of why you were unable to conduct or unable to complete the interview during that contact attempt. See below for the NONINTER screen.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

♦ **PARTIAL INTERVIEW OR UNABLE TO CONDUCT INTERVIEW**

♦ Select the categories that describe why you were not able to conduct or complete the interview during this contact attempt.

♦ Enter all that apply, separate with commas.

1. Eligible person not available

2. Inconvenient time

3. Respondent is reluctant

4. Language problem - specify

5. Health problem

6. Successful paper questionnaire placement / pick-up

99. Other - specify

Partial/Unable to Conduct

CONCERN/ BEHAVIOR/ RELUCTANCE

If you select “Completed case – ready to transmit” at CTTYPE, or once you have completed the “Partial Interview or Unable to Conduct Interview” screen, the “Concern/Behavior/Reluctance” screen (RSPNDENT) is displayed where you can enter any concerns, behaviors, or reluctance the respondent may have expressed or demonstrated during THAT contact attempt.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

• **CONCERN / BEHAVIOR / RELUCTANCE**

• Select the categories that describe respondent concerns, behaviors, or reluctance during this contact attempt.

• Enter all that apply, separate with commas.

<input type="checkbox"/> 1. Not interested	<input type="checkbox"/> 10. Hostile or threatens FR
<input type="checkbox"/> 2. Too busy	<input type="checkbox"/> 11. Family issues (death, illness, block participation in survey)
<input type="checkbox"/> 3. Interview takes too much time	<input type="checkbox"/> 12. Gave that information last time
<input type="checkbox"/> 4. Scheduling difficulties	<input type="checkbox"/> 13. Asked too many personal questions last time
<input type="checkbox"/> 5. Survey is voluntary	<input type="checkbox"/> 14. Too many interviews
<input type="checkbox"/> 6. Privacy concerns	<input type="checkbox"/> 15. Intends to quit survey
<input type="checkbox"/> 7. Local / State / Federal government concerns	
<input type="checkbox"/> 8. Asks questions about the survey	<input type="checkbox"/> 98. No concerns
<input type="checkbox"/> 9. Hang-up / slams door on FR	<input type="checkbox"/> 99. Other - specify

Concern/Behavior/Reluctance

STRATEGIES

Next, the “Contact Strategies Attempted” screen, STRATEGES, is displayed. There you can enter the categories that represent the strategies you used on THAT contact attempt. After completing the strategies screen, you will exit the CHI.

Contact History Instrument CHI/pCHI/NOI v14.13 - 07/11/2016

Forms Answer Navigate Help

pCHI Roster Information

• **CONTACT STRATEGIES ATTEMPTED**

• Select the categories that describe the strategies used on this contact attempt.

• Enter all that apply, separate with commas.

<input type="checkbox"/> 1. Advance letter given	<input type="checkbox"/> 8. Checked with neighbors
<input type="checkbox"/> 2. Scheduled appointment	<input type="checkbox"/> 9. Contacted other family members
<input type="checkbox"/> 3. Left note / appointment card	<input type="checkbox"/> 10. Contacted property manager / doorman
<input type="checkbox"/> 4. Left promotional packet / informational brochure	<input type="checkbox"/> 11. Offered incentive
<input type="checkbox"/> 5. Called household	
<input type="checkbox"/> 6. Left message on answering machine	<input type="checkbox"/> 98. No Strategies
<input type="checkbox"/> 7. Waited for respondent	<input type="checkbox"/> 99. Other - specify

Strategies attempted

CONTACT WITH NON-SAMPLE UNIT MEMBER OR NONCONTACT

If you select “Contact with **non-sample** unit member” or “Noncontact,” at the CASECONTACT screen, you will receive a series of questions regarding this non-contact.

If you are attempting a personal visit, you will proceed to the NCTPER screen and select one of the options to describe the contact/noncontact situation.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014
Forms Answer Navigate Help
pCHI Roster Information

• **CONTACT-NONCONTACT / PERSONAL VISIT**

- Select the categories that describe this personal visit contact/noncontact.
- Enter all that apply, separate with commas.

<input type="checkbox"/> 1. No one home / No eligible person home	<input type="checkbox"/> 7. On vacation, away from home / at second home
<input type="checkbox"/> 2. No one home -- previous note / letter taken	<input type="checkbox"/> 8. Spoke with neighbor
<input type="checkbox"/> 3. Household does not answer door -- evidence someone is home	<input type="checkbox"/> 9. Building management / doorman contact
<input type="checkbox"/> 4. Observed HH from vehicle	<input type="checkbox"/> 10. Completed case (Type B/C or Vacant interview)
<input type="checkbox"/> 5. Unable to reach / locked gate / buzzer entry	
<input type="checkbox"/> 6. Address does not exist / unable to locate	<input type="checkbox"/> 99. Other - specify

Noncontact Personal Visit

If you are attempting to contact by telephone, and contact is not made with a household member, select one of the options listed on the NCTTEL screen to describe the contact/noncontact situation.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014
Forms Answer Navigate Help
pCHI Roster Information

• **CONTACT-NONCONTACT / TELEPHONE**

- Select the categories that describe this telephone contact/noncontact.
- Enter all that apply, separate with commas.

<input type="checkbox"/> 1. Got answering machine
<input type="checkbox"/> 2. Ring, no answer
<input type="checkbox"/> 3. Busy signal
<input type="checkbox"/> 4. Disconnected
<input type="checkbox"/> 5. Wrong number
<input type="checkbox"/> 6. Spoke with ineligible person
<input type="checkbox"/> 7. Respondent left message
<input type="checkbox"/> 99. Other - specify

Noncontact Telephone attempt

STRATEGIES

After describing the personal or telephone contact/non-contact at NCTPER or NCTTEL, the “Contact Strategies Attempted” screen, STRATEGES, is displayed, allowing you to select the strategies you used on THAT contact attempt. You will then exit the CHI.

PART E
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INTRODUCTION TO PERSON-LEVEL CHI

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INTRODUCTION TO THE PERSON- LEVEL CHI (pCHI)

In 2013, the person-level CHI, or pCHI, was implemented. The pCHI was developed to record contact history on individual respondents within a household for person-level surveys because:

- There may be varying degrees of availability and willingness to be interviewed among different members of the same sample household; and
- Different strategies may be used for each respondent.

Regional Office management uses reports generated from CHI and pCHI data to provide feedback on your contact attempts and make suggestions for future contacts. Headquarters and the survey sponsors also analyze the CHI, including the pCHI data, in order to formulate better strategies for non-contact refusal cases

THE pCHI AND CHI HOUSEHOLDS WITHOUT A ROSTER

When an NHIS household does not yet have a roster, you will be taken to the household-level CHI. pCHI will NOT appear as there are no eligible respondents established within the household.

THE pCHI AND HOUSEHOLDS WITH A ROSTER

When a roster exists for a household, CHI brings up the pCHI section of the instrument. This section of the CHI allows you to enter contact information for individual respondents within the sample household. The pCHI receives roster information from the survey instrument and cycles through each eligible person (The Sample Adult and Sample Child). After you complete a sample household member's NHIS interview, and have completed pCHI for that person, no further entries in pCHI are required for that household member during that interview period, even if you return to the household to complete the interview with other family members.

PART E
SECTION 4
THE pCHI QUESTIONS

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THE pCHI QUESTIONS

The pCASECONTACT screen captures the description of the contact or noncontact when a household roster **has** been created. The pCASECONTACT screen (shown below) is the pCHI screen that shows the entire household roster. It shows five columns:

- LNO – person’s line number and interview status:
 - (C) denotes a completed interview – person has completed his/her NHIS interview during a previous contact.
 - (I) denotes an ineligible person/non-family member – persons who are no longer eligible family members or were not selected as the Sample Adult or Sample Child. Note that family members who are neither the Sample Adult nor the Sample Child will always appear grayed out on the roster for pCHI.
 - If neither (C) nor (I) is displayed, it means that this line number is eligible for pCHI: he/she is either the Sample Adult or the Sample Child and his/her respective questionnaire was not completed during a previous contact. Note that the Sample Child’s line number will appear in blue, though it is the Sample Child respondent who actually completes the interview for the Sample Child Questionnaire.

- NAME – person’s name
- AGE – person’s age
- BIRTHDATE – person’s birth date
- SEX – person’s sex

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

♦ CHI - CONTACT

♦ Select the category that best describes this attempt.

LNO	STATUS	NAME	AGE	BIRTHDATE	SEX
1	(I)	Dejuan (line1) Loe	46	03/22/1965	M
2	(I)	Derrek (line2) Loe	31	02/20/1980	M
3		Larry (line3) Boe	32	05/30/1978	M
4		Thomas (line4) Loe	14	01/22/2000	M

End of Roster
(C)omplete or (I)nactive HH Member

1. Made contact with **one** or **more** eligible person(s)

2. Made contact with only non-eligible persons

3. Noncontact

pContact

Enter Precode ‘1’, “Made contact with one or more eligible person(s),” if you made contact with the Sample Adult or the Sample Child respondent, whether you completed their interview or only spoke with them. Remember that the Sample Child respondent will appear ineligible, and you will record information about contact with them under the Sample Child’s line number. The instrument then goes to the PCONTACTPER screen.

Enter Precode ‘2’, “Made contact with only non-eligible persons,” if the only people you made contact with were ineligible persons on the roster or those whose interview is already complete. (e.g., you only spoke with the Sample Child respondent who already completed the Sample Child Questionnaire.)

Enter Precode ‘3’, “Noncontact,” if you were unable to make a contact.

NONCONTACT

For Precodes ‘2’ and ‘3’, at the “CHI – Contact screen,” (pCASECONTACT), the instrument continues to the NCTPER screen for a personal visit contact. It continues to the NCTTEL screen for a telephone contact (incoming or outgoing). Both answers are considered noncontacts. The pCHI will take you to either a noncontact PERSONAL VISIT or noncontact TELEPHONE screen based on how the attempt was classified on the previous screen, CTATEMPT.

NONCONTACT/ PERSONAL VISIT

On the “Contact-Noncontact/Personal Visit” screen, NCTPER, you are asked to select all categories that describe why you were unable to make contact. Entering ‘99’ for “Other – specify” will then bring up a screen, NCTPEROT, where you can describe why you were unable to make contact.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

• CONTACT-NONCONTACT / PERSONAL VISIT

• Select the categories that describe this personal visit contact/noncontact.
• Enter all that apply, separate with commas.

<input type="checkbox"/> 1. No one home / No eligible person home	<input type="checkbox"/> 7. On vacation, away from home / at second home
<input type="checkbox"/> 2. No one home -- previous note / letter taken	<input type="checkbox"/> 8. Spoke with neighbor
<input type="checkbox"/> 3. Household does not answer door -- evidence someone is home	<input type="checkbox"/> 9. Building management / doorman contact
<input type="checkbox"/> 4. Observed HH from vehicle	<input type="checkbox"/> 10. Completed case (Type B/C or Vacant interview)
<input type="checkbox"/> 5. Unable to reach / locked gate / buzzer entry	
<input type="checkbox"/> 6. Address does not exist / unable to locate	<input type="checkbox"/> 99. Other - specify

Noncontact Personal Visit

NONCONTACT/ TELEPHONE

The “Contact-Noncontact/Telephone” screen, NCTTEL, is the screen you will see if you have a Noncontact during a telephone attempt as indicated earlier at CTATEMPT. Entering ‘99’ for “Other – specify” will then bring up a screen, NCTTELOT, where you can describe why you were unable to make contact.

After describing the reason(s) for noncontact during either a personal visit or telephone attempt, you will proceed to the “Contact Strategies Attempted” screen.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

♦ CONTACT-NONCONTACT / TELEPHONE

- ♦ Select the categories that describe this telephone contact/noncontact.
- ♦ Enter all that apply, separate with commas.

1. Got answering machine

2. Ring, no answer

3. Busy signal

4. Disconnected

5. Wrong number

6. Spoke with ineligible person

7. Respondent left message

99. Other - specify

Noncontact Telephone attempt

CONTACT STRATEGIES

The “Contact Strategies Attempted” screen, STRATEGGS, asks about contact strategies attempted for the respondent. It appears for all contact attempts. Please mark all of the strategies used on THIS contact attempt.

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Forms Answer Navigate Help

pCHI Roster Information

• CONTACT STRATEGIES ATTEMPTED

• Select the categories that describe the strategies used on this contact attempt.
• Enter all that apply, separate with commas.

<input type="checkbox"/> 1. Advance letter given	<input type="checkbox"/> 8. Checked with neighbors
<input type="checkbox"/> 2. Scheduled appointment	<input type="checkbox"/> 9. Contacted other family members
<input type="checkbox"/> 3. Left note / appointment card	<input type="checkbox"/> 10. Contacted property manager / doorman
<input type="checkbox"/> 4. Left promotional packet / informational brochure	<input type="checkbox"/> 11. Offered incentive
<input type="checkbox"/> 5. Called household	
<input type="checkbox"/> 6. Left message on answering machine	<input type="checkbox"/> 98. No Strategies
<input type="checkbox"/> 7. Waited for respondent	<input type="checkbox"/> 99. Other - specify

Strategies attempted

Notice Precode ‘11’, “Offered incentive.” This refers to monetary incentives that some surveys offer. Do not select this Precode for the NHIS. Currently, the NHIS does not offer any monetary incentives.

Precode ‘98’ – “No Strategies” refers to THIS particular contact attempt, not all previous attempts. Mark this category if you did not use any specific strategy for this contact attempt.

When Precode ‘99’, “Other-specify” is selected, the instrument continues with STRATOTH. Otherwise, it goes to PCONTACTPER for the next eligible respondent.

STRATOTH

STRATOTH appears if Precode '99', "Other – specify" was marked in STRATEGES. Enter the "other" strategy. This field allows 80 characters.

After you complete this item, you exit pCHI.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

- ♦ **OTHER STRATEGY**
- ♦ Specify the strategy used on this contact attempt.

Other Strategy Attempt Category

The screenshot shows a software window titled "Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014". The window has a menu bar with "Forms", "Answer", "Navigate", and "Help". Below the menu bar, there are two tabs: "pCHI" and "Roster Information". The main content area has a yellow background and contains two blue bullet points: "♦ OTHER STRATEGY" and "♦ Specify the strategy used on this contact attempt.". Below this area is a text input field with the label "Other Strategy Attempt Category".

PERSON CONTACT

PCONTACTPER appears if Precode ‘1’, “Made contact with one or more eligible person(s),” is selected at pCASECONTACT.

Contact History Instrument CHE/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

PERSON CONTACT

Did you make contact with Larry (line3) Boe or a knowledgeable proxy for Larry (line3) Boe ?
(C)omplete (I)nactive HH Member

1. Made contact with Larry (line3) Boe
 2. Made contact with proxy
 3. Noncontact

	Contact	Non-Contact	Other Non-Contact Attempt	Contact Attempt	Partial /Unable to Conduct	Language Issue	Language List	Specify Language /Dialect	Other Contact Category	Concern /Behavior /Reluctance	Other Reluctant Respondent	Strategi Attempt
(I) Dejuan (line1) Loe [1]												
(I) Derrek (line2) Loe [2]												
Larry (line3) Boe [3]	<input type="checkbox"/>			<input type="checkbox"/>								<input type="checkbox"/>
Thomas (line4) Loe [4]	<input type="checkbox"/>			<input type="checkbox"/>								<input type="checkbox"/>

Enter Precode ‘1’, “Made contact with (NAME),” if you made contact with the named household member during this contact attempt.

Enter Precode ‘2’, “Made contact with proxy” if you made contact with a knowledgeable proxy for the named household member. Contact with a knowledgeable proxy would apply to every Sample Child interview, as he/she cannot answer for him/herself. REMEMBER, the Sample Adult must answer for him/herself. The only situation in which a proxy response is allowed for the Sample Adult is if he/she is physically or mentally unable to answer.

Enter Precode ‘3’, “Noncontact,” if you were unable to make contact with the named household member.

**PERSON
NONCONTACT**

For Precodes ‘1’ and ‘2’, the instrument goes to the pCTTYPE screen. Precode ‘3’ takes you to a different screen, pNOCONTACT.

