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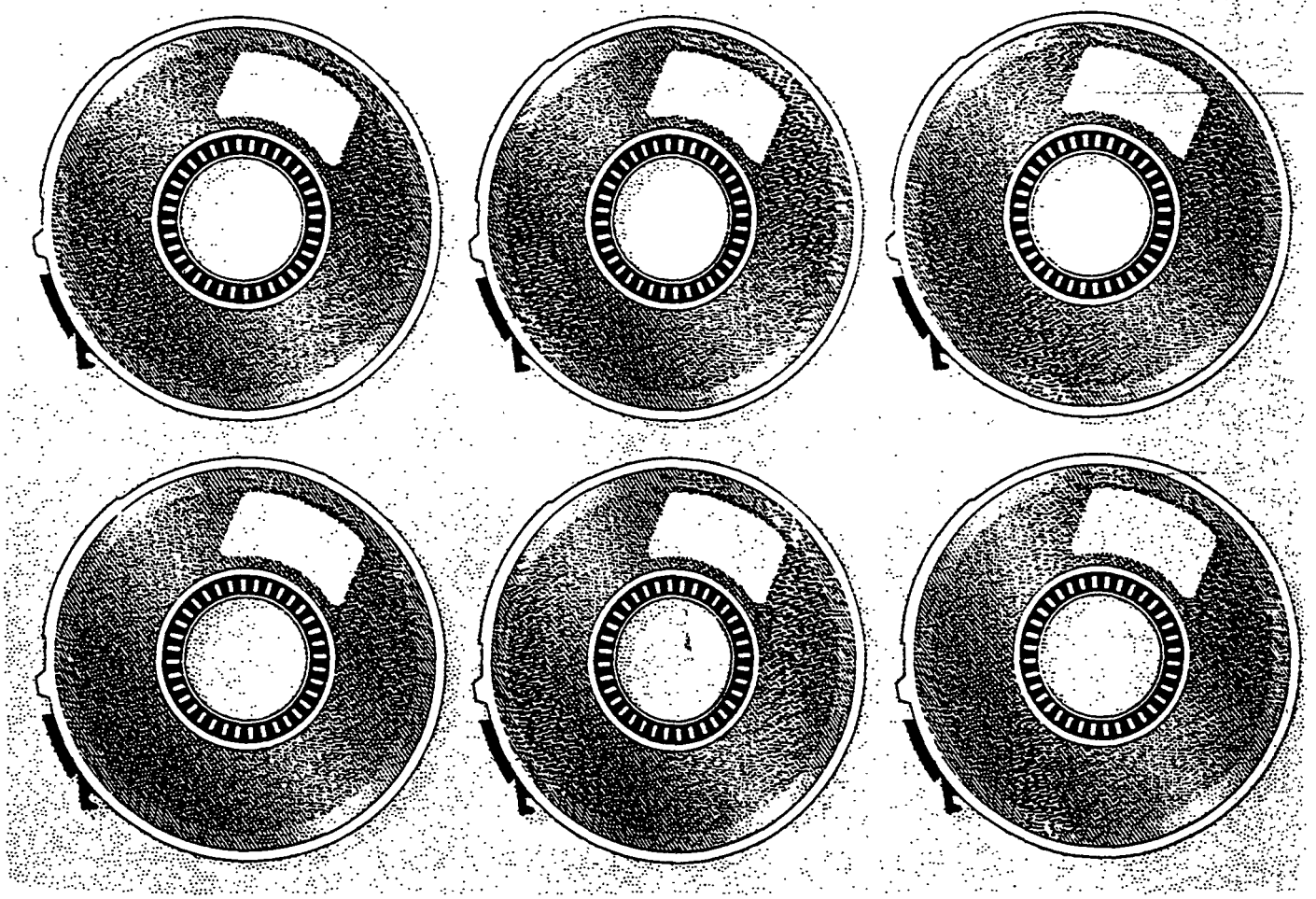
Part II – Field Representative's Manual, HIS-100

National Health Interview Survey, 1986



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

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National Health Interview Survey 1986

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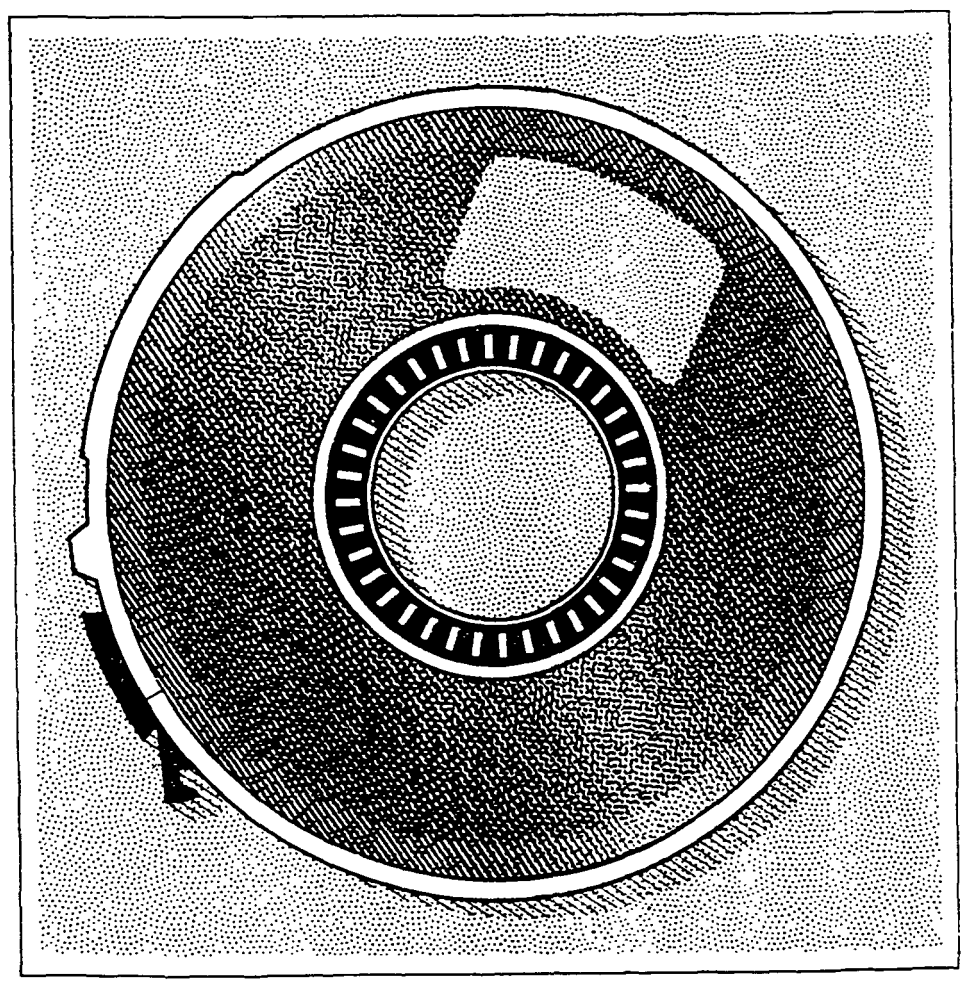

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Center for Health Statistics

Hyattsville, Maryland
October 1987

PART A

THE NATIONAL HEALTH INTERVIEW SURVEY AND YOU

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THE NATIONAL HEALTH INTERVIEW SURVEY AND YOU

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CHAPTER 1. DESCRIPTION OF THE SURVEY

A. Purpose of the National Health Interview Survey

1. General

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

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

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

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

Public and private health programs were enlarged.

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

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

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

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

2. Examples of uses of the data

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

a. Helps give direction to health expenditures

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

b. Occurrence and severity of illness and disability

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

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

c. Control of accidents

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

d. Health of the aged

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

e. Health education and research

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

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

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

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

g. Factors related to various diseases

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

3. Who uses the data

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

B. Sponsorship of the Survey

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

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

1. The National Health Interview Survey (HIS)

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

2. The National Health and Nutrition Examination Survey (HANES)

The National Health and Nutrition Examination Survey, as the name suggests, collects health information primarily by means of an actual clinical examination. Census interviewing played an important role in past cycles of this survey in that it identified the representative sample of persons who were asked to participate in the examinations. The latter were conducted by doctors and dentists from the Public Health Service.

3. The National Hospital Discharge Survey (HDS)

The National Hospital Discharge Survey collects information on hospital stays for persons discharged from short-stay hospitals, such as length of stay, age, race, sex, marital status, diagnoses, and operations.

4. The National Medical Expenditures Survey (NMES)

The National Medical Expenditures Survey contains information on health, access to and use of medical services, associated charges and sourves of payment, and health insurance coverage.

C. Design of the HIS Sample

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

1. Selection of sample PSUs

The HIS sample is designed as follows:

a. All the counties in the United States, as reported in the 1980 Decennial Census, are examined.

b. Counties which have similar characteristics, are grouped together. These include geographic region, size and rate of growth of population, principal industry, type of agriculture, etc.

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

2. Sample EDs and segments

Within each PSU:

a. A sample of Census Enumeration Districts (EDs) is selected.

b. Each selected ED is divided into either small land areas or groups of addresses. These land areas and groups of addresses are called segments.

c. Each segment contains addresses which are assigned for interview in one or more samples. Two types of segments, Area and Block, are land area segments, the third type of segment, Permit, is a sample of new construction addresses. (See paragraph 4, below.)

3. Sample units

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

4. Sample of newly constructed units

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

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

5. Sample of special places

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

6. The quarterly sample

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

The sample designation identifies the calendar year and quarter in which sample units are interviewed. For example, 861 designates the sample beginning in January 1986, 862 designates the sample beginning in April 1986, etc.

D. Scope of the survey

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

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

E. Information accorded confidential treatment

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

CHAPTER 2. YOUR JOB PERFORMANCE ON THE HIS

A. General

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

B. Basic field duties

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

1. Listing or updating units at time of interview in Permit Segments.

2. Prelisting or updating area and block segments.

3. Interviewing at units designated for the current sample in various types of segments.

You will interview households by personal interview only. Occasionally, callbacks by telephone are permitted. Courtesy and discretion at all times are especially important in gaining the confidence and cooperation of the respondents.

C. Additional duties

You will also be expected to:

1. Be available for day and evening work.

2. Read instructional material and complete home study exercises.

3. Complete your assignment within a prescribed period of time.

4. Make weekly transmittals of completed work to your office.

5. Keep an accurate daily record of the work you do, the time you spend, and the miles you travel.

6. Meet the standards of accuracy and efficiency described below.

D. Standards of performance for interviewers

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

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

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

1. Production standards

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

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

a. Planning your travel route

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

b. Reduction of callbacks

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

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

c. Efficient conduct of interviews

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

2. Quality of interviewing

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

a. Interviewer's accuracy rate

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

b. Field evaluation of interviewer's work

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

3. Performance rating

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

PART D

HOW TO CONDUCT THE HIS INTERVIEW

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PART D

HOW TO CONDUCT THE HIS INTERVIEW

CHAPTER 1. INTERVIEW FORMS

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

The interviewing materials for the 1986 HIS consist of two survey questionnaires.

A. Description of the HIS-1 Questionnaire

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

1. Household Page

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

2. Household Composition Page

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Information is also obtained to permit matching to vital statistics records maintained by NCHS and provides a contact person if the household is selected for inclusion in other NCHS sponsored surveys.

Use page 51 for footnotes.

12. Health Insurance Supplement--(Pages 52-59)

Questions on these pages obtain data on the current health insurance coverage for related household members. Information is also collected about public health insurance plans such as Medicare, Medicaid, Supplemental Security Income, and VA benefits, as well as other private health insurance plans. Questions are included to determine if persons have lost health insurance coverage due to a recent job layoff or loss.

13. Table X and Item E--(Page 60)

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

B. Description of the HIS-1(SB) Supplement Booklet

The HIS-1(SB) is made up of supplemental items. This booklet usually changes from year to year to allow the collection of detailed information on a variety of health-related topics over a period of years. The supplements for 1986 concern Longest Job Worked, Dental Health, Functional Limitations, and Vitamin/Mineral Intake. See instructions in chapter D16 for completing these supplements.

C. Format of the HIS-1 Questionnaires

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

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

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

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

3. There are five numbered Restricted Activity Pages, one for each person listed on the Household Composition Page. All information for each person will be entered on his/her corresponding Restricted Activity Page.

4. The three pages containing the Condition Lists have two Condition Lists on each page. Reported conditions are recorded in item C2 in the person's column on the Household Composition Page.

5. Each HIS-1 Condition Page, consisting of two facing pages contains questions about a single condition.

6. Basically, the questions on the Supplement Booklet are arranged in a person-column format as in 1. above. There are, however, a few "chart-type" items with questions across the top and answer spaces under them and certain questions that apply only to selected sample persons.

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

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

   a. Card HM (page 2) contains a summary table for determining who to include as a household member.

   b. Use Card A (page 3), the Age Verification Chart, with question 3 on the Household Composition Page to determine the person's age.

   c. Page 4 contains the list of independent cities to be used with question 6 on the Household Page.

   d. Use Cards CP1 through CP3 (pages 5 through 7) as guides during the interview and when editing the Condition Pages.

   e. Show Cards R and O (pages 8 and 9) to the respondent when asking the race and origin questions (3 and 4) on the Demographic Background Page. When interviewing in Spanish-speaking households, show the Spanish versions of Cards R and O on pages 26 and 27. (See paragraph 2 below for instructions on the use of Spanish cards.)

   f. Show Card I or J (pages 10 and 11), as appropriate, to the respondent when asking the income question (8b) on the Demographic Background Page. The Spanish versions are on pages 29 and 30. Page 28 contains the Spanish version of income question 8a.

   g. Show the Medicare Card (page 12) to the respondent when reading the introduction above question 1 on the Health Insurance Supplement.

      Show Card M (page 13) to the respondent when asking the reasons for not carrying health insurance (question 8). The Spanish version is on page 31.

      Page 14 contains the state names used for Medicaid (question 12).

   h. Use Cards Q and Q2 (pages 15 and 16) when completing items 4 and 5 of the Vitamin/Mineral Intake section of the supplement booklet.

i. There is a card giving the dates of various holidays in 1985 and 1986 and yearly calendars for 1985 and 1986 (pages 17, 18, and 19).

j. Show Condition List 1, 2, 3, 4, 5, or 6 to the respondent when asking the Condition List in Spanish-speaking households (pages 20-25).

k. Page 32 contains a list of items to be filled when additional questionnaires are used and instructions for determining which Condition List to ask in such situations.

l. Page 33 contains the Privacy Act listing statement and some verification examples.

m. The last page contains a brief explanation of the National Health Interview Survey and suggested introductions for both personal and telephone interviewing.

2. Use of the Spanish Cards in the Flashcard Booklet

All HIS interviewers receive the same training and instructions on how to ask questions and record responses so that all HIS interviews are conducted in a consistent manner. When conducting an interview in a Spanish-speaking household, it is equally important that the HIS concepts and procedures be applied in a similar and consistent manner. To assist in this type of interview, the Flashcard Booklet contains several cards printed in Spanish. The following provides the instructions for the use of these cards in conducting two types of Spanish interviews: (1) for utilizing a Spanish-speaking interpreter; and (2) for bilingual interviewers who conduct the interviews in Spanish.

a. When conducting the HIS interview through an interpreter:

(1) Condition List Cards 1-6 (pages 20-25)--Hand the appropriate card to the interpreter, not the respondent. Since neither the interpreter nor the respondent will have been trained on HIS procedures for administering the Condition List, explain that you will be asking the questions in English and the interpreter should relay your questions to the respondent in Spanish, using the terminology printed on the card. Be sure to follow the same procedures for asking the Condition Lists as specified on pages D11-1 through D11-12 of this manual.

(2) Race (R), Origin (O), Income (Page 28 and I and J), and Reasons for Not Having Insurance (M) (Pages 25-31)--Hand the appropriate card to the interpreter to review while you ask the question in English. The interpreter should relay your question in Spanish and hand the card to the respondent for a response.

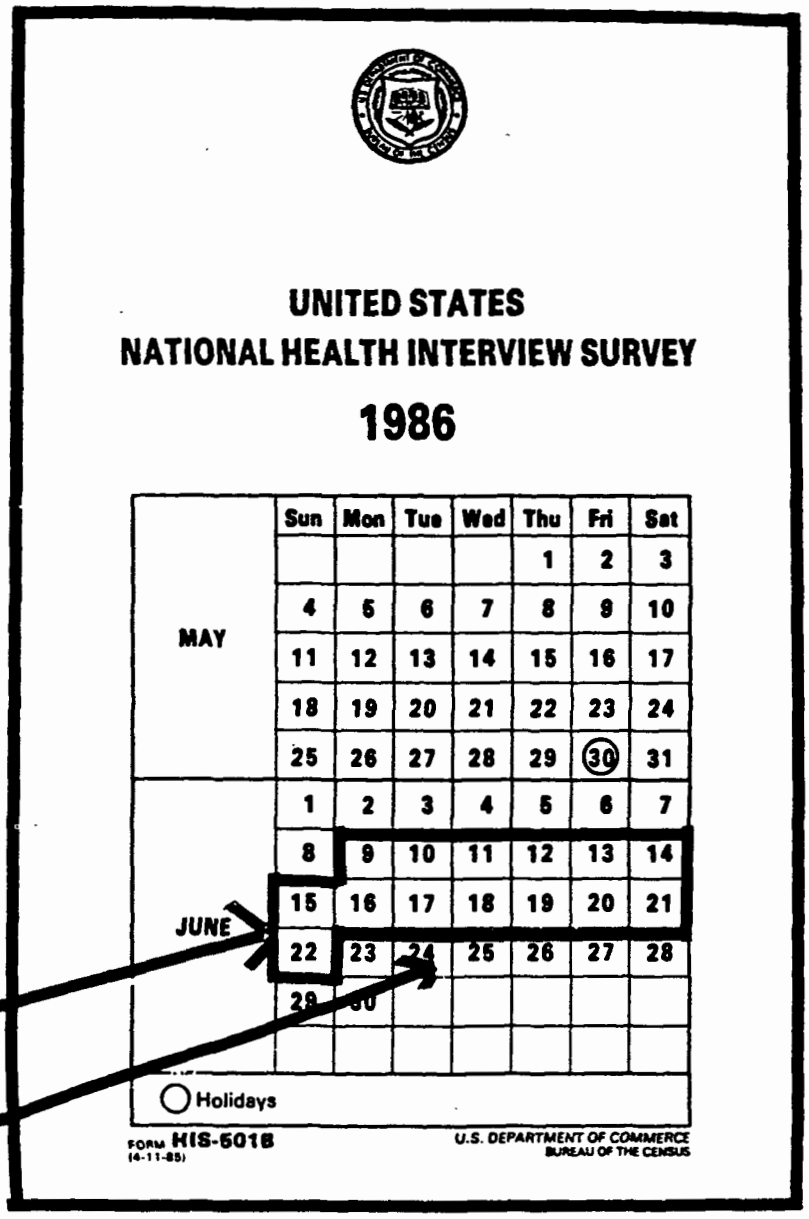
b. When conducting the HIS interview in Spanish:

(1) Condition List Cards 1-6 (pages 20-25)--Refer to the appropriate card for the terminology to be used in asking the Condition List in Spanish. Do not hand the card to the respondent. Follow the same procedures specified on pages D11-1 through D11-12 when conducting the interview in Spanish.

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

(2) Race (R), Origin (O), Income (Page 28 and I and J), and Reasons for Not Having Health Insurance (M) (Pages 25-31)--Hand the appropriate card to the respondent while you ask the question in Spanish. Use your copy of the Flashcard Booklet and refer to the wording printed on the card when asking these questions.

E. Calendar Card



UNITED STATES
NATIONAL HEALTH INTERVIEW SURVEY
1986

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

Holidays

FORM HIS-501B (4-11-85)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Red Line (the past 2 weeks)

Week 11, Sample 862 (interview week)

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

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

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

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

CHAPTER 2. GENERAL INSTRUCTIONS FOR USING THE HIS QUESTIONNAIRES

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

A. Types of Questions

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

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

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

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

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

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

B. Symbols and Print Type

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

> b. Did any other condition cause -- to [miss work / miss school / (or) stay in bed / (or) cut down] during that period?
>
> 1 ☐ Yes *(Reask 7a and b)* 2 ☐ No

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

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

7. Alternative Wording for Children Under 14 Years Old--Several questions contain alternative wording which should be used whenever you are asking about children under 14 years old. For example:

> **b. About how long has it been since [— —/anyone] last saw or talked to a medical doctor or assistant (about — —)? Include doctors seen while a patient in a hospital.**

When asking this question about children under 14 years old, use the word "anyone" in brackets and read the parenthetical "about --." For example, for 13-year-old Susan ask: "About how long has it been since anyone last saw or talked to a medical doctor or assistant about Susan? Include doctors seen while a patient in a hospital."

For persons 14 years old and over, use the "--" in brackets but do not use the parenthetical "about --." For example, for 19-year-old David ask: "About how long has it been since David last saw or talked to a medical doctor or assistant? Include doctors seen while a patient in a hospital."

8. Print Type Used--The words you read to the respondent appear in bold print, lower-case type. Stress words in all capital letters to the respondent by reading slightly louder and pausing slightly.

Special instructions in the question areas appear in light-print italics. Never read these instructions to the respondent.

These types of print do not apply to the answer spaces. Categories in the answer spaces are generally in light-face, regular type with skip instructions in italics.

In the example below, the words, "Mark box if only one condition" in italics are an interviewing instruction and should not be read aloud. Stress the word, "MAIN" when reading d since it is in capital letters.

Mark box if only one condition. **d. Which of these conditions would you say is the MAIN cause of this limitation?**	**d.**	☐ Only 1 condition _____ Main cause

9. Numbers in Boxes (3-4)--Ignore the numbers boxed in the right hand area of the answer spaces. These are used in processing and have no effect on the interview.

11.	999999999 ☐ DK ☐☐☐-☐☐-☐☐☐☐ Social Security Number *Mark if number obtained from* → 1 ☐ Memory 2 ☐ Records	70–78 79

C. Skip Instructions

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

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

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

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

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

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

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

☐ Yes 00 ☐ No *(4)*

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

00 ☐ None *(4)* No. of work-loss days [ ] *(4)*

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

E1	*Refer to age.*	**E1**	☐ Under 14 *(1b)* ☐ 14 and over *(1a)*
1a.	**During those 2 weeks, how many times did -- see or talk to a medical doctor? (Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.) (Do not count times while an overnight patient in a hospital.)**	**1a. and b.**	00 ☐ None [ ] Number of times *(NP)*
b.	**During those 2 weeks, how many times did anyone see or talk to a medical doctor about --? (Do not count times while an overnight patient in a hospital.)**		

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

Mark box if "Telephone" in 2. **5a. Did — — have any kind of surgery or operation during this visit, including bone settings and stitches?**	5a.	0 ☒ Telephone in 2 *(Next DR visit)* 1 ☐ Yes 2 ☐ No *(Next DR visit)*

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

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

1. What was — — doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? *Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.*	1.	1 ☒ Working *(2)* 2 ☐ Keeping house *(3)* 3 ☐ Going to school *(5)* 4 ☐ Something else *(5)*

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

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

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

0 ☐ Interview week *(Reask 2)*	5 ☐ 2 yrs., less than 5 yrs.
1 ☐ 2-wk. ref. pd.	6 ☐ 5 yrs. or more
2 ☐ Over 2 weeks, less than 6 mos.	7 ☐ Dr. seen, DK when
3 ☐ 6 mos., less than 1 yr.	8 ☐ DK if Dr. seen } *(3b)*
4 ☐ 1 yr., less than 2 yrs.	9 ☐ Dr. never seen } *(3b)*

2. Written Entries--For many items, space is provided for a written response. Sometimes the item will require a date or a number, as described in paragraphs a and b below. Others will require you to write in reported information as in the example below. In all cases, record exactly what the respondent says; that is, the "verbatim" response. Do not summarize, paraphrase, or condense the response. Be sure your writing is legible--if at all possible print the answer. This is especially important when entering names, addresses, and other information that may be needed for followup surveys. Use the nearest footnote space for answers which are too long to write in the space provided.

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it? EPILEPSY *(Specify)*

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3e)*
3 ☐ Normal pregnancy, normal delivery, vasectomy } *(5)*
4 ☐ Old age *(NC)*
8 ☒ Other *(3c)*

a. Date and Time Entries--Always record the month, date, and the year in that order. Use two digits for the month and date; for example, "01/08" for January eighth. Use four digits for the year unless the "19__" is preprinted. Use four digits for hour and minutes, without rounding.

3.	Date of birth Month	Date	Year
	04	17	1941

	Month	Date	Beginning time	Ending time
1	04	11	07:00 a.m.	07:44 a.m.

b. Number Entries--In many cases, a single numerical entry is required, as in the example below. However, the respondent may not be able to give an exact number but may answer in terms of a range or an interval. In such cases, assist the respondent in making an estimate by probing. For example, in the question below, if the respondent answered, "10 to 15 nights," you should probe by asking, "Could you give me a more exact number?"

In such cases, try as tactfully as possible to obtain a specific number, even if it is an estimate. However, do not force the issue to the point where it harms the interview. If the final answer is an interval or range, for example, "10-12 nights," record "10-12" in the answer space; or if the best answer you can get is an estimate, note this fact, such as, "12 est."

3. How many nights was -- in the hospital?	3.	0000 ☐ None *(Next HS)* 10-12 Nights

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

Mark box if under 18. **5a. About how tall is — — without shoes?**	5a.	☐ Under 18 *(NP)* 5 Feet 7½ Inches

12. Contact Person name	3–4		25–39	40
Last	5–24	First		Middle initial
Jackson		Marie		—

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

2a. What is the highest grade or year of regular school — — has ever attended?	2a.	00 ☐ Never attended or kindergarten *(NP)* Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 (12) College: 1 2 3 4 5 6 +

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

Ask if there are any of the following entries in 3b—f:

Tumor **Cyst** **Growth**

4. Is this [tumor/cyst/growth] malignant or benign?

1 ☐ Malignant 2 ☐ Benign 9 ☒ DK

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

e. For this [visit/call] what kind of doctor was the *(entry in 3c)* **working with or for — a general practitioner or a specialist?**	e. and f.	1 ☐ GP *(4)* 2 ☒ Specialist *(3g)* 9 ☐ DK *(4)*
f. Is that doctor a general practitioner or a specialist?		
g. What kind of specialist?	g.	dK Kind of specialist

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

E. Questions Which Are Reasked

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

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

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

Some questions contain probes such as "Anyone else?", "Anything else?", etc. Most of the time these questions do NOT contain a box to mark even though you must continue to ask the question until a "No" is received. Do NOT go back to a previous part of the question and mark the "No" box.

5a. Do you use any special equipment or aids in *(activity)*?	1 ☒ Yes 2 ☐ No *(2 for next activity with "Yes" in 1 or N4)*	18
b. What special equipment or aids do you use? **Anything else?**	Special equipment or aids outside ramp elevated chair	17–18 19–20

F. Corrections

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

G. More Than One HIS-1 Questionnaire or More Than One HIS-1(SB) Supplement Booklet

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

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

   a. There are more than five persons in the household.

   b. There are household members not related to the reference person. In such cases, complete a separate questionnaire for each unrelated household member or family group.

   c. There are more than five conditions for a person in item C2 on the Household Composition Page.

   d. There are more than four 2-week doctor visits for a family.

   e. There are more than four hospitalizations for a family.

   f. There are more than seven conditions for a family.

   g. There are more than four related persons aged 18 and over.

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

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

(2) See page 32 of the Flashcard Booklet for those items to be filled for additional questionnaires.

The number of HIS-1(SB) booklets needed in a household will depend on the household composition and vitamin/mineral intake.

2. Additional HIS-1(SB) booklets will be needed for a household if:

   a. Same as 1a and b above.

   b. There are more than two persons eligible for the Functional Limitations Supplement.

   c. There are more than three vitamin, mineral, or fluoride products for the sampe child.

   d. There are more than six vitamin, mineral, or fluoride products for the sample adult.

H. Events Starting During the Interview Week

1. Do not include any illness, hospitalization, or other health-related event starting during interview week, regardless of how serious it might be. "Interview Week" is defined as the week, Monday through Sunday, in which this interview is conducted. Data obtained in all of the weeks of interviewing throughout the year are combined to produce yearly estimates. This is only possible if all data collected during a particular week apply to the identical period of time; that is, the stated reference period. If you were to include events that happened during interview week, people interviewed at the end of the week would have a longer reference period; the information reported in different households would therefore not be comparable.

2. If you record something of this kind and afterwards learn that it should not have been included, delete or correct the entry, as appropriate, and explain the change in a footnote.

3. This rule does not apply to household membership or personal characteristics, such as age, marital status, or membership in the Armed Forces, all of which apply at the time of the interview.

4. For children born during interview week, complete questions 1 through 3 on the Household Composition Page and delete the child's column. Enter as the reason for the deletion "Born interview week." Explain to the respondent that you will ask no further questions about the child because we only obtain health data up through last Sunday night.

I. Footnotes and Comments

1. Relevant and precise footnotes or comments are often helpful at later stages of the survey (for example, during coding) in resolving problems which arise out of inconsistencies or omissions, estimates, etc. When possible, make notes or comments near the answer box containing the entry to which the explanation or comment applies, or in the nearest footnote space.

2. When you footnote an explanation or comment, indicate to which entry the note applies by writing the footnote number both at the source of the note and next to the note itself. For example:

b. About how much does — — weigh without shoes?	b.	125 ✓ Pounds
✓ Pregnant - present weight 147 pounds.		

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

15. Record of calls					FOOTNOTES
Month	Date	Beginning time	Ending time	Completed Mark (X)	4 Hhld. page, q.15
5		p.m.	p.m.		7. 07-18-09:00 (am)
6	07	15	04:30 (am)	a.m. p.m. SEE R.72	8. 07-18-02:30 (pm) X

J. Computing Answers

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

K. Flashcards

1. For some questions, flashcards are used as an aid to respondents. A question requiring the use of a flashcard is preceded by an interviewer instruction, such as "Hand Card O." The cards usually contain lists from which the respondent is asked to choose. Most of the flashcard categories are printed on the questionnaires so that you do not have to refer to the card itself.

2. If the respondent is unable to read, read the flashcard categories to him/her. All categories must be read to the respondent before you accept the response so that the person is aware of all available alternatives.

L. Conducting the Interview

1. The materials needed to conduct an interview are: HIS-600 Advance Letter, HIS-1(1986) Questionnaire, HIS-1(SB)(1986) Supplement Booklet, HIS-501(1986) Interviewer's Flashcard and Information Booklet, Segment Folder, Calendar Card, and "Thank you" letters.

2. When you receive your assignment from the regional office, complete each interview in the following manner:

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

Step 2--When you begin the interview, start by using the HIS-1 questionnaire and verify the sample address (6a) with the respondent and ask 6b. Be sure all entries in 6a and/or 6b are complete and legible - print. Complete items 7, 8, and Table X, if required, and items 9 and 10.

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

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

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

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

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

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

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

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

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

Step 12--Complete the Health Insurance Supplement, pages 52-59.

Step 13--Take out a HIS-1(SB) and complete the Cover Page identification information, and the sample person selection items 6-8, as appropriate.

Step 14--Complete the Supplement Booklet.

Step 15--Complete the Supplement Cover Page.

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

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

CHAPTER 3. RESPONDENT RULES

A. Overall Objective

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

B. General Definitions

1. Adult--A person 19 years old or over or a person under 19 years old who has ever been married.

2. "Eligible respondent"--A person who may respond to questions beyond the Household Composition items, questions 1 and 2, on page 2. See paragraph C2 of this chapter for more detailed information.

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

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

5. Reference person--This is the person or one of the persons who owns or rents the sample unit, that is, the first person mentioned by the respondent in answer to question 1a on the Household Composition Page. For persons occupying the sample unit without payment of cash rent, the reference person is the first adult household member named by the respondent. This person must be a household member of the sample unit. (See instructions for question 1a on page D5-2.)

6. Related--Related by blood, marriage, or adoption. Consider foster children and wards as related when determining family membership.

7. Respondent--A person who provides answers to the questions asked.

   a. Self-respondent--A person who responds to questions about himself/herself.

   b. Proxy-respondent--A person who responds to questions about other household members.

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

C. General Instructions

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

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

   b. It may be necessary before asking these questions to determine whether or not the person to whom you are speaking is actually a household member. Use the "Household Membership" rules in your Flashcard Booklet.

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

   NOTE: The Functional Limitations and the Vitamin/Mineral Supplements in the HIS-1(SB) Supplement Booklet have specific respondent rules. See Chapter 16 for detailed explanations.

   a. Adults

      (1) Responsible adult members of the household may answer the remaining questions for all related household members of any age.

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

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

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

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

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

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

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

(1) When interviewing in a prep or boarding school where the occupants are under 17, arrange for a responsible, knowledgeable person to be present during the interview. The child may or may not respond for himself/herself, depending on his/her ability to provide adequate responses. Enter a footnote to explain the situation; for example: "Headmaster responded," "Counselor present."

(2) A child who is a ward or foster child and is not related to any adult eligible respondents should be reported in the same manner as a related child. Consider this child a family member; that is, do not enter this child's name on a separate questionnaire. The person who is responding for the rest of the family with whom the child is living should also respond for the child.

d. Exceptions to Eligible Respondent Rules

(1) If an unmarried couple is living together as husband and wife, as determined by the relationship reported in question 2, interview them together on a single set of questionnaires, regardless of their ages. Each may respond for the other and for any of their children. However, unless the person is aged 19 or older (or has ever been married), he/she may not respond for any other related household members.

(2) Unmarried persons living with one or more of their children may respond for themselves and for their children regardless of their own age, even if living with their parents. However, persons under 19 who have never been married cannot respond for any household members other than their own children.

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

e. Persons Not Related to the Reference Person

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

3. Return Visit May Be Necessary

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

CHAPTER 4. HOUSEHOLD PAGE

Overall Objective

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

1 **Item 1, Book of Books** 1

1. Book ___ of
___ books

Instructions

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

This item on the HIS-1 questionnaire refers only to the number of HIS-1 questionnaires used for this interview. Do not include a count of the HIS-1(SB) Supplement Booklets used.

Items 2 through 5, Identification

2-5

2. R.O. number	3. Sample

4. Segment type	5. Control number		
☐ Area ☐ Permit ☐ Block	PSU	Segment	Serial

A. Objective

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

B. Instructions

1. Two or More HIS-1 Questionnaires for One Household--For second and additional HIS-1 questionnaires prepared for the household, transcribe items 2-5, including serial number, from the first questionnaire for the household.

2. EXTRA Units and Units Added on Sample Lines When Listing or Updating--For such sample units to which serial numbers have not been preassigned, transcribe items 2-5, except for the serial number, from any other unit in the segment. Leave the space for serial number blank. When the office assigns a serial number to the unit, it will be recorded in item 5.

Question 6, Address

6

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

A. Objective

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

B. Instructions

1. Question 6a

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

a. Make any necessary corrections and additions to make the address complete, including the county and ZIP code. For persons who live in Alaska or Louisiana, enter the name of the borough or parish, respectively, on the "County" answer line. Refer to paragraphs 1e and f below for instructions on how to enter independent cities in the county box. Cross out, DO NOT ERASE, incorrect entries once you have verified that you are at the correct sample unit. Any address correction made in 6a must also be made on the listing sheets as instructed in part B. Be sure all entries, both yours and those made by the regional office, are legible. Correct as necessary: print if possible.

b. In area segments, you will often find a descriptive address entered in 6a, such as, "Red brick 2-story colonial, etc...." DO NOT cross out this entry. In these cases, the respondent will most likely respond to question 6a by giving you the mailing address, such as a box number, or rural route number. Print such information in item 6b, and then ask the item 6b question, making whatever changes are necessary. If the respondent gives you a house number in response to 6a, enter the house number in 6a above the descriptive address. Then ask 6b as usual.

Address (Continued)

6

c. For EXTRA units, fill item 6a with an accurate unit description so that the EXTRA unit can easily be distinguished from the original unit.

d. For units added on sample lines when listing or updating which have no serial numbers preassigned, transcribe the address for 6a from the listing sheet and segment folder.

e. If a person lives in an independent city (as defined in the list of independent cities in your Flashcard Booklet), print the city name on the "County" answer line and footnote "Independent city," in the answer space area in question 6.

f. If you are given the names of both an independent city (as defined in the list of independent cities) and a county, probe to determine if the home is inside or outside the limits of the city. For example, when you ask, "What is your exact address?", the respondent says, "111 Main Street, Charlottesville, VA, ZIP code 22902, Albermarle County." Ask if this house is inside or outside the city limits of Charlottesville. If within the city limits, print "Charlottesville" in the county space and footnote "Independent city." If outside the city limits, print "Albermarle" on the county line. Use this probe procedure any time you think the independent city and county entries are inconsistent or incorrect.

g. If you have difficulty locating the sample unit in area and block segments, refer to the sheet and line number to the right of the address in 6a. The address (or description) on the listing sheet, as well as those on adjacent lines of the listing sheet, may help you locate the sample unit. In some cases, you may find that the address/description in these types of segments was incorrectly transcribed from the listing sheet to the HIS-1: make any necessary corrections as instructed in paragraphs B1a and B1b above.

2. Question 6b

a. If the address in 6a is identical to the mailing address, mark the box "Same as 6a" in 6b. If a descriptive address is recorded in 6a (for example, "Red house") and the response to 6a is a valid address (for example, 100 Main Street") which you print in 6a, mark the "Same as 6a" box in 6b if the response to 6b is identical (that is, "100 Main Street"). If there are any differences, print the complete mailing address in 6b, if you have not already done so, as described in paragraph 1b above. ALWAYS include the county and ZIP code in 6b.

b. The mailing address should be as complete as possible; for example, an adequate urban mailing address includes house number (and apartment number, if any), street, name of city supplying postal service, county, and ZIP code. In rural areas, an adequate mailing address includes route no. (box no., if any), name of Post Office, county, and ZIP code. General delivery or box no. and P.O., city, and ZIP code are also acceptable mailing addresses.

c. The instructions in paragraphs 1e through 1g above apply to question 6b as well.

3. Item 6c

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

a. See part B, Chapter 4, for information on special place procedures. A complete list and description of the types of special places is given in part C, Table A.

b. For EXTRA units, transcribe the special place name from item 6c on the HIS-1 for the original sample unit to item 6c on the new HIS-1 for the EXTRA unit.

7 **Question 7, Year Built** 7

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

A. Objective

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

B. Definition

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

C. Instructions

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

   a. If the structure containing the sample unit was built before 4-1-80:

      (1) Mark the "Before 4-1-80" box.

      (2) Continue the interview.

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

(1) Mark the "After 4-1-80" box.

(2) Ask item 8c, if required.

(3) End the interview.

(4) Mark the Type C noninterview reason, "Built after April 1, 1980," in item 14.

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

2. EXTRA Units

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

3. Exceptions

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

Question 8, Coverage

8

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

A. Objective

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

B. Instructions

1. For units in area and block segments, your office will indicate which of questions 8a-c you are to ask by marking the appropriate box(es) in the heading of item 8.

2. If you find that a sample unit is a Type A or B noninterview, ask 8a, b, or c of a janitor, apartment manager, neighbor, etc. If you find that a sample unit is a Type C noninterview, ask question 8c (if it is marked) of a knowledgeable person in the area. Modify the question to refer to the noninterview unit. For example, in asking 8a of a neighbor, you should say, "Are there living quarters for more than one group of people in that vacant house next door?"

3. If the answers to questions 8a, 8b, and 8c are "No," continue with item 9.

4. If the answer to question 8a, 8b, or 8c is "Yes," fill Table X on the back of the HIS-1 and then continue with item 9.

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

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

Item 9, Land Use

9

9a. LAND USE
1 ☐ URBAN (10)
2 ☐ RURAL
— Reg. units and SP. PL. units coded 85–88 in 6c — Ask item 9b
— SP. PL. units not coded 85–88 in 6c — Mark "No" in item 9b without asking

b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to $1,000 or more?
1 ☐ Yes
2 ☐ No
(10)

A. Objective

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

B. Definitions

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

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

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

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

C. Instructions

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

1. Item 9a

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

2. Item 9b

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

a. Farms subsidized by the government--If the respondent indicates that he/she is subsidized by the government not to grow certain crops, include the amount of the subsidy only if the place would have received income from the sale of these crops had they been grown. For example, if a farmer has received income from the sale of corn for a number of years, but is presently being subsidized not to grow corn, include the amount of the subsidy in item 9b.

b. More than one unit--If there is more than one sample unit on a place, one of which is occupied without payment of cash rent, the answer for each unit must be the same.

c. Recent mover--If the respondent has recently moved to the place, and has not yet sold any farm products, explain that item 9b refers to sales made from the place during the past 12 months, either by her/him or someone else. It is possible that the respondent may know, in a general way, the amount of sales. If the respondent is unable or unwilling to make an estimate, footnote the situation in the margin on the Household Page or in the "Footnotes" section on page 2 of the HIS-1 and continue with item 10.

d. Noninterviews--If a rural sample unit is a Type A or B noninterview, try to obtain the information for 9b by asking neighbors. If you cannot obtain information on the value of produce, footnote the situation in the margin on the Household Page or in the "Footnotes" section on page 2 of the HIS-1 and continue with item 10.

Item 10, Classification of Living Quarters

10

10. CLASSIFICATION OF LIVING QUARTERS — *Mark by observation*

a. LOCATION of unit

Unit is:

☐ In a Special Place — *Refer to Table A in Part C of manual; then complete 10c or d*

☐ NOT in a Special Place *(10b)*

b. Access

☐ Direct *(10c)*

☐ Through another unit — *Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)*

c. HOUSING unit *(Mark one, THEN page 2)*

01 ☐ House, apartment, flat
02 ☐ HU in nontransient hotel, motel, etc.
03 ☐ HU-permanent in transient hotel, motel, etc.
04 ☐ HU in rooming house
05 ☐ Mobile home or trailer with no permanent room added
06 ☐ Mobile home or trailer with one or more permanent rooms added
07 ☐ HU not specified above — *Describe in footnotes*

d. OTHER unit *(Mark one)*

08 ☐ Quarters not HU in rooming or boarding house
09 ☐ Unit not permanent in transient hotel, motel, etc.
10 ☐ Unoccupied site for mobile home, trailer, or tent
11 ☐ Student quarters in college dormitory
12 ☐ OTHER unit not specified above — *Describe in footnotes*

A. Objective

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

B. Definitions

1. Housing unit--Refer to part C, topic 10, of this manual for the definition.

2. Direct access--Refer to part C, topic 10, of this manual for the definition.

3. OTHER units--Living quarters located in certain types of special places such as institutions, dormitories, and boarding houses where the residents have their own rooms, groups of rooms, or beds and also have some common facilities such as a dining hall, lobby or living room, or recreational area.

C. Instructions

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

1. Item 10a

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

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

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

2. Item 10b

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

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

4. Item 10c

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

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

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

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

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

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

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

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

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

5. Item 10d

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

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

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

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

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

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

6. Type B noninterview

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

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

(11) Question 11, Telephone Number (11)

11. What is the telephone number here? ☐ None	Area code/number

A. Objective

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

B. Instructions

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

2. If you are given a number for a telephone not in the household (e.g., a neighbor's number, a work number, etc.) footnote the location of the telephone.

(12)-(13) Items 12 and 13, Interview Observed, Interviewer's Name and Code (12)-(13)

	12. Was this interview observed? 1 ☐ Yes 2 ☐ No
13. Interviewer's name	Code

Instructions

1. Item 12, Observed Households--Fill item 12 for all households. If anyone accompanies you during the interview, consider this as an observation.

2. Item 13, Name and Code of Interviewer--PRINT your name in the space provided on all questionnaires after you have completed the entire interview for a household or are turning in the questionnaire as a final noninterview. Also, enter the code which has been assigned to you by your office.

Item 14, Noninterview Reason

(14)

14. Noninterview reason

TYPE A

01 ☐ Refusal — *Describe in footnotes*
02 ☐ No one at home, repeated calls
03 ☐ Temporarily absent — *Footnote*
04 ☐ Other *(Specify)* ↓

Fill items 1–6a, 7 and 9 as applicable; 10, 12–15

TYPE B

05 ☐ Vacant — nonseasonal
06 ☐ Vacant — seasonal
07 ☐ Occupied entirely by persons with URE
08 ☐ Occupied entirely by Armed Forces members
09 ☐ Unfit or to be demolished
10 ☐ Under construction, not ready
11 ☐ Converted to temporary business or storage
12 ☐ Unoccupied site for mobile home, trailer, or tent
13 ☐ Permit granted, construction not started
14 ☐ Other *(Specify)* ↓

Fill items 1–6a, 7–9 as applicable; 10, 12–15

TYPE C

15 ☐ Unused line of listing sheet
16 ☐ Demolished
17 ☐ House or trailer moved
18 ☐ Outside segment
19 ☐ Converted to permanent business or storage
20 ☐ Merged
21 ☐ Condemned
22 ☐ Built after April 1, 1980
23 ☐ Other *(Specify)* ↓

Fill items 1–6a, 8c if marked; 12–15, send Inter-Comm.

A. <u>Objective</u>

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

B. <u>Definition</u>

<u>Noninterview household</u>--One for which information is not obtained because:

1. The unit is occupied but an interview was not possible.

   or

2. The unit is occupied entirely by persons not eligible for interview.

   or

3. The unit is not occupied or not eligible for interview.

C. Instructions

Return a HIS-1 questionnaire for each noninterview sample unit. Mark the noninterview reason in item 14 and fill other items as indicated on the questionnaire. If possible, obtain the name, title (neighbor, landlord, etc.), and telephone number of the person who identified the unit as a noninterview. Enter all pertinent information in a footnote either in the margin on the Household Page or on page 60 of the HIS-1.

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

1. Type A Noninterviews

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

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

Explain the circumstances on an Inter-Comm, attach it to the HIS-1 involved, and mail it to the regional office with your other completed work. Your office will send a letter to the respondent (carbon copy to you) requesting the household's cooperation and stating that you will call on them again. If your supervisor will be in the area on other business, he/she may also visit the refusal household to try to obtain their cooperation.

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

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

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

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

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

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

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

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

AND

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

AND

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

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

AND

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

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

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

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

Among others, these reasons could include the following:

"No eligible respondent available"

"Death in family"

"Household quarantined"

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

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

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

Noninterviewed Persons

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

2. Type B Noninterviews

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

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

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

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

Report vacant units as follows:

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

b. Occupied entirely by persons with URE

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

c. Occupied entirely by Armed Force members

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

d. Unfit or to be demolished

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

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

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

e. Under construction, not ready

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

f. Converted to temporary business or storage

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

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

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

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

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

h. Permit granted, construction not started

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

i. Other Type B

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

3. Type C Noninterviews

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

a. Unused line of listing sheet

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

b. Demolished

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

c. House or trailer moved

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

d. Outside segment

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

e. Converted to permanent business or storage

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

f. Merged

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

g. Condemned

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

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

h. Built after April 1, 1980

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

i. Other - specify

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

(15) (15)

Item 15, Record of Calls

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

A. Definitions

1. Beginning time--The time you knock on the door.

2. Ending time--The time you finish asking the last question on both questionnaires.

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

B. Instructions

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

15

Record of Calls (Continued)

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

   a. Circle "a.m." or "p.m." as appropriate. For example,

15. Record of calls					
	Month	Date	Beginning time	Ending time	Completed Mark (X)
1	08	27	11:41 a.m. p.m.	12:21 a.m. p.m.	X

   b. Enter exact times, without rounding, using 4 digits.

   c. Enter an "X" in the "Completed" column even if there are some items requiring a callback, such as detail on doctor visits, hospitalizations, or to complete the Supplement Booklet.

   d. If more than six calls are made to a household, continue recording the calling information in the footnotes.

3. Complete item 15 on a separate questionnaire for each separate family unit. Enter the date and time of each call made and the beginning and ending time of interview for unrelated person(s) interviewed on separate questionnaire(s). Enter this information on the separate questionnaire even though you may not have to return to the household at a different time to interview these persons.

   a. If an interview is obtained for a family unit, but not for an unrelated person, mark the "Completed" column on the family's questionnaire but not on the questionnaire prepared for the unrelated person.

   b. For unrelated household members, mark "X" in item 15 on each questionnaire that was completed for each unrelated person or group that was interviewed.

4. For noninterviewed households, enter only the dates and times when attempts were made. Leave the "Ending time" blank, and do not "X" the "Completed" column.

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

Example 1

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

15. Record of calls

	Month	Date	Beginning time	Ending time	Completed Mark (X)
1	10	04	11:18 a.m. p.m.	a.m. p.m.	
2	10	05	07:30 a.m. p.m.	08:04 a.m. p.m.	X
3			a.m. p.m.	a.m. p.m.	
4			a.m. p.m.	a.m. p.m.	
5			a.m. p.m.	a.m. p.m.	
6			a.m. p.m.	a.m. p.m.	

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

15. Record of calls

	Month	Date	Beginning time	Ending time	Completed Mark (X)
1	10	05	08:04 a.m. p.m.	a.m. p.m.	
2	10	06	06:10 a.m. p.m.	06:41 a.m. p.m.	X
3			a.m. p.m.	a.m. p.m.	
4			a.m. p.m.	a.m. p.m.	
5			a.m. p.m.	a.m. p.m.	
6			a.m. p.m.	a.m. p.m.	

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

Example 2

Person 1

15. Record of calls

	Month	Date	Beginning time	Ending time	Completed Mark (X)
1	11	16	01:14 a.m. / p.m.	01:45 a.m. / p.m.	X
2			a.m. / p.m.	a.m. / p.m.	
3			a.m. / p.m.	a.m. / p.m.	
4			a.m. / p.m.	a.m. / p.m.	
5			a.m. / p.m.	a.m. / p.m.	
6			a.m. / p.m.	a.m. / p.m.	

Person 2

14. Noninterview reason

TYPE A

01 ☐ Refusal – Describe in footnotes
02 ☐ No one at home, repeated calls
03 ☒ Temporarily absent – Footnote
04 ☐ Other (Specify)

Fill items 1–6a, 7 and 9 as applicable; 10, 12–15

15. Record of calls

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

✓ out of town for 3 wks. – DK where

Person 3

15. Record of calls

	Month	Date	Beginning time	Ending time	Completed Mark (X)
1	11	16	01:45 a.m. / p.m.	a.m. / p.m.	
2	11	17	07:19 a.m. / p.m.	07:53 a.m. / p.m.	X
3			a.m. / p.m.	a.m. / p.m.	
4			a.m. / p.m.	a.m. / p.m.	
5			a.m. / p.m.	a.m. / p.m.	
6			a.m. / p.m.	a.m. / p.m.	

Items 16 and 17, Record of Callbacks

16-17

16. List column numbers of persons requiring callbacks, and mark appropriately.

☐ None

Col. No.	SS No.	Section P	SP

17. Record of additional contacts

	Month	Date		Beginning time	Ending time	Completed Col. No.
1			P T	a.m. p.m.	a.m. p.m.	
2			P T	a.m. p.m.	a.m. p.m.	
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	

A. Objective

These items enable you to identify which person(s) require a callback and to record information concerning callbacks made to complete the Demographic Background Page (question 11), the Functional Limitations Supplement (Section P), and/or the adult sample person pages of the Supplement Booklet (Section Q).

B. Instructions

1. If all appropriate sections were completed during the initial interview, and the Social Security number was obtained, mark the "None" box in item 16. Otherwise, enter the column number(s) of all persons for whom a callback must be made and make a check mark in the appropriate column(s). Determine the best time for a callback and enter this in the margin on the Household Page if possible, or in the "Footnotes" space on page 60 of the HIS-1. If more than three persons require a callback, also enter this in the margin or on page 60. Refer to chapter D16 for instructions on callbacks.

2. Use item 17 to record information concerning callbacks made to complete the required section. Enter the date and beginning time each time you contact the household, regardless of whether or not an interview is obtained. Do not include telephone calls resulting in busy signals, wrong numbers, no one at home, etc. Do, however, record personal visit attempts even if no one was home. Also enter the column number(s) of the appropriate person(s) in the "Completed Col. No." space to indicate on which callback the interview was completed. Do not enter the column numbers of persons for whom the required information was not obtained; instead, footnote either in the margin on the Household Page or on page 60 of the HIS-1, as well as on the supplement itself, the reason(s) these persons were not interviewed.

3. Circle "P" for personal or "T" for telephone to indicate how the callback was made.

4. Illustration of How to Fill Items 16 and 17

Example 1

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

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

Col. No.	SS No.	Section P	SP
1	X		
4		X	

17. Record of additional contacts

	Month	Date		Beginning time	Ending time	Completed Col. No.
1	02	15	P (T)	a.m. 07:00 (p.m.)	a.m. 07:35 (p.m.)	4
2	02	16	P (T)	a.m. 11:10 (p.m.)	a.m. 11:11 (p.m.)	1
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	

Example 2

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

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

Col. No.	SS No.	Section P	SP
2			X

17. Record of additional contacts

	Month	Date		Beginning time	Ending time	Completed Col. No.
1	07	14	(P) T	a.m. 04:35 (p.m.)	a.m. 05:00 (p.m.)	2
2			P T	a.m. p.m.	a.m. p.m.	
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	

Example 3

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

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

Col. No.	SS No.	Section P	SP
2		X	
3			X

17. Record of additional contacts

	Month	Date		Beginning time	Ending time	Completed Col. No.
1	01	27	P (T)	a.m. 05:30 (p.m.)	a.m. 05:35 (p.m.)	2
2	01	27	P (T)	a.m. 06:35 (p.m.)	a.m. 06:00 (p.m.)	3
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	

CHAPTER 5. HOUSEHOLD COMPOSITION PAGE

Overall Objective

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

(1) **Question 1, Household Composition** (1)

1a. What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. *Enter name in* **REFERENCE PERSON** *column.*

b. What are the names of all other persons living or staying here? *Enter names in columns.*

c. I have listed *(read names)*. **Have I missed:**

	If "Yes," enter names in columns Yes	No
– any babies or small children?	☐	☐
– any lodgers, boarders, or persons you employ who live here?	☐	☐
– anyone who USUALLY lives here but is now away from home traveling or in a hospital?	☐	☐
– anyone else staying here?	☐	☐

d. Do all of the persons you have named usually live here? ☐ Yes *(2)* ☐ No *(APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1–C2 and enter reason.)*

Probe if necessary:

Does — — usually live somewhere else?

1.	First name	Mid. int.	Age
	Last name		Sex 1☐M 2☐F

A. Objective

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

B. Definitions

1. Reference person--The first household member 19 years or older mentioned by the respondent in answer to question 1a, i.e., the person who owns or rents the sample unit. If no household member occupying the sample unit owns or rents the unit, the reference person is the first household member mentioned who is 19 years of age or older.

2. Household--The entire group of persons who live in one housing unit or one OTHER unit. It may be several persons living together or one person living alone. It includes the reference person, any relatives living in the unit, and may also include roomers, servants, or other persons not related to the reference person.

3. Household member--Consider the following two categories of persons in a sample unit as members of the household.

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

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

C. Instructions

1. Questions 1a-b

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

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

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

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

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

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

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

- Reference person
- Spouse of the reference person
- Unmarried children of the reference person or spouse in order of their ages, beginning with the oldest
- Married sons and daughters (in order of age) and their families in order: husband, wife, children
- Other 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 correct your entries. However, to avoid this you may ask, "Which of the children is the oldest?", "Begin with the oldest unmarried child," or some similar probe.