The “Noncontact” screen, pNOCONTACT, appears when Precode ‘3’, “Noncontact” is marked at PCONTACTPER. Here you record the reasons why the identified person from the household roster was not contacted on this contact attempt. Precodes ‘1’ through ‘5’ take you to the “Contact Strategies Attempted” (pSTRATEGS) screen.

	Contact	Non-Contact	Other Non-Contact Attempt	Contact Attempt	Partial /Unable to Conduct	Language Issue	Language List
(I) Dejuan (line1) Loe [1]							
(I) Derrek (line2) Loe [2]							
Larry (line3) Boe [3]		3					
Thomas (line4) Loe [4]							

pNONCONOTH

Precode ‘99’ for “Other – specify” brings you to the screen, pNONCONOTH, where you can include details about the noncontact before proceeding to the pSTRATEGS screen (see below).

pCTTYPE

At the PCONTACTPER screen, if you selected that you made contact with an eligible household member or eligible proxy, then you will proceed to the “Contact Type” screen, pCTTYPE. This screen asks whether the contact resulted in a completed interview, partial interview, or no interview.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

• **CONTACT TYPE**

• Select the category that best describes this contact attempt.

1. Completed interview
 2. Partial interview
 3. Unable to conduct interview

	Contact	Non-Contact	Other Non-Contact Attempt	Contact Attempt	Partial /Unable to Conduct	Language Issue
(I) Dejuan (line1) Loe [1]						
(I) Derrek (line2) Loe [2]						
Larry (line3) Boe [3]				<input type="text" value="1"/>		
Thomas (line4) Loe [4]				<input type="text"/>		

Enter Precode ‘1’, “Completed interview,” at pCTTYPE for a fully completed interview for the respondent or proxy respondent. The instrument then goes to pRSPNDENT.

Enter Precode ‘2’, “Partial interview” for a partial interview for the respondent. A partial interview occurs when you start an interview with a respondent or a proxy respondent, but were unable to complete the interview. The instrument then goes to pNONINTER.

Enter Precode ‘3’, “Unable to conduct interview,” if no interview was conducted for that respondent or proxy respondent. With this selection, the instrument also proceeds to pNONINTER.

**CONCERN/
BEHAVIOR/
RELUCTANCE**

pRSPNDENT is the “Concern/Behavior/Reluctance” screen (below) where you can record all of the respondent’s concerns, behaviors, or reluctance during THIS contact attempt. This is an ‘enter all that apply’ question. Even if this contact attempt results in a completed case, it will be helpful for future interview attempts with this case to know the household’s concerns, if any. This screen will come up automatically every time contact is made, even if there has been no reluctance from the respondent.

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Forms Answer Navigate Help

pCHI Roster Information

CONCERN / BEHAVIOR / RELUCTANCE

- Select the categories that describe respondent concerns, behaviors, or reluctance during this contact attempt.
- Enter all that apply, separate with commas.

1. Not interested
 2. Too busy
 3. Interview takes too much time
 4. Scheduling difficulties
 5. Survey is voluntary
 6. Privacy concerns
 7. Local / State / Federal government concerns
 8. Asks questions about the survey
 9. Hang-up / slams door on FR
 10. Hostile or threatens FR
 11. Family issues (death, illness, block participation in survey)

12. Gave that information last time
 13. Asked too many personal questions last time
 14. Too many interviews
 15. Intends to quit survey
 98. No concerns
 99. Other - specify

	Contact	Non-Contact	Other Non-Contact Attempt	Contact Attempt	Partial /Unable to Conduct	Language Issue	Language List	Specify Language /Dialect	Other Contact Category	Concern /Behavior /Reluctance	Other Reluctant Respondent	Strategi Attempt
(I) Dejuan (line1) Loe [1]												
(I) Derrek (line2) Loe [2]												
Larry (line3) Boe [3]				1								
Thomas (line4) Loe [4]												

After making all selections, if you selected Precode ‘99’, “Other – specify,” the instrument continues with pRSPNDOTH. Otherwise, the instrument goes to pSTRATEGES.

OTHER CONCERNS/ BEHAVIORS/ RELUCTANCE

pRSPNDOTH appears if Precode '99', "Other – specify," was marked in pRSPNDENT. Enter the "other" concern, reluctance or behavior. This screen allows 80 characters. The instrument then goes to pSTRATEGES.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014
Forms Answer Navigate Help
pCHI Roster Information

OTHER CONCERNS/BEHAVIORS/RELUCTANCE

Specify other concerns/behaviors/reluctance during this contact attempt.

	Contact	Non-Contact	Other Non-Contact Attempt	Contact Attempt	Partial /Unable to Conduct	Language Issue
(I) Dejuan (line1) Loe [1]						
(I) Derrek (line2) Loe [2]						
Larry (line3) Boe [3]				1		

CONTACT STRATEGIES

The "Contact Strategies" screen, pSTRATEGES, asks about contact strategies attempted for the respondent. It appears for all contact attempts. Please mark all of the strategies used on THIS contact attempt. Note that Precode '11' is not to be entered for the NHIS.

Contact History Instrument CHI/pCHI/NOI v14.13 - 07/11/2016
Forms Answer Navigate Help
pCHI Roster Information

CONTACT STRATEGIES ATTEMPTED

Select the categories that describe the strategies used on this contact attempt.
Enter all that apply, separate with commas.

1. Advance letter given 11. Offered incentive
 2. Scheduled appointment 98. No Strategies
 3. Left note / appointment card 99. Other - specify
 4. Left promotional packet / informational brochure
 5. Called household
 6. Left message on answering machine
 7. Waited for respondent
 8. Checked with neighbors
 9. Contacted other family members
 10. Contacted property manager / doorman

	Contact	Non-Contact	Other Non-Contact Attempt	Contact Attempt	Partial /Unable to Conduct	Language Issue	Language List	Specify Language /Dialect	Other Contact Category	Concern /Behavior /Reluctance	Other Reluctant Respondent	Strategies Attempted
(I) Dejuan Loe [1]												
Derrek Loe [2]	1			1						2		

When Precode '99', "Other-specify," is selected, the instrument continues with pSTRATOTH. Otherwise, it goes to PCONTACTPER for the next eligible respondent. When you are finished entering the contact information for each eligible respondent, you exit pCHI.

At the pCTTYPE screen, if you had entered Precode '2', "Partial interview," or Precode '3', "Unable to conduct interview," then you will be asked to describe why you were unable to complete the interview with an eligible respondent or proxy respondent during THIS contact attempt.

pNONINTER asks about the reasons for the noninterview for the Sample Adult or Sample Child respondent.

Notice Precode '5', "Potential Type-Z." This category does not apply to the NHIS instrument.

pNONINTER

If you select Precode '1', "Inconvenient time," Precode '2', "Respondent is reluctant," and/or Precode '4', "Health problem," the instrument goes to pRSPNDENT.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms [Answer](#) [Navigate](#) [Help](#)

pCHI [Roster Information](#)

• PARTIAL INTERVIEW OR UNABLE TO CONDUCT INTERVIEW

- Select the categories that describe why you were not able to conduct or complete the interview during this contact attempt.
- Enter all that apply, separate with commas.

1. Inconvenient time

2. Respondent is reluctant

3. Language problem - specify

4. Health problem

5. Potential Type-Z

99. Other - specify

If you select Precode '3', "Language problem – specify," the instrument goes to pLANGUAGE.

Finally, if you select Precode '99', "Other – specify," the instrument goes to pCTOTHER.

pCTOTHER

pCTOTHER appears when Precode ‘99’, “Other – specify,” is selected at pNONINTER. Enter the “other” reason describing why you were not able to conduct or complete the interview at this time in the space provided. As with similar “Other– specify” screens in the CHI, this field allows for up to 80 characters. The instrument then goes to pRSPNDENT.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

- **OTHER Contact Category**
- Specify the reason for not completing the interview during this contact attempt.

pLANGUAGE

The “Language” screen, pLANGUAGE appears if Precode ‘3’, “Language problem – specify,” is selected at pNONINTER.

Mark the appropriate Precodes that describe the language situation that led to the noninterview during this contact attempt. Marking Precode ‘1’, “Specify language or dialect,” takes you to pLangLIST. All other responses go to pRSPNDENT.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

- **LANGUAGE**
- Select the categories that describe this language situation.
- Enter all that apply, separate with commas.

- 1. Specify language or dialect.
- 2. No household member able to translate
- 3. Contact RO about language problem
- 4. Unable to find translator
- 5. No time left to find translator

pLangLIST

Entering Precode '1' – “Specify language or dialect,” at pLANGUAGE brings you to pLangLIST where you can enter a specific language or dialect that the household member provides.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

• LANGUAGE LIST

• Specify language or dialect.

11. Spanish

12. Arabic

13. Chinese

14. French

15. German

16. Greek

17. Italian

18. Japanese

19. Korean

20. Polish

21. Portuguese

22. Russian

23. Tagalog

24. Urdu

25. Vietnamese

97. Other problem - hard of hearing

98. Unknown language

99. Other - Specify

pSPECLANG

Selecting any of the Precodes on this screen *except* '99' will bring you to the “Concern/Behavior/Reluctance” screen, pRSPNDENT.

pSPECLANG appears when Precode '99', “Other – Specify,” is marked in pLangLIST. Specify the language or dialect. This item allows 80 characters. The instrument then goes to pRSPNDENT.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

• SPECIFY LANGUAGE OR DIALECT.

PART E
SECTION 5
INTRODUCTION TO THE NEIGHBORHOOD OBSERVATION
INSTRUMENT (NOI)

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INTRODUCTION TO THE NEIGHBORHOOD OBSERVATION INSTRUMENT (NOI)

The NOI questions follow CHI and consist of a set of observation questions that can only be completed during a personal visit attempt when you can observe the sample unit (or building in which the sample unit resides). Among the types of observations you are being asked to make are:

- whether there is graffiti on buildings, sidewalks, walls, or signs in the block face of the sample unit/building
- what is the physical condition of the sample unit/building (exterior)
- window bars or grating on the doors or windows of the sample unit/building
- whether there is evidence of smokers at the sample unit
- what is the age composition of the sample unit

WHY INCLUDE OBSERVATION QUESTIONS

Past research has shown that many of the CHI observations you currently record are related to whether a sample unit is contacted or participates, but are NOT related to key survey outcomes.

NOI was developed to explore measures that help to identify, reduce, and adjust for possible “nonresponse bias” in health estimates in the NHIS. Nonresponse bias occurs when survey nonrespondents “look” different from survey respondents for a specific variable of interest. As a result, as response rates decline, the risk of nonresponse bias in survey estimates increases.

To effectively identify, reduce, and adjust for nonresponse bias, observations MUST be:

1. recorded for both responding AND nonresponding sample units,
2. related to survey nonresponse (or vice versa, survey response), and
3. related to key survey outcomes.

WHY ARE OBSERVATION QUESTIONS IMPORTANT

Let’s take an example. One of the observation questions you will complete asks you to estimate the age composition of the sample unit: all occupants under the age of 30, all occupants over the age of 65, or other age composition. We know that age is a strong predictor of many health outcomes, especially diagnosed health conditions. Research has also shown age to be a predictor of survey participation. If sample units with all occupants over the age of 65 are responding at a higher rate than sample units of other age compositions, our estimates of diagnosed health conditions may be too high (since older persons report more conditions).

Because CHI is completed for all cases, regardless of whether an interview is conducted, the age observations you record will be available on **all** sample units, not just participating sample units. This allows NCHS to use that information to adjust the final estimates to more accurately represent the prevalence of diagnosed health conditions in the larger population.

In addition, we can use this information during data collection to guide interviewing effort. Using the same example, if sample units with all members under the age of 30 are responding at lower rates than sample units of other age compositions, we can place more emphasis on the under 30 units in an attempt to increase their response.

HOW OFTEN TO COMPLETE OBSERVATION QUESTIONS

It is important to remember that you will complete these observation questions only once for each case. That is, once you have recorded the observations the questions will not appear again, even if you are able to make better observations at a later personal visit attempt.

To ensure that the data are comparable across cases, it is important that we get your initial observations for all sample units on the first personal visit attempt that you can observe the sample unit (or building in which the sample unit resides). In other words, in order to use information from responding cases to help better understand the characteristics of nonresponding cases, this observational data must be collected in a similar fashion for all cases. Plus, this information may be used daily to guide field work, so timeliness of collection is critical.

It is important that you make **the best assessment** possible with the information available.

THE NEIGHBORHOOD OBSERVATION QUESTIONS

You will automatically begin in CHI before going down the path of the NOI. Recall that for the NOI to launch, you must be making your first personal visit attempt where you can observe the sample unit (or building in which the sample unit resides).

CTATEMPT

You will begin at the CHI “Contact Attempt” screen, CTATEMPT (see below). At the “Contact Attempt” screen, you will specify whether you made a personal visit, made an outgoing phone call, received an incoming phone call, or were not attempting to make a contact.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014
Forms Answer Navigate Help
pCHI Roster Information

• CONTACT HISTORY INSTRUMENT

• Describe this contact attempt.

1. Personal visit
 2. Telephone (outgoing)
 3. Telephone (incoming)
 4. Not attempting contact

Continue CHI / Exit

Immediate Attempt

Date

Time

Here, you will enter Precode ‘1’ for “Personal visit”. The instrument will then continue to the TIMEOFCT screen.

TIMEOFCT

The “Time of Contact” screen, TIMEOFCT, asks if you are entering the CHI at the exact time that the contact attempt was made. You may also enter your time of contact information at a later time. This provides you flexibility to enter the contact attempt information when it is convenient for you.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014
Forms Answer Navigate Help
pCHI Roster Information

• TIME OF CONTACT

• Are you entering the Contact History Instrument at the time of a contact attempt?

1. Yes
 2. No

Continue CHI / Exit 1 Personal

Immediate Attempt

Date

Time

Entering Precode '1' for "Yes" at the TIMEOFCT screen will bring up the first NOI question, OBSERVE. Entering Precode '2' for "No" at the TIMEOFCT screen will take you to the FR_DATE and FR_TIME screens where you will be asked to enter the date and time of day that the contact attempt was made. Afterwards, you will proceed to the OBSERVE screen.

OBSERVE

The instrument stops following the CHI path at the "Interviewer Observation Observe" screen, OBSERVE (see below). Depending on the response that you select, the instrument will either proceed to pCHI or follow another path for a different instrument – the Neighborhood Observation Instrument or NOI.

The screenshot shows a web-based interface for the 'Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014'. The top navigation bar includes 'Forms', 'Answer', 'Navigate', and 'Help'. Below this, there are tabs for 'pCHI' and 'Roster Information'. The main content area has a yellow background and contains the following text:

- **INTERVIEWER OBSERVATION OBSERVE**
- On this contact attempt, were you able to observe the sample unit or building within which the sample unit resides?

At the bottom of the main area, there are two radio button options:

- 1. Yes
- 2. No

Below the options, there is a blue button labeled 'OBSERVE' and a small input field.

At the "Interviewer Observation Observe" screen, you are asked whether you observed the sample unit or building within which the sample unit resides. If you enter Precode '1' for "Yes", you will be directed down the NOI path to the next screen, GRAFFITI. If you enter Precode '2' for "No," you will be directed to the pCHI path.

GRAFFITI

The “Interviewer Observation Graffiti” screen, GRAFFITI, asks about the presence of graffiti on buildings, sidewalks, walls, or signs in the block face of the sample unit/building.

First, what do we mean by the sample unit OR the building within which the sample unit resides? Here we are making a distinction between a sample unit that we might call a single occupancy dwelling unit (a single residential structure that stands alone) and a multi-unit structure where the sample unit resides in a building that houses other units.

The graffiti question is the only question that requires you to observe the block face. What is a block face? The block face is both sides of a street along one side of the block (the side in which the sample unit is located).