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

1.	First name / Mid. init.	Age	First name / Mid. init.	Age
	Nancy C.		Larry B	
	Last name	Sex 1 M 2 F	Last name	Sex 1 M 2 F
	Campbell		—	

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

	16			27		
1.	First name: Thomas J. (Mid. init.)	Age		First name: Jill M. (Mid. init.)	Age	
	Last name: Franklin	Sex 1 ☐ M 2 ☐ F		Last name: ——	Sex 1 ☐ M 2 ☐ F	

e. Determine Who Constitutes A Household

- If the persons reported in response to questions 1a-b represent a "typical family group," such as husband, wife, and unmarried children, a parent and child, two or more unmarried sisters, or some similar clear-cut arrangement, consider all the members as a single household.

- If, in answer to questions 1a-b, the respondent reports an unrelated family group; a married son and his family; or relatives, such as a mother, uncle, or cousin, ask if they all live and eat together as one family.

  -- If they all live and eat together, interview them as a single household.

  -- If any of the persons reported in answer to question 1 say they live separately from the others, fill Table X to determine if you have an EXTRA unit, an unlisted unit in a permit segment, or not separate living quarters.

2. Question 1c

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

3. Question 1d

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

a. Nonhousehold members--Delete any such persons by drawing a large "X" across the person's column from question 1 through item C2. Also enter the reason for the deletion, such as "URE," "AF not living at home," "Away at school," "Born interview week," etc., above that person's column. When a person is deleted, you should also explain why you will not be asking any further questions about him/her.

b. Special situations regarding household membership--You may encounter certain situations where household membership is unclear. Below are guidelines for handling these situations. You may have to ask enough probe-type questions so that you can determine the actual situation and therefore, make the proper decision as to household membership.

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

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

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

(4) Members of Armed Forces--Consider members of the Armed Forces (either men or women) as household members if they are stationed in the locality and usually sleep in the sample unit, even though no health information will be obtained for them.

(5) Citizens of foreign countries temporarily in the United States--Determine whether to interview citizens of foreign countries staying at the sample unit according to the following rules:

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

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

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

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

(8) Inmates of specified institutions--Persons who are inmates of certain types of institutions at the time of interview are not household members of the sample unit. They are usual residents at the institution. (See part C, TABLE A, for a complete list of "Institutional special places.")

Question 2, Relationship

2

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

A. Objective

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

B. Instructions

1. All persons listed must be identified by their relationship to the reference person. If the respondent has already given you the relationship of the household members, you may record the relationships without asking question 2. However, this information should be verified. Remember that we are interested in the relationship to the reference person and not necessarily to the respondent.

2. If the person in column 1 has been deleted, he/she may or may not remain the reference person, depending on the reason for deletion.

   a. If the deleted person in column 1 is a household member, then this person is still the reference person and the relationship of all other household members to this person should be obtained. For example, if person 1 is in the Armed Forces and lives at home, obtain the relationships to this person.

   b. If the person in column 1 was deleted and is not a household member, he/she is no longer considered the "reference person." For example, if person 1 is in the Armed Forces and does not live at home, the "reference person" then becomes the next household member 19 years of age or older listed on the HIS-1 questionnaire and the relationships to this person will be obtained. Enter "reference person" in this person's column. Do not, however, change the column numbers.

3. For unmarried couples living together, ask question 2 about the relationship to the reference person and accept the response given, such as "husband," "wife," or "partner." If they consider themselves as married or indicate that they are living together as a married couple (whether legal or not), consider them to be related and interview them on the same questionnaires. Do not probe for this information. If they do not report themselves as married, treat them as partners and interview each on a separate questionnaire.

4. If there are any persons in the household who are not related by blood, marriage, adoption, or foster relationships, to the reference person but are related to each other, the relationship to each other should be shown in addition to the relationship to the reference person. For example, list a roomer and his wife as "roomer" and "roomer's wife"; list a maid and her daughter as "maid" and "maid's daughter." Show the same detail for household members who are distantly related by marriage to the reference person, for example: "brother-in-law's cousin," "uncle's mother-in-law."

5. Some typical examples of relationship entries are: husband, wife, son, daughter, stepson, father, granddaughter, daughter-in-law, aunt, cousin, nephew, roomer, hired hand, partner, maid, friend.

6. Complete separate questionnaires for each listed unrelated person or separate unrelated family group in the household. After recording the names of all household members and completing questions 1 and 2 on the first HIS-1 questionnaire, transcribe the names and relationships of the unrelated household members to a separate set of questionnaires. Change the column number of each person to agree with the number for that person on the first HIS-1 questionnaire. For example, an unrelated person is listed as person 5 on the first set of questionnaires. Transcribe his/her name and relationship to the first column of the second set of questionnaires, change the column number from "1" to "5," delete "reference person" in the relationship space, and enter the relationship to the reference person from the first questionnaire. Be sure to transcribe the reference periods and the Condition List number from the first questionnaire.

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

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

Question 3. Date of Birth, Age, and Sex

Age	Sex 1 ☐ M 2 ☐ F

3. What is — — date of birth? *(Enter date and age and mark sex.)*	3. Date of birth Month	Date	Year

A. Objective

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

B. Instructions

1. Complete question 3 and the remainder of the questionnaire for unrelated persons when you are conducting the interview for them. Leave these items blank on the original questionnaire.

2. a. Date of birth and age--Obtain the exact date of birth and enter it in the spaces provided in each column; enter all four digits of the year. If you cannot get the exact date, enter the approximate date, footnoting that the date is the respondent's approximation. If only the year is known, enter "DK" for both the month and date, and enter the year.

   (1) Using the date of birth, determine the age of the person on his/her last birthday by referring to the Age Verification Chart on page 3 of the Flashcard Booklet. Verify the age with the respondent and then enter it in the "Age" box in whole numbers. For children under 1 year of age, enter "Und. 1" in the "Age" box.

   (2) If the person refuses to give an age or a birthdate, make the best estimate you can and footnote that this is your estimate; for example, "30 est.," "mid-40's est.," etc. The following examples would not be acceptable age estimates: "over 25 years," "17+ years," "under 18," etc., because they are too general and do not provide enough information to place the person in a specific age category.

   b. Sex--Mark the appropriate box for each person after entering the age. The sex of a person can usually be determined from the name or relationship entries. However, some names, such as Marion and Lynn, are used for both males and females. If there is any doubt, ask about the person's sex.

C1

Item C1, References Boxes

C1

C1	HOSP.	WORK	RD	2-WK. DV
	00 ☐ None	1 ☐ Ws 2 ☐ Wb	1 ☐ Yes 2 ☐ No	00 ☐ None
	Number			Number

A. Objective

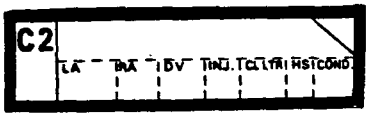
The information entered in item C1 is based on the responses to specific questions asked during the interview. These entries are referred to at various times later in the interview; placing the boxes here eliminates the need to flip pages during the interview.

B. Instructions

1. Specific instructions for filling these boxes are covered on pages D5-20, D7-5 through D7-9, D7-20, and D8-8.

2. When correcting entries in this item, erase the incorrect answer and enter the correct one. Enter a footnote symbol both in the appropriate box in this item and at the source where the error was discovered and explain why the correction was made.

C2 Item C2, Record of Conditions C2



A. Objective

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

B. Instructions

1. When entering conditions in item C2, enter the exact condition name reported by the respondent. Do not abbreviate the condition name except in certain cases which are specifically discussed in later chapters.

2. Below each space for the condition name is a series of boxes for specifying the part(s) of the questionnaire where the condition was reported (the source(s) of the condition): Limitation of Activities Page (LA), Restricted Activity Page (RA), 2-Week Doctor Visits Page (DV), Health Indicator Page (INJ), Condition List (CL LTR), Hospital Page (HS), and Condition Page (COND). For each condition, one or more of the boxes must have an entry. Specific instructions for the sources of condition entries are included with the instructions for the applicable questions.

3. If a condition reported in answer to a particular set of questions for a particular person is reported again in answer to another question, do not record this condition again on another line of item C2. Instead, record the additional source as instructed in the applicable chapters. Do not record conditions which are given in response to questions not designed to obtain this information. Record conditions only when given in response to questions which specifically ask for a condition. Keep the conditions mentioned elsewhere in mind so that they can be verified at the proper time; for example, "I believe you said that you missed work in the past 2 weeks because of a cold, is that correct?" (See E1-13.)

4. Do not enter in item C2 any condition reported after the Condition Pages. Footnote these conditions and where they were reported. If the household is reinterviewed and these conditions are reported at that time, the reinterviewer will be able to reconcile the differences.

C2 Record of Conditions (Continued) C2

5. Next to each space for the condition name is a triangular area for entering the condition number. Fill this space when completing the Condition Pages.

6. When more than five conditions are reported for a person, enter them in that person's column on an additional HIS-1 questionnaire.

Item A1, Reference Periods

A1

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

A. Objective

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

B. Definitions

1. Two-Week Period--These are the 2 weeks (14 days) just prior to the week in which the interview is conducted. The 2-week period starts on Monday and ends with and includes the Sunday just prior to interview week. It does not include any days of the interview week. For example, if the interview is conducted on Wednesday, July 2, the 2-week period would refer to the period beginning on Monday, June 16, and ending Sunday, June 29.

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

2. Twelve-Month Date--The 12-month date is "last Sunday's" date a year ago; therefore, the 12-month reference period begins on that date and ends on the Sunday night before the interview. For example, for an interview taking place on Wednesday, July 2, 1986, the 12-month period would be from June 29, 1985, through June 29, 1986. Again, note that the reference period does NOT include any days of the interview week.

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

3. Thirteen-Month Hospital Date--This date defines a period of approximately 13 to 14 months preceding the week of interview. The reference period begins on the first day of the month preceding the month in which Monday of interview week falls. For example, if you were interviewing on Wednesday, July 2, 1986, the Monday of interview week is in July and the "13-month hospital date" would be June 1, 1985. If the interview took place on Friday, July 4, 1986, the Monday of interview week would be in June. In this case, the "13-month hospital date" is May 1, 1985, which would be a period of 14 months.

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

C. Instructions

1. For additional questionnaires filled for unrelated persons, EXTRA or added units, enter in A1 the same reference dates that were entered on the original questionnaire, unless the interview is conducted after the scheduled interview week.

2. For interviews conducted after the scheduled interview week, delete the entries made by the office and enter the dates in A1 that correspond to the new reference period.

Item A2, Condition List

A2

A2	ASK CONDITION LIST_____.

A. Objective

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

B. Instructions

1. The number (1-6) entered in A2 after "Ask Condition List _____" indicates which Condition List to ask in the household.

2. EXTRA Units--For EXTRA units, use the same list indicated for the original sample unit. Enter the Condition List number (1-6) in item A2 of the Household Composition Page for the EXTRA unit.

3. Units Added at Time of Listing With No Preassigned Serial Numbers--If you add units to the listing sheet, find the Condition List number entered on the HIS-1 questionnaire with the highest preassigned serial number for the segment. Starting with the next number, assign Condition List numbers in sequence to each HIS-1 questionnaire for which serial numbers were not preassigned. For example, if "5" was entered on the HIS-1 questionnaire with the highest serial number, your entries in item A2 for subsequent sets of questionnaires would be "6," then "1," then "2," etc. Do not confuse this instruction with EXTRA units, above.

4. Unrelated Persons--For unrelated person(s) enter in A2 the same Condition List number that was entered on the original HIS-1 questionnaire.

Check Item A3

A3	Refer to ages of all related HH members.	A3	☐ All persons 65 and over (5) ☐ Other (4)

Instructions

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

Question 4, In Armed Forces

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

A. Objective

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

B. Definition

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

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

C. Instructions

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

5 Item 5, Additional Respondent Probe 5

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

A. Objective

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

B. Instructions

1. Insert the names of all listed family members aged 17 and over who are not present in the room. Do not include the names of any family members who have been deleted (for example, Armed Forces members, URE's, etc.).

2. If the respondent seems hesitant to ask another adult family member to join in the interview, do not encourage or discourage him/her from doing so. Let the respondent decide who should participate.

INTRO

Introductory Statement

INTRO

Read to respondent(s):

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

Instruction

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

6

Question 6, Hospital Probe

6

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

A. Objective

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

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

B. Definitions

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

2. Times stayed in the hospital--Refers to separate stays of one or more nights in a hospital, not the number of nights in the hospital. If a person was moved (transferred) from one hospital to another (for example, from a veterans hospital to a general hospital), count each as a separate stay if each lasted overnight or longer.

3. Overnight--The person stayed in a hospital for one or more nights. If the person was admitted and released on the same date, do not consider this as an overnight stay.

C. Instructions

1. Ask questions 6a and b as appropriate for each family member; an entry of either "None" or a "number of stays" must be made in the "HOSP." box in item C1 for each person before going to 6a for the next person. Therefore, if the response to question 6a is "no," mark the "No" box in 6a, the "None" box in the "HOSP." box in C1, then ask 6a for the next person.

2. If the response to 6b is "none," enter a dash on the "Number of times" line and mark the "None" box in item C1 for this person. Do not change the "Yes" entry in 6a in these situations.

3. If the respondent mentions that the stay was in a nursing home, convalescent home, or similar place, accept this as a hospital stay and enter it in question 6 and item C1.

4. If the respondent mentions that the date of admission and the date of discharge are the same, do not include this as an overnight hospital stay.

Question 7, Hospitalizations for Births

7 7

Ask for each child under one: **7a. Was — — born in a hospital?**	7a.	1 ☐ Yes 2 ☐ No *(NP)*
Ask for mother and child: **b. Have you included this hospitalization in the number you gave me for — —?**	b.	☐ Yes *(NP)* ☐ No *(Correct 6 and "HOSP." box)*

A. Objective

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

B. Instructions

1. If no child under age 1 is listed on the questionnaire, make no entries in question 7; go on to the next page.

2. If, in response to question 7, the respondent reports a hospitalization which was not reported in question 6, then the entries in question 6 and in the "HOSP." box must be changed for the child and/or mother to reflect the correct number of hospitalizations. The following example illustrates this procedure:

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

3. In filling this question, remember that question 7a refers only to the child and the entry should appear only in his/her column of the questionnaire. For question 7b, the entries can apply either to the mother or the child or both, depending on whether either or both had a hospitalization reported in question 6b.

4. Ask question 7a for children born during the interview week even though they have been deleted from the questionnaire. If the response is "yes," ask and mark 7b for the mother to insure that this hospitalization is included if any nights were prior to interview week. Make no entry for the child.

5. If the child was born in a hospital but the biological mother is not in the household, for example, the child was adopted, footnote the situation so that it is clear that a hospitalization for the "mother" was not missed.

CHAPTER 6. LIMITATION OF ACTIVITIES PAGE

A. Overall Objective

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

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

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

B. General Definitions

1. Doing Most of the Past 12 Months--The person's main activity in the past 12 months.

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

3. Limited--A person is "limited" in the activity if he/she can only partially perform the activity, or can do it fully only part of the time, or cannot do it at all. Do not define this term to respondents; if asked for a definition, emphasize that we are interested in whether the respondent thinks the person is limited in the specific activity.

4. Terms Relating to Limitation of Activity--"Keep from," "completely keep from," "take part at all": these terms mean under normal circumstances; this does not necessarily mean that the activity is impossible under a particular circumstance.

5. Limitation--The specific activity and extent to which the person is "limited" in the activity (see "Limited" above). Examples of limitations are: unable to go outside, can't climb stairs, can only drive for a short time, etc.

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

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

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

C. General Instructions

1. Questions which ask, "Is -- limited..." should be understood in the context of what is normal for most people of that person's age.

2. Whenever there is doubt about a person being limited in any of the activity questions, probe by asking, "Is this due to an impairment or health problem?" For example, if the response to 3b is, "I have someone do the housework for me," probe to determine if this is because of an impairment or health problem or is just a life-style convention.

3. Refer to the appropriate manual page for additional instructions for individual questions.

B1

Check Item B1

B1

B1	Refer to age.	B1	1 ☐ 18–69 (1) 2 ☐ Other (NP)

Instruction

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

1

Question 1, Major Activity in Past 12 Months

1

1. What was — — doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? *Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.*	1.	1 ☐ Working (2) 2 ☐ Keeping house (3) 3 ☐ Going to school (5) 4 ☐ Something else (5)

A. Objective

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

B. Definitions

1. Going to school--For this section, include attendance at any type of public or private educational establishment both in and out of the regular school system, such as high school, college, secretarial school, barber school, and any other trade or vocational schools.

2. Keeping house--Any type of work around the house, such as cleaning, cooking, maintaining the yard, caring for own children or family, etc. This applies to both men and women.

3. Work--See pages D7-3 and D7-4 for the definition of "Work."

C. Instructions

1. When asking question 1, emphasize the phrase, "MOST OF THE PAST 12 MONTHS," so that it is clear to the respondent that you are referring to the entire year and not just the present time. For example, a person who worked the first 8 months of the year but is now retired should be reported as "working" most of the past 12 months.

2. If the response to question 1 indicates that the person was doing something other than "working at a job or business," "keeping house," or "going to school" for most of the previous 12 months, mark the "Something else" box in the person's column.

3. If the person is reported as having had more than one major activity during the 12-month period, determine which one is the "major activity" by applying the following priorities:

   a. Ask, "Which did -- spend the most time doing DURING THE PAST 12 MONTHS?" Mark the appropriate box for the response to this probe if the respondent is able to choose one activity.

   b. If the person spends equal amounts of time doing more than one activity, ask, "Which does -- consider most important?" Then mark the appropriate box.

   c. If the person is still unable to select one major activity, mark the box for the first activity mentioned. Enter a footnote explaining the situation, including all activities reported.

4. If a person's major activity during most of the past 12 months was service in the Armed Forces, consider this to be "working" for question 1 on the Limitation of Activities Page. Note that this differs from the standard definition of work on pages D7-3 and D7-4.

5. There is no specific sex or age requirement associated with any of the four major activities. A male's major activity may have been "keeping house," or a 60-year-old person may have been "going to school."

(2) **Question 2, Limitation in Job or Business** (2)

2a. Does any impairment or health problem NOW keep — — from working at a job or business?	2a.	1 ☐ Yes (7) ☐ No
b. Is — — limited in the kind OR amount of work — — can do because of any impairment or health problem?	b.	2 ☐ Yes (7) 3 ☐ No (6)

Instructions

1. Ask question 2a of all persons who reported "working" as their major activity in question 1.

2. When asking question 2b, mark "Yes" for persons who, for example:

   a. Can only do certain types of jobs because of their health;

   b. Are able to work only for short periods of time or have to rest often.

Question 3, Limitation in Housework

3

3a. Does any impairment or health problem NOW keep — — from doing any housework at all?	3a.	4 ☐ Yes (4)	☐ No
b. Is — — limited in the kind OR amount of housework — — can do because of any impairment or health problem?	b.	5 ☐ Yes (4)	6 ☐ No (5)

A. Definition

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

B. Instruction

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

1. Can do some household chores but are unable to do others;

2. Need help doing the housework because of any impairment or health problem;

3. Do not need help but require more or longer than normal periods of rest between housekeeping activities so that now less housework gets done than could normally be expected.

Question 4, Condition Causing Limitation in Housework

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

A. Definitions

1. 0-3 Months--This is last Sunday's date, 3 months ago. For example, for an interview conducted March 6, 1986, 3 months ago would be December 2, 1985. Provide this information only if the respondent raises a question. Do NOT enter 0-3 months injuries or operations in C2 unless it resulted in an obvious permanent disability.

   a. 0-3 Months Injury--An injury that occurred 3 months ago or less that did not result in obvious permanent disability. Do not consider colds, flu, measles, etc., as a 0-3 months injury or operation.

   b. 0-3 Months Operation--An operation or surgery, or the effects of the surgery, that took place 3 months ago or less, that did not result in an obvious permanent disability.

   c. Obvious Permanent Disability--The effect of an accident or operation that is obviously permanent in nature, such as the amputation of all or part of an extremity, the removal of all or part of an internal organ or breast, and so forth.

2. Operation/Surgery--Any cutting of the skin, including stitching of cuts or wounds. Include cutting or piercing of other tissue, scraping of internal parts of the body, for example, curettage of the uterus, and setting of fractures and dislocations (traction). Also include the insertion of instruments in body openings for internal examination and treatment, such a bronchoscopy, proctoscopy, cystoscopy, and the introduction of tubes for drainage. Include anything ending in "--otomy" or "--ectomy," for example, colotomy (incision of colon), tonsillectomy (removal of tonsils), etc. Include also any mention of "surgery," "operation," or "removal of" by the respondent.

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

B. Instructions

1. Ask question 4a for all persons with a limitation reported in question 3. Use the parenthetical "other" in 4a whenever this question is reasked.

2. Condition reported--Enter the condition name in item C2 and the number "4" (for question 4) in the "LA" box below the condition in C2 as the source of the condition. For example:

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

3. Pregnancy, delivery, or an injury or operation reported--If an injury or operation is reported in 4a, ask the appropriate probe question to determine when the injury or operation occurred. If an injury is reported, insert the name of the injury when asking this probe question, for example, for a response of "broken arm," you would ask, "When did the broken arm occur?"

   a. If pregnancy, delivery, or a 0-3 months injury or operation is reported the first time you ask 4a, do not make any entries in item C2. Instead, reask the appropriate part of question 3 where the limitation was reported using the lead-in, "Except for (condition)...?" For example, reask question 3a saying, "Except for your pregnancy, does any impairment or health problem NOW keep you from doing any housework at all?"

      (1) If the person would not be limited except for the pregnancy, delivery, or 0-3 months injury or operation, erase the original entry in 3a or b, mark the "No" box, and follow the skip instructions.

(2) If the response is still "Yes" after reasking 3a or b, reask question 4a, using the parenthetical "Other," to obtain the condition other than pregnancy, delivery, or the 0-3 months injury or operation that causes the limitation. Also, insert both the condition and the pregnancy, delivery, or 0-3 months injury or operation when asking 4b; for example, "Besides arthritis and the broken arm, is there any other condition that causes this limitation?"

b. If both a condition (for example, arthritis) and pregnancy, delivery, or a 0-3 months injury or operation are reported when asking 4a, record the condition (in this example, arthritis) and ask the appropriate probe question(s) for the injury or operation. Do not record pregnancy, delivery, or 0-3 months injuries or operations unless it is an obvious permanent disability, in item C2. If the injury or operation occurred more than 3 months ago, follow the instructions in paragraph 3d below. In these situations, insert both the condition and the pregnancy, delivery, or injury or operation when asking 4b.

c. If pregnancy, delivery, or a 0-3 months injury or operation is reported when <u>reasking</u> question 4a, after receiving a "Yes" to 4b or c, do NOT reask questions 3a or b; instead, reask question 4b, inserting the names of all conditions, including the pregnancy, delivery, or 0-3 months injury or operation. For example, if asthma is reported when 4a is first asked and delivery is reported when reasking 4a, reask 4b, "Besides asthma and delivery, is there any other condition that causes this limitation?" If the response is "No," correct your entry in 4b, if necessary; then continue with 4d. The "Yes" box in 4b should be marked only when another <u>condition</u> (including "old age") is reported when reasking 4a.

d. If the injury occurred more than 3 months ago, enter the name of the injury in item C2 and continue with 4b. If the operation occurred more than 3 months ago, ask the probe question, "For what condition did you have the operation?" to determine the condition which caused the operation; then enter the condition in item C2, regardless of whether or not the person still has the condition, and continue with question 4b.

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

4. If "old age" is reported in question 4, either alone or with other conditions, mark the "Old age" box in 4a and above the column and follow the appropriate procedure in paragraphs a through c below. Do NOT enter "old age" in item C2 in any of these situations.

   a. Old age only reported--If "old age" only is initially reported with no mention of a specific condition, ask 4c without the parenthetical "other." If "old age" only is reported when 4a is reasked, ask 4c with the parenthetical "other."

   b. Old age and a specific condition reported--If "old age" and a specific condition are reported, enter the condition in item C2 and continue with question 4b saying, "Besides (condition) and old age, is ...?"

   c. Old age and injury or operation reported--If "old age" and an injury or operation are reported in 4a, ask the probe question to determine when the injury or operation occurred. If the response is more than 3 months ago, enter the injury or condition causing the operation in C2 and ask 4b. If the injury or operation occurred 3 months ago or less and did not result in an obvious permanent disability, make no entry in C2 but ask or reask 4c using the parenthetical "other." If the injury or operation occurred 3 months ago or less and did result in an obvious permanent disability, enter the injury or condition causing the operation in C2 and ask 4b.

5. Consider only an "obvious permanent disability," as defined on page D6-7, when recording conditions resulting from operations or injuries that occurred 3 months ago or less. Do not consider possible permanent disabilities. For example, a response of "I broke my back 2 months ago. The doctor says it may be permanently stiff", would not be recorded in C2.

6. Mark the "Only 1 condition" box in 4d if only one condition was reported or if "old age" was the only condition reported. If old age and a specific condition or if more than one condition was previously reported, ask 4d to determine which is the MAIN cause of the limitation. If the respondent is not able to choose one condition as being the main cause, enter in the answer space the names of all conditions reported in 4d. For example, if arthritis, heart trouble, and a paralyzed arm were reported in 4a, and the response to 4d is, "I don't know--both the heart trouble and the paralyzed arm," enter "both heart trouble and paralyzed arm" in 4d.

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

(5) Question 5, Would the Person be Limited in Work (5)

5a. Does any impairment or health problem keep — — from working at a job or business?	5a.	1 ☐ Yes (7) ☐ No
b. Is — — limited in the kind OR amount of work — — could do because of any impairment or health problem?	b.	2 ☐ Yes (7) 3 ☐ No

Objective

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

(B2)–(6) Check Item B2 and Question 6, Other Limitations (B2)–(6)

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

A. Objective

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

B. Definition

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

C. Instructions

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

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

7

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

7

7a. What (other) condition causes this? *Ask if injury or operation:* **When did [the** *(injury)* **occur?/— — have the operation?]** *Ask if operation over 3 months ago:* **For what condition did — — have the operation?** *If pregnancy/delivery or 0—3 months injury or operation —* *Reask question 2, 5, or 6 where limitation reported, saying:* **Except for — —** *(condition)*, . . .? *OR reask 7b/c.*	7a.	*(Enter condition in C2, THEN 7b)* 1 ☐ Old age *(Mark "Old age" box, THEN 7c)*
b. Besides *(condition)* **is there any other condition that causes this limitation?**	b.	☐ Yes *(Reask 7a and b)* ☐ No *(7d)*
c. Is this limitation caused by any (other) specific condition?	c.	☐ Yes *(Reask 7a and b)* ☐ No
Mark box if only one condition. **d. Which of these conditions would you say is the MAIN cause of this limitation?**	d.	☐ Only 1 condition _____ Main cause

Instructions

1. Ask and complete question 7 in the same manner as question 4 (see pages D6-7 through D6-10). Enter "7" in the "LA" box in item C2 as the source for conditions given in response to this question.

2. If the initial response to question 7a is pregnancy, delivery, an injury or operation occurring 3 months ago or less, reask the question where this limitation was reported using the lead-in phrase in the probe in 7a and correct the entries as necessary. For example, the response to 6a is "Yes," the response to 6b is "can't move furniture," and the response to 7a is "sprained back 2 weeks ago." Reask 6a as follows: "Except for your sprained back, are you limited in ANY WAY in any activities because of an impairment or health problem?"

   a. If the response is "No," erase the "Yes" entry in 6a, mark "No" and also erase the entry in 6b; then go to the next person.

   b. If the response to 6a is "Yes," ask 6b. If the limitation is not the same, erase the original entry in 6b and enter the new limitation. Then continue with question 7.

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

B3-8

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

A. Definitions

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

B. Instructions

1. For each person mark a box in item B3 and follow the appropriate skip instruction.

2. Ask question 8 only if the "70 and over" box is marked in item B3 for this person.

3. Follow the instructions for question 1 on page D6-4. Note, however, that there are no skip instructions after any of the answer categories in question 8. Ask question 9 regardless of the response to question 8.

(9) Question 9, Limitation in Daily Functions (9)

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

A. Objective

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

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

B. Definitions

1. Need help--The person cannot do one or more of the listed activities without the help of someone else. This does not mean that the person must be completely incapable of performing the activities. The problem must be the result of an impairment or health problem and not the fact that the person needs help, for example, because the person does not know how to cook or lacks transportation.

2. Everyday household chores--This refers to routine maintenance such as housework, minor repairs, routine yard work, etc. It does not include major maintenance such as house painting, heavy landscaping, exterior window washing, and so on.

C. Instructions

1. If the person needs help in one or more of the activities in 9a and/or 9b, mark the appropriate "Yes" box.

2. If the person could merely benefit from help but does not need or receive help, mark the "No" box. Also mark "No" if help is needed only rarely.

Question 10. Limitation in Play Activities

10

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

Instructions

1. When asking question 10a, mark "No" only if the child cannot participate in <u>any</u> play activities that are usual for children in this age group.

2. Some examples of limitations in the "kind of play" for 10b are: the child is unable to run, jump, or climb, or can't play strenuous games, etc. Examples of limitations in the "amount of play" are: needing special rest periods, playing for only short periods, etc.

3. For very young children for whom the respondent cannot associate conventional "play" activities, explain that we include activities such as movements, sound making, seeing, and other activities of babies as play. For example, mark "No" in 10a if the baby cannot move his/her arm because of an impairment or health problem. For 10b, allow the respondent to determine if there is a limitation in the kind or amount of activities. Unlike other activities for which "old age" may cause the limitation, do not consider young age to be the sole contributing factor to a limitation.

(11) **Question 11, Limited in School** (11)

11a. Does any impairment or health problem NOW keep — — from attending school?	11a.	1 ☐ Yes (13) ☐ No
b. Does — — attend a special school or special classes because of any impairment or health problem?	b.	2 ☐ Yes (13) ☐ No
c. Does — — need to attend a special school or special classes because of any impairment or health problem?	c.	3 ☐ Yes (13) ☐ No
d. Is — — limited in school attendance because of — — health?	d.	4 ☐ Yes (13) 5 ☐ No

A. Definitions

1. Attending school (11a)--Enrollment in a school program: public or private, academic or vocational. This includes special schools for the physically or mentally handicapped. This also includes attendance at a university or other institution for adult training or education. Enrollment may be either on a full-time or part-time basis.

2. Special school (11b)--A school which students attend because of some unique physical or mental characteristic distinguishing them from most other persons who attend regular schools. This includes schools for the physically or mentally handicapped, schools for the hearing impaired or blind, schools for persons with learning disabilities, etc. It does NOT include special schools for talented or gifted persons, such as the Juilliard School of Music.

3. Special class (11c)--A class or program held within a regular school for students who have a physical or mental disability that keeps them from attending all or most of the regular classes. This does NOT include special classes for talented or gifted students, such as a class in advanced analytical calculus.

4. "Limited in school attendance" (11d)--Consider persons as "limited" if, because of an impairment or health problem, they either can attend school only for part of the day or must be absent from classes frequently.

B. Instructions

1. Do not include in 11a persons who may miss time from school occasionally because of an impairment or health problem.

2. Question 11b refers to all students enrolled in a special school or special class because of an impairment or health problem.

3. Question 11c refers to students who do not receive special education but could, in the respondent's judgment, benefit from it because of an impairment or health problem.

(12) Question 12, Limited in Any Way (12)

12a. Is — — limited in ANY WAY in any activities because of an impairment or health problem?	12a.	1 ☐ Yes 2 ☐ No *(NP)*
b. In what way is — — limited? *Record limitation, not condition.*	b.	_____ Limitation

A. Definition

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

B. Instructions

1. Ask this question for children under 18 and persons 70 and over for whom no limitation was reported in questions 9 through 11.

2. Follow the instructions for question 6 on page D6-11.

(13) Question 13, Conditin Causing Limitation (13)

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

Instructions

1. Follow the instructions for question 4 on pages D6-8 through D6-10 and for question 7 on page D6-12.

2. Enter "13" in the "LA" box in item C2 as the source for conditions given in response to this question.

B4

Check Item B4

B4

B4	Refer to age.	B4	0 ☐ Under 5 (NP) 1 ☐ 5–59 (B5) 2 ☐ 60–69 (14) 3 ☐ 70 and over (NP)

Instruction

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

B5

Check Item B5

B5

B5	Refer to "Old age" and "LA" boxes. Mark first appropriate box.	B5	☐ "Old age" box marked (14) ☐ Entry in "LA" box (14) ☐ Other (NP)

Instruction

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

(14) Question 14, Limitation in Daily Functions (14)

14a. Because of any impairment or health problem, does — — need the help of other persons with — — personal care needs, such as eating, bathing, dressing, or getting around this home?	14a.	1 ☐ Yes (15) ☐ No
If under 18, skip to next person; otherwise ask: **b. Because of any impairment or health problem, does — — need the help of other persons in handling — — routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?**	b.	2 ☐ Yes 3 ☐ No (NP)

A. Objective

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

B. Definitions

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

C. Instructions

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

(15) Question 15, Condition Causing Limitation (15)

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

Instructions

1. Follow the instructions for question 4 on pages D6-8 through D6-10 and for question 7 on page D6-12.

2. Enter "15" in the "LA" box in item C2 as the source for conditions given in response to this question.

CHAPTER 7. RESTRICTED ACTIVITY PAGE

A. Overall Objective

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

B. General Instructions

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

INTRO

Introductory Statement

INTRO

Hand calendar.

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

A. Objective

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

B. Instructions

1. Hand the respondent the calendar card with the 2-week reference period outlined in red when asking about events occurring within this reference period. If the respondent indicates that he/she has a personal calendar which might be helpful, encourage the use of it.

2. Read the introductory statement when completing the page for the first person in the family and at any other time you feel it is necessary. When reading the statement, insert the dates given in A1 (Household Composition Page) for the 2-week reference period.

D1

Check Item D1

D1

D1	*Refer to age.* ☐ Under 5 *(4)* ☐ 5–17 *(3)* ☐ 18 and over *(1)*

Instructions

Mark one box according to the person's age.

1

Question 1, 2-Week Work Status

1

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

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

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

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

A. Objective

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

B. Definitions

1. Work

a. Include the following:

(1) Working for pay (wages, salary, commission, piecework rates, tips, or "pay-in-kind" such as meals, living quarters, or supplies provided in place of cash wages).

(2) Working for profit or fees in one's own business, professional practice, partnership, or farm even though the efforts may produce a financial loss.

(3) Working without pay in a business or farm operated by a related household member.

(4) Working as a civilian employee of the National Guard or Department of Defense.

(5) Serving on jury duty.

(6) Participating in "exchange work" or "share work" on a farm.

b. Do not include the following:

(1) Unpaid work which does not contribute to the operation of a family business or farm (e.g., home housework).

(2) Unpaid work for a related household member who is a salaried employee and does not operate a farm or business (e.g., typing for a husband who is a lawyer for a corporation).

(3) Unpaid work for an unrelated household member or for a relative who is not a household member.

(4) Volunteer or other unpaid work for a church, charity, political candidate, club, or other organization, such as the Red Cross, Community Fund, etc.

(5) Service in the Armed Forces, including time while on temporary duty with the National Guard or Reserves.

(6) Owning a business solely as an investment to which no contribution is made to the management or actual operation (e.g., owning a grocery store which someone else manages and operates).

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

   a. Do not consider a person who is "on call" and works only when his/her services are needed as having a job during the weeks in which he/she does not work. An example of a person "on call" is a substitute teacher who was not called to work during the past 2 weeks.

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

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

   d. Consider persons who have definite arrangements to receive pay while on leave of absence from their regular jobs to attend school, travel, etc., as having a "job." This may be referred to as "sabbatical leave." Probe to determine if the person is receiving pay if this is not volunteered.

   e. Do not consider a person who did not work at an unpaid job on a family farm or in a family business during the past 2 weeks as having a "job."

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

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

   - Machinery or equipment of substantial value in which the person has invested capital is used by him/her in conducting the business. Hand rakes, manual lawnmowers, hand shears, and the like would not meet the "substantial value" criteria.

   - An office, store, or other place of business is maintained.

   - There is some advertisement of the business or profession by listing it in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or otherwise publicizing that a particular kind of work or service is being offered to the general public.

   a. Consider the selling of newspapers, cosmetics, and the like as a business if the person buys the newspapers, magazines, cosmetics, etc., directly from the publisher, manufacturer, or distributor, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer. Otherwise, consider it as working for pay (job) rather than a business.

   b. Do not consider domestic work in other persons' homes, casual work such as that performed by a craft worker or odd-job carpenter or plumber as a business. This is considered as wage work. Whether or not the person is considered as having a job is described in paragraph B2 above.

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

   d. For questionable or borderline cases, do not consider the persons as having their own business. Refer to paragraph B2 to determine whether the person is considered as having a job.

C. Instructions

1. Ask question 1a for each person aged 18 years old or over. If a person worked at any time last week or the week before, even for just an hour, consider this as a "Yes" response to 1a, mark the "Wa" box in item C1, and continue with question 2.

2. ASK specifically about UNPAID FAMILY WORK for persons in FARM households and for persons who are related to another household member who has been indicated as operating a BUSINESS or has a PROFESSIONAL PRACTICE. In these situations, use the parenthetical statement, "Include unpaid work in the family farm," or "Include unpaid work in the family business," as appropriate, as you ask 1a.

3. In question 1b, consider as "having a job or business" a person who:

   a. Was temporarily absent from his/her job or business all of the past 2 weeks because of vacation, bad weather, labor dispute, illness, maternity leave, or other personal reasons;

   AND

   b. expects to return to his/her job or business when the event has ended.

4. If volunteered, do not consider a person to have a job if the person was waiting to begin a new job or to enter the military. If the person is waiting to begin his/her own business, professional practice, or farm, determine whether any time was spent during the 2-week reference period in making or completing arrangements for the opening. If so, consider the person as working, and mark the "Yes" box in 1a and the "Wa" box in C1. If not, mark "No" in 1b.

5. If a person states that she/he is temporarily absent from a job on maternity/paternity leave, handle it the same as any other type of absence. If there is any question about the employment status, determine (1) whether she/he intends to return to work, and (2) whether the employer has agreed to hold the job or find her/him a place when she/he returns. Mark "Yes" in 1b if both conditions are met.

6. If volunteered, do not consider a person on layoff to have a job or business. Mark "No" for question 1b.

7. The government is attempting through several work and training programs to assist various segments of the population in combating poverty and to provide increased employment opportunities. The HIS employment questions are not designed to distinguish participants in these programs and you should not probe to identify them. However, if the respondent identifies a person as an enrollee in a government-sponsored program, proceed according to the instructions below. The list of programs is not all-inclusive. Use the General Guidelines below for programs not specifically covered.

a. General Guidelines

- Consider the person as working if he/she receives any pay for the work or on-the-job training.

- Do not consider the person as working or with a job if he/she only receives training at schools or other institutional settings.

- Do not consider the person as working or with a job if he/she receives welfare or public assistance while participating in work programs as a condition for receiving the welfare (work relief) or participating voluntarily.

b. Comprehensive Employment and Training Act (CETA)--This act authorizes a full range of manpower services, including public service employment, and funds programs for education and skill training, on-the-job training, special programs for disadvantaged groups, language training for persons with limited English-speaking abilities, retraining for older workers, basic education, etc. Some older programs now administered under this act are the Neighborhood Youth Corps, the Job Opportunities in the Business Sector Program (JOBS), the Manpower Development and Training Program (MDTA), the New Careers Program, Operation Mainstream, and others.

- Consider the participant as working if he/she receives on-the-job training.

- Do not consider the participant as working or with a job if he/she receives training in a school or other institutional setting.

- Consider the participant as working if he/she receives both on-the-job and institutional training. (Count only the time spent on the job as working.)

c. Migrant Seasonal Farm Workers--(CETA-National)--This program aids migrant workers with high school equivalency instruction, manpower training, and the other aids available under local CETA programs.

- Consider the participant as working if he/she worked full- or part-time in addition to any training received. (Count only the time actually worked or spent in on-the-job training as working.)

- Do not consider the participant as working or with a job if he/she does no work at all, but received training in a school or other institutional setting.

d. Public Employment Program (PEP) or Public Service Employment (PSE-CETA)--These programs provide public service jobs for certain groups suffering from the effects of unemployment. Consider participants in these programs as working.

e. Volunteers in Service to America (VISTA)--This program is known as the "domestic Peace Corps" and provides community service opportunities. Participants serve for 1 year and receive a small stipend and living allowance. Consider enrollees as working.

f. College Work-Study Program--This program was designed to stimulate and promote the part-time employment of students who are from low-income families and are in need of earnings to pursue courses of study. Consider participants in this program as working.

g. Cooperative Education Program--This authorizes a program of alternating study and work semesters at institutions of higher learning. Since the program alternates full-time study with full-time employment, consider participants as working if that was their activity during the 2-week reference period. Do not consider them as working or with a job if they were going to school during the 2-week reference period.

h. Foster Grandparent Program--This program pays the aged poor to give personal attention to children, especially those in orphanages, receiving homes, hospitals, etc. Consider such persons as working.

i. Work Incentive Program (WIN)--This program provides training and employment to persons receiving Aid to Families with Dependent Children (AFDC).

- Consider persons receiving public assistance or welfare who are referred to the State Employment Service and placed in a regular job as working.

- Consider persons receiving public assistance or welfare who are placed in an on-the-job or skill training program as working only if receiving on-the-job training.

- Do not consider persons receiving public assistance or welfare who are placed on special work projects which involve no pay, other than the welfare itself, as working or with a job.

j. Older Americans Community Service Employment and Operation Mainstream--These programs provide employment to chronically unemployed or older persons from impoverished families. Consider persons in either program as working.

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

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

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

Question 2, Work-Loss Days

2

2a. During those 2 weeks, did — — miss any time from a job or business because of illness or injury?

☐ Yes 00 ☐ No *(4)*

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

00 ☐ None *(4)* No. of work-loss days [ ] *(4)*

A. Objective

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

B. Definitions

1. Business--See paragraph B3 on page D7-5.

2. Job--See paragraph B2 on page D7-4.

3. Work-loss day--Any scheduled work day when MORE than half of the working day was missed due to illness or injury. If the person usually works only part of the day and missed more than half of that time, count the day as a work-loss day.

C. Instructions

1. Question 2 measures work-loss days only. If a person 18 years old or older goes to school in addition to working, record only the days lost from work. Disregard, in question 2, any days lost from school for this age group. Include school-loss days for persons 18 and over in the cut-down days obtained in question 6.

2. Since very few people work 7 days a week, probe when you receive replies such as, "The whole 2 weeks," or "All last week." Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from work. If a person actually missed 14 days of work during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the person would have worked all 14 days had illness or injury not prevented it.

Question 3, School-Loss Days

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

☐ Yes 00 ☐ No (4)

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

00 ☐ None No. of school-loss days

A. Objective

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

B. Definitions

1. School--For this question, school includes both "regular" and "nonregular" schools. Schools of both types may be either day or night schools, and attendance may be part-time or full-time.

   a. Regular schools--Public or private institutions at which students receive a formal, graded education. In regular schools, students attend class to achieve an elementary or high school diploma, or a college, university, or professional school degree.

   b. Nonregular schools--Public or private institutions such as vocational, business or trade schools, technical schools, nursing schools (other than university-based nursing schools where students work towards a degree), beautician and barber schools, and so forth. Nonregular schools also include special schools for the handicapped or mentally retarded where students are not working toward a degree or diploma. Kindergartens should also be considered "nonregular" schools.

2. School-loss day--Any scheduled school day when MORE than half of the day was missed due to illness or injury. If the child usually goes to school only part of the day and missed more than half of that time, count the day as a school-loss day.

C. Instructions

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

2. Question 3 measures school-loss days only. If a child in the 5- through 17-year age group works instead of, or in addition to, going to school, record only the days lost from school. Disregard any days lost from work for this age group in question 3. Include work-loss days for a person in the 5 to 17 age group in the cut-down days obtained in question 6.

3. Since few children go to school 7 days a week, probe when you receive replies such as, "The whole 2 weeks," or "All last week." Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from school. If a child actually missed 14 days from school during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the child would have gone to school all 14 days had illness or injury not prevented it.

Question 4, Bed Days

4

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

☐ Yes 00 ☐ No (6)

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

00 ☐ None (6) No. of bed days _____ (D2)

Definitions

1. Days in bed--Any day during which the person stayed in bed MORE than half of the day because of illness or injury. "More than half of the day" is defined as more than half of the hours that the person is usually awake. Do not count the hours that the person is usually asleep. Also, do not count a nap as a day in bed, unless the person took the nap because of an illness or injury and the nap lasted for more than half of the day. Count all days a person spent as an overnight patient in a hospital, sanitarium, nursing home, etc., as days in bed whether or not the patient was actually lying in bed, even if there was no illness or injury. Also include any days reported for a newborn, including days in a hospital.

2. Bed--Anything used for lying down or sleeping, including a sofa, cot, or mattress. For example, a person who stayed on the sofa watching TV because he/she was not feeling well enough to get around would be considered "in bed." The important point is that the person felt ill enough to lie down for more than half the day.

3. Illness or injury--These terms are to be defined by the respondent. Accept pregnancy, delivery, "old age," injuries, or surgery occurring within the reference period as conditions causing restricted activity.

Check Item D2 and Question 5, Work/School-Loss Bed Days

D2-5

D2	*Refer to 2b and 3b.* ☐ No days in 2b or 3b *(6)* ☐ 1 or more days in 2b or 3b *(5)*
5.	**On how many of the *(number in 2b or 3b)* days missed from [work/school] did — — stay in bed more than half of the day because of illness or injury?** 00☐ None _____ No. of days

A. Objective

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

B. Instructions

1. Ask question 5 only if bed days are reported in question 4b AND work-loss days (question 2b) or school-loss days (question 3b) are reported. The previous skip instructions and check item D2 direct you to skip question 5 if these conditions are not met.

2. When asking question 5 for children 5 through 17 years old, use the word "school." For persons 18 years old and over, use the word "work."

3. Insert the number of days reported in question 2b or 3b, as appropriate, in place of "(number in 2b or 3b)."

Example 1

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

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

Example 2

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

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

Example 3

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

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

4. The entry in question 5 cannot be greater than the number of work/school-loss or bed days reported in question 2b/3b or 4b. Reconcile any inconsistencies with the respondent before making an entry in question 5.

5. Always ask question 5 if the conditions in paragraph B1 above are met. Never assume the answer. For example, even though the respondent reported 1 work-loss day and 1 bed day, you cannot be sure these were the same day without asking question 5.

Question 6, Cut Down Days in 2-Week Period

6

Refer to 2b, 3b, and 4b.

6a. (Not counting the day(s) [missed from work / missed from school / (and) in bed]),

Was there any (OTHER) time during those 2 weeks that — — cut down on the things — — usually does because of illness or injury?

☐ Yes 00☐ No *(D3)*

b. (Again, not counting the day(s) [missed from work / missed from school / (and) in bed]),

During that period, how many (OTHER) days did — — cut down for more than half of the day because of illness or injury?

00☐ None No. of cut-down days

A. Objectives

This question serves several purposes:

1. To find out if, in addition to any bed days or work- or school-loss days reported earlier, the person cut down on usual activities on any OTHER days during the 2-week reference period.

2. To determine if the person cut down on usual activities during the 2-week period even though no bed days or school-loss or work-loss days were reported earlier.

3. To determine whether persons under 18 not going to school had days in which they cut down on usual activities during the 2-week period.

4. To find out if persons 18 or over without a job or business had days in which they cut down on usual activities during the reference period.

B. Definitions

1. Things a person usually does--These consist of a person's "usual activities." For school children and most adults, "usual activities" would be going to school, working, or keeping house. For children under school age, "usual activities" depend upon the age of the child, whether he/she lives near other children, and many other factors. These activities may include playing inside alone, playing outside with other children, spending the day at a day-care facility, etc. For retired or elderly persons, "usual activities" might consist of staying at home all day or a variety of activities. Most children and adults have a typical daily pattern of activity of some kind.

   "Usual activities" on weekends or holidays are the things the person usually does on such days, such as shopping, gardening, going to church, playing sports, visiting friends or relatives, staying at home and listening to music, reading, watching television, etc.

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

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

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

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

Example 1

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

Example 2

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

Example 3

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

Example 4

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

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

C. Instructions

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

Example 1

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

Example 2

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

2. If no work-loss days, school-loss days, or bed days were reported in questions 2 through 4, omit the opening parenthetical phrase and the word "OTHER." In this case, ask question 6a: "Was there any time during those 2 weeks that you cut down on the things you usually do because of illness or injury?"

3. The procedure for asking question 6b is the same as that just described for question 6a. Use the opening parenthetical phrase and the word "OTHER" in question 6b only if work-loss days, school-loss days, or bed days were reported in questions 2 through 4.

4. If a person reported 14 work-loss days in question 2b <u>or</u> 14 school-loss days in question 3b, <u>or</u> 14 bed days in question 4b, do not ask question 6. In this case, mark the "No" box in question 6a and go to check item D3 since it would be impossible to have any "OTHER" cut-down days. This applies only if 14 days is entered in any of 2b, 3b, or 4b. It does <u>not</u> apply if the sum of days in 2b or 3b and 4b is "14" since days missed from work or school and days in bed may or may not be the same days. For example, if "8 days" were reported in 2b and "6 days" in 4b, ask question 6a--do <u>not</u> mark "No" without asking.

Check Item D3 and Question 7,

Conditions Causing Restricted Activity

D3-7

D3 *Refer to 2–6.*
☐ No days in 2–6 *(Mark "No" in RD, THEN NP)*
☐ 1 or more days in 2–6 *(Mark "Yes" in RD, THEN 7)*

Refer to 2b, 3b, 4b, and 6b.

7a. What (other) condition caused — — to [miss work / miss school / (or) stay in bed / (or) cut down] during those 2 weeks?

(Enter condition in C2, THEN 7b)

b. Did any other condition cause — — to [miss work / miss school / (or) stay in bed / (or) cut down] during that period?

1 ☐ Yes *(Reask 7a and b)* 2 ☐ No

A. Objective

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

B. Definition

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

C. Instructions

1. If no days are reported in questions 2, 3, 4, or 6 for the person, mark the first box in check item D3, mark "No" in the "RD" box in item C1, and skip to the next person. If one or more days are reported in questions 2, 3, 4, or 6 for the person, mark the second box in check item D3, mark "Yes" in the "RD" box in item C1, and ask question 7.

2. For questions 7a and 7b, select the phrase or phrases within the brackets according to the kinds of restricted activity days recorded in questions 2, 3, 4, and 6 for the person.

Example 1

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

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

Example 2

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

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

3. When multiple phrases are used in questions 7a and 7b, be sure to use the word "or" between each phrase. It is possible that a person could miss work because of one condition and cut down because of another; incorrectly using the word "and" implies that we are only interested in a condition causing both types of restricted activity.

4. a. Enter the reported condition or conditions on a separate line in item C2 and enter "7" (for question 7) as the source for this condition in the "RA" box below the C2 condition line. Then ask question 7b, using the appropriate phrase(s) in brackets.

   b. If the condition is exactly the same as another condition you previously recorded for the person, do not record the condition again on another line in item C2 but enter "7" in the "RA" box in C2 for this condition.

   c. If the response to 7b is "Yes," reask 7a using the parenthetical "other." Then, enter in item C2 any additional condition(s) reported (if not already entered) along with its source ("7") in the "RA" box.

5. Enter as a condition whatever the respondent gives as the reason for the activity restriction. Accept reasons such as "too much to drink," "senility," and "worn out" as well as more obvious illnesses like "flu," "upset stomach," etc. The few exceptions to this rule are given below. When any of the following reasons are given in response to question 7a, follow the specified procedure.

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

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

b. Pregnancy--If "pregnancy" is reported as the condition causing restricted activity, probe for a condition associated with the pregnancy, such as morning sickness, swollen ankles, and so forth. Ask, "What about her pregnancy caused -- to [miss work/(or) miss school/(or) stay in bed/(or) cut down]?" Record the condition and "pregnancy" in item C2; for example, "morning sickness-pregnancy." If a specific condition is not reported after probing, enter "normal pregnancy" in item C2.

c. Menstruation--Follow the procedure described for pregnancy. Probe for a condition associated with menstruation by asking, "What about her menstruation caused -- to [miss work/(or) miss school/(or) stay in bed/(or) cut down]?" Record the condition and "menstruation" in item C2; for example, "cramps-menstruation." If a specific condition is not reported after probing, enter "menstruation" in item C2.

d. Menopause--Follow the procedure described for pregnancy. Probe for a condition associated with menopause by asking, "What about her menopause caused -- to [miss work/(or) miss school/(or) stay in bed/(or) cut down]?" Record the condition and "menopause" in item C2; for example, "headache-menopause." If a specific condition is not reported after probing, enter "menopause" in item C2.

e. Delivery (for the mother)--If "delivery" is reported, probe for a complication of delivery. Ask, "Was this a normal delivery?" If "No," ask, "What was the matter?" Record the complication (condition) and "delivery" in item C2; for example, "Hemorrhage-delivery." If no specific complication is reported, enter "normal delivery" in item C2.

f. Birth (for the baby)--If "birth" is reported as causing restricted activity for the baby, probe for complications or a condition at birth. Ask, "Was the baby normal at birth?" If "No," ask, "What was the matter?" Enter the complication (condition) and "birth" in item C2; for example, "hepatitis-birth." If the baby was normal at birth, do not enter this as a condition in item C2 but footnote the situation.

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

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

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

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

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

- Tests/examination--Ask, "What were the results of the [test(s)/examination]?", and record the results in C2. If no results or results not known, ask, "Why [were the tests performed/was the examination given]?", and record the condition(s) necessitating the tests/examination in C2. If no condition was found and no condition caused the test/examination, make no entry in C2, but footnote the situation.

- Surgery/operation--(See page D6-7 for definition.) Ask why the surgery or operation was performed and enter the condition in C2. If you cannot determine the condition causing the operation, enter the surgery or operation as the condition in C2 and footnote any additional information. For example, "face lift operation" in C2, "vanity" in a footnote.

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

CHAPTER 8. 2-WEEK DOCTOR VISITS PROBE PAGE

A. Overall Objective

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

B. General Definitions

1. Medical doctor/doctor's assistant--These terms are respondent defined. Include any persons mentioned by the respondent, for example, general practitioners, psychologists, nurses, chiropractors, etc. However, do not include visits to dentists or oral surgeons.

2. Doctor visits

   a. Include as doctor visits:

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

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

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

(4) Telephone calls to or from a doctor or assistant for the purpose of discussing the health of the person. Include calls to or from a doctor or assistant for obtaining or renewing a prescription or calls to obtain the results of tests or X-rays. Do NOT include calls for appointments, inquiries about a bill, calls made between a pharmacist and a doctor to obtain or verify prescriptions or calls made between the person and a pharmacist, or some other topic not directly related to the person's health. Count the telephone call as a doctor visit for the person about whom the call is made. For example, if the wife calls the doctor about her husband's illness because he is too ill to call himself, count the call for the husband, not the wife.