The block face can be much more difficult to determine in rural areas. If the boundaries of a block face are not obvious, do the following:

- Face the sample unit/building
- Look left and then right
- Turn 180 degrees, look left and then right
- Notice whether you observed graffiti or painted-over graffiti

What do we mean by graffiti? Examples would be spray-painted (or sometimes chalk) drawings or writing inscribed on rocks, walls, sidewalks, fences, etc. Do NOT include community murals or commissioned artwork on the side of buildings or walls.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

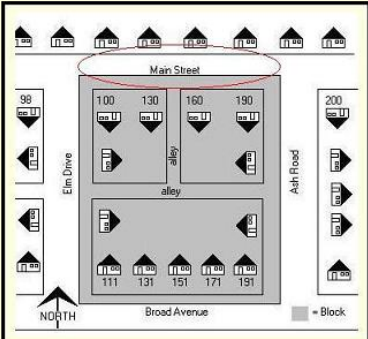
Forms Answer Navigate Help

pCHI Roster Information

• INTERVIEWER OBSERVATION GRAFFITI

• Did you observe graffiti or painted-over graffiti on buildings, sidewalks, walls, or signs in the block face of the sample unit or building within which the sample unit resides?

• A block face is both sides of the street along one side of the block (the side in which the sample unit is located as indicated in the illustration).



1. Yes
 2. No

GRAFFITI

After making your selection, the instrument will then go to ADDR_COND. From this question on, all precodes will proceed to the following question in the NOI.

ADDR_COND

The “Interviewer Observation ADDR_COND” screen (ADDR_ADD) asks you to describe the condition of the sample unit or building in which the sample unit resides. Use your best judgment. For the most part, the categories should be self-explanatory.

Consider the following when assessing the overall physical condition of the house or building:

- Roof problems, such as a sagging roof, shingles or other roof material missing, etc.
- Problems with windows. Windows are boarded up or broken. Window screens are missing.
- Other problems to consider are cracked or sloping outside walls, broken plaster or peeling paint, problems with gutters.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

♦ INTERVIEWER OBSERVATION ADDR_COND

♦ How would you describe the condition of the sample unit or building within which the sample unit resides?

1. Very poor

2. Poor

3. Fair

4. Good

5. Excellent

ADDR_COND

ACCESS

On the “Interviewer Observation Access” screen, ACCESS, you are asked about barriers to access. Keep in mind a key phrase here: “may prevent.” If there are security buzzers or doormen, but you are still able to gain access to the sample unit, answer “Yes” to this question. Guard dogs and doormen should also be considered potential barriers to access.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014
Forms Answer Navigate Help
pCHI Roster Information

• **INTERVIEWER OBSERVATION ACCESS**

• Based on your observation, does the sample unit or building within which the sample unit resides have:

- ...a security buzzer, key code, doorman, or any other barrier that may prevent access (for example dogs, locked gate, etc.)?
- ...a well-tended yard or garden?
- ...peeling paint or damaged exterior walls?
- ...window bars or grating on the doors or windows?

1. Yes
 2. No

ACCESS	<input type="checkbox"/>	BICYCLE	<input type="checkbox"/>
YARDS	<input type="checkbox"/>	SMOKER	<input type="checkbox"/>
WALLS	<input type="checkbox"/>	HHINC	<input type="checkbox"/>

YARDS

The next screen is the “Interviewer Observation Yards” screen (YARDS). Look for lawns without weeds that are uniformly green. The height of the grass should indicate if it is mowed regularly. Gardens should not be overgrown, have weeds, or have dead flowers or foliage. Bushes and hedges should be trimmed. Trees should be devoid of dead branches and have healthy leaves.

Note: these characteristics are used to define a “well-tended yard or garden” for data collection purposes only; they do not reflect a value judgment on the part of NCHS or the Census Bureau about how everyone’s yard ought to look.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014
Forms Answer Navigate Help
pCHI Roster Information

• **INTERVIEWER OBSERVATION YARDS**

• Based on your observation, does the sample unit or building within which the sample unit resides have:

- ...a security buzzer, key code, doorman, or any other barrier that may prevent access (for example dogs, locked gate, etc.)?
- ...a well-tended yard or garden?
- ...peeling paint or damaged exterior walls?
- ...window bars or grating on the doors or windows?

1. Yes
 2. No
 3. Not applicable

ACCESS	<input type="checkbox"/>	1	BICYCLE	<input type="checkbox"/>
YARDS	<input type="checkbox"/>		SMOKER	<input type="checkbox"/>
WALLS	<input type="checkbox"/>		HHINC	<input type="checkbox"/>

WALLS

The next screen is the “Interviewer Observation Walls” screen (WALLS). Here you are asked to observe the condition of exterior walls. Look for damage to exterior walls, such as cracks or holes.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014
Forms Answer Navigate Help
pCHI Roster Information

• **INTERVIEWER OBSERVATION WALLS**

• Based on your observation, does the sample unit or building within which the sample unit resides have:

- ...a security buzzer, key code, doorman, or any other barrier that may prevent access (for example dogs, locked gate, etc.)?
- ...a well-tended yard or garden?
- ...peeling paint or damaged exterior walls?
- ...window bars or grating on the doors or windows?

1. Yes
 2. No

BARS

The next screen is the “Interviewer Observation Bars” screen (BARS). Look for window bars or gratings for security that keep intruders out of the home or building. If a multi-unit structure has window bars or gratings on the first floor only, you should answer “Yes” to this question. Grating, also called a grate, is a framework of metal bars set into a wall or doorframe that serves as a cover or guard but admits air and sometimes light.

If the sample unit has small windows with bars located at or just below ground level, answer “Yes” to this question.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014
Forms Answer Navigate Help
pCHI Roster Information

• **INTERVIEWER OBSERVATION BARS**

• Based on your observation, does the sample unit or building within which the sample unit resides have:

- ...a security buzzer, key code, doorman, or any other barrier that may prevent access (for example dogs, locked gate, etc.)?
- ...a well-tended yard or garden?
- ...peeling paint or damaged exterior walls?
- ...window bars or grating on the doors or windows?

1. Yes
 2. No

LOCKS

The next screen is the “Interviewer Observation Locks” screen (LOCKS). For this next set of observations, we are strictly interested in the sample unit. So if your sample unit is an apartment within an apartment building, answer based on the sample unit.

For this question, focus on the outside of the door that opens into the sample unit. Do not count locks on screen doors or on grated doors that appear just in front of the door that opens into the sample unit.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

♦ INTERVIEWER OBSERVATION LOCKS

♦ If this is a multiunit structure, answer based on the sample unit, not the building within which the sample unit resides.

♦ Based on your observation, does the SAMPLE UNIT have:

...3 or more door locks?
 ...any indication that children under 6 (including babies) may live at the unit (visible toys, car seat, strollers, outdoor swing/play set for example)?
 ...a wheel chair ramp or other indicators that the residents of the sample unit are handicapped, disabled, or may have a chronic health condition (deaf, blind, use oxygen, etc.)?
 ...an adult-sized bicycle?
 ...any indication that the residents of the sample unit are smokers (cigarette/cigar butts, ashtrays, smell smoke, etc.)?

1. Yes
 2. No
 3. Unable to observe the sample unit

ACCESS	<input type="text" value="1"/>	BICYCLE	<input type="checkbox"/>
YARDS	<input type="text" value="1"/>	SMOKER	<input type="checkbox"/>
WALLS	<input type="text" value="2"/>	HHINC	<input type="checkbox"/>
BARS	<input type="text" value="2"/>	EMPLOYED	<input type="checkbox"/>
LOCKS	<input type="text"/>	HHLANG	<input type="checkbox"/>
CHILDREN	<input type="checkbox"/>	HHAGE	<input type="checkbox"/>
WHEELCHAIR	<input type="checkbox"/>		

CHILDREN

The next screen is the “Interviewer Observation Children” screen (CHILDREN). Clues to look for here include items such as toys, car seats, strollers, and outdoor swing/play sets. Interviewers working on the National Survey of Family Growth correctly judged 72% of the time that children under the age of 15 lived in the household.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms [Answer](#) [Navigate](#) [Help](#)

pCHI [Roster Information](#)

♦ **INTERVIEWER OBSERVATION CHILDREN**

- ♦ If this is a multiunit structure, answer based on the sample unit, not the building within which the sample unit resides.
- ♦ Based on your observation, does the SAMPLE UNIT have:
 - ...3 or more door locks?
 - ...any indication that children under 6 (including babies) may live at the unit (visible toys, car seat, strollers, outdoor swing/play set for example)?
 - ...a wheel chair ramp or other indicators that the residents of the sample unit are handicapped, disabled, or may have a chronic health condition (deaf, blind, use oxygen, etc.)?
 - ...an adult-sized bicycle?
 - ...any indication that the residents of the sample unit are smokers (cigarette/cigar butts, ashtrays, smell smoke, etc.)?

1. Yes
 2. No
 3. Unable to observe the sample unit

WHEELCHAIR

The next screen is the “Interviewer Observation Wheelchair” screen (WHEELCHAIR). Look for handicapped placards hanging from rearview mirrors or discarded inhalers.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms [Answer](#) [Navigate](#) [Help](#)

pCHI [Roster Information](#)

♦ **INTERVIEWER OBSERVATION WHEELCHAIR**

- ♦ If this is a multiunit structure, answer based on the sample unit, not the building within which the sample unit resides.
- ♦ Based on your observation, does the SAMPLE UNIT have:
 - ...3 or more door locks?
 - ...any indication that children under 6 (including babies) may live at the unit (visible toys, car seat, strollers, outdoor swing/play set for example)?
 - ...a wheel chair ramp or other indicators that the residents of the sample unit are handicapped, disabled, or may have a chronic health condition (deaf, blind, use oxygen, etc.)?
 - ...an adult-sized bicycle?
 - ...any indication that the residents of the sample unit are smokers (cigarette/cigar butts, ashtrays, smell smoke, etc.)?

1. Yes
 2. No
 3. Unable to observe the sample unit

BICYCLE

The next screen is the “Interviewer Observation Bicycle” screen (BICYCLE). Beyond an actual bike, look for other clues such as bike racks mounted on the rear end or roof of cars parked in the driveway/front of house.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

♦ INTERVIEWER OBSERVATION BICYCLE

- ♦ If this is a multiunit structure, answer based on the sample unit, not the building within which the sample unit resides.
- ♦ Based on your observation, does the SAMPLE UNIT have:
 - ...3 or more door locks?
 - ...any indication that children under 6 (including babies) may live at the unit (visible toys, car seat, strollers, outdoor swing/play set for example)?
 - ...a wheel chair ramp or other indicators that the residents of the sample unit are handicapped, disabled, or may have a chronic health condition (deaf, blind, use oxygen, etc.)?
 - ...an adult-sized bicycle?
 - ...any indication that the residents of the sample unit are smokers (cigarette/cigar butts, ashtrays, smell smoke, etc.)?

1. Yes
 2. No
 3. Unable to observe the sample unit

SMOKER

The next screen is the “Interviewer Observation Smoker” screen (SMOKER). Look for smoking paraphernalia on the porch or other locations on the property. Do you smell smoke? Look for cigarette butts and discarded cigar/cigarette packages, empty lighters, or match cases.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

♦ INTERVIEWER OBSERVATION SMOKER

- ♦ If this is a multiunit structure, answer based on the sample unit, not the building within which the sample unit resides.
- ♦ Based on your observation, does the SAMPLE UNIT have:
 - ...3 or more door locks?
 - ...any indication that children under 6 (including babies) may live at the unit (visible toys, car seat, strollers, outdoor swing/play set for example)?
 - ...a wheel chair ramp or other indicators that the residents of the sample unit are handicapped, disabled, or may have a chronic health condition (deaf, blind, use oxygen, etc.)?
 - ...an adult-sized bicycle?
 - ...any indication that the residents of the sample unit are smokers (cigarette/cigar butts, ashtrays, smell smoke, etc.)?

1. Yes
 2. No
 3. Unable to observe the sample unit

HHINC

The next screen is the “Interviewer Observation Income” screen (HHINC). We recognize that this question and the next few observations may be difficult. Use visual cues of the conditions of the house/building; number, make, and age of cars at the residence; and knowledge of the neighborhood/environment. If the zip code of the sample unit is 90210 (Beverly Hills), there is a good chance the household income is in the upper third of the general population.

In many cases, your “observation” will be nothing more than subjective opinion or an educated guess. Please just give us your reaction based on anything you may or may not have observed. Don’t worry about being wrong. **MAKE THE BEST ASSESSMENT POSSIBLE.** We want to see if these types of observations have predictive power in terms of survey contact and cooperation and important health outcomes from the survey.

As another example of the accuracy of interviewer observations, interviewers working on the National Survey of Family Growth were better than chance in judging whether the respondent was in a sexually active relationship with an opposite sex partner. Interviewers correctly judged this status 78% of the time. (West, Brady T. 2013. “An Examination of the Quality and Utility of Interviewer Observations in the National Survey of Family Growth.” *Journal of the Royal Statistical Society, Series A*, 176(1): 1-15.)

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

♦ INTERVIEWER OBSERVATION INCOME

♦ Relative to the general population and based on your observations, would you judge this sample unit to have a household income:

1. In the bottom third of the population

2. In the middle third of the population

3. In the top third of the population

EMPLOYED

The next screen is the “Interviewer Observation Employed” screen (EMPLOYED). Here again, this one may be difficult. Are residents home during the day? Are there any visual cues on the property or cars that may help? If a neighbor *volunteers* that one or more adults at the sample unit work, use that information. However, do not ask neighbors for this information.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

♦ **INTERVIEWER OBSERVATION EMPLOYED**

♦ Based on your observation, would you say at least one adult resident of the sample unit is employed?

1. Yes

2. No

HHLANG

The next screen is the “Interviewer Observation HHLANG” screen (HHLANG). Note that we only care if a language other than English is spoken at the sample unit. This “other” language does not have to be the primary language spoken in the household. They could speak English and this “other” language. That is okay.

Like other observations, visual and aural cues from the sample unit AND the neighborhood should be used here. Use your knowledge of the areas that you work.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms [Answer](#) [Navigate](#) [Help](#)

pCHI [Roster Information](#)

♦ **INTERVIEWER OBSERVATION HHLANG**

♦ Based on your observation, would you say that the residents of the sample unit speak a language other than English?

1. Yes

2. No

HHAGE

The next screen is the “Interviewer Observation HHAGE” screen (HHAGE). Some of the other visual cues we’ve asked you to rely on could come in handy here.

- Toys, play sets, and swing sets suggest young children in the household
- Sample unit resides in a neighborhood full of retirees
- Interviewing at a college dormitory
- Bumper stickers that suggest one or more residents are retired

Additionally, aural cues such as crying or screaming noises can be used.

Take this as an example: Your sample unit resides within a neighborhood that you know from experience contains numerous retirees. There are no toys or swing sets in the front or back yard, and the lone car in the driveway has an AARP sticker on the rear bumper. Based on this information, how would you code the age composition of the sample unit?

Again, it’s important that you record your observations only once and at the first personal visit where you can observe the sample unit or building. Why? Again, we need to ensure that the data you are collecting are comparable for ALL cases, responding and nonresponding.

Contact History Instrument CHI/pCHI/NOI v14.12 - 01/08/2014

Forms Answer Navigate Help

pCHI Roster Information

♦ **INTERVIEWER OBSERVATION HHAGE**

♦ How old would you estimate the residents of the sample unit to be?

1. All occupants under the age of 30

2. All occupants over the age of 65

3. Other age composition

PART F

2017 National Health Interview Survey



Frequently Asked Questions (FAQs)

PART F
Frequently Asked Questions (FAQs)

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PART F
SECTION 1
Front and Recontact FAQs

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Front and Recontact FAQs

FUTURE CONTACT

Q: How should a FR answer the common respondent question “Why would you contact us again in the future?”

A: If a respondent asks why he or she would be contacted again in the future, a FR may tell the respondent that he or she could be contacted again for quality control purposes or to participate in another survey. For example, an FR could say, “To evaluate the quality of my work for quality control purposes, someone from the Census Bureau may call with a few questions.”

Q: How often are respondents contacted for follow-up?

A: “Contacted for follow-up” could mean that the household was contacted as part of the random reinterview process (about 6% of all cases), contacted as part of an NCHS-based followback like the web survey National Health Care Interview Survey (about 33% of sample adults), or recontacted as part of the Medical Expenditure Panel Survey (MEPS) sample which is sponsored by the Agency for Healthcare Research and Quality (AHRQ) (50% of cases).