(5) Medical advice obtained from a family member or friend who is a doctor, even if this is done on an informal basis.

(6) Laboratory visits.

(7) Physicals for athletes or the U.S. Armed Services.

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

b. <u>Exclude</u> as doctor visits:

(1) Visits made by a doctor or assistant while the person was an overnight patient in the hospital.

(2) Visits for shots or examinations (such as X-rays) administered on a mass basis. Thus, if it is reported that the person went to a clinic, a mobile unit, or some similar place to receive an immunization, a chest X-ray, or a certain diagnostic procedure which was being administered identically to all persons who were at the place for this purpose, do not count this as a doctor visit. Do not include immunizations or examinations administered to children in schools on a mass basis as doctor visits. (Physicals for athletes or the U.S. Armed Services are NOT considered mass visits; count these as doctor visits.)

(3) Telephone calls made between a pharmacist and a doctor to obtain, renew, or verify prescriptions or calls made between the person and a pharmacist.

(4) Visits to dentists or oral surgeons.

C. General Instructions

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

INTRO E1

Introductory Statement and Check Item E1

INTRO E1

Read to respondent(s):
These next questions are about health care received during the 2 weeks outlined in red on thet calendar.

E1	*Refer to age.*	**E1**	☐ Under 14 *(1b)* ☐ 14 and over *(1a)*

A. Objectives

1. The introductory statement informs the respondent of the content and reference period for this section of the questionnaire.

2. Check Item E1 directs you to the appropriate doctor visit question, 1a or 1b, depending on the age of the person.

B. Instruction

Read the introductory statement once for the family.

Question 1, 2-Week Doctor Visits

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

A. Objective

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

B. Instructions

1. The first time you ask question 1a, include the statement within braces.

2. Read the sentence in parentheses only if a number is recorded in the person's "HOSP." box in item C1.

3. For persons under 14, ask question 1b. This wording is used because children are usually accompanied by an adult when they see a doctor, and the adult is often the person to whom the doctor reports. Substitute the name of the child or the child's relationship to the respondent. For example, for a 10-year-old child named Janet, ask, "During those 2 weeks, how many times did anyone see or talk to a medical doctor about Janet?"

4. Include all contacts reported by the respondent, regardless of the type of medical person seen. For example, if a visiting nurse was seen or if a household member who is a nurse provided care, include these contacts. However, do not include visits or calls to dentists or oral surgeons.

5. Special Situations

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

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

b. Doctors and assistants seen on same visit--A visit in which the person sees both a doctor and one or more of the doctor's assistants who work under this doctor's supervision should be counted as only one doctor visit. For example, if the person sees a nurse and then the doctor who supervises that nurse, count this as only one visit. If, however, the person sees both a doctor and a doctor's assistant supervised by a different doctor, this counts as two visits. For example, if a patient sees a doctor and then is referred to a physical therapist who works under the supervision of another doctor, two visits should be recorded.

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

d. Laboratory visits--Do not probe at this time to determine if the doctor visit took place at a laboratory. However, if a laboratory visit is reported, count this as a doctor visit and complete a doctor visit column.

Question 2, Additional Health Care Probe

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

A. Objective

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

B. Definition

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

C. Instructions

1. When asking question 2, include the phrase, "Besides the time(s) you just told me about" if any visits were reported for any family members in question 1.

2. Include health care at any place where a doctor or assistant was seen, even if not specifically listed in the question (but do not include any contacts already recorded in question 1).

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

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

Question 3, Telephone Calls as Doctor Visits

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

A. Objective

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

B. Instructions

1. When asking question 3a, include the parenthetical phrase if any contacts were recorded for any family members in questions 1 and/or 2d.

2. See paragraph 2a(4) on page D8-2 for information on what to include as telephone calls for medical advice.

3. In question 3d, do not record any telephone calls which have already been reported in questions 1 or 2.

4. If the respondent reports a doctor visit other than a telephone call that occurred during the 2-week period, record it in question 3b provided that: (1) it has not been reported previously, and (2) it meets the definition of a doctor visit given for question 1. Do NOT make any changes to question 1 or 2.

E2

Check Item E2

E2

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

A. Objective

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

B. Instructions

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

CHAPTER 9. 2-WEEK DOCTOR VISITS PAGE

A. Overall Objective

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

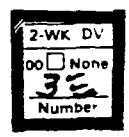
B. General Instructions

1. If there are no doctor visits recorded in the "2-WK. DV" box for any family members, go to the Health Indicator Page.

2. Fill a separate 2-Week Doctor Visit column for each visit recorded in each person's "2-WK. DV" box in item C1. Begin the first column for the first person for whom visits are recorded, and complete a separate column for each of those visits. Then fill column(s) for the next person with doctor visits in the "2-WK. DV" box in item C1, and so on.

3. If there are more than four doctor visits for the family, use additional questionnaires. Cross out number "1" in the "DR VISIT 1" column in the additional questionnaire and insert "5" for the fifth visit; in the next column cross out "2" and insert "6," and so on.

4. Consistency check--The number of columns filled for a person must equal the total number of doctor visits in that person's "2-WK. DV" box in item C1. Specific instructions for reconciling differences follow on page D9-3. You may find it helpful to make a checkmark to the right of the number in the "2-WK. DV" box as you complete each column. For example, if the person had a total of three doctor visits recorded in C1, you would have three checkmarks:



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

(F1) Person Number and Check Item F1 (F1)

	Refer to C1, "2-WK. DV" box.	**PERSON NUMBER** _____
F1	*Refer to age.*	**F1** ☐ Under 14 *(1b)* ☐ 14 and over *(1a)*

A. Objective

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

B. Instruction

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

(1) Question 1, Dates and Number of Doctor Visits (1)

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

A. Objective

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

B. Instructions

1. Record all visits or calls to a doctor or a doctor's assistant.

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

3. If the respondent cannot remember the exact date(s), an estimate is acceptable. However, before accepting an estimate, use the 2-week calendar card to help the respondent recall the exact date as closely as possible. If the exact date still cannot be determined, specify in which week of the 2-week period the visit took place. Mark the "Last week" or "Week before" box without making an entry for month or date.

4. If you learn that a visit did not take place during the 2-week reference period, enter the date in question 1a/b but correct the entry in the person's "2-WK. DV" box in item C1 by erasing the incorrect entry and entering the correct answer. Delete the remainder of this doctor visit column by drawing an "X" through it and footnote "Out of reference period," with the same footnote symbol in item C1 and in this column.

5. If at any time when filling the 2-Week Doctor Visits Page, additional visits are reported for anyone in the family, correct C1 as necessary and footnote the reason for the change. Complete a Doctor Visit column for each additional visit reported.

6. Ask question 1c after entering all 2-week dates mentioned for the person in question 1a/b. Enter the response to question 1c in the last doctor visit column for that person.

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

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

7. After obtaining a "No" response to question 1c, ask questions 2 through 5 for each doctor visit for the person. Complete the column for one visit before going on to the next visit.

8. Do not make corrections to any previous pages, except as noted in 4 and 5 above, based on information received while completing the Doctor Visit page or any succeeding pages.

Question 2, Place of Visit

2. Where did — — receive health care on *(date in 1)*, **at a doctor's office, clinic, hospital, some other place, or was this a telephone call?** *If doctor's office:* **Was this office in a hospital?** *If hospital:* **Was it the outpatient clinic or the emergency room?** *If clinic:* **Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic?** *If lab:* **Was this lab in a hospital?** **What was done during this visit?** *(Footnote)*	**2.** 01 ☐ Telephone **Not in hospital:** 02 ☐ Home; 03 ☐ Doctor's office; 04 ☐ Co. or Ind. clinic; 05 ☐ Other clinic; 06 ☐ Lab; 07 ☐ Other *(Specify)* → **Hospital:** 08 ☐ O.P. clinic; 09 ☐ Emergency room; 10 ☐ Doctor's office; 11 ☐ Lab; 12 ☐ Overnight patient *(Next DR visit)*; 88 ☐ Other *(Specify)* →

A. Objective

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

B. Definitions

1. Telephone--A telephone call made to or from a doctor or doctor's assistant for the purpose of discussing the health of the person. See page D8-2 for the types of calls to include or exclude.

2. Home--Any place in which the person was staying at the time of the doctor's or assistant's visit. It may be the person's own home, the home of a friend or relative, a hotel, or any other place the person may have been staying; however, if the person was in the hospital or some other institution, do not count this as a "home" visit.

3. Doctor's office

   a. In hospital--Some doctors maintain an individual office in a hospital where patients are seen on an outpatient basis, or several doctors might occupy a suite of offices in a hospital where patients are treated as outpatients.

   b. Not in hospital--An individual office in the doctor's home or in an office building, or a suite of offices occupied by several doctors. Do not consider a suite of doctors' offices as a clinic.

4. Company or industry clinic--A clinic or doctor's office which is operated solely for employees of the company or industry. This includes emergency or first aid rooms if the treatment was received from a doctor or assistant. The clinic may or may not be in the same location as the company or industry. If the respondent mentions that a relative of the employee went to this clinic, mark the "Not in hospital-other" box and specify, for example, "father's company clinic," or "husband's industrial clinic."

Place of Visit (Continued)

5. Hospital Outpatient (O.P.) Clinic--The unit of a hospital where persons may go for medical care without being admitted. Outpatient clinics usually provide routine, non-emergency medical care and are usually open only during specific hours.

6. Hospital Emergency Room--The unit of a hospital where persons may receive medical care, often of an urgent nature, without or before being admitted. Emergency rooms are usually open 24 hours a day.

C. Instructions

1. When asking question 2, insert the date entered in 1a/b for this doctor visit.

2. Mark a box according to the kind of place where the medical contact occurred, not according to the name of the place.

3. If the doctor visit was by telephone, mark the "Telephone" box at the top of the list of answer categories. For any other response, mark a box in the list under "Not in hospital" or in the list under "Hospital," depending on the location of the place.

4. If multiple responses are received in question 2 and one is while the person was an overnight patient in a hospital, mark only the "Overnight patient" category and go to the next doctor visit. For example, "Went to emergency room, then was hospitalized for 2 nights."

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

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

Place of Visit (Continued)

6. There is no specific definition of a clinic; accept the respondent's answer. If the person is not sure whether or not the place is a clinic, mark the appropriate "Other" box and specify, for example, "ABC clinic, DK if this is a clinic or a group of doctor's offices."

7. Both the "Not in hospital" and "Hospital" lists contain an "Other-specify" category. If the response is not clear, probe to determine if the "Other" place was or was not in a hospital before marking one of the "Other-specify" boxes. Give the best description of the "Other" place which you can obtain from the respondent.

8. If the respondent doesn't know whether or not to consider the place as in a hospital, do not mark a box but footnote the response, for example, "I don't know, I think it's a private doctor's office in space rented from a hospital."

9. If the response to question 2 is "Health Maintenance Organization" or "HMO," probe to determine whether the place was in a hospital or not, then mark the appropriate "Other-specify" box and enter "HMO," "Kaiser," or whatever response is given.

10. For persons who were admitted to the hospital but did not stay overnight, mark the "Hospital, Other-specify" box and footnote "Admitted-not overnight," and go to the next doctor visit. If the person was admitted to the hospital and stayed overnight, mark "Overnight patient" in the "Hospital" column and go to the next doctor visit. Do <u>not</u> complete questions 3 through 5 in these situations, nor delete the column, nor correct item C1.

Question 3, Type of Provider Contacted

Ask 3b if under 14. 3a. Did — — actually talk to a medical doctor?	3a. and b.	1 ☐ Yes (3f) 8 ☐ DK if M.D. (3c) 2 ☐ No (3c) 9 ☐ DK who was seen (3f)
b. Did anyone actually talk to a medical doctor about — —?		
c. What type of medical person or assistant was talked to?	c.	_____ Type 99 ☐ DK
d. Does the *(entry in 3c)* work with or for ONE doctor or MORE than one doctor?	d.	1 ☐ One (3f) 3 ☐ None (4) 2 ☐ More 9 ☐ DK
e. For this [visit/call] what kind of doctor was the *(entry in 3c)* working with or for — a general practitioner or a specialist?	e. and f.	1 ☐ GP (4) 2 ☐ Specialist (3g) 9 ☐ DK (4)
f. Is that doctor a general practitioner or a specialist?		
g. What kind of specialist?	g.	_____ Kind of specialist

A. Objective

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

B. Definitions

1. Doctor/Medical doctor--These terms refer to both medical doctors (M.D.'s) and osteopathic physicians (D.O.'s). Include general practitioners and all types of specialists, as defined in paragraphs 2 and 3 below. Do not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, or psychologists, etc.

2. General Practitioner--A medical doctor who provides comprehensive medical care on a continuing basis to patients of any age or sex regardless of the specific nature of the patient's health problems.

3. Specialist--A medical doctor whose practice is limited to a particular branch of medicine or surgery. A specialist has advanced training and is certified by a specialty board as being qualified to limit his/her practice to that field. Examples of specialists are surgeons, internists (specializing in internal medicine), pediatricians, psychiatrists, obstetricians, proctologists, ophthalmologists, and so forth. Also include osteopaths as specialists.

C. Instructions

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

2. In questions 3a and b, we are interested in direct contacts between the person or his/her proxy and the medical doctor. For example, if Mrs. Smith called the doctor about her husband because he was too ill to come to the phone, consider this as a "Yes" response to 3a if she spoke directly with the medical doctor. However, if Mrs. Smith spoke only with a nurse who relayed information between Mrs. Smith and the doctor, consider this as a "No" response in 3a since there was no direct contact with a medical doctor.

3. If you learn when asking any part of this question that the person consulted or the person for whom the assistant works is not a <u>medical doctor</u> as defined on page D9-7, mark "No" in 3a/b, enter the title of the person (or a description of what he/she does) in 3c and ask 3d.

4. If the respondent doesn't know if the person talked to is a medical doctor, mark the "DK if M.D." box in 3a/b and ask 3c. If the respondent doesn't know who was seen, mark the "DK who was seen" box and ask 3f. It is still possible that the respondent knows about the doctor who maintains the office, even though it is not clear whether or not the person actually talked to this doctor. If the respondent states only that he/she "Doesn't know," you must probe to determine which DK box to mark. For example, ask, "Is it that you don't know if the person seen was a medical doctor or not, or that you don't know who was seen?"

5. In 3c, enter the full title of the medical person or assistant such as "nurse practitioner," "nurse," "physician's assistant," "optometrist," or "chiropractor." If the title is not known, record the person's duties in as much detail as possible; for example, "takes blood," "gives immunizations," "gives physical exams," etc.

6. Sometimes, medical persons/assistants work with or for more than one doctor. Questions 3d and e are asked to determine what type of doctor the assistant was working with or for on this particular visit. If the response to 3d is "Own practice," "works alone," or something similar, mark "None" and continue with question 4. If "Telephone" is marked in question 2, use "Call" when asking 3e; otherwise, use "Visit."

7. In 3g, if the respondent does not know the title of the specialist, but does know the field of specialty, enter that information verbatim in the space provided. Examples are "heart ailments," "X-ray doctor," etc. Do <u>not</u> substitute any titles you know of for the respondent's answer: for example, do <u>not</u> enter "Pediatrician" if the respondent says it was a "children's doctor."

8. In 3f, if you are told that the doctor is both a general practitioner and a specialist, do not make an entry in 3e/f or 3g. Footnote the response and any information given by the respondent concerning the nature of the doctor's practice and specialty.

Question 4, Condition Talked About

Ask 4b if under 14. 4a. For what condition did -- see or talk to the [doctor/(entry in 3c)] on (date in 1)? Mark first appropriate box.	4a. and b.	1 ☐ Condition (Item C2, THEN 4g) 2 ☐ Pregnancy (4e) 3 ☐ Test(s) or examination (4c) 8 ☐ Other (Specify) → _____ (4g)
b. For what condition did anyone see or talk to the [doctor/(entry in 3c)] about -- on (date in 1)? Mark first appropriate box.		
c. Was a condition found as a result of the [test(s)/examination]?	c.	☐ Yes (4h) ☐ No
d. Was this [test/examination] because of a specific condition -- had?	d.	☐ Yes (4h) ☐ No (4g)
e. During the past 2 weeks was -- sick because of -- pregnancy?	e.	☐ Yes ☐ No (4g)
f. What was the matter?	f.	_____ Condition (Item C2, THEN 4g)
g. During this [visit/call] was the [doctor/(entry in 3c)] talked to about any (other) condition?	g.	☐ Yes ☐ No (5)
h. What was the condition?	h.	☐ Pregnancy (4e) _____ Condition (Item C2, THEN 4g)

A. Objective

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

B. Definition

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

C. Instructions

1. Ask question 4a for persons 14 years old and over. Ask question 4b for children under 14 years old.

2. When entering conditions in item C2, record the column number of this doctor visit as the source of the condition in the "DV" box below the condition name.

3. Mark only the first applicable box in the answer space for question 4a/b. Therefore, if a person went to a doctor because of "feeling tired" and while there had blood tests and a urinalysis, mark the "Condition" box and enter "feeling tired" in item C2.

4. If the respondent mentions a medical procedure, such as receiving a shot, removing a cast, applying a bandage, applying a brace, adjusting a truss, having an X-ray, etc., probe to determine the condition necessitating the procedure by asking, "For what condition did -- have a [shot/cast/bandage/brace]?" Mark the "Condition" box in 4a/b and enter the condition in item C2. If you cannot determine a condition, mark the "Other" box and specify the procedure on the line.

4

4

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

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

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

6. In asking 4c use the appropriate word "test," "tests," or "examination" depending on the respondent's answer to 4a/b. Consider a "checkup" to be the same as an examination if it is not mentioned along with a specific condition. Mark the "Yes" box in 4c even if the person was not notified of the condition until interview week. Mark the "test(s) or examination" box if the respondent saw or talked to a medical doctor, person, or assistant, during the 2-week reference period to get the results of tests or examinations that were performed earlier.

7. Question 4c determines if a condition was found as a result of the test(s) or examination. If the response to 4c is "no," mark the "No" box and ask 4d to determine if the person had a specific condition which was known about prior to the test(s) or examination. For example, people may have conditions which are known to them (such as diabetes), which they have tested from time to time to monitor the condition. Do not consider a common vision deficiency, such as near-sightedness or farsightedness, which is tested from time to time, as a condition unless it is discovered for the first time during this visit. In all other cases, probe to determine if a condition (for example, glaucoma) is causing the vision deficiency. If not, mark "No" in 4c and 4d and skip to 4g.

8. Ask question 4e to determine if the person was sick because of her pregnancy. If the response is "yes," mark the "Yes" box, ask 4f, and record the condition and pregnancy (for example, "Morning sickness-pregnancy") in 4f AND in item C2; then continue with 4g.

9. Use the word "call" in 4g if "Telephone" is marked in question 2. Otherwise, use the word "visit." If a condition was previously reported in 4a, 4f, or 4h, use the parenthetical "other" when asking or reasking 4g.

10. If pregnancy is reported in 4h, mark the "Pregnancy" box and ask 4e. Do not enter pregnancy in item C2 if reported in 4h. Pregnancy is only recorded in C2 from this page if there is a problem associated with the pregnancy, which is obtained by asking questions 4e and f, as appropriate. For any condition other than pregnancy reported in 4h, enter the name of the condition in 4h AND in item C2; then reask 4g.

Question 5, Surgery or Operations During This Visit

(5) (5)

Mark box if "Telephone" in 2. **5a. Did — — have any kind of surgery or operation during this visit, including bone settings and stitches?**	5a.	0 ☐ Telephone in 2 *(Next DR visit)* 1 ☐ Yes 2 ☐ No *(Next DR visit)*
b. What was the name of the surgery or operation? *If name of operation not known, describe what was done.*	b.	(1) _____ (2) _____
c. Was there any other surgery or operation during this visit?	c.	☐ Yes *(Reask 5b and c)* ☐ No

A. Objective

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

B. Definition

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

C. Instructions

1. If the respondent does not know the name of the surgery or operation, ask for a description of the procedure. Enter the description; for example, "removed cyst from shoulder." Even if you think you know the technical term, enter only what the respondent says. Also follow this procedure if the respondent does not know if the procedure should be considered as surgery or an operation, for example, "removed particle from eye."

2. Record each procedure mentioned by the respondent on a separate line in 5b. For example, if the response is, "Removed broken glass in hand and set broken wrist," enter this in 5b as follows:

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

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

CHAPTER 10. HEALTH INDICATOR PAGE

Overall Objective

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

Question 1, 2-Week Injury Probe

(1) (1)

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

A. Objective

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

B. Definitions

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

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

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

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

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

C. Instructions

1. If the response to question 1 indicates that a family member had an accident with no injury (for example, a minor car accident), consider this a "No" response and make any necessary corrections. Include all conditions mentioned by the respondent except those exclusions stated in paragraphs B1 and B4 above.

2. Accept the response to 1c as reported by the respondent without probing. For example, enter "multiple fractures," or "multiple cuts," etc., in 1c and ask question 1e using the terms, "multiple fractures," "multiple cuts," etc. However, if the response is, for example, "fractured arm and leg," enter "fractured arm" and "fractured leg" in 1c and ask 1e separately for the "fractured arm" and the "fractured leg." More detail about these conditions will be obtained on the Condition Page.

3. When asking question 1e for persons 14 years old or over, insert the name or relationship of the person in place of the "--" in brackets. For children under 14 years old, use the word "anyone" in brackets and include the parenthetical "about --."

4. Insert the name of the injury entered in 1c when asking question 1e. If you receive a "Yes" response to 1e, mark the "Yes" box and enter the name of the injury in C2 along with "1" in the "INJ." box as its source. If the response is "No," mark that box and ask 1e for the next injury for this person or for the next person for whom the "Injury" box is marked in 1b.

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

5. If the injury is already recorded in item C2, make any necessary corrections to question 1 but do not enter "1" as an additional source in C2. However, do not delete the entry in C2 if the injury was previously entered from some other part of the interview.

6. In question 1e, if you learn that a person only saw a dentist for the injury and had no restricted activity, consider this a "No" response and footnote "Dentist." Dentists are not considered "medical doctors."

Question 2, 12-Month Bed Days

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

A. Objective

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

B. Definitions

1. Days in bed--Any day during which the person stayed in bed more than half of the day because of illness or injury. "More than half of the day" is defined as more than half of the hours that the person is usually awake. Do not count the hours that the person is usually asleep. Also, do not count a nap as a day in bed unless the person took a nap because of an illness or injury and the nap lasted more than half of the day. Count all days a person spent as an overnight patient in a hospital, sanitarium, nursing home, etc., as days in bed whether or not the patient was actually lying in bed, even if there was no illness or injury. Also include any days reported for a newborn, including days in a hospital.

2. Bed--Anything used for lying down or sleeping, including a sofa, cot, or mattress. For example, a person who stayed on the sofa watching TV because he/she was not feeling well enough to get around would be considered "in bed." The important point is that the person felt ill enough to lie down for more than half of the day.

3. Illness or injury--These terms are respondent defined.

C. Instructions

1. When asking question 2, use the "12-month date" in item A1 on the Household Composition Page. Include the phrase, "that is, since (12-month date) a year ago," for the first person and at any other time you feel it is necessary.

2. If a number is recorded in the person's "HOSP." box in item C2, read the parenthetical statement, "Include days while an overnight patient in a hospital," as a reminder to the respondent.

(2) 12-Month Bed Days (Continued) (2)

3. If the respondent does not know the number of days, attempt to get an estimate by using a probe such as, "Can you give me an estimate of the number of days?" or, "Your best estimate is fine." If you receive a response in terms of a range, such as "15-20 days" or "Less than 7 days," probe to determine a more specific number. If the respondent is unable to provide a more specific number, enter the original response.

4. Do not reconcile the days reported in response to this question with the 2-week bed-days question on the Restricted Activity Page.

(3) Question 3, 12-Month Doctor Visits (3)

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

A. Objective

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

B. Definition

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

C. Instructions

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

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

2. When asking question 3 for persons 14 years old or over, insert the name or relationship of the person in place of the "--" in brackets. For example, ask 3a for a 19-year-old son as follows: "During the past 12 months, ABOUT how many times did your son see or talk to a medical doctor or assistant?"

3. When asking question 3 about children under 14 years old, use the word "anyone" in brackets and include the parenthetical "about --." For example, ask 3a for a 9-year-old son as follows: During the past 12 months, ABOUT how many times did anyone see or talk to a medical doctor or assistant about your son?"

4. If the response to 3a indicates that the only doctors seen were while the person was an overnight patient in the hospital, mark the "Only when overnight patient in hospital" box. In this case, and when there is a numerical entry in 3a for "No. of visits," do not ask 3b for this person since you already know that the person has seen a medical doctor or assistant within the past 12 months.

5. Some respondents do not include regular checkups/physicals/well visits in question 3a because the questions immediately prior to this deal with accidents/injuries/illnesses. Remind respondents to include such visits only if the answer to question 3a or 3b indicates a misunderstanding. Do not automatically assume the respondent will misunderstand.

6. If the response to 3b is a date during interview week, reask 3b to determine how long it has been since the person's last visit before interview week. In this case, there will be two boxes marked in 3b.

7. If the response to 3b is "Less than one year," reask 3a to determine the number of times a medical doctor was seen during the past 12 months and correct the entry in 3a. If the respondent states that the only time a doctor was seen during the past 12 months was while the person was an overnight patient in a hospital, erase the "None" entry in 3a, mark the "Only when overnight patient in hospital" box, and skip to the next person. Do not change your original entry in 3b.

Question 4, General Health

4

4. Would you say — — health in general is excellent, very good, good, fair, or poor?	4.	1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor

A. Objective

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

B. Instructions

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

Question 5, Height and Weight

5

Mark box if under 18. **5a. About how tall is — — without shoes?**	5a.	☐ Under 18 *(NP)* ____ Feet ____ Inches
b. About how much does — — weigh without shoes?	b.	_____ Pounds

A. Objective

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

B. Instructions

1. Enter the response verbatim, including fractions; for example, "5 feet, 6-1/2 inches," or "122-1/2 pounds."

2. Record the person's present weight in question 5b, with the following exception:

   If the respondent tells you, or if you know from previous responses that the person is currently pregnant, determine the person's weight before she became pregnant and record it in 5b. Footnote "Pregnant" and the person's present weight. Never probe to determine whether a person is pregnant.

3. Many people have trouble specifying another person's height and weight; therefore, indicate any estimated response, for example, "Est."

4. Enter a dash (-) on the inches line for even heights; for example, "6 feet, - inches." Enter a dash (-) on the "Feet" line if the height is reported in total inches; for example, "- feet, 68 inches." Do not attempt to compute the height in feet and inches.

5. If the height and/or weight is reported in the metric measurement system (meters, centimeters, grams, etc.) rather than in feet, inches, or pounds, footnote the exact metric response. Do not enter metric measurements in 5a or b or attempt to convert the response to feet, inches, or pounds.

CHAPTER 11. CONDITION LISTS

A. Overall Objective

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

B. General Definitions

1. Ever--Present at any time, through last Sunday night, in the person's life. Do not include if the onset is during interview week.

2. Now--Present at any time during the past 2 weeks through last Sunday night.

3. Past 12 months--The period beginning with the "12-month date" specified in item A1 and ending last Sunday night.

C. General Instructions

1. To determine which Condition List to ask in a household, refer to the number entered on the "Ask Condition List" line in A2 of the Household Composition Page.

2. Use the definitions in paragraph B above only if questions arise or if the respondent mentions that the condition started during interview week.

3. Begin the Condition List by asking part "a," inserting the names or relationships of all family members the first time you ask the question, and emphasizing the reference period for the list you are asking. Then start reading the list of conditions.

   a. After reading each condition, wait for a "yes" or "no" reply before going to the next condition. This procedure is necessary in order to be certain the respondent has had time to think about each condition. If two or more respondents are present, wait for each person to reply to a condition before going on to the next condition. As you ask each condition, make a checkmark (✓) in the space to the right of it to keep your place in the list.

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

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

c. Next, ask question "c" for the condition. If "yes," reask part "b" and enter the condition and letter in C2 for that person. Continue reasking "c" and "b" until you receive a final "no" answer to that condition or until all family members are accounted for. Then ask about the next condition, by reasking question "a." This is to remind the respondent that we are interested in whether anyone in the family has or had the remaining conditions during the specified time period.

d. Ask question parts d through f in lists 1 and 5 in the same manner as parts a through c.

4. If the same condition is reported more than once for the same person while asking the Condition List, enter only the letter for the item where it was first reported. Thus, you will have only one letter source specified per condition in item C2 for a person. It is extremely important that the letter is entered in C2 so that the correct questions will be asked on the Condition Page.

5. a. If the respondent reports a condition that has already been entered in item C2 with "LA," "RA," "DV," and/or "INJ." recorded as the source, enter the appropriate letter in the "CL LTR" box for the condition in that person's column.

b. If the respondent does not report a condition on the list that has already been entered in item C2, do not enter the "CL LTR" in item C2 in the "CL LTR" box. The Condition List letter should only be entered in C2 if the respondent reports the condition again while asking the Condition List.

6. If a condition is reported out of turn or not in answer to the one you're asking about, probe to determine if the condition was present during the specified reference period for that list. If so, enter the condition in C2 even if it is not specifically included in the list you are asking, along with the letter of the condition you were asking when this condition was reported. Then reask part "a" of the question about the listed condition. This is necessary because the respondent has not yet answered "Yes" or "No" to the listed condition.

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

7. Throughout the lists of conditions there are "catch-all" groups containing the words, "any other" or "any disease of" with the name of a specific part of body. If the respondent just says "Yes" to a catch-all group without reporting a specific condition, record in C2 the term as it appears in the Condition List; for example, "Gallbladder trouble," "Disease of the esophagus." Do not probe to determine if the person had more than one kind of condition for each "catch-all" group; for example, do not ask if the respondent had more than one kind of "gallbladder trouble" or "disease of the esophagus." Instead, record it in item C2 and ask if anyone else had a "catch-all" condition.

8. Also, throughout the Condition Lists there are words that are in all capital letters. These capitalized words are qualifying terms for that particular condition. Emphasize these words when asking about these conditions so the respondent is aware of them. Except for "Permanent," do not define these words for the respondent. Do not record any of these conditions in item C2 unless, in the respondent's view, the capitalized qualification is met.

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

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

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

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

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

11. If the respondent tells you that a Condition List condition is the same as one reported earlier, even though the condition names are not the same, enter the letter of the condition in the "CL LTR" box of the condition already in C2. However, do this only if the respondent says they are the same. Never make this determination yourself.

12. If you are asked for the meaning of any of the listed terms, use the definitions printed on the questionnaire below question c or f for that particular list, such as, "It's a condition affecting the digestive system," when asking list 3. Do not attempt to explain or define any of the conditions further.

13. In a one-person household, if a "Yes" response is received to one of multiple conditions listed together, for example, list 1, item G, "Yes, I have a bone spur," do not probe to determine if that person has also had the other condition. In households with more than one family member, ask the next appropriate part of the question (part c or f, depending on which list you are asking).

14. The instruction to reask a question above the second column for Condition Lists 1, 2, 3, and 6 is a reminder to repeat the lead-in question each time you reach the second column of the list; for example, reask question 1d before item M in list 1, reask question 2a before item O in list 2, and so forth.

INTRO

Condition List Introductions

INTRO

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

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

A. Objective

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

B. Instructions

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

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

Condition List 1

1

1

1a. Does anyone in the family *{read names}* **NOW have —** *If "Yes," ask 1b and c.*

b. Who is this?

c. Does anyone else NOW have —
Enter condition and letter in appropriate person's column.

A. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back? *(Permanent stiffness —* **joints will not move at all.)**	
B. Paralysis of any kind?	

1d. DURING THE PAST 12 MONTHS, did anyone in the family have — *If "Yes," ask 1e and f.*

e. Who was this?

f. DURING THE PAST 12 MONTHS, did anyone else have —

Enter condition and letter in appropriate person's column.

C—L are conditions affecting the bone and muscle.

M—W are conditions affecting the skin.

C. Arthritis of any kind or rheumatism?		*Reask 1d* **M. A tumor, cyst, or growth of the skin?**	
D. Gout?		**N. Skin cancer?**	
E. Lumbago?		**O. Eczema or Psoriasis? (ek'sa-ma) or (so-rye'uh-sis)**	
F. Sciatica?		**P. TROUBLE with dry or itching skin?**	
G. A bone cyst or bone spur?		**Q. TROUBLE with acne?**	
H. Any other disease of the bone or cartilage?		**R. A skin ulcer?**	
I. A slipped or ruptured disc?		**S. Any kind of skin allergy?**	
J. REPEATED trouble with neck, back, or spine?		**T. Dermatitis or any other skin trouble?**	
K. Bursitis?		**U. TROUBLE with ingrown toenails or fingernails?**	
L. Any disease of the muscles or tendons?		**V. TROUBLE with bunions, corns, or calluses?**	
		W. Any disease of the hair or scalp?	

Instructions

1. List 1 is made up of two parts. The first part contains two conditions with "NOW" as the reference period. Conditions C through Z, the second part of this list, do not have to be present "NOW," but must have been present at some time "DURING THE PAST 12 MONTHS."

2. Since the reference period for this list changes, it is possible that the respondent may not always be sure which period you are talking about. Therefore, it may be necessary to repeat the lead-in phrase, "DURING THE PAST 12 MONTHS" several times while asking this part of the list.

Condition List 2

(2)

2

2a. Does anyone in the family *(read names)* **NOW have —**
If "Yes," ask 2b and c.

b. Who is this?

c. Does anyone else NOW have —
Enter condition and letter in appropriate person's column.

A—L are conditions affecting { *Hearing* / *Vision* / *Speech* }

M—AA are impairments.

A. Deafness in one or both ears?		*Reask 2a* O. A missing joint?	
B. Any other trouble hearing with one or both ears?		P. A missing breast, kidney, or lung?	
C. Tinnitus or ringing in the ears?		Q. Palsy or cerebral palsy? (ser'e-bral)	
D. Blindness in one or both eyes?		R. Paralysis of any kind?	
E. Cataracts?		S. Curvature of the spine?	
F. Glaucoma?		T. REPEATED trouble with neck, back, or spine?	
G. Color blindness?		U. Any TROUBLE with fallen arches or flatfeet?	
H. A detached retina or any other condition of the retina?		V. A clubfoot?	
I. Any other trouble seeing with one or both eyes EVEN when wearing glasses?		W. A trick knee?	
J. A Cleft palate or harelip?		X. PERMANENT stiffness or any deformity of the foot, leg, or back? *(Permanent stiffness — joints will not move at all.)*	
K. Stammering or stuttering?		Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm?	
L. Any other speech defect?		Z. Mental retardation?	
M. Loss of taste or smell which has lasted 3 months or more?		AA. Any condition caused by an accident or injury which happened more than 3 months ago? *If "Yes," ask:* What is the condition?	
N. A missing finger, hand, or arm; toe, foot, or leg?			

Instructions

1. If a person has had one of the listed conditions which has been corrected by surgery or some other means and is not present "NOW," do not enter the condition in item C2. For example, make no entry if a cataract was removed surgically. Similarly, if a person was temporarily paralyzed as a result of a stroke but is no longer affected, make no entry in item C2.

2. A joint is considered missing (item O) even if its been replaced. If the respondent says that a joint has been replaced, without naming the specific joint, enter "missing joint" in C2. If a specific joint is reported in answer to item O, enter the response, such as "total hip replacement".

Condition List 3

3

3

3a. DURING THE PAST 12 MONTHS, did anyone in the family *{read names}* **have —**

If "Yes," ask 3b and c.

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have —

Enter condition and letter in appropriate person's column.

Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.

Conditions affecting the digestive system.

		Reask 3a	
A. Gallstones?		**N. Enteritis?**	
B. Any other gallbladder trouble?		**O. Diverticulitis? (Dye-ver-tic-yoo-lye'tis)**	
C. Cirrhosis of the liver?		**P. Colitis?**	
D. Fatty liver?		**Q. A spastic colon?**	
E. Hepatitis?		**R. FREQUENT constipation?**	
F. Yellow jaundice?		**S. Any other bowel trouble?**	
G. Any other liver trouble?		**T. Any other intestinal trouble?**	
H. An ulcer?		**U. Cancer of the stomach, intestines, colon, or rectum?**	
I. A hernia or rupture?		**V. During the past 12 months, did anyone (else) in the family have any other condition of the digestive system?**	
J. Any disease of the esophagus?			
K. Gastritis?		*If "Yes," ask:* **Who was this? — What was the condition?** *Enter in item C2, THEN reask V.*	
L. FREQUENT indigestion?			
M. Any other stomach trouble?			

Instructions

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

Condition List 4

4

4

4a. DURING THE PAST 12 MONTHS, did anyone in the family *{read names}* **have —**
If "Yes," ask 4b and c.

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have —

Enter condition and letter in appropriate person's column.

A—B are conditions affecting the glandular system.
C is a blood condition.
D—I are conditions affecting the nervous system.
J—Y are conditions affecting the genito-urinary system.

A. A goiter or other thyroid trouble?		*Reask 4a* **N. Any other kidney trouble?**
B. Diabetes?		**O. Bladder trouble?**
C. Anemia of any kind?		**P. Any disease of the genital organs?**
D. Epilepsy?		**Q. A missing breast?**
E. REPEATED seizures, convulsions, or blackouts?		**R. Breast cancer?**
F. Multiple sclerosis?		**S. *Cancer of the prostate?**
G. Migraine?		**T. *Any other prostate trouble?**
H. FREQUENT headaches?		**U. **Trouble with menstruation?**
I. Neuralgia or neuritis?		**V. **A hysterectomy?** *If "Yes," ask:* **For what condition did — — have a hysterectomy?**
J. Nephritis?		**W. **A tumor, cyst, or growth of the uterus or ovaries?**
K. Kidney stones?		**X. **Any other disease of the uterus or ovaries?**
L. REPEATED kidney infections?		**Y. **Any other female trouble?**
M. A missing kidney?		

**Ask only if males in family.*
***Ask only if females in family.*

Instructions

1. Do not ask items S and T in an all-female family.

2. Do not ask items U through Y in an all-male family.

3. If "Hysterectomy" is reported for a person, ask for the name of the condition requiring the operation and enter it in C2 for that person. If the name of the condition cannot be determined, enter "hysterectomy, dk reason," "Hysterectomy, sterilization," etc., in C2.

Condition List 5

5

5

5a. Has anyone in the family *(read names)* **EVER had —**

If "Yes," ask 5b and c.

b. Who was this?

c. Has anyone else EVER had —

Enter condition and letter in appropriate person's column.

Conditions affecting the heart and circulatory system.

A. Rheumatic fever?		G. A stroke or a cerebrovascular accident? (ser'e-bro vas ku-lar)	
B. Rheumatic heart disease?			
C. Hardening of the arteries or arteriosclerosis?		H. A hemorrhage of the brain?	
D. Congenital heart disease?		I. Angina pectoris? (pek'to-ris)	
E. Coronary heart disease?		J. A myocardial infarction?	
F. Hypertension, sometimes called high blood pressure?		K. Any other heart attack?	

5d. DURING THE PAST 12 MONTHS, did anyone in the family have —

If "Yes," ask 5e and f.

e. Who was this?

f. DURING THE PAST 12 MONTHS, did anyone else have —

Enter condition and letter in appropriate person's column.

Conditions affecting the heart and circulatory system.

L. Damaged heart valves?		Q. Any blood clots?	
M. Tachycardia or rapid heart?		R. Varicose veins?	
N. A heart murmur?		S. Hemorrhoids or piles?	
O. Any other heart trouble?		T. Phlebitis or thrombophlebitis?	
P. An aneurysm? (an yoo-rizm)		U. Any other condition affecting blood circulation?	

Instructions

1. List 5 is made up of two parts. The first part, conditions A through K, has a reference period of EVER and the second part of the list, conditions L through U, has a reference period of the PAST 12 MONTHS.

2. Since the reference period for this list changes, it is possible that the respondent may not always be sure which time period you are asking about. Therefore, it may be necessary to repeat the lead-in phrase, "DURING THE PAST 12 MONTHS," several times while asking the second part of the list.

Condition List 6

6

6

6a. DURING THE PAST 12 MONTHS, did anyone in the family *(read names)* **have —**

If "Yes," ask 6b and c.

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have —

Enter condition and letter in appropriate person's column.

Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.

Conditions affecting the respiratory system.

A. Bronchitis?		*Reask 6a.* **K. A missing lung?**	
B. Asthma?		**L. Lung cancer?**	
C. Hay fever?		**M. Emphysema?**	
D. Sinus trouble?		**N. Pleurisy?**	
E. A nasal polyp?		**O. Tuberculosis?**	
F. A deflected or deviated nasal septum?		**P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?**	
G. *Tonsillitis or enlargement of the tonsils or adenoids?			
H. *Laryngitis?		**Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition?** *If "Yes," ask:* **Who was this? — What was the condition?** *Enter in item C2, THEN reask Q.*	
I. A tumor or growth of the throat, larynx, or trachea?			
J. A tumor or growth of the bronchial tube or lung?			

**If reported in this list only, ask:*

1. How many times did — — have *(condition)* **in the past 12 months?**

If 2 or more times, enter condition in item C2.

If only 1 time, ask:

2. How long did it last? *If 1 month or longer, enter in item C2.*

If less than 1 month, do not record.

If tonsils or adenoids were removed during past 12 months, enter the condition causing removal in item C2.

Instructions

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

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

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

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

   a. Ask question 1, "How many times did -- have tonsillitis in the past 12 months?" If the person had the condition more than once in the past 12 months, record the condition and letter in item C2. If the person had the condition only one time during the past 12 months, ask question 2, "How long did it last?" If it lasted 1 month or longer, record the condition and letter in item C2. If the condition lasted less than 1 month, do not record it.

   b. If a person had his/her tonsils or adenoids removed during the past 12 months, probe to determine the condition causing the operation. Enter the condition in item C2 without asking the screening questions or regardless of the answer(s) to the screening questions if they've already been asked. If one of the excluded conditions mentioned in paragraph 1, such as "strep throat," is reported as the condition causing the operation, enter this condition in item C2.

   c. After asking the screening question for this person, ask 6c for the asterisked condition. If an asterisked condition is reported for another person, follow the same procedures for questions 1 and 2.

   d. If any of the asterisked conditions had also been reported before asking list 6, do not ask the screen questions. Enter the Condition List letter (G or H) in the "CL LTR" box beneath the condition in C2.

   e. If any of the asterisked conditions are reported while asking items A through F in list 6, ask the screening questions. If the condition should be entered in item C2, enter condition and letter of the item where the condition was reported.

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

CHAPTER 12. HOSPITAL PAGE

A. Overall Objective

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

B. General Definitions

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

2. Overnight--The person stayed in a hospital for one or more nights. If the person was admitted and released on the same date, do not consider this as an overnight stay.

C. General Instructions

1. Complete a separate hospital stay column for each hospitalization recorded in the "HOSP." box in item C1 on the Household Composition Page. If there are more than four hospitalizations reported for a family, use additional questionnaires. Renumber the columns in the additional questionnaires consecutively, changing "1" to "5," "2" to "6," etc. Beginning with the first person for whom hospitalizations have been reported, complete a column for each of his/her hospitalizations, and continue in the same manner for each succeeding person in the order they are listed on the questionnaire.

2. If a person was moved (transferred) from one hospital to another, for example, from a general hospital to a veteran's hospital, record each as a separate hospitalization.

3. When a hospitalization is for childbirth, fill one column for the mother and another column for the baby, asking each question separately for the mother and for the baby. Do not assume that all the information will be the same. For example, the mother may have entered the hospital several days before the baby was born or either the mother or the child could have been released before the other.

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

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

1 **Item 1, Person Number** 1

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

Instruction

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

Question 2, Date Entered Hospital

2

2. You said earlier that — — was a patient in the hospital since *(13-month hospital date)* a year ago. On what date did — — enter the hospital ([the last time/the time before that])? *Record each entry date in a separate Hospital Stay column.*		Month	Date	Year
	2.			19 ___

A. Objective

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

B. Instructions

1. Read the introductory statement "You said earlier that -- was a patient in the hospital since (13-month hospital date)" the first time you ask question 2 for each person.

2. If the person was in a hospital more than once during the period, add the phrase, "the last time," to the end of question 2. It is desirable, but not mandatory, to record the most recent hospital stay first if the person had more than one stay. For the remaining columns, begin with the question, "On what date did -- enter the hospital the time before that?", and so on, for each subsequent hospitalization. Disregard this parenthetical if there was only one hospitalization for the person.

3. If the respondent cannot furnish the exact date, obtain the best estimate possible. Use the calendars and the list of holidays in your Flashcard Booklet to assist the respondent in recalling dates. Examples of appropriate probe questions are:

   - Can you recall the approximate date?
   - Do you know which week of the month it was?
   - Do you recall the day of the week you entered the hospital?
   - Was it before or after Memorial Day (or some other holiday)?
   - Was it in the early part, the middle part, or the last part of the month?

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

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

(3) Question 3, Number of Nights in Hospital (3)

3. How many nights was — — in the hospital?	3.	0000 ☐ None (Next HS) _____ Nights

A. Objective

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

B. Instructions

1. Do not include any nights in the hospital during interview week. However, enter all nights in the hospital through "last Sunday night" prior to interview week and include BOTH the beginning and ending dates. If the stay continued into interview week, footnote "Int. week." If a hospital stay began prior to the 13-month hospital date, include all nights for the stay, including those prior to the 13-month hospital date.

2. If the respondent answers in terms of days, repeat the question so that it is understood we are interested only in the number of nights. For example, a first answer of, "I was in for 7 days," might mean 6, 7, or 8 nights. Always follow up such answers by repeating the question, emphasizing the word "nights."

3. If you learn that the person did not remain overnight for this stay in the hospital, mark the "None" box in question 3 and go to the next hospital stay. Do not make corrections to item C1 and do not complete questions 4 through 6 in this situation. Also follow this procedure if the date of admission and the date of discharge are the same, since this should not be included as an overnight hospital stay.

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

5. If the entire stay was during interview week, delete this hospitalization by X-ing out the remainder of the column and then correct the number in item C1. Explain in a footnote that the entire stay was during interview week.

4 Question 4, Condition Causing Hospitalization 4

4. For what condition did — — enter the hospital? • *For delivery ask:* Was this a normal delivery? *If "No," ask:* What was the matter? • *For newborn ask.* Was the baby normal at birth? *If "No," ask:* What was the matter? • *For initial "No condition" ask:* Why did — — enter the hospital? • *For tests, ask:* What were the results of the tests? *If no results, ask:* Why were the tests performed?	4.	1 ☐ Normal delivery 2 ☐ Normal at birth } (5) 3 ☐ No condition ☐ Condition →

A. Objective

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

B. Definition

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

C. Instructions

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

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

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

2. If the respondent answers that the person did not enter the hospital because of a condition, ask "Why did -- enter the hospital?" If the respondent then names a condition or mentions any health problem as the reason the person entered the hospital, mark the "Condition" box and enter the condition.

   a. If the person entered the hospital for tests or observations, ask "What were the results of the (tests/observation)?" If a condition was discovered as a result of the tests or observation, mark the "Condition" box and enter that condition. If the results of the tests or observation are unknown, probe to determine the condition which made the test or observation necessary and mark the "Condition" box and enter that condition. If no condition prompted the tests, mark the "No condition" box and footnote the situation (see 2c below).

   b. If the person entered the hospital to have an operation (see D6-7 for definition), probe to determine the condition which made the operation necessary. For example, if the response is "Amputation of one leg above knee," ask for the condition which made the operation necessary, such as "diabetes," "leg injured in accident," etc. Mark the "Condition" box and enter that condition.

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

c. Mark the "No condition" box only if after probing there is no condition associated with the hospitalization. Footnote the reason the "No condition" box was marked, for example, "Tests negative, no condition."

3. Record only the first condition reported in question 4 as the reason for entering the hospital (or discovered during hospitalization) for this stay. If more than one condition is reported, footnote the others but do not enter them in question 4.

Check Item J1

(J1) (J1)

J1	*Refer to questions 2, 3, and 2-week reference period.*	J1	☐ At least one night in 2-week reference period *(Enter condition in C2, THEN 5)* ☐ No nights in 2-week reference period *(5)*

A. Objective

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

B. Instructions

1. Refer to questions 2 and 3 of this hospital column to determine if any of the nights in question 3 were in the 2-week reference period entered in item A1 of the Household Composition Page.

2. If at least one night was during the past 2 weeks (box 1 marked in J1), refer to item C2 to see if this condition was previously recorded.

   a. If the condition was previously recorded, enter this hospital stay column number in the "HS" box below the condition.

   b. If the condition was not previously recorded, enter it on a separate line in item C2 and also enter this hospital stay column number in the "HS" box below the condition.

   c. If more than one condition was reported in question 4, enter only the first condition mentioned and/or the hospital stay column number in C2. Do not make any entries in C2 for conditions which were footnoted in response to question 4.

3. Make no entry in C2 if there were no nights during the past 2 weeks in question 3 (box 2 marked in J1).

Question 5, Operations Performed

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

A. Objective

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

B. Definition

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

C. Instructions

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

b.	(1) Gallstone removed (2) Appendectomy (3) _____

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

3. If you are in doubt as to whether to include a response as "surgery or operation," include it and enter all available information in 5b.

Question 6. Name and Address of Hospital

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

A. Objective

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

B. Instructions

1. It is important to obtain the full and complete name of the hospital.

   a. Be sure that you have the correct name of the hospital. For example, Frederick County may operate a hospital named "Jeremiah Wilson Memorial Hospital." However, if "Frederick County Hospital" was recorded, it would be impossible to identify the hospital for classification. In cases when you judge that the respondent may have given a local name rather than the official, correct name, ask the respondent if that is the complete name of the hospital or if the hospital is known by any other name.

   b. When college infirmaries are reported, find out the name of the university or college and whether the respondent is referring to the student health center (clinic) or the college hospital. For example, "infirmary at Montgomery County Jr. College" would be insufficient; whereas, "Montgomery County Student Health Service," or "Johns Hopkins University Hospital," etc., would be the complete and accurate name.

2. The exact street address is not always required, but the name of the street on which the hospital is located is needed to help identify the hospital. If the name of the street is not known, enter "DK." If there is no street name, enter a dash (-). If the city is not known, or if the hospital is not in a city, be sure to enter the county. Always enter the state.

3. Be sure that your entries of the name of the hospital, the street, and the city or county are legible. If the respondent is not sure how to spell any one of the names, spell it phonetically and footnote that it is a phonetic spelling.

4. After asking this question, if the name and address are identical to one recorded in another column, or the respondent says it is the same hospital, enter "Same as HS #__" in the "Name" space in question 6.

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

CHAPTER 13. CONDITION PAGES

A. Overall Objective

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

B. General Definitions

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

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

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

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

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

C. General Instructions

1. Complete a Condition Page for each condition recorded in item C2.

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

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

3. If more than seven conditions are entered in item C2 for the family, use additional questionnaires. Renumber the Condition Pages in the second questionnaire, changing the preprinted "1" to "8," "2" to "9," etc.

4. Enter in the triangular space to the right of the condition in item C2 the condition number which appears at the beginning of each Condition Page. By doing this when the condition from item C2 is transcribed onto the Condition Page, you can keep track of the Condition Pages filled for each person.

5. When two (or more) conditions for a person are the "same condition," complete only one Condition Page for that condition. Conditions may be considered "the same" only under the following two circumstances:

   - the respondent explicitly states that the conditions are the same;

     AND/OR

   - the names of the conditions are identical.

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

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

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

a. Do not delete the separate Condition Page entries that you have already made for the conditions. Enter a footnote on each Condition Page stating that the conditions are the same, referring to the conditions by their number: for example, for the first condition enter "same as condition 2," and for the second, "same as condition 1." Do this at the point you discover these are the same.

b. In most cases a Condition Page will have been filled for the first of the identical conditions. Therefore, you will not need to ask the remaining Condition Page questions for any of the other conditions reported as being "the same." There is one exception to this rule, described in paragraph c below.

c. Conditions with an entry in the "CL LTR" (Condition List) box in item C2 (source of the condition) require more questions to be asked on the Condition Page than conditions from other sources. If one of the "same" conditions is a "CL LTR" condition, be sure that on one of the Condition Pages for the identical conditions you have asked all the questions appropriate for a "CL LTR" condition. (See instructions for check item K2 on page D13-26.) If the first of the identical conditions has the "CL LTR" box filled in item C2, all of the necessary questions will have been asked. When the condition with "CL LTR" as its source is not the first of the identical conditions, skip to check item K2 on the page for this condition at the point where you learn the conditions are the same. Mark the appropriate box in K2 and ask questions 10 through 12 as required. Then, before leaving this Condition Page, enter a footnote that this condition is the same as a previous condition.

6. In asking questions 5 through 17, use the name of the condition in item 3b. The only exception to this is for the first present effect of a stroke as reported in 3f. For the first present effect of a stroke, use the name of that present effect instead of the entry in 3b for the remainder of the Condition Page.

1

Item 1 Person Number and Name of Condition

1

PERSON NO.____

1. Name of condition

Instructions

1. On the "Person number" line, enter the number of the person for which this Condition Page is being filled.

2. Fill item 1 before asking any of the Condition Page questions by transcribing the "Name of condition" exactly as it appears in item C2.

3. Enter the condition number in the triangular space in item C2.

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

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

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

0 ☐ Interview week *(Reask 2)*	5 ☐ 2 yrs., less than 5 yrs.
1 ☐ 2-wk. ref. pd.	6 ☐ 5 yrs. or more
2 ☐ Over 2 weeks, less than 6 mos.	7 ☐ Dr. seen, DK when
3 ☐ 6 mos., less than 1 yr.	8 ☐ DK if Dr. seen } *(3b)*
4 ☐ 1 yr., less than 2 yrs.	9 ☐ Dr. never seen } *(3b)*

A. Definitions

1. Doctor--The term "doctor" refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). Medical doctors include general practitioners and all types of specialists, such as ophthalmologists, psychiatrists, pediatricians, gynocologists, internists, etc.

2. Doctor's assistant--Any person who provides health care and who works with or for one or more medical doctors. Nurses, nurse practitioners, paramedics, medics, and physical therapists working with or for a medical doctor(s) are some examples of doctor's assistants. Also include chiropractors, chiropodists, podiatrists, naturopaths, opticians, psychologists, etc., if they work with or for a doctor as defined in paragraph 1 above.

B. Instructions

1. Before asking question 2, refer to the source boxes below the condition in item C2. If there is an entry in the "DV" box and/or the "HS" box for this condition, mark the "2-wk. ref. pd." box in question 2 without asking the question.

2. Do not attempt to reconcile discrepancies between question 2 and item C1 or C2. If the respondent reports that the most recent contact was during the 2-week reference period but no doctor visits or hospitalizations are recorded for this person in item C1, verify the date with the respondent. Also verify the date if there is no entry in the "DV" or "Hosp" box for this condition in item C2. If the date is correct, mark the "2-wk. ref. pd." box in question 2, footnote "date verified," and continue with question 3a. Make no changes to item C1 or C2 and do not attempt to complete a 2-week doctor visit or hospital stay column for the person.

3. When asking question 2 for persons 14 years old and over, insert the name or relationship of the person in place of the "--" in brackets. For children under 14 years old, use the word "anyone" in brackets.