Q: The question CPNAME11 asks for the first name of a “relative or friend who would also know where [you/your family] could be reached, in case we have trouble reaching you.” When this question is refused, there should be one answer option to refuse this question that would skip directly to CINFO, “If we need to contact [you/your family] again, when are the best times to call or visit?” instead of having to enter CTRL-R at CPNAME11, CPNAME12, and CPNAME13, which ask for the contact person’s first, middle, and last names respectively.

A: This question is programmed this way intentionally, in order to allow for the possibility that the respondent would refuse to give a first name but would provide a last name. If all three name fields are refused, the instrument does not go on to ask for address, phone number or relationship information.

Q: If the sample address is based on location, then why do we ask if the respondent is expecting to move during the next year?

A: There is a statement in the Recontact section that informs the respondent(s) that the U.S. Public Health service may contact them again for other research studies. Every year, a sample of

NHIS cases are used for the Medical Expenditure Panel Survey (MEPS), which is sponsored by the Agency for Healthcare Research and Quality (AHRQ). On occasion, surveys in addition to MEPS, are conducted with NHIS households. The questions in the Recontact section are mainly used to aid in recontacting the original respondents.

Q: Regarding telephone listings, on the TELST screen, I thought that we weren't supposed to put personally identifiable information on this screen. Now we should? Please clarify.

A: This item is located in the Recontact Section, which is collecting personal information to contact respondents in the future. The name how it appears on the phone listing should be entered in TELST, if applicable

LOCATION OF INTERVIEW

Q: What if my location is different from the respondent's location at the time of the interview? How should I record my answer for the LOCATION question? For example, if I am standing on the porch while the respondent is in their house. Also, if it is a telephone interview, I could be in the car and they could be in a relative's home. Please provide some guidance.

A: In instances when you are separated from the respondent when conducting the interview, you should record the location relative to where you are standing. For example, if you are on the porch and the respondent is inside his/her house, you should record "outside respondent's home (e.g., porch);" however, if you conducted part of the interview inside the home, but finished it standing on the porch, you should record both "inside respondent's home" and "immediately outside respondent's home (e.g., porch)" as your answers. If you are calling the respondent on the phone for part of the interview, this should be recorded as a phone interview, regardless of your location.

TELEPHONE QUESTIONS

Q: Could the telephone questions be moved to the end of the survey after a considerable amount of rapport has been established with the respondent?

A: The responses to these questions are important in assessing questions about the sample frame for telephone surveys and have been reported at many professional conferences. NCHS does not want to move these questions to the end of the survey because the lower response rate would limit the ability of the questions to assess coverage issues related to telephone

surveys.

Telephone studies use random digit dialing to draw a sample. However, some households do not have a telephone and thus could not be drawn into the sample. Information from personal visit surveys provides information on the proportion of households without telephone service and the characteristics of such households.

Q: What is the purpose of asking phone questions in the NHIS? How is this relevant to the type of data NCHS is collecting?

A: The purpose of the cell phone questions is to track over time the prevalence and demographic characteristics of families that have substituted wireless telephone service for their home landline telephones. Health surveys conducted by telephone may not include wireless telephone numbers, or may not include enough wireless numbers to adequately represent the cell-only population. These cell phone questions will help researchers understand who is cell-only and whether their exclusion from telephone surveys will bias the results. The phone questions also include a question asking for the respondent's telephone number (cell or landline). If the respondents want to know why you want their telephone number, explain that it will save the expense and time of a personal visit if you find that some needed information is missing.

Q: The question WRKCEL, "How many working cell phones do you or people in your family have?" is asked before the household roster information is collected. Is this question asking how many cell phones are in the household or how many cell phones are in a particular family?

A: The respondent should provide an answer based on how many working cell phones are in their family.

Q: Why do we tell respondents that the interview can be conducted by telephone? What do we tell respondents if they request an interview after 11:00 p.m. and before 7:00 a.m.?

A: Although it is permissible to conduct the NHIS by telephone, the National Health Interview Survey is a personal visit survey, not a telephone survey. Telephone contacts may be attempted when efforts to make personal contact have not been successful, when the respondent requests a telephone interview,

when part of the interview needs to be completed and it is not possible to schedule another personal visit, or when road conditions to travel distances would make it difficult to schedule a personal visit before close-out. If a respondent requests to complete a phone interview between the hours of 11:00 p.m. and 7:00 a.m., you can proceed with conducting the interview during this time if both you and the respondent are willing.

Q: When the question asks about “traditional” landlines, I’ve always assumed that includes Voice Over Internet Protocol (VOIP) and internet phones. What about Magic Jack, Google Voice, and very new types of phones?

A: The question asks whether there is at least one phone inside the home that is currently working and is not a cell phone. Regarding Magic Jack, VOIP, internet phones, etc., if a phone is connected to it and is currently working, then the respondent should answer YES to this question. We treat all of these just as we do landlines. Google Voice is a service that provides a single phone number that then rings one or more other telephone devices or it rings nothing but it collects voice mail messages that are then delivered to e-mail. We are interested in the devices, not the service. So, if Google Voice rings a working telephone inside the home that is not a cell phone, then the respondent should answer YES. If Google Voice only rings a cell phone and there is no other working telephone inside the home, then the respondent should answer NO. You may need to probe a bit in these situations.

Q: Can you supply a 2-3 sentence explanation of the cell phone question (maybe in F1)? I can explain it pretty well, but a little script for this would really help us.

A: The cell phone question is in the NHIS to track the growth of wireless-only households. In 2006, the percentage of wireless-only households was estimated at 12.8%; this percentage has grown to almost 50%. We will consider adding a Help screen to the phone question in the Coverage Section.

Q: Why are cell phone interviews more expensive than landline calls?

A: Calls to cellular telephones must often be dialed by hand, as opposed to having an automated system making the calls. Also, many cell phone numbers cannot be screened ahead of time to eliminate non-working or business numbers.

Q: What different health statistics have been discovered between cell phone and land-based phone users?

A: According to recent data, wireless-only adults were more likely to be current smokers, more likely to have encountered barriers to health care due to cost, and were less likely to have a regular place of medical care. For more data on the subject, please see the report “Wireless Substitution: Early Release of Estimates From the National Health Interview Survey, July – December 2014” by Stephen Blumberg and Julian Luke of the National Center for Health Statistics:
<http://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201506.pdf>

F10

Q: In correspondence with the emphasis of the proper use of F10, it was suggested that the instrument should be programmed not to accept F10 in the Recontact section.

A: The instrument is programmed to accept F10 in the Recontact section so FRs can exit the instrument due to an emergency. We would like FRs to avoid using F10 in the Recontact section if at all possible.

PART F
SECTION 2
Household Composition and Family Identification FAQs

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Household Composition and Family Identification FAQs

CODING RELATIONSHIPS

Q: In a scenario where a girlfriend and boyfriend are cohabitating partners and they also live with the boyfriend's biological brother, who should the household reference person be? If everyone is available and qualifies, is there a preference for one family or two?

A: The FR manual describes the reference person as the person or one of the persons, equal to or greater than the age of majority for their state of residence, who owns or rents the sample unit, and who is generally the **first** person mentioned by the respondent in the household roster. If more than one household member owns or rents the sample unit, or if none of the household members owns or rents the sample unit, designate the oldest household member as the reference person.

There is not really a preference for one family or two. The determining factor is how the household members see their relationships:

- If the cohabitating brother is the owner/renter of the sample unit, the girlfriend would be coded as "03 Unmarried partner" and the brother would be "08 Brother/sister (biological/adoptive/in-law/step/foster)," yielding one family.
- If the non-cohabitating brother is the owner/renter and says the girlfriend is the partner of his brother, the girlfriend would be coded as "12 Other relative," yielding one family.
- If the girlfriend is the owner/renter and considers her boyfriend as a partner "03" and the brother as her partner's brother "12 Other relative," there would again be one family.

Q: What is the correct way to code the relationship of a cohabiting partner if the person is the partner of the reference person's child? For example, how should we code the male cohabiting partner of the Reference Person's daughter?

A: When determining relationships to the Reference Person, probe to determine whether the Respondent considers a non-married partner to be sharing living quarters and to have a close,

personal relationship with a family member. If yes, then the partner of the family member (e.g., Partner of the Reference Person's daughter) should be considered a relative of the Reference Person and part of the family. Whether the partner is considered to be part of the family is up to the Respondent (who may or may not be the Reference Person).

If the cohabiting partner of the Reference Person's child is considered part of the family unit, the child's cohabiting partner should be coded as the "12 – Other Relative" of the Reference Person at the RPREL screen in order to consider him/her a member of the family unit. A code of "12" for the cohabiting partner is the only valid relationship code to use in this situation to ensure that the partner is considered part of the family unit, instead of being spawned into another family. Also, the marital status of both the unrelated partner and the child of the Reference Person should be "6 – Living with a Partner" as entered at the MARITAL screen.

If the cohabiting partner of the Reference Person's child is not considered part of the family unit, you can enter the relationship of the cohabiting partner as "13 – Housemate/ Roommate" or "14 – Roomer/Boarder" or "15 – Other non-relative" at the RPREL screen, which would then spawn that person into another family. Please note that after spawning the partner into another family you are no longer able to code that person as the cohabiting partner of the Reference Person's child because the partner would now be listed in a separate family from the Reference Person and his/her child. In this situation, you must code the marital status of both the child of the Reference Person and the cohabiting partner as "5 – Never been married" or another marital status other than "6 – Living with a partner" (Widowed, Divorced, or Separated) at the MARITAL screen.

For additional instructions on coding relationships for cohabiting partners, please refer to the document entitled "Guidelines for Coding Relationships of Cohabiting Partners", dated June 2011.

DATE OF BIRTH

Q: It was suggested that just asking for the date of birth to find out the household member's ages would be sufficient. The date of birth could be verified, and the instrument could automatically calculate the age based on the given date of birth.

A: NCHS would prefer to continue asking both age and date of

birth. Each serves as a check on the other, especially when one person is asked for the information for other members of the household.

INTERVIEWER NOTES

Q: Should the respondent's real name be noted in the F7 notes or case notes when the respondent wants to use an alias? For example, if a respondent calls his or her spouse by name.

A: If the respondent wishes to remain anonymous, it is not appropriate to record the respondent's real name anywhere in the instrument.

Q: Nothing is said about the FR adding an item note (F7 note) when an entry is out of the ordinary. Is this an indication that your other quality control programs are more important than the data users seeing those notes?

A: We consider the F7 notes an important part of data quality. If an item has a large quantity of F7 notes, this may indicate the question may not be adequately capturing the intended information. One thing to remember is that the F7 notes are not processed before the NHIS health data. If there is information in the F7 note about correcting any data previously entered, we will not see this in time to make any changes to the data.

HOUSEHOLD ROSTER

Q: When completing the household roster, if a respondent does not rent or own his or her home, how should we handle this?

A: The reference person is the person or persons, equal to or greater than the age of majority for their state of residence, who owns or rents the sample unit and who is generally the first person mentioned by the respondent in the household roster. If more than one household member owns or rents the sample unit, or if none of the household members owns or rents the sample unit, you should designate the oldest household member as the reference person.

Q: An FR had a case where two adults in the household had the same name with no middle name for distinction. When the Sample Adult was chosen, the FR was not sure which name to choose. Are there any suggestions to avoid confusion in future cases?

A: The Household roster tab in the instrument determines which person is the Sample Adult by the "S" next to the Sample Adult line number. The same is true for the Sample Child; a "C" is

next to the child's name. In this situation, you would have to rely on your knowledge as to the order of the persons entered. Remember, it is preferred that the Household roster begin with the person who owns or rents the house or apartment.

Q: Can you please clarify – is offering an alias to a reluctant respondent a good strategy?

A: Yes, if it is done when needed to get an interview and not done all or most of the time. When we have an Alias name, it lessens the chance of Record Linkage and reinterview, two very important components of NHIS.

Q: There is a strong resistance from respondents when talking about their children. What can be said to convince parents to provide the child's name? Can we get an alias for children?

A: Assure respondents that neither NCHS nor the Census Bureau will disclose any information that would permit identifying an individual (child or adult). We will not release information which could identify them or their family without their consent. In situations when parents refuse to give a child's name, there is an option to refuse the first and last name by using Ctrl-R when collecting household roster information. Refusing either of these name fields will bring up the ALIAS screen, which asks, "How shall I refer to this person for the rest of the interview?" where you can identify an appropriate alias for the child.

Q: What is the ALIAS screen and how do I access it? How are the ALIAS flag and Social Security number flags addressed if a FR works in an area with a high concentration of undocumented immigrants?

A: When collecting household roster information, you will arrive at the ALIAS screen if a person refused to provide his or her first and/or last name. At the ALIAS screen, you can enter an alias for the respondent. This screen was designed specifically for this purpose and it is important for those who analyze the data to know if the name given is an alias. To gain responses from reluctant respondents, the FR can assure the respondent that all personally identifiable information (PII) will be seen only by sworn persons who have a need-to-know. Regarding the ALIAS and Social Security number flags, the Regional Offices take into account the specific demographics of the areas where the FR works when reviewing cases.

Q: Should a newborn infant be included in the Household

Roster if the infant has never technically lived in the physical address of the household? Are they considered a family member?

A: An infant who has never technically lived in the physical address of the household would *not* be considered part of the family roster, because the infant has not yet come home from the hospital/birthing center. The child must be brought home prior to the creation of the roster.

Infants should only be included in the household roster if they have come home from the hospital or birthing center before the time the roster is created. If a newborn has come home for one hour and later returned to the hospital at the time the roster is created, they would still be included in the household roster, since the child had already come home from the hospital at some point prior to the rostering.

The rule states that all children (regardless of when they were born) who are home (or who came home but then returned to the hospital) at the time the roster is collected would be considered part of the family and would not be excluded from the interview.

For example, if the FR collects the roster on January 5th and an infant was born on January 1st and returned from the hospital on January 4th, the child would be included in the roster even though he or she was born and brought home after the start of the interviewing period.

If the FR splits collection of the household roster and actual interviewing across separate days, emphasis should be placed on the date when the roster was actually collected. As an example, if the FR collects the roster on January 1st and an infant is born on January 2nd, even if the FR conducts the main part of the interview later when the child is home, the child would not be included in the family because at the time the roster was collected, the infant was not yet born or home from the hospital and thus not yet part of the family.

**SAMPLE CHILD
RESPONDENT**

Q: If a mother is under 18 years of age, to whom do we address questions about her children? It can be frustrating not to be able to ask a mother about her children. How should we handle this situation?

A: For the Sample Child Questionnaire, the Sample Child respondent must be a responsible adult equal to or greater than

the age of majority for his/her state of residence and must know about and be responsible for the health of the Sample Child.

The KNOWSC2 screen only lists possible adult respondents for the Sample Child Questionnaire. Thus, if a mother or father is under 18 years of age, they would not be listed as an eligible Sample Child respondent. In this case, an eligible adult family member who “knows about and is responsible for the health of [Sample Child]” should be selected as the Sample Child Respondent.

When the mother or father of the Sample Child is not an eligible adult in the household, the FR can probe, “Which adult in the family would you say knows about and is responsible for the health of [Sample Child]?” to stress the need for an official adult respondent. The FR could also encourage the mother/father of the Sample Child to assist the chosen Sample Child respondent to answer the Sample Child Questionnaire together. The adult chosen as Sample Child respondent must be present for the entire Sample Child interview. A parent who is not eligible to be the respondent should not answer any Sample Child questions if the formal Sample Child respondent is not present.

PART F
SECTION 3
Family Questionnaire FAQs

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Family Questionnaire FAQs

CATEGORIZING LIMITATIONS

Q: What category should be chosen at LAHCC, “What conditions or health problems cause (Sample Child’s name) limitations?” for dyslexia: developmental problem or learning disability? Since learning disabilities are prevalent among children, why doesn’t LAHCC ask for specific learning disabilities?

A: Dyslexia should be categorized as a “learning disability” at LAHCC. The survey does not ask for specific learning disabilities because there was an effort to limit the total number of separate categories on this screen.

Q: How should autism be classified at LAHCC: “(8) other developmental problem” or “(9) Other impairment/problem?” To ensure accuracy and consistency in keyed in responses, could a guide with detailed descriptions of the conditions be provided?