4. Include as "seeing or talking to a doctor or assistant" any doctor visit as defined in B.2 on page D8-1. Also include hospital visits in which the person stayed overnight or longer and include dentists for dental conditions. If the respondent questions the type of doctor, follow the instructions in paragraph 5 below.

5. Do not probe to determine if the health practitioner consulted by the person is a doctor or assistant as defined above. If the respondent specifically questions whether a certain type of health practitioner, such as a chiropractor, is a doctor, probe to determine if this person works with or for a doctor. If the response is "No," reask question 2 excluding this visit. For example, ask, "Besides your visit to the chiropractor, when did you last see or talk to a doctor or assistant about your back trouble?" Otherwise, mark the appropriate box in question 2 without probing and continue with question 3a.

6. There are some conditions which a person might have repeatedly, such as colds, and others which are always present and "flare up" periodically, such as arthritis, hay fever, etc. Apply the following instructions <u>only when the respondent asks</u> to which episode of the condition question 2 refers.

   a. For short-term conditions which a person may have repeatedly, such as colds, flu, and minor injuries, question 2 refers to the last time the doctor/assistant was consulted about <u>this particular episode</u>. The question does not refer to previous episodes. For example, if the person had seen the doctor about a previous sore throat but not about <u>this</u> sore throat, mark the "Dr. never seen" box.

   b. For long-term conditions, such as high blood pressure, arteriosclerosis, arthritis, etc., question 2 refers to the last time the doctor/assistant was consulted about the <u>condition</u>, even though the person may not have consulted a doctor/assistant for the most recent flare-up or attack.

7. If the respondent reports the doctor or assistant was consulted during interview week, mark the "Interview week" box and reask question 2 in the following manner: "Not counting the visit you just told me about, when did -- last see or talk to...?" Do not change the original entry. Mark the appropriate box for the new response. The "Interview week" box and any other single box may be marked.

8. Mark box 7, "Dr. seen, DK when," if the respondent says that a doctor or assistant was consulted about the condition but he/she cannot remember or does not know when the visit took place. Before accepting this response, try to help the respondent recall the approximate date by using the calendar and holiday cards in the Flashcard Booklet.

9. Mark box 8, "DK if Dr. seen," if the respondent does not know if a doctor or assistant was seen, or if it cannot be determined whether the health practitioner seen is a doctor or assistant as defined on page D13-5.

10. Mark box 9, "Dr. never seen," if the respondent says that a doctor or assistant was never consulted prior to interview week for this condition.

Question 3, Description of Condition

3

A. Objectives

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

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

1. The respondent's statement of the cause.

2. A specific description of the kind of trouble.

3. The part of the body affected.

4. The type of tissue affected.

5. The type of tumor, cyst, or growth (obtained in question 4).

B. Instructions

1. If any needed information for questions 3b through h has been recorded previously in question 3, it is not necessary to reask the question or to reenter the answer unless otherwise specified. For example, if you entered "3-day measles" in 3b, it is not necessary to ask 3e or to enter this information again.

2. Ask questions 3e through h, as applicable, whenever the words or any form of the words printed above these questions have been entered in 3b through f. For example, ask 3e if the words, "diseased" or "anemic" are entered in 3b; ask 3f if the word "allergic" is entered in 3b through e; ask 3g and h if the word "infected" is entered in 3b through f.

Questions 3a and 3b, Techincal Name of Condition

3a-3b

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

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it? _____ *(Specify)*

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3e)*
3 ☐ Normal pregnancy, normal delivery, vasectomy } *(5)*
4 ☐ Old age *(NC)*
8 ☐ Other *(3c)*

Instructions

1. Read the statement in parentheses, "Earlier you told me about -- (condition)," whenever the "2-wk. ref. pd." box is marked without asking question 2. For example, if you have not asked question 2 because there is a 2-week doctor visit or a hospital stay for this condition in item C2, read the parenthetical statement in order to introduce the specific condition for which you are asking question 3.

2. Ask question 3a no matter how technical or specific the entry in item 1 seems to you.

3. If the answer to 3a is "No" or "DK," or if either box 8 or 9 is marked in question 2 ("DK if Dr. seen," "Dr. never seen"), transcribe the condition name from item 1 to 3b without asking 3b if the entry in item 1 is adequate.

4. If the response to 3a is qualified, such as "No, he just said a Tennis elbow", mark "No" and transcribe the item 1 entry to 3b if the entry is adequate.

5. Refer to Card CP1 in the Flashcard Booklet for examples of inadequate entries for question 3b during the interview and during your edit of this item. Do not transcribe inadequate entries from item 1 to 3b; instead, ask the respondent to describe the condition further, for example, "What's wrong with your nerves?", "Why can't he run?", "In what way is she retarded?"

6. If the respondent says the doctor called the condition by a more technical name but cannot remember the precise term, mark "Yes" in 3a and transcribe the entry from item 1 to 3b. Footnote "DK name."

Technical Name of Condition (Continued)

3a–3b

7. If the response to 3a is "Yes," enter in 3b whatever the respondent tells you the doctor called the condition, using the respondent's own words. If the medical name given by the respondent is unfamiliar to you, ask him/her to spell it for you. If the spelling is not known, record it phonetically. In all cases remember that the entry in question 3b should be as exact and complete as possible.

   If the respondent does not know the medical name, knows only the part of the body, or if the answer is vague, for example, "It's my liver," "I can't run," "Something I ate," "Some kind of ailment," do not accept it. Instead, ask the person to describe the condition further, for example, "What's wrong with your liver?", "Why can't you run?", "How does this food affect you?", "What kind of ailment do you have?" An exception to this is a response of "Sinus" which, although describing a part of the body, is acceptable as a condition because of its wide use and understanding.

8. If the response to 3b is "Old age," probe to determine a condition associated with the old age (for example, ask, "Is there any specific condition associated with -- old age?"), and enter the condition in 3b. For example, if, after probing, the respondent reports senility as the condition associated with the old age, enter "Senility" in 3b and continue asking the condition questions for senility. If, after probing, no specific condition is associated with the "Old age" entry in item 1, enter "Old age" in 3b, mark the "Old age" box, and skip to the next condition (NC). "Old age" should be considered only as a "last resort" entry for item 3b.

9. Do not change the entry in 3a even if the response in 3b does not agree with the box marked (see paragraphs 3 through 8 above).

10. If the response to 3b is the name of an operation, ask what condition made the operation necessary. Record this information in 3b even if the person no longer has the condition. Enter the name of the operation in 3b only if there is no condition that can be associated with it, including after effects. Entries such as "infected incision," "post-surgical pain, etc., are adequate only if the name of the operation itself is not known. Footnote "DK name of operation" or "DK condition," as appropriate.

11. If the response to 3b is a reaction to drugs, ask for and record: the reaction; the drug; and the reason for taking the drug (for example, "skin rash--reaction to penicillin--taken for virus"). Do not, however, consider these as multiple conditions.

12. If more than one condition is given in 3b, a separate Condition Page must be completed for each. For example, the entry in item 1 could be "pain in stomach" and the response to 3b, "colitis and diarrhea." After entering both conditions in 3b, enter the second condition, "diarrhea" in item C2 and "3" in the "COND." box as the source of the condition. Finish the remainder of this Condition Page for the first condition, "colitis." Then complete a second Condition Page for the "diarrhea" before completing Condition Pages for any other conditions.

    Likewise, if the entry in item 1 was "trouble walking" and the response to 3b was "pain in back and leg," a separate Condition page must be completed for each. Follow the instructions given above. Do NOT confuse these instructions with "present effects." (See D13-15, D13-40.)

13. After entering the condition name in 3b, mark one of the boxes below this space, based on the 3b entry. The remainder of the Condition Page questions will refer to the condition name entered in 3b. (An exception to this rule is for the first present effect of a stroke as listed in item 3f. (See page D13-14.) In this specific case, the remainder of the Condition Page should be filled using the first present effect of the stroke.)

    a. Color blindness--If the condition in 3b is "Color blindness," mark this box and continue with the next condition (NC) or go to the Demographic Background Pages if this is the last condition.

    b. Cancer--If the condition name in 3b contains the word "cancer," mark this box and go to 3e. Do not mark this box if the word "cancer" is not in 3b, even if you think the condition name is a form of cancer. Do not probe to determine if the condition entered in item 3b is a type of cancer.

    c. Normal pregnancy, normal delivery, vasectomy--Mark this box only if one of these terms is entered in 3b. Do not mark this box if a complication is recorded along with one of these terms.

    d. Old age--Mark this box only if "Old age," "Elderly," "Advanced age" or a similar term is entered in both item 1 and 3b. (Do not consider a specific condition to be identical to "old age.") After marking this box, continue with the next condition (NC).

    e. Other--Mark this box if the entry in 3b is anything other than "color blindness," "cancer," "normal pregnancy," "normal delivery," "vasectomy," or "old age" and continue with 3c.

Questions 3c and 3d, Cause of Condition

3c–3d

c. What was the cause of — — (condition in 3b)? (Specify)

_____

Mark box if accident or injury. 0 ☐ Accident/injury *(5)*

d. Did the (condition in 3b) result from an accident or injury?

1 ☐ Yes *(5)* 2 ☐ No

Instructions

1. When asking 3c, insert the name of the condition entered in 3b and enter the verbatim response.

2. Mark the "Accident/injury" box above 3d if the condition in 3b meets the definition of "Injury" on page D13-1 or if the cause reported in 3c meets the definition of "Accident" on page D13-1. If it is not obvious that the condition is an injury that resulted from an accident, ask question 3d.

3. If the respondent does not know whether a condition was caused by an accident or cannot recall such an occurrence when an accident is indicated, do not mark a box in 3d but explain the circumstances in a footnote, such as, "Doctor says possibly a blow on head, but respondent cannot recall" and go to 3e.

4. Conditions resulting from heavy lifting, a loud noise, or other similar hazards are considered as accidental only when they are one-time occurrences. For example, a punctured eardrum resulting from a loud explosion would be considered as caused by an accident, but continued exposure to loud noises at work resulting in partial deafness would not be considered as having an accidental cause. For the latter case, mark the "No" box in 3d. Also mark the "No" box in 3d if the cause is repeated heavy lifting, continued strain, etc. A probe may be necessary to determine this.

5. Do not include birth injuries to either the mother or the child as an accident/injury, instead, mark the "No" box in 3d. However, make sure that the injury occurred during the act of delivery, not later. For injuries occurring after birth, mark the "Accident/injury" box or the "Yes" box in 3d. For example, a head injury caused by the use of forceps during delivery is not an "Accident/injury," but a head injury caused by mishandling of the child immediately after delivery is an "Accident/injury."

6. In order to improve the coding process and to enhance the usefulness of the information collected, the circumstances surrounding the event when the response to 3b, 3c, or 3d is an accident or injury are needed. Consider 3c as equivalent to asking "How did the accident happen?" For example, if the response to "What was the cause of your broken arm?" was "It was an accident," record "accident" and then probe by asking "How did the accident happen?" Record the response to the probe in 3c also, such as "Fell down the steps," "Tripped over lawn mower," and so forth. It is very important to record details on all injuries--what the person was doing and any objects involved in the accident or injury.

Cause of Condition (Continued)

3c – 3d

a. If the condition in 3b itself is not an injury, but is the result of an injury, probe to determine how that injury happened. For example, the entry in 3b is "Arthritis" and the response to "What was the cause of your arthritis?" was "I broke my leg years ago." Probe by asking "How did you break your leg?" or "What were you doing when you broke your leg?" Then record in 3c both "broken leg" and the response to the probe in sufficient detail to identify exactly what the person was doing and any objects involved.

b. Examples of "How did the accident happen?"

a.

CONDITION 4 | **PERSON NO.** 4

1. **Name of condition**
broken arm

3a. (Earlier you told me about — (condition)) **Did the doctor or assistant call the (condition) by a more technical or specific name?**
1 ☐ Yes 2 ☒ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. **What did he or she call it?** broken arm (Specify)

1 ☐ Color Blindness (NC)
2 ☐ Cancer (3a)
3 ☐ Normal pregnancy, normal delivery, vasectomy (5)
4 ☐ Old age (NC)
8 ☒ Other (3c)

c. **What was the cause of — (condition in 3b)? (Specify)**
accident - fell off horse

Mark box if accident or injury. 0 ☒ Accident/injury (5)

d. **Did the (condition in 3b) result from an accident or injury?**
1 ☐ Yes (5) 2 ☐ No

b.

CONDITION 5 | **PERSON NO.** 5

1. **Name of condition**
back Trouble

3a. (Earlier you told me about — (condition)) **Did the doctor or assistant call the (condition) by a more technical or specific name?**
1 ☒ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. **What did he or she call it?** curvature of spine (Specify)

1 ☐ Color Blindness (NC)
2 ☐ Cancer (3a)
3 ☐ Normal pregnancy, normal delivery, vasectomy (5)
4 ☐ Old age (NC)
8 ☒ Other (3c)

c. **What was the cause of — (condition in 3b)? (Specify)**
slipped disc - Kicked by kleat playing ball

Mark box if accident or injury. 0 ☒ Accident/injury (5)

d. **Did the (condition in 3b) result from an accident or injury?**
1 ☐ Yes (5) 2 ☐ No

Some indication as to how an accident or injury happened is needed for entries such as bruises, cuts, burns, sprains, fractures, and so forth. Examples of other causes include assault, sharp objects, lifting or exertion, animal bites, suicide attempts, and so forth.

Question 3e, Kind of Condition

3e

Ask 3e if the condition name in 3b includes any of the following words:

Ailment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bad			Ulcer

e. What kind of *(condition in 3b)* is it? _____
(Specify)

A. Objective

The exact kind of condition the person has is not always clear from the entry in question 3b. For example, "heart trouble," "bad legs," and "stomach disorder" are all general terms which give a specific part or organ of the body but not a specific kind of illness or trouble. Heart trouble might be of several different kinds--angina, coronary, rheumatic, leakage, etc.; stomach trouble could refer to any number of digestive disturbances, such as ulcers, appendicitis, intestinal flu, etc. In question 3e, the respondent is asked to provide more specific information.

B. Instructions

1. Ask 3e only if one or more of the terms listed above the question is entered in 3b. Insert the name of the condition entered in 3b when asking 3e.

2. If the entry in 3b consists of one of the terms in 3e along with a specific, descriptive name such as "sebaceous cyst," "pernicious anemia," "Hodgkins disease," "allergic asthma," etc., it is not necessary to ask question 3e or to reenter the information. If a part of the body or general site is given in 3b with one of the terms in 3e such as "ovarian cyst," "back trouble," "heart attack," "skin growth," be sure to ask question 3e as these entries do not provide the KIND of cyst, attack, etc. (NOTE: As with "sinus" in 3b, "bronchial asthma" is acceptable in 3e.)

3. Use Flashcard CP1 as a guide for determining inadequate entries for this item during the interview and during your edit.

Question 3f, Present Effects of Allergy or Stroke

3f

Ask 3f only if allergy or stroke in 3b–e:
f. How does the [allergy/stroke] NOW affect ——? *(Specify)*

_____

_____

For Stroke, fill remainder of this condition page for the first present effect. Enter in item C2 and complete a separate condition page for each additional present effect.

A. Objective

Allergies and strokes can affect people in many different ways. In order to properly code these conditions, information on how the person is now affected must be obtained.

B. Instructions

1. Ask 3f if "allergy" or "stroke" or any form of these words is entered in 3b, 3c, or 3e. Enter all the present effects of the allergy or stroke mentioned by the respondent (this is an exception to the general rule that it is not necessary to reenter previously recorded information), but do NOT probe for any additonal effects. For example, a person with an allergy may be affected by swelling in some part of the body, a rash, hives, itching, sneezing, difficulty breathing, etc. If the respondent says there are no present effects, an entry of "no effects" is acceptable. For example, enter "no effects" if the person is not currently affected by the allergy because he/she is receiving shots or abstaining from something, such as activities, surroundings, etc.

2. For stroke, the present or current manifestations are required, not how the person was affected at the time of the stroke. Present effects might be "nervous tic on left side of face," "entire right leg and arm paralyzed," "speech difficulty," etc. An entry that gives only a part of the body without describing how it is affected is not adequate. The part of the body affected may be recorded in 3f; however, in addition, the ways in which the part of the body is now affected must be recorded here. The part of the body affected may also be recorded in 3g.

   If the present effect is vague or ill-defined, such as "can't use," "trouble," "lame," etc., probe to determine a more specific answer. For example, an entry of "left leg impaired" or "leg trouble" does not describe how the leg is impaired or what the trouble is. Is it painful, paralyzed, etc.?

3. For stroke, fill the remainder of this Condition Page for the first present effect entered in 3f. This is an exception to the general rule that Condition Page questions refer to the condition entered in 3b. When entering present effects of a stroke, the first one listed should be the one most closely related to the entry in 3b. For example, if 3b is "speech defect" and the response to 3f is "paralyzed left arm and stammering," list "stammering" first and complete the remainder of this page for it.

4. If more than one present effect of a stroke is given, additional Condition Pages must be filled. Enter each additional present effect (which was not previously recorded) in item C2 with "3" as the source in the "COND." box. For example, a response of "paralyzed arm and weak leg" requires an additional Condition Page. On the other hand, a response of "weak arm and leg" does not require an additional page because there is only one present effect, "weak," even though more than one part of body is mentioned.

5. When filling a Condition Page because of multiple present effects of a stroke reported on a previous Condition Page, do not reask 3f. However, you must transcribe the entry in 3b to 3f. For example, in paragraph 3 above, on the page for "paralyzed left arm," transcribe the entry from 3b to 3f without asking. Be sure, however, to ask all other appropriate parts of question 3.

Question 3g, Part of Body Affected

3g

Ask 3g if there is an impairment (refer to Card CP2) or any of the following entries in 3b—f:

Abscess	Damage	Palsy
Ache (except head or ear)	Growth	Paralysis
Bleeding (except menstrual)	Hemorrhage	Rupture
Blood clot	Infection	Sore(ness)
Boil	Inflammation	Stiff(ness)
Cancer	Neuralgia	Tumor
Cramps (except menstrual)	Neuritis	Ulcer
Cyst	Pain	Varicose veins
		Weak(ness)

g. What part of the body is affected? _____ *(Specify)*

Show the following detail:

Head ..... skull, scalp, face
Back/spine/vertebrae ..... upper, middle, lower
Side ..... left or right
Ear ..... inner or outer; left, right, or both
Eye ..... left, right, or both
Arm ..... shoulder, upper, elbow, lower or wrist; left, right, or both
Hand ..... entire hand or fingers only; left, right, or both
Leg ..... hip, upper, knee, lower, or ankle; left, right, or both
Foot ..... entire foot, arch, or toes only; left, right, or both

A. Definition

Impairment--consider the following as impairments:

1. Deafness, trouble hearing, or any other ear condition (except earache).

2. Blindness, trouble seeing, or any other eye condition.

3. Missing hand or arm--all or part of.

4. Missing foot or leg--all or part of.

5. Any mention of any part of body listed below 3g (except for headache or earache).

This list of impairments also appears on Card CP2 in the Flashcard Booklet.

B. Instructions

1. Ask 3g for each impairment entered in questions 3b through f, except for earache. Also ask 3g for each condition entered in 3b through f which contains any of the terms listed above or below 3g except for headache or earache. For example, if the entry in 3b is "deformed arm," and the entry in 3c is "tumor," ask 3g twice to determine (1) that part of the arm which is deformed, and (2) the exact part of the body affected by the tumor. if you ask 3g for more than one condition, be sure to record both the part of body and the condition it applies to. For example, enter "lower right arm-deformed" and "left shoulder-tumor." Otherwise, it would not be possible to identify which part of the arm is deformed or which entry is affected by the tumor.

In another example, the entry in 3b is "leg trouble," 3c is "DK," and 3e is "pain and stiffness." Again, you would ask 3g twice to determine which leg and what part of the leg is affected by the (1) pain, and (2) stiffness. For example, "Which leg and what part of the leg is affected by the pain?", and "Which leg and what part of the leg is affected by the stiffness?", and enter the response, such as, "Both lower legs-pain" and "Stiffness in entire left leg."

2. If necessary, rephrase question 3g to obtain the needed information; for example, "Does your deafness affect the right, left, or both ears?", "What part of the back is affected?"

3. For impairments as defined previously and for entries containing the specified terms which affect the "head," "back," "spine," "vertebrae," "side," "ear," "eye," "arm," "hand," "leg," or "foot," the entry in question 3g must show the detail specified in the instructions below the question, except for "headache" or "earache." This same detail is not necessary for other parts of the body but may be recorded if provided by the respondent. For example, "left lung," "entire stomach," etc.

   a. If the part of the body affected is the eye, ear, side, or any part of the arm, hand, leg, or foot, ask whether the right, left, or both are affected. If an <u>entire</u> arm or leg is affected, this must be shown in the entry, for example, "entire right arm." An entry of "arm" or "leg" is not acceptable.

   b. Entries which are more detailed than those specified are acceptable, for example, "right index finger," "neck."

4. If the part of body has already been entered in the specified detail in a previous part of question 3, it is not necessary to ask question 3g or to reenter the information. For example, 3g may be skipped if an earlier entry in question 3 is "Boil on left wrist," "Inflammation of entire right foot," etc.

(3h) **Question 3h, Type of Tissue Affected** (3h)

Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b—f:

Infection **Sore** **Soreness**

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

*(Specify)*_____

A. Objective

In order to accurately code conditions involving an "infection," "sore," or "soreness," the type of tissue affected is needed. For example, an "infected finger" could mean an infected bone, infected skin, infected muscle, or it could involve the fingernail.

B. Instructions

1. Ask question 3h if any of the words, "infection," "sore," or "soreness" are entered in 3b through f. When asking the question, insert the part of body entered in 3b through g, as appropriate.

2. Do not ask question 3h if the part of body specified in 3b through g is the eye(s), ear(s), or internal organ(s) such as lungs, stomach, kidneys, intestines, etc. If you are unsure whether a part of body is an internal organ or not, assume it is not and ask 3h.

3. If the response to 3h is "Don't know," do not probe. Enter "DK" without attempting to define the terms or to classify the response yourself based on previously reported information.

Question 4, Type of Tumor, Cyst, or Growth

4

Ask if there are any of the following entries in 3b—f:

Tumor **Cyst** **Growth**

4. Is this [tumor/cyst/growth] malignant or benign?

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

Instructions

1. If any of the words, "tumor," "cyst," or "growth" are entered in 3b through f, ask question 4.

2. If the respondent is not sure whether the tumor, cyst, or growth is/was malignant or benign, mark the "DK" box without probing.

3. Do not define "malignant" or "benign" for the respondent and do not attempt to classify the response yourself, based on previous information. However, if the term "malignant" or "benign" was previously entered in question 3, mark the appropriate box without asking question 4.

   NOTE: The rule stating that it is not necessary to reenter previously recorded information applies only to question 3.

Question 5, Onset of Condition

5 a. When was — — (condition in 3b/3f) first noticed?

b. When did — — (name of injury in 3b/f)

1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks to 3 months
3 ☐ Over 3 months to 1 year
4 ☐ Over 1 year to 5 years
5 ☐ Over 5 years

Ask probes as necessary:

(Was it on or since (first date of 2-week ref. period) or was it before that date?)

(Was it less than 3 months or more than 3 months ago?)

(Was it less than 1 year or more than 1 year ago?)

(Was it less than 5 years or more than 5 years ago?)

A. Objective

Question 5 obtains information on the onset of conditions which is used to classify them as "chronic" or "acute." Also, conditions may be analyzed according to how long they were present using the information from this question.

B. Definition

First noticed--When a condition first began to give any trouble, show any symptoms, or was first diagnosed as being present if there were no symptoms or trouble.

C. Instructions

1. There are some conditions which a person might have repeatedly, such as colds, and others which are always present but "flare up" periodically such as arthritis, hay fever, etc. Apply the following instructions only when the respondent asks to which episode of the condition question 5 refers.

   a. For conditions which affect a person in more serious ways from time to time although they are always present, enter the date the condition was first noticed, not the date of the most recent attack or flare-up. For example, arthritis, lumbago, etc.

   b. For conditions which are usually of short duration but may recur frequently, such as a cold, flu, virus, headache, etc., the date of onset is the date of the most recent attack prior to interview week (see paragraph 7 below).

2. If several body parts are affected by the same condition, ask question 5 to determine when the condition was first noticed. For example, if the entry in 3f is "weakness in right arm and leg," ask "When was the weakness first noticed?" If the response indicates the leg weakness was noticed 3 years ago and the arm weakness 6 years ago, mark box 5 to indicate when the weakness was first noticed. Do not probe for this information. Use this distinction only if the respondent volunteers additional information.

3. When the condition is the present effect of a stroke or the result of an accident, enter the date the present ill-effects were first noticed. This may or may not be the date the accident or stroke occurred.

4. Ask question 5b only when the condition entered in 3b is an injury. In all other cases ask 5a, including conditions that resulted from an accident but are not injuries, for example, a nervous stomach due to a car accident.

5. If you are completing this Condition Page for the present effect of a stroke, insert the condition name entered in 3f when asking 5a. In all other cases, insert the condition name from 3b when asking 5a. When asking 5b, also refer to the injury in 3b, for example:

   - "When did your husband dislocate his shoulder?"
   - "When did Johnny lacerate his arm?"
   - "When was Mary stung by the hornet?"

6. If the condition is delivery or a complication of delivery, ask 5a in this way, "When was -- delivery?" For a vasectomy, you would ask, "When was -- vasectomy?"

7. If the respondent reports the date as being during interview week, verify this date with the respondent, using the calendar card.

   If the date is still during interview week, footnote "Interview week" but do not continue with the remainder of the Condition Page questions for this condition.

8. If the respondent does not know or cannot remember the date, ask one or more of the probes printed below the question until you have enough information to mark a box. Refer the respondent to the calendar card and Flashcard Booklet calendars as necessary. Also use the appropriate probe printed below question 5 if the response falls on one of the cutoff points in the answer categories. For example, if the response to 5a is "1 year ago," ask, "Was it less than 1 year or more than 1 year ago?"

Check Item K1 through Question 9, Information on Restricted Activity

Objective

Questions 6 through 9 are designed to obtain information on restricted activity days caused by this particular condition.

K1

Check Item K1

K1

K1	*Refer to RD and C2.* 1 ☐ "Yes" in "RD" box AND more than 1 condition in C2 *(6)* 8 ☐ Other *(K2)*

A. Objective

Check item K1 instructs you to skip questions 6 through 9 if no restricted activity days were previously reported or if only one condition is entered in item C2 for the person, since this information was previously obtained on the Restricted Activity Page.

B. Instructions

When completing this item, refer to the "RD" box in item C1. Mark the first box if the person for whom you are filling this Condition Page has the "Yes" box marked in item "RD" AND has more than one condition entered in item C2. Then continue with question 6. In all other cases, mark the "Other" box and skip to check item K2.

Question 6, Cut Down Days

6a. During the 2 weeks outlined in red on that calendar, did — — *(condition)* cause — — to cut down on the things — — usually does?
☐ Yes ☐ No *(K2)*

b. During that period, how many days did — — cut down for more than half of the day?

00☐ None *(K2)* _____ Days

A. Definitions

See pages D7-16 and D7-17 for the definitions of "Things a person usually does" and "Cut-down day."

See pages D7-17 and D7-18 for examples of persons cutting down on their usual activities for more than half of the day.

B. Instructions

If you are filling this Condition Page for the present effect of a stroke, insert the present effect entered in 3f (for which you are filling this page) in place of the word "condition" when asking question 6a. Otherwise, insert the name of the condition entered in 3b when asking question 6a.

Question 7, Bed Days

7. During those 2 weeks, how many days did — — stay in bed for more than half of the day because of this condition?

00☐ None _____ Days

A. Definitions

See page D7-13 for definitions of "Days in bed" and "Bed."