A: Autism should be classified as “(9) Other mental, emotional, or behavioral problem” at the LAHCC screen. Part C, Section 4 of the FR Manual provides lists of conditions from the children’s conditions screen (LAHCC) and the adult conditions screen (LAHCA). The list from the adult conditions screen is further broken down into other conditions or health problems a respondent may provide that fit within the listed categories. For example, the FR Manual shows that “blindness” should be categorized as “(1) Vision/ problem seeing” at LAHCA. Presently, the list of children’s conditions in the FR Manual is not further broken down into other conditions or health problems that fit within each category, like the list of adult conditions. Therefore, expanding the children’s conditions list to include descriptions is being considered to help FRs better understand how to classify a respondent’s answer at LAHCC.

Q: Could the list of conditions on the LAHCA, “What conditions or health problems cause (subject’s name) limitations?” screen be alphabetized to make it easier to locate each condition quickly?

A: Currently, the most frequent responses are included at the top of the list of conditions at the LAHCA screen. NCHS has explored alphabetization with topic specialists in the past, but the decision was made not to make changes until new approaches could be tested in a field pretest.

INJURIES & POISIONINGS

Q: The F1 instructions for the IPEMP (Family Injuries and Poisonings) question say to include volunteer work as employment. Is this correct? I could not find any reference to this in the manual and all other questions referring to employment only include paid employment.

A: This is correct. In the context of the injury questions, we are trying to determine if the respondent had a job at the time the injury occurred, and we are including volunteer work as a job.

FAMILY INCOME

Q: A recommendation was made to raise the maximum limit for the monetary value allowed at FINCTOT, “What is your best estimate of [your total income/the total income of all family members] from all sources, before taxes, in 2016?” for those respondents who report a total income higher than \$999,995.

A: At this income level, the frequency of responses is so small that a revision is not warranted.

Q: It was suggested that when using the calculator to obtain a total of the family income, it would be beneficial to have the total automatically transferred to the data entry box for FINCTOT, “What is your best estimate of [your total income/the total income of all family members] from all sources, before taxes, in 2016?”

A: This functionality is in developmental stages. NCHS has expressed interest in testing this feature once it becomes available.

Q: Why does the survey ask FINCTOT, which collects the total combined family income, when information about earnings has already been gathered at ERNYR, “What is your best estimate of your earnings before taxes and deductions from ALL jobs and businesses in 2016?” for all adults in the family who worked for pay during the previous year?

A: ERNYR asks about earnings from jobs or businesses for each person, individually, over the age of 18, only if they indicated that they had a job or business during the previous calendar year. ERNYR **only** includes wages and salaries.

FINCTOT asks about the total **combined** family income, regardless of age or employment status, for all family members, collectively, from **all sources** (for example, Social

Security, retirement, child support) in addition to any wages or salaries earned.

Q: Given the economy and black market opportunities, if a respondent asks "over the table" or "under the table" when asking about earnings, do we want to know the "under the table" incomes? Does a respondent have to report income if they make their money from employment outside of the United States?

A: Though these situations probably won't occur often, we certainly commend the level of rapport that FRs in this situation have achieved with respondents! We would like respondents to be as accurate as possible about all sources of income, even "under the table" or international sources. The FSAL and FSEINC questions do not specify what type of work is taking place, and the FINCOT question asks respondents to indicate whether they received income from "any other source," including "contributions from family/others."

Q: Some respondents do not provide accurate information about income. What should be done?

A: Please use your best judgment here. As with all sensitive questions on the NHIS, we would like you to collect complete and accurate information. However, we try to provide alternate ways for respondents to give some information -- like income brackets.

Q: If interest and/or dividends roll into the investment (i.e. the household does not receive it) do we include it in the total family income?

A: If the family reports it as income on a tax return, it should be counted as part of total family income. Reinvested dividends are considered taxable income.

Q: For the questions that ask about receiving income or assistance, would the financial assistance people receive when purchasing health insurance through the marketplace be considered income or assistance? We do have to declare it on our income taxes.

A: Tax credits are not actual income. Subsidies may be considered assistance, however if a person is on Medicaid, this is not declared on their income tax. We would classify health care subsidies in a similar manner. Therefore, do not include these as another source of income

Q: Why does the NHIS ask the disability questions as a family and then ask each individual person? What do these questions ask about?

A: We ask disability questions as a family first to find out in a general way if anyone has a disability related to activities of daily living. Then, we identify who the specific individuals with disabilities are. Also, the instrument asks up to six additional supplemental disability questions at the end of the Family Questionnaire for each person in the family depending upon the individual's age. Specifically, the supplemental disability questions ask about difficulty hearing, seeing, concentrating, remembering or making decisions, walking or climbing stairs, dressing or bathing, and doing errands alone. Approximately half of the families are asked the additional supplemental disability questions that appear at the end of the Family Questionnaire.

DISABILITY QUESTIONS

Q: Starting for the 2011 instrument, the term “mental retardation” was replaced with the phrase “intellectual disability, also known as mental retardation,” in questions within the Family, Adult, and Child questionnaires. Doesn't keeping the term “mental retardation” within the question diminish the sensitivity of asking about disability and essentially defeat the purpose?

A: Conforming and recognition of terms is important. As the term “mental retardation” becomes less common over time, the term “intellectual disability” has become more acceptable. On the other hand, continuity in estimates over time is critically important. If we drastically change a question so much so that it is not recognizable as having existed before, then we will break that continuity and we won't be able to track changes over time.

HEALTH INSURANCE

Q: Some respondents in our area do not have any health insurance, including a Medicaid plan. If they need care, they use the hospital that bills based on current income. How do we classify this as an insurance type?

A: In this situation, the respondent does not have insurance. Therefore, the correct answer here would be “no coverage of any type.” There is no guarantee that when the person goes to the hospital, that the hospital will discount the person's bill at all.

Q: I often meet healthy, single people who have coverage, but they have never selected a primary care doctor and have never needed a referral. They are not required to have a PCP, so is the answer to PCPREQ, “No”?

A: If the plan does not require the respondent to have a primary care doctor, the answer to this question is “no”.

Q: Could you provide more information about how to choose between answer choice (4) Medicaid or (8) state-sponsored health plan" on the HIKIND screen?

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

State-sponsored health plans refer to any other health care coverage run by a specific state, including public assistance programs other than Medicaid that pay for health care. It does not include private health insurance plans purchased through the Affordable Care Act.

Q: When someone is covered by health insurance that is from the government, how should this be recorded at HIKIND (i.e., Medicaid, state sponsored plan, etc.)?

A: This depends upon what type of health care coverage is from the government. If a person works for a state or local government and the government employer is providing health insurance, then this is employer sponsored coverage and the respondent has private health insurance. If a person is covered by Medicaid or a state-sponsored plan they should be indicated in the appropriate category.

Q: What is “Emergency” Medicaid and how should it be recorded?

A: Emergency Medicaid coverage is limited to treatment required after the sudden onset of a medical emergency. The acute symptoms of the condition must be sufficiently severe that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Emergency Medicaid

does NOT pay for treatment of chronic conditions, even if the condition has the potential to be life threatening. For example, a person with a heart condition that may lead to a heart attack unless it is treated cannot get Emergency Medicaid UNTIL there is a heart attack or sudden onset of a medical emergency. Emergency Medicaid should be recorded under “Other State-Sponsored Plans.”

Q: What is Medicare Advantage?

A: Medicare Advantage is sometimes referred to as Medicare Part C, Medicare Plus Choice, or Medicare HMOs. A Medicare Advantage plan combines your Medicare Hospitalization (or Medicare Part A) and Medical insurance or Doctor's Visit Coverage (or Medicare Part B) into one health plan that provides the same medically-necessary services as Original Medicare. Some, but not all Medicare Advantage plans also offer prescription drug coverage (or Medicare Part A and Medicare Part B and Medicare Part D) at no additional cost and are called MA-PDs. Medicare Advantage plans are health plans that are approved by Medicare and provided by private companies such as Aetna, Cigna, Coventry, Health Net, Humana, United HealthCare, WellCare, and many others. Medicare sets the rules for Medicare Advantage plans and regulates the private companies who operate the plans.

Q: What is Medigap?

A: Medigap is another name for Medicare supplemental coverage. It is private health insurance. Some respondents might not recognize this so we put both terms in the survey. Persons with Medigap coverage must also have Medicare coverage, so if this type of plan is indicated, the Medicare field is also marked.

Q: What is the difference between Medicare Advantage and Medicare Supplement insurance?

A: A Medicare Advantage Plan is not the same as a Medicare Supplement. A Medicare Supplement works in addition to your Original Medicare coverage and a Medicare Advantage Plan works in place of your Original Medicare and may provide additional features. Examples of Medicare supplements include AARP, Blue Cross/Blue Shield, and Humana.

Q: Is Medicare Part D a single service plan? Many respondents think that it is.

A: While Medicare Part D does cover only prescription

medication, the best place to indicate Medicare Part D is under the Medicare Part D question in the Medicare detailed question section.

Q: If two people in a family have the same type of private health insurance but each is a separate policyholder, should this be recorded as two separate plans?

A: Yes, to eliminate confusion you can label them plan1 and plan2 along with the plan name. An example would be using the names “BC/BS-plan1” and “BC/BS-plan 2” to help you distinguish between the two plans when asking the detailed private plan questions.

Q: If the respondent has a supplemental insurance plan that pays a set amount towards any type of appointment (medical, dental, etc.), how should this plan be recorded?

A: If this plan is comprehensive in nature and insures against catastrophic financial loss then it can be recorded as a “private health insurance plan.”

Q: If a family member is currently not in the household because they are deployed military, and their insurance covers everyone in the family, how is information that identifies this policyholder captured?

A: If the rest of the family is on TRICARE, then you would just indicate that the family members have Military health care coverage and then go through the detailed questions for Military coverage. If the other family members have private health insurance, and the policyholder is not in the household, you can indicate that the policyholder is not in the household and you will get some questions asking about the relationship of the people in the household to the policyholder who is outside of the household.

Q: Using dental coverage as an example, please explain how to record dental coverage as a single service plan vs. dental coverage that is part of a comprehensive health insurance plan.

A: Examples of dental coverage that are single service plans are plans like Concordia and Delta Dental. These would be recorded as single service plans. Some private health insurance plans have limited dental coverage; for this type of coverage, you would simply indicate that the private health insurance plan covers some dental expenses in the private plan detailed

questions.

Q: If insurance coverage includes a prescription plan and they do not pay an additional premium for that plan, is it still a single service plan?

A: No.

Q: Please define VA BENEFITS. Some Veterans tell me that they are able to get medical care at the VA Hospital (locally) without premium payments. Other veterans tell me that they thought they were to be covered by going to a VA Hospital, but discovered that they cannot get coverage. My PSU includes many kinds of veterans. Many young veterans do not understand their own medical coverage. Can you clarify Veteran medical coverage?

A: Medical coverage for veterans can depend on many factors. In general, persons who served in the active military, naval or air service and are separated under any condition other than dishonorable, may qualify for VA health care benefits. When determining benefit eligibility, the VA and most states classify veterans based on service record and other factors. General benefits include preventive care services, health promotion and disease prevention, ER care, and specialty care.

Q: The question HCSPFYR, “The next question is about money that [you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [you/your family] spend for medical care and dental care?” is confusing. I cannot tell whether we're supposed to include money paid into FSAs and HSAs or expenses that are reimbursed from FSAs or HSAs.

A: Money paid into a FSA or a HSA are not actual medical expenses and therefore would not be included in HCSPFYR.

HEALTH CARE ACCESS & UTILIZATION

Q: In the Family Health Care and Utilization section of the NHIS, we ask respondents about overnight hospitalization and emergency visits. Does this include urgency room admittance? Is there a difference between a visit to the emergency room and going to an urgency room?

A: In the Family Health Care and Utilization section of the NHIS, two questions are asked about hospital stays and doctor visits. For these two questions, it is *not* important to identify the

difference between an emergency room visit and an urgency room/urgent care facility visit. We distinguish only if the visit included an overnight stay.

Q: For purposes of the NHIS, what is considered “surgery”? Would getting stitches be considered surgery?

A: Yes, stitches could be considered surgery. The term **Surgery** is respondent defined. But, in general, **Surgery** is any cutting of the skin including stitching of cuts or wounds. This includes both major surgery and minor procedures such as cutting or piercing of other tissue, scraping of internal parts of the body and setting of fractures and dislocations.

EMPLOYMENT QUESTIONS

Q: Why do the employment questions ask about employment last week, and not usually or on average?

A: The Current Population Survey (CPS), considered a gold standard for the collection of labor force data, uses “last week” or the “week before last” as the reference period for its questions. To be consistent, “last week” was adopted for the NHIS employment questions.

Obtaining information on “average” or “usual” employment would be problematic unless we specify a time period. Also, respondents are likely to interpret “average” or “usual” differently so that the data will be harder to interpret. We solve this problem by asking all respondents about employment in the same reference period.

EDUCATION

Q: For the EDUC question, do we record education obtained outside of the United States? Respondents often ask me to specify.

A: Yes, please record all education as reported by the respondent.

Q: Please define Head Start: is that a specific government program or any pre-school? Often respondents self-define as any preschool.

A: Not every preschool is Head Start. Head Start is a government program that provides services to children living in families with incomes below the federal poverty level. Education services are only one part of Head Start (other services include nutrition, medical, and social services). Educational services focus on the transition from pre-school to elementary school.

PART F
SECTION 4
Sample Child Questionnaire FAQs

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Sample Child Questionnaire FAQs

SAMPLE CHILD SELECTION

Q: On occasion, an infant only a few days to a couple of weeks old is chosen to be the sample child. A number of questions are not applicable simply due to the child's age. What is best to do with answers where the available answer choices are not appropriate for the child's age?

A: Most of the questions on the NHIS for children do have age-appropriate universes, so that young children are not asked questions that may not apply. The question that asks about days of school missed, for example, is for children age 5-17. If there are particular questions that are problematic, we urge interviewers to use the F7 item notes function to note any difficulties.

MENTAL HEALTH

Q: The question CMHMF_4 asks how true is it that the Sample Child “gets along better with adults than with other children/youth?” Often respondents reply “Yes,” meaning that their child gets along with everybody equally. How should we approach this?

A: If the child gets along equally with both children and adults, the answer is “No.” However, we accept the answers respondents give.

FLU VACCINE

Q: For the flu question CH1N1_2, “How many vaccinations has [S.C. name] received?” do you mean how many flu vaccinations he/she has ever received, how many flu vaccinations he/she has received this year, or something else?

A: This question is only received if the respondent indicates the child received a flu vaccination in the past 12 months (CH1N1_1), so CH1N1_2 is the number of vaccines received in the past 12 months.

BIRTH WEIGHT

Q: What is the range of the child metric birth weight?

A: The lower range is 500 grams. If a birth weight is reported under 500 grams, enter 500. The upper range is 6900 grams. If a weight is reported at 6900 or more grams, enter 6900.

NAVIGATION

Q: If the respondent refuses the Sample Child questions, why are we not permitted to enter Ctrl+R at the beginning of that section like we are with the Sample Adult section? Currently, we do not have this as an option.

A: If the respondent absolutely refuses the Sample Child section, then you may enter F9 to exit the Sample Child questionnaire and enter “(2) No callback” at CCALLBK1. Alternatively, you can enter Ctrl-R at the CSPAVAIL or KNOAVAIL screens, which ask if a family member who knows about the Sample Child’s health is available to answer questions about him or her. Depending on the situation, this will take you to the Sample Adult Questionnaire, the Recontact section, or the Back section of the instrument. If no callback is set up for the Sample Child, this will result in a Sufficient Partial interview, no follow-up (Outcome code 203).

PART F
SECTION 5
Sample Adult Questionnaire FAQs

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Sample Adult Questionnaire FAQs

SAMPLE ADULT SELECTION

Q: How is the Sample Adult chosen? What do you suggest we tell respondents when they ask why they were chosen?

A: The Sample Adult is randomly selected from all eligible adults within the family (the computer uses something called a random number generator). With random sampling, each adult has a known chance of being selected. If a respondent asks why they were chosen as the Sample Adult, you can say: “We randomly select an adult to participate. We keep the interview shorter by not interviewing all adults in the household.”

Q: Often, couples appear together to do the interview and when the SA is selected the other person chooses to be in the room. It seems to me that at least in some instances, the SA's ability to provide honest answers may be compromised if the spouse or partner is in the room. How should FRs handle these situations?

A: The FR should use his/her discretion to determine whether the interview should proceed or whether they should ask the respondent if they would like to schedule a callback. It should be the respondent's decision to continue or not.

Q: The question I have had for some time revolves around having to interview a second adult in the house. As you know, it is sometimes very difficult to get the second person to do the interview. The first person frequently knows the general health of the entire family and once we are into the interview I hate to have to stop if the second person is not there. The break in action can cause a partial.

Is it possible to consider allowing one person to do it all for 2 adults or is this the way it has to be? I am satisfied with any answer, but I sure do hate partials.

A: The NHIS is set up to randomly select one adult from eligible persons in the family to complete the Sample Adult Module. If someone other than the chosen adult answers the adult questions, it will violate the sampling process and invalidate the data. Only the person selected as the Sample Adult can be the respondent for the Sample Adult Questionnaire. No proxy respondents are allowed, except in extreme circumstances where the Sample Adult is physically or mentally unable to answer for himself or

herself. If the person selected as the Sample Adult is not available, you will need to make a callback to interview him or her.

EMPLOYMENT

Q: Should the name of the business be entered at WHOWRK, “For whom did you work at your MAIN job or business?/Thinking about the job you held the longest, for whom did you work?” if the respondent is self-employed?

A: If the person is self-employed, ask if the place of business or establishment has a name (such as XYZ Barber Shop, ABC Construction, and so on) and enter this as the respondent’s employer. If there is no business name, enter “self-employed,” “own business,” “family farm,” and the like.

Q: The LOCALLNO screen asks, "How many people work/worked at this location?" The FR instruction specifies that "location" refers to the street address of the workplace. Should we include all buildings or just the structure the employee works in?

A: If buildings are adjoined then all employees in these locations can be counted; otherwise the street address should be used to count the number of employees at a location.

FUNCTIONING AND DISABILITY

Q: Why does the survey ask if a respondent takes a medication for depression if they responded previously that they do not have depression?

A: Sometimes a respondent who is medicated for a condition will answer “No” to a condition when his/her medication is controlling it. By asking about medication, we will be able to correctly determine if the respondent has been diagnosed with the condition, in this case, depression.

Q: Question TIRED_2 asks the Sample Adult, “Thinking about the last time you felt very tired or exhausted, how long did it last? Would you say some of the day, most of the day, or all of the day?” I have had respondents that work in the fields all day and they do not know how to answer that question. They are always tired at the end of the day because of the hard physical work. Can you give better direction on this question?

A: If the respondent is not tired during his/her work, but afterwards, the respondent may answer some of the day or most of the day, whichever most applies to how they feel. If they are tired while doing the work as well as afterwards, this

would be all of the day.

Q: How do the Adult Functioning and Disability (AFD) questions asked in the U.S. and other countries benefit the U.S. citizen?

A: The Adult Functioning and Disability (AFD) questions were designed to provide comparable data cross-nationally for populations living in a variety of cultures with varying economic resources. The intended use of these data is to compare levels of participation in, for example, employment, education, or family life for those with disabilities versus those without disabilities and thereby to assess equitable access to opportunities. The data will also be used to monitor prevalence trends for persons with limitations or difficulties with vision, hearing, mobility, communication, memory/ concentration, learning, self-care, anxiety, depression, pain, tiredness, and daily activities.

HEALTH CONDITIONS

Q: When a respondent is taking medication for a condition which suppresses symptoms, are they still considered to be suffering from that condition?

A: Yes.

Q: With the series of questions beginning at AHAYFYR, "DURING THE PAST 12 MONTHS have you been told by a doctor or other health professional that you had...Hay Fever?" what if the respondent was told two years ago that he or she had asthma, but he or she continues to have a prescription filled within the past 12 months? In this scenario, how should FRs proceed?

A: A recently renewed prescription for a condition counts as having the specified condition (for example, asthma) in the past 12 months.

Q: Respondents often want to know if "hay fever" means allergies. Can this be clarified?

A: Hay fever is a type of allergic disorder. We want the respondent to answer about hay fever specifically, not allergies in general.

Q: Why isn't autism listed as a health condition on the NHIS?

A: No agency with sufficient funding or clout has advocated for its inclusion for adults. There is a question asking about autism

in the Sample Child section of the NHIS, and there are surveys solely dedicated to assessing the prevalence and impacts of autism.

Q: Why is August important for the pregnancy question, PREGFLYR. Can you please explain this?

A: This question, along with the core question, “Are you currently pregnant?” are used to help determine if women received the flu vaccine before, during, or after a recent pregnancy.

HEALTH BEHAVIORS

Q: Please define the differences between males and females and their being binge drinkers.

A: In 2014, we made a modification to the “five or more drinks in a day” question so that females were asked if they had four or more drinks in a single day, while males remained at five or more drinks. This is consistent with other federal surveys that take sex into consideration when characterizing binge drinking.

Q: Please define leisure-time activities. Are these activities only structured exercise? Some respondents do chores for exercise, such as lawn work.

A: Leisure-time physical activities include exercise, sports, physically active hobbies that respondents do in their LEISURE time, i.e., not at work. Non-structured exercise such as gardening or mowing the lawn counts as leisure-time physical activity, as long as it is not done as part of a job. Occupational physical activity is a separate topic and is not currently asked on the NHIS.

DOCTOR VISITS AND PROCEDURES

Q: The screen AUSUALPL asks, “Is there a place that you USUALLY go to when you are sick or need advice about your health?” What do we enter at AUSUALPL and APLKIND when a respondent's family member is a nurse or MD?

A: The AUSUALPL question is trying to collect “place” of health care, so if the person does not go to any place for usual care, but rather gets care from a family member at home, the answer to AUSUALPL should be “there is no place.” Then they would not get the second question, APLKIND, asking the respondent to specify the kind of place. Someone who has a relative that is a doctor may get care from time to time at home, but to have that person as their “usual” source of care without seeing that person at their clinic, doctor’s office, etc. should be extremely

rare. Some doctors may have an official medical office in their home, but that should be counted as a usual place of care and then a doctor's office.

We actually do collect information about care at home later in the AAU section, so those people would not be missed. AUSUALPL is just focusing on the "place" of care.

Q: Why does the survey ask ASRGYR, "Have you had surgery or other surgical procedures either as an inpatient or outpatient?" if the respondent reports at AHCNOYR that he or she has not seen a doctor or other health professional during the past 12 months?

A: The complete question text of AHCNOYR reads, "DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls."

Because AHCNOYR does not include hospitalized overnight visits or dental visits (situations in which surgical procedures can be done), ASRGYR is asked even if the respondent answers "No" at AHCNOYR.

Q: For AHCHYR, "DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?" should the respondent answer "yes" if the care at home was received from a spouse, family member, or friend?

A: The respondent should answer "yes" if the spouse, family member, or friend is a nurse or other health care professional. If the spouse, family member, or friend is not a nurse or health care professional, the respondent should answer "no." The intention is to measure access to adequate care, so a trained professional, even if the person is a relative, paid or unpaid, would count.

Q: The APLKIND screens reads, "What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?" Please clarify how to correctly enter a response of "URGENT CARE CENTER." In which category does this fit?

A: Urgent Care Center would best fit under category 1 – “Clinic or health center.”

HIV TESTING

Q: NCHS could consider the possibility of adding a probe to the HIV question, ACIHIVT. A lot of people do not know that they have been tested, especially women who have given birth at the hospital or persons having undergone surgery.

A: In order to be consistent with other HIV testing surveillance efforts, we are asking about those tests that the respondents sought out or at least gave consent to have done.

Q: Why do we differentiate HIV test as part of a blood donation or not?

A: In order to be consistent with other HIV testing surveillance efforts, we are asking about those tests that the respondents sought out or at least gave consent to have done.

HEPATITIS

Q: The AHEPCRES question asks, “What is the MAIN reason you were tested for hepatitis C?” What is the significance of the answer category, “You were born from 1945 through 1965?”

A: On August 27, 2012, the Centers for Disease Control and Prevention (CDC) released recommendations for “one-time testing without prior ascertainment of hepatitis C virus (HCV) risk for persons born during 1945-1965, a population with a disproportionately high prevalence of HCV infection and related disease”. Persons born during 1945-1965 account for approximately three fourths of all chronic HCV infections among adults in the United States and have no known exposure risk. Although effective treatments are available to clear HCV infection from the body, most persons with HCV do not know they are infected, do not receive needed care (e.g., education, counseling, and medical monitoring), and are not evaluated for treatment. HCV testing is the first step toward improving health outcomes for persons infected with HCV.

Q: If a respondent reports having infectious hepatitis, which one is it?

A: Question AHEP asks: “Have you EVER had hepatitis?” The answer categories are limited to “Yes/No”. Based on the response choices, if a respondent replies “Yes”, there is no way to determine which type of hepatitis the person has or had.

Q: Are there F1 Help Screens in the instrument to describe a Hepatitis B and C shot to respondents?

A: There are vaccinations for HepA and HepB, but not HepC. There are no Help screens, and describing the shots may not help the respondent distinguish between the two. Hepatitis A vaccines help halt the spread of Hepatitis A, which is spread by fecal-oral contamination. Hepatitis B vaccines help to halt the spread of Hepatitis B, which is spread by contact with blood or bodily fluids. This vaccine comes in a series of 3-4 doses, and has been recommended as early as birth. You can find more information on HepA and HepB for the public online at <http://www.cdc.gov/vaccines/> and following the Hepatitis A and Hepatitis B links.

Q: When did Hepatitis A and B become a combined vaccine and are these vaccines given to school age children?

A: In 2001, a combined Hepatitis A and Hepatitis B vaccine became available. The individual Hepatitis A vaccine has been available since 1995. It is recommended that children receive the Hepatitis A and Hepatitis B vaccines.

Q: If a respondent reports that they were exposed to persons having some type of hepatitis (type unknown) and received a gamma globulin shot, would this be considered a hepatitis shot?

A: No, this is not a vaccination.

Q: If there is no cure for hepatitis C, then what is the point of screening?

A: Once a person with chronic HepC infection has been identified, the patient should be screened for liver disease, need for HepA and HepB vaccination, counseled on risk of transmission to sex partners and other ways the virus might be transmitted, reducing alcohol consumption and taking prescription drugs that may be hard on the liver, and considered for antiviral treatment. While treatment may not eliminate HepC completely, it can keep the virus at bay and increase quality and length of life. For more information, see <http://www.cdc.gov/hepatitis/HCV/HCVfaq.htm#section3> for Frequently Asked Questions about hepatitis C.

**SEXUAL
ORIENTATION &
LIFESTYLE**

Q: Why are we interested in social capital measures?

A: While there is not a single-agreed upon definition of social capital, most definitions focus on features of social relationships, such as interpersonal trust and mutual aid, that have benefits for those involved. The neighborhood questions in the sample adult interview measure some of these features of social relationships (e.g., mutual aid, interpersonal trust).

A growing body of research has found that the presence of social capital through social networks, communities, and neighborhoods has a protective quality on health. For example, past studies have shown an association between greater levels of interpersonal trust and lower age-adjusted mortality rates. In addition, social capital may impact health in that individuals who are rooted in communities rich in support, trust, and information have resources that help them achieve health goals. For example, a person who is sick with cancer may receive information, money, or moral support he or she needs to endure treatment and recover. These same factors can discourage individuals from engaging in risky health behaviors such as smoking and binge drinking.

Q: The sexual orientation question does not use the familiar terms of “homosexual” and “heterosexual.” Why not?

A: Based on cognitive testing, there were three reasons for not using the word “heterosexual” in the English version of the question: 1) it is not the word that most people use in their everyday speech, 2) it is not required, as people understand the word “straight,” and 3) many people are confused by, do not understand, or misinterpret “heterosexual.” For example, a number of respondents confused the term with being “homosexual” or “bisexual.” Note that “heterosexual” was translated and used in the Spanish version of the question because there is no word for “straight” in Spanish.

The cognitive testing also produced strong evidence for avoiding the term “homosexual” in the response options. Like “heterosexual,” “homosexual” was often misunderstood or not known by respondents. When the term was understood, it was often seen as overly clinical or having a negative connotation.

The term “gay” increased clarity among respondents. Because this is the word used most commonly by both sexual minorities and non-sexual minorities, it was scarcely unknown or misunderstood. The term “lesbian” was also commonly

understood by English and Spanish speaking respondents.

Q: What if the respondent asks for a definition of the terms in the sexual orientation questions?

A: Respond by stating that the terms are self-defined; they mean different things to different people. Remember, this is an identity question. If the respondent does not understand the term, it is unlikely he/she identifies with it.

Q: Why is “gay” chosen to be the first choice instead of the more common “straight?”

A: Cognitive testing showed that many straight persons do not have a sexual identity. They do not so much identify with being straight as they dis-identify with being gay. Therefore, the addition of “that is, not gay” to the straight response option was useful in helping these respondents select the best response category. Due to the “not gay” wording, it was necessary to put this response option below the “gay” response option. This is logically more correct, and it encourages respondents to more deeply consider the previous response option.

Q: In the Sexual Orientation and Lifestyle section, the question ACIRSTLS asks "During the past 30 days, how often did you feel restless or fidgety?" Is this about an emotion, a physical feeling, or both/either?

A: This could be both, and it is respondent defined.

Q: The ACISLPMD screen asks "In the past week, how many times did you take medication to help you fall asleep or stay asleep?" Do natural sleep aids such as teas, drinks, or herbal sleep strips count as medication?

A: Since there are no specific guidelines on how medication is defined for this question, the respondent should interpret the question as they hear it. They can include prescription medication only, or include non-prescription or herbal remedies.

**INTERVIEWING
SAMPLE ADULT
FIRST**

Q: Is it possible to skip to the Sample Adult questions before completing the Family and Sample Child sections?

A: The Family questionnaire must be completed first before going to the Sample Child or Sample Adult questionnaires. To skip to the Sample Adult section, before completing the Sample Child

section, you must arrange a call back (F9) for the Sample Child to get to the Sample Adult section.

SAMPLE ADULT PROXY

Q: When conducting a proxy interview, should the FR ask the opinion questions?

A: If the person selected as the Sample Adult is physically or mentally unable to answer for himself/herself, a proxy can respond for the Sample Adult Questionnaire. If a proxy is used, ask all questions, including the opinion and knowledge questions. Record information about the proxy respondent in the SADULT, PROX1, PROX2, and NONRES screens.

Q: It was emphasized in the refresher training that no one else can provide information for the Sample Adult selected in the survey. Does this mean that a spouse/partner or other family member cannot provide information about the selected Sample Adult?

A: This is correct. The selected Sample Adult must answer for himself/herself, except in rare circumstances where physical and mental conditions prohibit them from responding. If the Sample Adult is out of town or away for work, or even wants his/her spouse to complete the interview for them because they are busy, sleeping, etc., this does not qualify as a proxy interview.

INTERNET AND EMAIL USE

Q: Why are we collecting email addresses? How should we answer when respondents ask us why email addresses are being collected?

A: We are collecting email addresses for possible follow-up surveys in the future. Give the same reasons you give when collecting telephone number – that we may need to recontact them.

Q: Could responding to the survey over the internet be an option for those people who request it?

A: The NHIS is not programmed for internet administration. It is a complex survey, which often requires interviewers to encourage, explain, and keep respondents engaged.

Q: How accurate has the email address collection been? I find it is better to hand my computer over to the respondents to enter it themselves.

A: About 30% of all respondents (not just those who say that they use email) give useful email addresses.

Q: **Why does the question about internet usage, AWEBOFTP, measure how many times per day the internet is used instead of the number of hours? For example, I am only online twice daily, but for a total of several hours. Likewise, sometimes I may be online twice but for only a few minutes.**

A: We want to split people into frequent and infrequent users. For example, if we want a person to respond to a survey using the internet and they are frequent users, we would send them an email invitation. An infrequent user might get a letter sent by regular mail.

PART F
SECTION 6
NHIS Forms FAQs

Topic	See Page
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NHIS Forms FAQs

ADVANCE LETTER

Q: Why must the Advance letter mention the time it takes to complete the survey and the respondent's Social Security number when this may serve as a deterrent?

A: In order to conduct the NHIS, the National Center for Health Statistics (NCHS) must abide by specific protocol, which includes distributing an Advance Letter comprised of specific elements, such as the respondent's SSN. Here is an explanation as to why the components of the Advance Letter need to be included.

CDC holds a federal wide assurance with the Office for Human Research Protections, Department of Health and Human Services (DHHS), whereby the Centers for Disease Control and Prevention (CDC) agrees to abide by the requirements of Title 45, Part 46, Code of Federal Regulations for the Protection of Human Subjects (45 CFR 46).

Section 116 of the Federal Regulations provides the general requirements for informed consent. The section reads in part, ...no investigator may involve a human being as a subject in research covered by this policy unless the investigator has obtained the legally effective informed consent of the subject...

Some of the elements of informed consent include the expected duration of the subject's participation, a description of the procedures to be followed, a statement that participation is voluntary and that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and an indication that the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

The elements of informed consent require a description of the purposes and procedures of the research. The Research Ethics Review Board (ERB) at NCHS makes a judgment about what must be included to satisfy this requirement. NCHS' ERB has decided that the Social Security number and the relation of the SSN with other data sources are such sensitive issues that they must be included in the letter.

In addition to specified elements of informed consent, the NCHS confidentiality officer also reviews the letter. Certain

statements have to be included to indicate the extent that the data will be shared with other researchers.

The ERB and the Confidentiality Officer of NCHS must sign off on the content of the letter. The ERB has the authority to halt survey operations if it feels the authorized protocol, including the letter, is not being followed. So the basic reason for including many parts of the letter is that this is the only way a survey can be conducted through NCHS.

Until a revised letter is approved by NCHS' ERB, NCHS must continue to use the existing letter. Using an ERB approved letter is a requirement for conducting the survey.

Q: The Advance Letters are addressed to “Resident” and may look like junk mail to some potential participants. The letters say that the survey is “voluntary” and that the whole interview will take about an hour. These statements are turnoffs.

Can changes be made to the Advance Letter to increase participation?

A: The Advance Letters are addressed to “Resident” because it is a household address that is selected for participation, not a specific person at that address. Ethically, we must disclose the voluntary nature of the survey so that respondents are fully informed when they agree to participate. Although some families will experience interview times longer than an hour with the 2017 supplements, not all will, so that language about length of interview will remain the same.

In order to conduct the NHIS, the National Center for Health Statistics (NCHS) must abide by specific protocol, which includes distributing an Advance Letter comprised of specific elements, such as a disclosure stating that we will be asking about the respondent's Social Security Number. Here are the elements of informed consent that need to be included in the Advance Letter:

- A statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation;
- A description of any reasonably foreseeable risks or discomforts to the subject;
- A description of any benefits to the subject or to others

which may reasonably be expected from the research;

- A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained;
- An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights; and
- A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

PART F
SECTION 7
Contact History Instrument (CHI) FAQs

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Contact History Instrument (CHI) FAQs

CONTACT HISTORY INSTRUMENT (CHI)

Q: In CHI, if a respondent calls an FR, should this be coded as “FR called” or “Other?”

A: In a situation where the respondent calls the FR to set an appointment or ask about the survey (but does not actually give an interview over the phone), the FR should enter “Telephone (Incoming)” at the CTATEMPT screen; enter “Contact with Sample Unit Member” at the CASECONTACT screen; enter “Unable to Conduct Interview” at the CTTYPER screen; enter an appropriate response at the NONINTER screen to describe why the FR was unable to conduct the interview during the contact attempt; enter any concerns/reluctance at RSPNDENT and any strategies used at STRATEGS. For example, if the FR set up an appointment, the FR should indicate this at the STRATEGS screen.

Q: It was suggested to program CHI so FRs would have the ability to go back and correct answers in previous entries.

A: There are no plans to change CHI at this time to enable this function. FRs should make any corrections while entering the information initially.

Q: If you drive by a house that is dark and looks like nobody is home, should you record this in CHI?

A: A CHI entry should be made for every contact attempt, not just successful attempts. The above scenario should be recorded in CHI as a noncontact.

Q: How may I view the number of personal visits I have made to a household? I sometimes lose track of the number of visits.

A: FRs can review all of their CHI records through case management by viewing the Contact History tab in the Details pane. This list displays all contact attempts, not just personal visits.

Q: Do the Contact History Instrument data (CHI) suggest whether it is better to leave notes and other materials at the house or leave nothing and make another attempt at a different time?

A: CHI data have been analyzed to determine if certain strategies, such as leaving materials at the house when no one is home,

increase the chances of making contact and gaining participation. These analyses are ongoing, although we have some evidence that leaving notes and appointment cards may increase the chances of making contact. If you have evidence that a household is unoccupied for an extended period, use your best judgment about leaving informational materials where others might see them.

Q: What does "block participation in survey" mean?

A: This is on the CHI screen that lists reasons for concerns or reluctance and is associated with family issues that keep the interview from being completed, such as illness or a death in the family. With "block participation" we want to know if a household member blocked the participation of another household member. For example, one spouse attempts to keep the other from participating in the survey.

Q: In CHI, what does "successful paper questionnaires placement/pickup" mean?

A: Several Census Bureau surveys use the Contact History Instrument. Some answer codes (like the example above) do not all apply to the NHIS.

Q: Sometimes during an interview, multiple respondents are participating in one section of the interview. CHI's personal area does not allow for this, so should we just use the person that comes up because the other one is blocked out at times?

Is there any special note that should be indicated in F7? CHI only seems to allow us to enter information on the respondent it selects for us to enter.

A: Line numbers for family members who are not the sample child or the sample adult respondent will not be available for recording information in CHI. If those family members state reluctance, record that information on one of the available line numbers. Unfortunately, F7 notes are not available in CHI. If you'd like to share additional information about your CHI entries, you can do so in the Case Notes.

Q: I am often reassigned refusals for follow up. The first time I open the case the NOI questions show up in CHI. I know (or really assume) the first FR completed the questions, but I answer them anyway. Should I answer them? Which FR's

NOI answers are saved?

A: Yes, go ahead and answer the NOI questions. All NOI records are saved. For cases where two or more FRs completed NOI we can compare the consistency of the responses between the FRs. This gives us an additional way to assess the reliability of the NOI questions.

Q: How are we FRs doing as far as the data quality of our guesses on NOI regarding smoking, handicapped, employment, household income, children, and age composition?

A: For those observations that we can compare against survey measures, the agreement is quite good. Using data from the first 6 months of 2013, we found that for 80.7% of interviewed households your observations of whether or not one or more adults at the sample unit were employed matched the survey data. It was even higher for whether or not all residents are over the age of 65: 89.3%. These figures are very good compared to similar observations collected on other surveys. There is still room for improvement and we are working on ways to help you improve the accuracy of your observations.

Q: Regarding CHI question HHINC, please define "bottom third, middle third, and top third" of the population's income.

A: We agree that this is one of the more difficult observations to make. When placing the sample unit into one of the three brackets, think about the larger area (city, county) in which you are working. Compared to other households in that area, would you judge this sample unit to have a household income in the bottom third, middle third, or top third?

As we noted in training, we are looking for variables that are associated with BOTH survey response and key survey outcomes. This is necessary for us to make effective adjustments to our survey data to make them more reflective of the true population values we are trying to estimate. So far, this income observation is one of the better ones for meeting both of these criteria.

Q: I understand the importance of the NOI questions but why do we complete them without meeting a respondent at the Housing Unit? How can we accurately know the answer to the age, employment and language other than English

without knowing the occupants? It seems as if we are just guessing.

A: In some cases you are making nothing more than an educated guess. That's okay. Remember, there are going to be households who refuse or you never contact. For the observational data to be most useful, it needs to be as comparable as possible across ALL cases, responding and nonresponding. This ensures that differences we observe between responding and nonresponding households are true differences, NOT the result of measurement differences. Put another way, differences should not be the result of your ability to make better observations in responding households.

Q: Are FRs expected to complete a NOI for a demolished, business or other Type B (more obvious) or Type C (not that obvious)?

A: For more obvious outcomes such as demolished or business, you can answer "no" to the first NOI item (OBSERVE), skip the module, and most likely never complete a NOI record. Once you confirm such a case to be a Type B/C it would be transmitted to headquarters. These cases, therefore, would not require another personal visit contact attempt.

This would NOT be the case for other, less obvious Type B/Cs (such as occupied entirely by minors). For some of these, you will likely complete NOI before you can identify them as Type B/C.

PART F
SECTION 8
Interview Concepts FAQs

Topic	See Page
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Two-Week Reference Period	F-50
Spawn Cases	F-50

Interview Concepts FAQs

INTERVIEW STATUS

Q: In a situation where a respondent only has 10 minutes to answer before going to work, is it better to have a partial survey or refusal survey?

A: In this situation it is best for the FR to get a partial interview and attempt to set up a callback.

Q: In a situation where an FR enters a house that has several non-related roommates and only one of them agreed to have the interview, is it better to get one interview with four refusals or not conduct an interview and have one refusal?

A: NCHS prefers one interview with four refusals.

Q: Can you explain to me why a partial interview is sufficient? What good is a health survey without the health questions?

A: A sufficient partial interview contains only basic health information, just enough to report on general health of the family. The Sample Child (if applicable) and Sample Adult sections contain much more detailed and layered information about health conditions and access to care. A fully completed interview is optimal.

TWO-WEEK REFERENCE PERIOD

Q: What is the two-week reference period in the NHIS?

A: The two-week reference period is the two weeks (14 days) just prior to the start date of the first question asked in each core section of the interview. The two-week reference period does not include any days during the interview if a section is completed over more than one day. For example, if the Family core interview begins on February 10, 2017 then the two week reference period is from January 26, 2017 to February 9, 2017. For this same family, if the Sample Adult interview also began on February 10, 2017 the two-week reference period for the Sample Adult section is from January 26, 2017 to February 9, 2017.

SPAWN CASES

Q: Can you tell me what the rationale is for selecting to interview all unrelated residents at an address? For example, much work is added interviewing all 3 or 4 unrelated students at an address.

A: The NHIS instrument is a family or case-level instrument. Each individual family in a household is interviewed as a separate case. This applies to multiple unrelated persons living

in a household, such as a college dorm or roommate situation.

Q: How can we deal with college students when after the first interview in the unit I have very little luck in getting the spawn cases.

A: Be persistent and keep trying. Do your best to explain to the student(s) you have been able to reach that each roommate is very important to us. We cannot ask one person about unrelated roommates, because the information would not be as accurate. It is very important to list all people living or staying at the sample unit, even if this will result in numerous spawns. Survey planning, including budget allocations, are based on workloads, and so we need to know the actual, accurate workloads, including all spawned cases.

Q: I work in an area abundant with college students, when we ask if they usually live there, they say "no," and when asked if they have a usual residence elsewhere, they say "yes," the case wraps up as a URE. Is this correct or do we change the answers to complete an occupied unit interview?

A: The definition of household membership is different on NHIS than it is on most other Census Field surveys. On NHIS, *college students are considered household members at the address they live while attending school*. This is very important, because college students have patterns of health characteristics that are different from the larger population (such as alcohol usage). The FR needs to explain this concisely to the respondent and make sure that we count the college students where they attend school.

PART F
SECTION 9
Personally Identifiable Information (PII) FAQs

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Personally Identifiable Information (PII) FAQs

DATA SECURITY

Q: Is the Census Bureau planning to encrypt all data on the laptops in the future?

A: All Census Bureau FR Laptops are protected with full disk encryption.

Q: Can you suggest an "objection stopper" for us to persuade respondents who are concerned about data security? A respondent may have trust in the government, but does not trust the way the data is stored. This has been in the news constantly.

A: In addition to providing respondents with a copy of the confidentiality brochure, you can let them know that the confidentiality of responses is governed by Section 308(d) of the Public Health Service Act (42 United States Code 242m(d)), the Confidential Information Protection and Statistical Efficiency Act (Title V of Public Law 107-347), and the Privacy Act of 1974 (5 U.S.C. § 552a). In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015, which requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses.

The National Center for Health Statistics has many procedures in place to prevent the disclosure of your data to others. Some of these procedures include data encryption, secure data networks, and many other security mechanisms following strict federal mandates. Responses are collected by the U.S. Census Bureau and securely transmitted to NCHS, where the data undergo edits and removal of personal identifiers prior to being combined into public use files. The collected data are used for research and statistical purposes only. When analytic reports are prepared and released by NCHS staff, your answers have been combined with those of many other respondents. No information that could identify any individual is publicly released.

CONTROL NUMBERS

Q: What is the policy on communicating Control Numbers over email?

A: Census Bureau standard operating procedures prohibit the use of Control Numbers in email messages.

INTERVIEWER NOTES

Q: Can Personally Identifiable Information (PII) be entered in the F7 Notes?

A: No. While F7 Notes can be used to give information about a respondent's answer to a specific question, for confidentiality reasons you are never to enter PII into the F7 Notes.

Please refer to the NHIS Healthy New Alert, Number 31, entitled "Guidelines for Entering Personally Identifiable Information (PII) in the National Health Interview Survey (NHIS)" dated December 2012, for detailed guidance on where PII is and is not an acceptable response in the NHIS. Please note that these procedures may not be the same as those you follow for other surveys you work.

Q: What are F7 Notes used for? I have a data correction. Can I put this in the F7 Notes?

A: Information entered in an F7 Note should be specific to the question where the entry was made. The goal is for NCHS analysts to review the notes for each question. This information can be used in data editing and is often useful for reviewing and possibly revising question text, response options, or both. When entering a response for a question during an interview, the interviewer should always enter the value that best reflects the answer given by the respondent. Any problems encountered during the question and answer process can be recorded in the F7 Notes. No personally identifiable information (PII) should be entered in the F7 Notes. F7 Notes are not analyzed until after the data has been processed. Any data corrections noted in the F7 Note will not be viewed until after the data file has been created.

DATA LINKAGE

Q: What is the linkage program? How is health information linked? What legal provisions allow NHIS data to be linked? Please provide examples of how an FR can explain the linkage component, especially when respondents are reluctant to give their names.

A: NCHS currently links various records from NHIS with death certificate records from the National Death Index (NDI), Medicare enrollment and claims records collected from the Centers for Medicare and Medicaid Services (CMS), and the Old Age, Survivors and Disability Insurance (OASDI) and Supplemental Security Income (SSI) benefit records collected from the Social Security Administration (SSA). Files containing the personally identifying information are sent

from NHIS to these federal agencies. Personally identifying information used in linkage includes: name, date of birth, Social Security Number and/or Medicare number, race, sex, state of birth, and state of residence. If an agency is able to find a survey participant in its own data files, information can be sent back to NHIS and linked with the original survey data. These files containing detailed health survey data plus information on costs, mortality, or benefits can be used for more complex research, without having to follow up directly with participants.

One study done using this kind of information found that farmers and pesticide applicators were at higher risk of death from accidents and certain kinds of cancers. Another found that adults with diabetes were likely to live significantly longer if they walked for two or more hours per week.

The specific federal laws that authorize you to ask for this information (and require you to keep it strictly private) are the Section 308(d) of the Public Health Service Act (42 United States Code 242m(d)), the Confidential Information Protection and Statistical Efficiency Act (Title V of Public Law 107-347), and the Privacy Act of 1974 (5 U.S.C. § 552a). In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015, which requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. These legal citations appear in the “read if necessary” section of the Social Security number screen.

Q: What government agencies would the NHIS link data to?

A: NHIS data have been linked with health-related records of government agencies such as the Centers for Medicare and Medicaid Services and the Social Security Administration. NHIS data have also been linked with death certificate data stored in the National Death Index (NDI). The NDI is a database of death certificate information provided to NCHS by State offices.

All personal identifying information is removed from the linked data files.

These are some examples of possible research studies using NHIS data together with health-related records of other government agencies or the NDI:

- Predicting the number of disabled persons in the U.S. based on health conditions reported in the NHIS.
- Predicting the costs of Medicare based on health conditions reported in the NHIS.
- Studying the risk of certain diseases for persons with and without health insurance.
- Studying the health characteristics of people who retire early.
- Calculating how long a person in the U.S. might live, based on his or her education, income, or race and ethnicity.

Q: Please provide examples of how an FR can "sell" and explain the linkage component.

A: Please feel free to use or adapt the following when speaking to participants:

“We know that this is a long interview and we don’t wish to keep you tied up answering more questions. We can combine your health data with other information from Social Security, Medicare, or Medicaid records. It’s easier to do so with your Social Security or Medicare number, but sometimes we are able to do this with just the basic information you’ve already provided. These records have information about medical conditions and care, and how much they cost. This allows us to do more complex types of health research without having to come back or ask you more questions.”

Q: How can we answer respondents who are still concerned about the confidentiality of their Social Security number and other information?

A: If your participants are concerned about confidentiality, please reassure them: linkage does not change the way that NHIS maintains confidentiality. Any item that could indirectly reveal who you are is removed after linkage. Research is only released if it cannot be used to identify someone. As with the rest of the NHIS, neither NCHS nor the Census Bureau will disclose any information that could identify a participant.

Q: When respondents refuse to provide the last four digits of the social security number, often, they refuse to have their data linked. Should we probe or move on?

A: Please use your best judgment here. Much like with income, another sensitive question on the NHIS, we would like you to collect complete information. However, we try to provide alternate ways for respondents to give some information -- like accurate name and birth date along with permission to link.

Q: How can we answer the following question asked by the respondent: If I don't give you my Social Security number and I grant you permission to link without it, how would you be able to do that?

A: Given first name, last name, date of birth, and similar information, many respondents who do not provide a Social Security number **can** be linked. A preliminary analysis of 1997-2005 NHIS data finds that almost 70% of participants who do not provide a Social Security number, but do provide a complete first name, last name, and date of birth have been linked to a federal database of all U.S. Social Security numbers ever issued. In that analysis, linkage rates increased to almost 100% when a participant provides a Social Security number, along with first name, last name, and date of birth.

Q: Is a suffix after a name important (i.e. Jr, Sr) to link?

A: No. Suffixes (Jr, Sr, III) are not critical in data linkage. They may, however, be needed for identification purposes within a household or for recontact.

Q: How many records are "matched" with other health records?

A: Efforts will be made to “match” all records that are eligible for linkage, that is, records for which we have either the last 4 digits of the SSN / HIC (Medicare) number or other permission to link. Depending on the population, we may be able to match most records; for example, using the most recent data we have available, 98% of records from adults aged 65 and older from the 2005 NHIS were linked to the 1999-2007 Medicare enrollment and claims database. Efforts are under way to link the more recent NHIS years with the Medicare and SSA records.

CONFIDENTIALITY ISSUES

Q: Can a respondent's benefits be affected if the respondent does not provide the last four digits of the Social Security number?

A: It is against the law for us to use NHIS data for any kind of administrative law enforcement. Please emphasize that NCHS does not share information with other government agencies in a way that could impact a person's Medicare, Medicaid, Social Security, or any other benefits. These agencies do not receive identifiable health or income information on the NHIS files, so the linked files cannot be used to check up on people.

Q: If a respondent isn't home, and then we ask if a neighbor knows when the respondent will be home, isn't that a breach of confidentiality because the neighbor now knows who we will be interviewing?

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

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

Q: If there is no clear contact information in a restricted, gated community and you somehow gain access to that neighborhood, how do you deal with local law enforcement when they are called (while remaining compliant)?

A: If requested, show law enforcement your Census ID badge and give them the office phone number to verify legitimacy. Make sure that you do NOT mention the name of the survey.

Q: What is the NHIS objective and how is its purpose defined? Why is the media not used to advertise the survey for the purpose of increasing respondent participation?

A: The purpose of the National Health Interview Survey is to obtain national information about the amount and distribution of illness, its effects in terms of disability and chronic impairments, and the kind of health services people receive. More information about the NHIS objectives can be found in the FR Manual. The Advance Letter provides more information, if needed. The media is not used to advertise the survey since the Census Bureau does not want to disclose the areas in which interviewing is being conducted in order to fully protect the selected households' confidentiality.

Q: Why can't you reveal the survey to anyone not in the sample unit?

A: This would breach the privacy guaranteed to respondents in the NHIS. This guarantee is contained in the "Notice" statement, which is seen on the COVER1 screen at the beginning of the CAPI instrument:

"Information contained on this form that would permit identification of any individual or establishment has been collected in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m), the Confidential Information Protection and Statistical Efficiency Act (44 USC 3501 note), and the Privacy Act of 1974 (5 U.S.C. § 552a). In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015, which requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses."

PART F
SECTION 10
Data Quality FAQs

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Assessing Data Quality	F-62
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Data Quality FAQs

PANDA

Q: What is PANDA? According to PANDA, how many minutes will an interview last?

A: PANDA is the Performance and Data Analysis tool used by Regional Office staff and headquarters to track FR progress during a survey. The mean and median (average) times that PANDA projects a completed interview to take will depend on the year in which the survey was conducted.

Q: Why do we need PANDA? Could we eliminate PANDA and use these funds for incentives? It questions a FR's integrity and accuses them of falsification.

A: PANDA is a tool that is used to track the progress and performance of each FR on a real-time basis and is used to provide an early indication of the quality of specific data items for the NHIS. This tool alerts Headquarters and Regional Office (RO) staff of FRs that may be having difficulty with concepts or may not be following proper survey procedures so that corrective actions can be taken quickly. If the characteristics of an FR's work as a whole, over a given time period, is unusual when compared to RO-level or National-level results, then that might be a sign that the FR is following different procedures than the norm, and this does need to be addressed. By identifying and addressing problems earlier, we can prevent spending more money for additional cases that may be deemed unacceptable based on their quality.

The purpose of PANDA is not to question an FR's integrity or accuse them of falsification. PANDA helps identify data that is likely to be removed by the sponsor for quality reasons and identifies outlier data, which is any data that falls outside of a normal, or expected, range of RO or national level results (e.g., Interview completion times). The reports on PANDA have recently focused on more extreme outliers for various quality indicators by looking at the upper/lower 5% of performance instead of the upper/lower 10% of performance, thus alerting Headquarters to performance that is most outside the normal range of results.

Q: What is outlier data? Can you provide an example?

A: Outliers are numbers in a data set that are very different from the rest of the data. For example, if the mean (average)

complete interview time for all FRs is 70 minutes, and the mean complete interview time for one FR is only 25 minutes, this FR's mean time would be considered an outlier because it is extremely low, or different, when compared to the average completion time across all FRs.

Q: When is a sample record removed from the entire sample?

A: NCHS removes sample records when there is clear evidence that the data does not meet their quality standards. They remove cases with unrealistically short times, cases with excessive Don't Know and Refused entries, cases with inconsistent roster entries that we cannot resolve (such as the same people on two control numbers) and cases with confirmed falsification.

Q: Please define excessive don't know or refused entries.

A: Excessive don't know/refused cases appear in a table in PANDA because they have over 50% refused or don't know entries in the Family, Sample Adult or Sample Child interview. PANDA specifies which sections are flagged as excessive don't know/refused. If the Family section is flagged, the entire case will be unusable. If the Sample Adult or Sample Child interview is flagged, that portion of the case will be removed, but other portions may be usable.

**ASSESSING DATA
QUALITY**

Q: Does "low quality data" always equal "refused" or "don't know?"

A: Low quality data does not always equal answers of "don't know" and "refused." For example, low quality data can also result from not reading the survey questions verbatim to the respondent. "Low quality data" is any data that is collected in such a way that decreases our confidence in the accuracy of that information.

Q: Why does speed cause such a problem when quality is what we want, and not all people speak slowly?

A: It has been determined that reading a question or series of questions quickly will not allow respondents enough time to respond. The real concern is reading and answering too quickly.

Q: Of the cases that are removed because they were completed too quickly, does anyone follow-up with respondents to determine if the data collected were accurate? If no, why

not? If yes, what were the results?

A: Sometimes. We recontact respondents through reinterview.. Also, some FRs who have PANDA outlier data will be placed in reinterview. Due to the timing of reviewing PANDA outlier data, cases that the FR completes after being flagged in PANDA will be eligible for reinterview rather than the cases that were originally flagged in PANDA. Testing of the questions and our experience on the NHIS demonstrates that some recorded time lengths, particularly those in the lowest 1st percentile nationally, are just too short to allow the questions to be asked as worded. Census and NCHS are very concerned about cases where procedures are not followed, because the data are not comparable to data from cases where procedures were followed.

Q: When a respondent asks to read the questions him/herself (by sitting next to you) on the computer, the times will be shorter than average. If this action is stated in the notes to explain the shorter times, is this case accepted as complete or removed?

A: Respondents are allowed to sit and read the questions, but the FR is still required to ask all questions as worded. If the time for a Completed interview or Family, Sample Adult, or Sample Child sections is in the lowest 5th or 1st percentile, the case will be flagged.

Q: Are we penalized for time when we interview a single person with no health problems?

A: PANDA listing isn't being penalized. It is not an adverse action in the sense that a suspension, termination, or Level 1 rating would be. If all questions are asked as worded, a case like this should not be flagged. NCHS realizes that Complete interview time varies more than the times on the Family, Adult, and Sample Child sections. This is why NCHS makes decisions on removing case records based on Family, Sample Adult, and Sample Child times, but not on the Complete Interview times.

REINTERVIEW

Q: What percent of cases are reinterviewed?

A: About 7% of cases are reinterviewed.

PART F
SECTION 11
Sampling & Address FAQs

Topic	See Page
Address Changes & Reporting	F-65
Duplicate Addresses	F-65
Sample Design	F-65

Sampling & Address FAQs

ADDRESS CHANGES & REPORTING

Q: When is it appropriate to change an address in case management without sending a referral?

A: You can change an address in case management if there is an obvious typo in the street name, zip code, transposed house number, missing unit designation, etc. FRs should not change addresses in case management without confirming the change with an official source (the respondent, post office, etc.) nor should changes be made to force the “ground” and case management to match when the sample unit simply cannot be located.

DUPLICATE ADDRESSES

Q: How far do we go to confirm a duplicate address? If the respondent says she did this survey 1 year ago? 5 years ago?

A: An FR can report a potential duplicate within the same design – the 2010 design being the current one. DSMD can confirm duplication within the 2010 design.

SAMPLE DESIGN

Q: What percentage of the U.S. population is represented in the NHIS? How many sample addresses do we have nationally for NHIS each year?

A: NHIS is representative of the entire civilian, non-institutionalized U.S. population. Less than 2% of the population is institutionalized or in the military, so the NHIS represents greater than 98% of the population. The normal annual sample size (with no sample expansion) is approximately 65,000 housing units per year, resulting in 36,000 completed interviews of 87,500 individuals.

Q: Are we going to a larger sample size to balance the higher number of refusals we are receiving?

A: No, the larger sample enables calculation of state and community estimates on a broad range of health and health care measures.

Q: Why do we have some cases one month and no cases the next month (example, 5 cases in September, 25 in October, 18 in November, 0 in December)?

A: We attempt to evenly distribute the workload in counties that had a lot of sample, but some of them don't have sample each

month if the total annual sample size in the county is too small.

Q: How can the sample be representative if our cases rarely have non-Hispanic or non-African Americans?

A: An individual FR's workload is **not** representative of the full NHIS sample. While an individual FR's workload may be entirely composed of minorities of different descriptions, other FRs will have assignments that are in areas that are almost entirely Caucasian.

Q: Is there a way to oversample to avoid falling response rates?

A: We continue to monitor the effect of response rates on data quality. However, should sample increases become necessary to maintain data quality, oversampling particular groups would only address the problem if those groups had higher nonresponse rates than most other groups.

Q: Why don't we oversample the sorts of households prone to Type A nonresponse at a higher rate?

A: Households that participate in the survey are different than those that do not. This can lead to survey results that do not represent the entire US population. This is not a problem that is unique to the NHIS. There are several ways to deal with this problem. One way is to oversample but another way is to use the neighborhood observation information (NOI) to try and identify households likely to be Type As. Then, these households may be targeted for more follow up or have additional statistical adjustments to counter any biases that arise.

PART F
SECTION 12
Miscellaneous FAQs

Topic	See Page
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Race/Culture/Ethnicity Issues	F-68
Workload	F-69
Healthy People 2020	F-69

Miscellaneous FAQs

BILINGUAL FIELD REPRESENTATIVES (FRs)

Q: Is there an organized list of Asian and Spanish speaking interviewers for FRs to use as a resource in areas with high minority populations?

A: Each Regional Office maintains a list of interpreters to assist FRs in completing cases in which the respondent speaks another language. FRs should contact their supervisor to reference this list.

INTERPRETERS

Q: Are there interpreters for different languages? Is there anyone available for sign language, if we have need for someone to translate?

A: Occasionally, you may require the services of a foreign or sign language interpreter. If you need to use an interpreter, other than a family member, because of a language barrier, ask if the respondent is willing to have another person act as an interpreter. If the respondent objects or you cannot locate an interpreter nearby at the time of the interview, call your supervisor to determine if another FR who speaks the respondent's language can conduct the interview later. If the respondent agrees to an interpreter, locate an interpreter and have them read and sign Form BC-1415 titled, "Contract for Interpreter Services." This form **must** be signed by anyone other than a family member who interprets--even friends and neighbors must sign. *Please see Section 2.C of the 11-55, Handbook for Schedule A Employees.*

RACE/CULTURE/ETHNICITY ISSUES

Q: If a female is selected as the Sample Adult but the head of the household objects, what do you recommend we do?

A: If a cultural situation arises, for instance, a female Sample Adult is selected but the respondent's culture does not allow women to speak to the FR, the following guidelines should be followed: If the gender or cultural background of the FR is the issue, another FR of a different gender or cultural background could be sent to conduct the interview. Also, the FR could ask whether the interview would be allowed if the spouse were present during the interview. Similarly, an offer could be made to conduct the interview over the telephone. For major cultural or religious issues where no options are acceptable, the FR can call the Regional Office for permission to conduct a proxy interview.

All instances of such proxy interviews should be well

documented in the interviewer notes for the case. FRs should take special care in entering the appropriate information into PROX1, "Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves. Is a family member or caregiver that is knowledgeable about [Sample Adult]'s health available?" in the Sample Adult Questionnaire, and NONRES, "Did a non-household member act as a respondent for this survey?" in the Back section.

WORKLOAD

Q: Is there any way to know our assignment numbers before the first of the month to allow for better planning of our time?

A: Contact your Field Supervisor (FS), who will inform you of your assignment size for the coming months. FSs will contact their Survey Statistician (SSF) for the same information.

HEALTHY PEOPLE 2020

Q: Can you share more about the Healthy People 2020 Initiative and how the work on the NHIS fits into the roll out of the program? Is the public aware of the campaign?

A: Healthy People 2020 - For comprehensive information go to: <https://www.healthypeople.gov/>

Healthy People 2020 is a continuation of four previous healthy people government initiatives. There are more than 1,200 objectives in Healthy People 2020. Each Healthy People 2020 objective has a:

- reliable data source
- baseline measure
- target for specific improvements to be achieved by the year 2020

Many objectives focus on interventions that are designed to reduce or eliminate illness, disability, and premature death among individuals and communities. Others focus on broader issues such as improving access to quality health care.

Role of the NHIS: The HIS survey is a reliable data source that can provide baseline measures, and also track changes over time on many specific indicators linked to Healthy People 2020 objectives. Therefore, the HIS is critical to evaluating the progress the country has made on achieving the pre-defined objectives. Some of the HIS questions being used to monitor progress towards achieving the Healthy People objectives have

been in the survey for a long time and were not originally linked to the initiative. However, other questions have been purposefully put into the HIS to help meet the data needs of Healthy People 2020 objectives.

Public awareness of Healthy People 2020: The Healthy People objectives are the foundation for many federal health prevention initiatives. Therefore both:

- health professionals working at the federal, state or local level, and
- those working for or with community organizations implementing programs to improve health and well being,

are very aware of the initiative and are likely in some way involved either through implementation of the prevention programs or through work to evaluate progress towards goals. However, it is difficult to say if members of the community, not working in a related field, will be aware of the Healthy People 2020 initiative. It is possible that many members of the public will never have heard of Healthy People 2020.

Example of a Healthy People 2020 in Action:

<https://www.healthypeople.gov/2020/healthy-people-in-action/story/healthy-people-2020-work-community-door-door-program>