B. Instructions

The number of bed days entered in this question cannot be more than the number of cut-down days entered in question 6. Reconcile any inconsistencies with the respondent before making an entry in question 7.

Question 8, Work-Loss Days

Ask if "Wa/Wb" box marked in C1:

8. During those 2 weeks, how many days did — — miss more than half of the day from — — job or business because of this condition?

00 ☐ None _____ Days

A. Definitions

See pages D7-4 and D7-5 for the definitions of "Job" and "Business." See page D7-10 for the definition of "Work-loss day."

B. Instructions

1. Ask this question only if the "Wa" or "Wb" box in item C1 is marked for this person.

2. Since very few people work 7 days a week, probe when you receive replies such as, "The whole 2 weeks," or, "All last week." Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from work. If the person actually missed 14 days of work during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the person would have worked all 14 days had the condition not prevented it.

3. This question measures work-loss days only. If the person goes to school in addition to working, record only the days lost from work. Disregard any days lost from school for these persons. These days should have been included in the cut-down days measured in question 6b.

4. The number of work-loss days entered in this question cannot be more than the number of cut-down days entered in question 6b. Reconcile any inconsistencies with the respondent before making an entry in question 8.

Question 9, School-Loss Days

9

Ask if age 5—17:
9. During those 2 weeks, how many days did —— miss more than half of the day from school because of this condition?

00 ☐ None _____ Days

A. Definitions

See page D7-11 for the definitions of "School" and "School-loss day."

B. Instructions

1. Ask this question only if the person is 5 to 17 years old.

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

3. Since few children go to school 7 days a week, probe when you receive replies such as, "The whole 2 weeks," or, "All last week." Do not enter "14" or "7" automatically. Reask the question in order to find out the actual number of days lost from school. If the child actually missed 14 days from school during the 2-week reference period, enter "14" in the answer space. Then explain in a footnote that the child would have gone to school all 14 days had the condition not prevented it.

4. This question measures school-loss days only. If a child in the 5 through 17 year age group works instead of, or in addition to going to school, record only the days lost from school. Disregard any days lost from work for this age group. These days should have been included in the cut-down days measured in question 6b.

5. The number of school-loss days in this question cannot be more than the number of cut-down days entered in question 6b. Reconcile any inconsistencies with the respondent before making an entry in question 9.

Check Item K2 through Question 12, Information on Chronic Conditions

Objective

Questions 10 through 12 are designed to obtain information on conditions which have one of the Condition Lists as their source. For these conditions, estimates of bed days and hospitalizations are made. Also, it can be determined whether the person still has the condition or whether it is cured or under control.

K2 **Check Item K2** K2

K2	☐ Condition has "CL LTR" in C2 as source *(10)* ☐ Condition does not have "CL LTR" in C2 as source *(K4)*

A. Objective

Check item K2 instructs you to ask questions 10 through 12 only for conditions identified on the Condition Lists.

B. Instructions

If you are filling a Condition Page for a condition with a CL LTR as a source in C2, mark the first box in K2 even though you may not be asking the questions about that particular condition. For example:

C2 and item 1 - Stroke (with CL LTR as source)

question 3f - paralyzed right arm, drags left leg

K2 - Condition has "CL LTR" in C2 as source

K2 applies to the original C2 entry, not the 3b or 3f entry which you are asking about in the other questions.

In this example, on the page for "drags left leg," you would mark the second box in K2 because the "drags left leg" was entered in C2 with question 3 as the source in the "Cond" box and will not have an entry in the CL LTR box.

(10) Question 10, Number of Bed Days in 12-Month Period (10)

10. About how many days since (*12-month date*) a year ago, has this condition kept -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)

000☐ None _____ Days

A. Definition

See page D7-13 for the definition of "Days in bed" and "Bed."

B. Instructions

1. "This condition" refers to the entry in 3b or 3f for which you are filling this Condition Page.

2. Read the statement in parentheses, "Include days while an overnight patient in a hospital," if a number is entered in the person's "HOSP." box in item C1. If respondents ask, include days while a person was in a nursing home, sanitarium, or similar place.

(11) Question 11, Hospitalized For This Condition (11)

11. Was -- ever hospitalized for -- (*condition in 3b*)?

1☐ Yes 2☐ No

A. Definitions

1. Ever--At any time, through last Sunday night, in the person's life. Do not include any time during interview week.

2. Hospitalized--Being a patient in a hospital for one or more nights. Exclude visits to an emergency room or outpatient clinic, even if they occur at night, unless the person was admitted and stayed overnight. Stays in the hospital during which the person does not spend at least one night are not included, even though surgery may have been performed.

B. Instructions

1. Note that the reference period for this question is ever.

2. Insert the name of the condition entered in 3b, unless you are completing this page for the first present effect of a stroke. In this case, insert the name of the condition entered in 3f.

Check Item K3

K3

K3	☐ Missing extremity or organ *(K4)* ☐ Other *(12)*

A. Definition

Missing extremity or organ--The absence of any part of the body or all or part of any body organ.

B. Instructions

Mark the first box if the condition is a missing extremity or organ and go to check item K4. For all other conditions, mark the second box and continue with question 12.

Question 12, Condition Still Present

(12)

12a. Does —— still have this condition?

1 ☐ Yes (K4) ☐ No

b. Is this condition completely cured or is it under control?

2 ☐ Cured 8 ☐ Other (Specify) Z

3 ☐ Under control (K4) _____ (K4)

c. About how long did —— have this condition before it was cured?

000 ☐ Less than 1 month OR _____ Number { 1 ☐ Months 2 ☐ Years

d. Was this condition present at any time during the past 12 months?

1 ☐ Yes 2 ☐ No

A. Objective

Question 12 determines whether the condition is still present, cured, or under control, or if it was present during the past 12 months.

B. Definition

"Cured"/"Under control"--These terms are respondent defined.

C. Instructions

1. In 12b, if the respondent indicates that the condition is neither cured nor under control, do not probe. Mark the "Other" box and record the response verbatim.

2. If the respondent asks, question 12c refers to the time period beginning at the time the person noticed something was wrong (or was advised of the condition) and ending at the time when the condition was considered "cured."

3. Consider the condition present during the past 12 months if the person experienced symptoms of the condition since the 12-month date in A1 on the Household Composition Page.

K4

Check Item K4

K4

K4	0 ☐ Not an accident/injury (NC) 1 ☐ First accident/injury for this person (14) 8 ☐ Other (13)

A. Objective

If the condition in 3b was caused by an accident, a series of questions must be asked about that accident. If the condition did not have an accidental cause, then no more questions are asked about the condition.

B. Definition

Injury--Any condition with the "Accident/injury" box marked above 3d or the "Yes" box marked in 3d.

C. Instructions

1. If the "Accident/injury" box is not marked above 3d and if the "No" box is marked in 3d, mark the "Not an accident/injury" box and go to the next Condition Page (NC).

2. If the condition is an injury, review all of the Condition Pages for this person. If this is the first Condition Page with an accidental cause reported in 3d, mark the second box ("First accident/injury for this person"). If there were other injuries on previous Condition Pages for this person, mark the "Other" box.

13. Is this (condition in 3b) the result of the same accident you already told me about?

☐ Yes (Record condition page number where accident questions first completed.) → _____ (NC)
Page No.

☐ No

A. Objective

If the respondent has already given information about the same accident or injury on a previous Condition Page (for another condition resulting from that accident or injury), there is no need to ask questions 14 through 17 again.

B. Instructions

1. If the condition was caused by the same accident that was reported on a previous Condition Page for this person, mark the "Yes" box in question 13 and enter the number of the page on which the details of this accident were reported (that is, where Condition Page questions 14 through 17 were first filled). For example, if the accident was first described for Condition 1, enter "29" in question 13. Be sure to enter the questionnaire page number, not the condition number.

   If more than one questionnaire is used for the family, also indicate which "Book of books" contains this accident. For example, if you are completing Condition 9 for the result of the same accident reported for Condition 7 on page 41 in the first questionnaire, enter "41" on the "Page No. Line" and "Book 1 of 2" in the answer space for question 13.

   If there were two or more different accidents reported on previous Condition Pages for the person, be sure to determine which accident caused this condition and record the appropriate page number where the accident was described in questions 14 through 17.

2. If the condition resulted from a different accident than any reported on previous Condition Pages for this person, mark the "No" box in question 13 and complete questions 14 through 17, as appropriate, for this accident.

Question 14, Where Accident Occurred

14. Where did the accident happen?

1 ☐ At home (inside house)
2 ☐ At home (adjacent premises)
3 ☐ Street and highway (includes roadway and public sidewalk)
4 ☐ Farm
5 ☐ Industrial place (includes premises)
6 ☐ School (includes premises)
7 ☐ Place of recreation and sports, except at school
8 ☐ Other *(Specify)* _____

A. Objective

Question 14 is asked to determine the physical environment in which the accident occurred. If you receive a place name in response to this question such as Toledo, Ohio, probe to determine the physical surroundings in Toledo where the accident occurred.

B. Definitions

1. At home--Includes not only the person's own home but also any other private home, vacant or occupied, in which the person might have been when he/she was injured, as well as homes being remodeled or undergoing repair. A "home" could be a house, apartment, motor home, houseboat, etc. (Do not consider an accident occurring at a house under construction as occurring "at home." Consider this as an "Industrial place.")

   a. At home (inside house)--Any room inside the house but not an inside garage. Consider porches, or steps leading directly to porches or entrances, as "inside of house." Falling out of a window or falling off a roof or porch are included as accidents occurring inside the house.

   b. At home (adjacent premises)--The yard, the driveway, private lanes, patios, gardens or walks to the house, or a garage, whether attached or detached. This also includes the common areas of an apartment building, such as hallways, stairs, elevators, walks, etc. On a farm, the "adjacent premises" include the home premises and garage, but not the barn or other buildings (unless used as a garage), and not the land under cultivation.

2. Street and highway--The entire area between property lines of which any part is open for use of the public as a matter of right or custom. This includes more than just the traveled part of the road. "Street and highway" includes the whole right-of-way. Public sidewalks are part of the street but private driveways, private alleys, and private sidewalks are not considered part of the street.

3. Farm--A farm building or land under cultivation but not the farm home or premises. "Farm" includes a ranch.

4. Industrial place--Examples of industrial places are a factory building, a railway yard, a warehouse, a workshop, a loading platform of a factory or store, etc. Include construction projects (houses, buildings, bridges, new roads, etc.) as well as buildings undergoing remodeling. (Do not classify private homes undergoing remodeling as industrial places, but classify them as "homes.") Other examples of "Industrial places" are logging camps, shipping piers, oil fields, shipyards, sand and gravel pits, canneries, and auto repair garages.

5. School--Either the school buildings or the premises (campus) of the school. Include all types of schools--elementary, high schools, colleges, business schools, etc.

6. Place of recreation and sports--Places designed for sports and recreation, such as a bowling alley, amusement park, baseball field, skating rink, lake, mountain or beach resort, and stadium. Exclude places of recreation and sports located on the premises of an industrial place or school. These should be considered part of the industrial place or school. Also exclude places not designed for recreation or sports, such as a hill used for sledding or a river used for boating or swimming. These fall into the "Other" category.

7. Other--When none of the locations defined above describes where the accident happened, mark the "Other" box. Specify the exact type of place, such as grocery store, restaurant, office building, church, etc. General entries, such as "Armed Forces" are not satisfactory, since a person can be in the Armed Forces and have an accident in any one of several kinds of places.

   Also mark the "Other" box if you learn that the accident occurred while the person was temporarily working, visiting, or staying in a motel, hotel, or similar place for temporary lodging. For such entries, also specify whether the accident occurred in the lodging quarters or on adjacent premises (for example, "hotel room," "motel unit," "guest cabin," "motel lobby," "hotel parking garage," etc.). However, if the person was living in the hotel, motel, or similar place at the time of the accident and he/she had no other usual residence, mark one of the "At home" boxes, as appropriate.

Question 15, At Job or Business When Accident Happened

15

Mark box if under 18. ☐ Under 18 *(16)*

15a. Was — — under 18 when the accident happened?
1☐ Yes *(16)* ☐ No

b. Was — — in the Armed Forces when the accident happened?
2☐ Yes *(16)* ☐ No

c. Was — — at work at — — job or business when the accident happened?
3☐ Yes 4☐ No

A. Definitions

Refer to the definitions of "job" and "business" on pages D7-4 and D7-5. However, do not restrict these definitions to the past 2 weeks for question 15c since this question refers to the time when the accident happened.

B. Instructions

1. Question 15a refers to the age of the person at the time of the accident. If the person is currently under 18, mark the "Under 18" box without asking question 15a. If responses to previous questions indicate that the person was under 18 when the accident occurred, you may verify this with the respondent and mark the "Yes" box without asking. However, if there is any doubt, ask question 15a.

2. Mark the "Yes" box in 15b for an accident that occurred while the person was in the Armed Forces, regardless of whether he/she was on duty at the time it occurred. For example, mark the "Yes" box for a sailor who was away from his ship when he fell on the ice and broke his leg on a downtown street.

3. In 15c, consider an accident as occurring "at work" if the person was on duty at the time of the accident. Thus, a salesman traveling from town to town would be "at work" if an accident occurred en route between towns, but a person on his way to an office job who had an accident en route would not be considered as having been injured "at work."

Question 16, Motor Vehicle Involved in Accident

16

16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?

1☐ Yes 2☐ No (17)

b. Was more than one vehicle involved?

1☐ Yes 2☐ No

c. Was [it/either one] moving at the time?

1☐ Yes 2☐ No

A. Definitions

1. Motor vehicle--A self-propelled, power-operated vehicle, not on rails, for transporting persons or property, intended for use on a highway, either public or private; or a self-propelled, nonhighway vehicle, such as construction equipment, tractor, farm machinery, or tank when operating on a highway. Attached objects, such as trailers or campers are considered as part of the motor vehicle.

2. Nonmotor vehicles--Recreational vehicles, such as mini-bikes, mopeds, or snowmobiles are not defined as motor vehicles unless they are in operation on a highway. Do not consider trains, streetcars, or bicycles as motor vehicles.

B. Instructions

1. Mark the "Yes" box in question 16a if the accident involved a motor vehicle in any way at all, regardless of whether or not the vehicle was moving at the time of the accident. For example, a motor vehicle is "involved" when a pedestrian is hit by a car, a person on a bicycle runs into a parked car, a person is hurt in a collision or some other type of accident while riding in a motor vehicle, etc.

2. In question 16b, be careful that only accidents involving motor vehicles are included. Exclude nonmotor vehicles as defined above.

3. If, when asking 16c, you know that a motor vehicle and a nonmotor vehicle were involved (for example, a bus and train collision), substitute the type of motor vehicle (in this example, "bus") for "it" to be sure the respondent understands that question 16c refers to the movement of the motor vehicle and not to the other vehicle. For example, if the bus was stationary when hit by a moving train, mark the "No" box in 16c since the motor vehicle was not moving.

(17) Question 17, Kind of Injury Sustained and Present Effects of Accident (17)

17a. At the time of the accident what part of the body was hurt?
What kind of injury was it?
Anything else?

Part(s) of body *	Kind of injury

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now?
How is — — *(part of body)* affected?
Is — — affected in any other way?

Part(s) of body *	Present effects **

* Enter part of body in same detail as for 3g.

** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

Instructions

1. Ask the first part of question 17a and record in the space provided the "part(s) of body" which the respondent mentions. Next, ask "What kind of injury was it?", and record in the answer space the kind of injury for each part of the body. Ask, "Anything else?", and record any other "part(s) of body" and "kind of injury" for any other injuries mentioned.

2. The part of the body which was injured must be recorded in the same detail as specified below question 3g.

3. General or vague answers such as "hit," "crushed," "hurt," are not acceptable for "kind of injury" because they do not provide sufficient information on the nature of the injury. The following are examples of adequate and inadequate entries for question 17a.

ADEQUATE

Part(s) of Body	Kind of Injury
Left knee	Fractured
Both upper legs	Bruised
Right eye	Cut
Head[1/]	Concussion
Fingers on left hand	Broken
Lower back	Sprained
Nervous system	Shock

1/ Part of head is not required for concussion.

INADEQUATE

Part(s) of Body	Kind of Injury
Left leg	Blood clot
Thumb	Jammed
Knee	Crushed
Legs	Mashed
Eye	Hit with ball
Head	Bumped
One arm	Caught in washing machine
Back	Hurt
Eye	Black and blue

4. Do not enter any conditions reported in question 17a in item C2 or enter "17" as an additional source if the condition was previously entered in C2. Conditions should be recorded in item C2 only if they are reported in question 17b. (See paragraph 7, page D13-40.)

5. Ask 17b if box 3, 4, or 5 is marked in question 5. Note that question 17a asks about the nature of the injuries incurred at the time of the accident. Question 17b asks about how those injuries affect the person at the present time.

   In 17b, record the same detail as in 3g for the parts of the body which are presently affected. Also, record how that part of body is affected at the present time.

   a. If the present effect has been adequately reported earlier in question 3b, transcribe the entries to 17b from question 3b and ask, "Is -- affected in any other way?", to be sure all additional present effects are picked up. For example, if the entry in 3b is "missing entire right hand," and the "Yes" box is marked in 3d, transcribe the information to 17b as follows: "Entire right hand" in the "Part(s) of body" space and "missing" in the space for "Present effects," then ask if the person is affected in any other way.

   b. When the answer to "How is -- (part of body) affected?" is vague or expressed in terms of a limitation, a more adequate description of the present effects must be obtained. The entry in 3b may provide an adequate description of the present effects. If so, enter that in 17b along with the original response. For example, if the response to 17b is, "He can't bend his left knee all the way," and the entry in 3b is "torn cartilage," enter both the original response and the condition recorded in 3b in 17b. If the response to 17b is not adequate and the condition in 3b does not clarify the present effects, you must probe. A suitable probe would be, "Can you tell me more specifically what is wrong with his knee?" DO NOT accept responses of "leg trouble," "bad back," "hip problem," etc., without further probing. (See also Card CP3.)

c. It is not necessary that the person be suffering from ill-effects at the time of the interview to report them in 17b. If the person is subject to periodic, recurring attacks of a condition resulting from an old injury, record these effects.

   If a person reports ill-effects of an old injury, record them even though they may not "bother" him/her in a literal sense. For example, a person may report a stiff left elbow caused by an old football injury. He may say he has gotten used to it and it never bothers him. "Stiff left elbow" would be considered the present ill-effects of the old injury.

d. For an injury which happened earlier but has not yet healed, enter the original injury in 17b as the "present effects." For example, if the person fractured his/her right hip 4 months before the interview, the entry "fractured right hip not yet healed" is appropriate in 17b if the fracture has not yet healed. "Slipped disc," "slipped vertebrae," "dislocated disc," "ruptured disc," or "Torn (ruptured) ligament (cartilage)" are also acceptable "present effects."

6. If there is only <u>one present effect</u> in 17b, make no entry in C2. No additional Condition Page is required regardless of whether this is the same as in item 1 or 3b or how many body parts are affected. In the examples below, only one present effect is given. No additional Condition Page is required in these examples even though the present effect given is different in some cases than the condition for which it is reported.

Examples:

6. a.

CONDITION 4 | Person No. 2

1. Name of condition: BACK INJURY

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

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

0 ☐ Interview week (Recall 2)
1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr
4 ☐ 1 yr., less than 2 yrs.
5 ☒ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen } (2b)
9 ☐ Dr never seen

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

1 ☒ Yes 2 ☐ No 8 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it? SLIPPED DISC
Specify

1 ☐ Color Blindness (NC)
2 ☐ Cancer (3a)
3 ☐ Normal pregnancy, normal delivery, vasectomy } (3)
4 ☐ Old age (NC)
5 ☒ Other (3c)

c. What was the cause of — (condition in 3b)? (Specify).

STEP LADDER

1 ☐ Yes 2 ☐ No

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body.*	Kind of injury
TAIL BONE	BRUISED
ANKLE, LEFT	SPRAINED

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now? How is — (part of body) affected? Is — affected in any other way?

Part(s) of body.*	Present effects**
LOWER BACK	SLIPPED DISC

* Enter part of body in same detail as for 3g.
** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

b.

CONDITION 4 | Person No. 2

1. Name of condition: PAIN IN ARM

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

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

0 ☐ Interview week (Recall 2)
1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks, less than 6 mos.
3 ☒ 6 mos., less than 1 yr
4 ☐ 1 yr., less than 2 yrs
5 ☐ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen } (2b)
9 ☐ Dr never seen

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

1 ☒ Yes 2 ☐ No 8 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking

b. What did he or she call it? NEURALGIA
Specify

1 ☐ Color Blindness (NC)
2 ☐ Cancer (3a)
3 ☐ Normal pregnancy, normal delivery, vasectomy } (3)
4 ☐ Old age (NC)
5 ☒ Other (3c)

c. What was the cause of — (condition in 3b)? (Specify).

BROKEN

1 ☐ Yes 2 ☐ No

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body.*	Kind of injury
UPPER RIGHT ARM	BROKEN

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now? How is — (part of body) affected? Is — affected in any other way?

Part(s) of body.*	Present effects**
ENTIRE RIGHT ARM	TENDONITIS

* Enter part of body in same detail as for 3g.
** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

6. c.

CONDITION 4 | Person No. 1

1. Name of condition: ARTHRITIS

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

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

0 [ ] Interview week (Recall 2)
1 [ ] 2-wk. ref. pd.
2 [ ] Over 2 weeks, less than 6 mos.
3 [ ] 6 mos., less than 1 yr.
4 [ ] 1 yr., less than 2 yrs.
5 [ ] 2 yrs., less than 5 yrs.
6 [X] 5 yrs. or more
7 [ ] Dr. seen, DK when
8 [ ] DK if Dr. seen
9 [ ] Dr. never seen
(3b)

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

1 [ ] Yes 2 [X] No 9 [ ] DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking.

b. What did he or she call it? ARTHRITIS (Specify)

1 [ ] Color Blindness (NC)
2 [ ] Cancer (3a)
3 [ ] Normal pregnancy, normal delivery, vasectomy (S)
4 [ ] Old age (NC)
5 [X] Other (3a)

c. What was the cause of — (condition in 3b)? (Specify)

[illegible]T BY CAR

[illegible] 1 [ ] Yes [illegible] No

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body *	Kind of injury
LOWER RIGHT ARM	BROKEN
BOTH ENTIRE LEGS	SWOLLEN

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now? How is — (part of body) affected? Is — affected in any other way?

Part(s) of body *	Present effects **
FINGERS ON RIGHT HAND	SWOLLEN
LEFT KNEE	SWOLLEN

* Enter part of body in same detail as for 3g.
** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

d.

CONDITION 4 | Person No. 1

1. Name of condition: LEG TROUBLE

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

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

0 [ ] Interview week (Recall 2)
1 [ ] 2-wk. ref. pd.
2 [ ] Over 2 weeks, less than 6 mos.
3 [ ] 6 mos., less than 1 yr.
4 [ ] 1 yr., less than 2 yrs.
5 [ ] 2 yrs., less than 5 yrs.
6 [X] 5 yrs. or more
7 [ ] Dr. seen, DK when
8 [ ] DK if Dr. seen
9 [ ] Dr. never seen
(3b)

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

1 [X] Yes 2 [ ] No 9 [ ] DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking.

b. What did he or she call it? DISPLACED KNEE CAP (Specify)

1 [ ] Color Blindness (NC)
2 [ ] Cancer (3a)
3 [ ] Normal pregnancy, normal delivery, vasectomy (S)
4 [ ] Old age (NC)
5 [X] Other (3a)

c. What was the cause of — (condition in 3b)? (Specify)

FOOTBALL

[illegible] 1 [ ] Yes [illegible] No

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body *	Kind of injury
RIGHT KNEE	OVEREXTENDED

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now? How is — (part of body) affected? Is — affected in any other way?

Part(s) of body *	Present effects **
LOWER BACK	PAIN
RIGHT KNEE	PAIN

* Enter part of body in same detail as for 3g.
** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

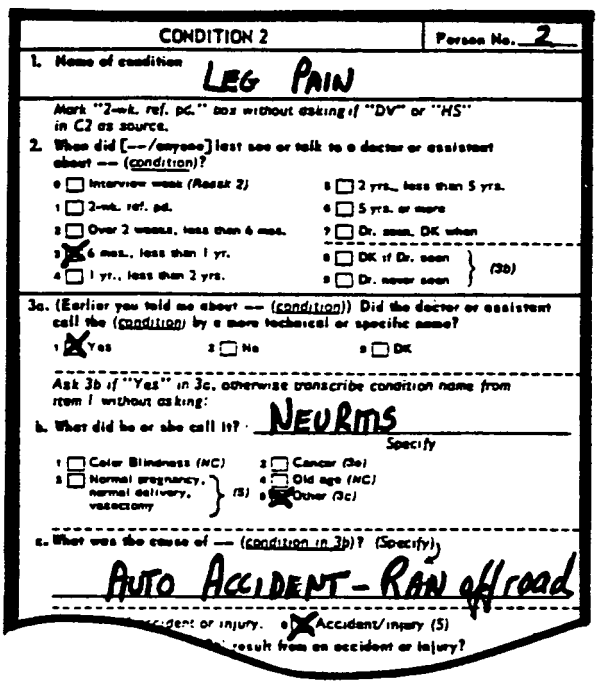
7. If there are <u>multiple present effects</u>, an additional Condition Page is required for each one that is not the same as in item 1 or 3b or is not already entered in C2. (See the examples below.) Enter "17" in the "COND." box in C2 for each newly reported condition and for each condition in C2 which is reported again in 17b. (See flow diagram in item 10 below.)

Examples:

7. a. Person number 2 has reported a condition of "leg pain" which is a result of an old accident/injury. The reported present effects of the accident/injury are recorded in item 17b as "pain and stiffness" and "pain." Two actions are required on the part of the interviewer:

(1) Enter "17" as source in C2 for "leg pain." No additional page is required for "entire left leg pain" or "lower back pain" since the "pain" is one present effect and is part of the entry in item 1 of this Condition Page.

(2) An additional present effect of "stiffness" has been reported which is not present in items 1 or 3b or in C2. "Entire left leg stiffness" must be recorded in item C2 with "17" as the source in the "COND." box. An additional Condition Page must be filled next for this condition.


CONDITION 2 | Person No. 2

1. Name of condition: LEG PAIN

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

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

0 ☐ Interview week (Resask 2)
1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks, less than 6 mos.
3 ☒ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen
9 ☐ Dr. never seen } (3b)

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

1 ☒ Yes 2 ☐ No 9 ☐ DK

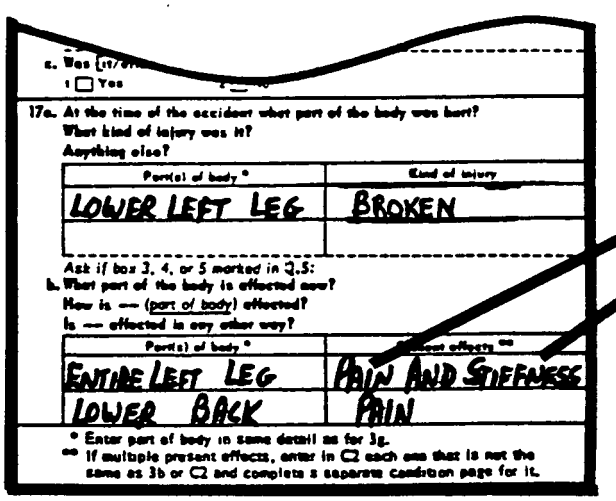
Ask 3b if "Yes" in 3c, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it? NEURMS
Specify

1 ☐ Color Blindness (NC)
2 ☐ Normal pregnancy, normal delivery, vasectomy } (5)
3 ☐ Cancer (3a)
4 ☐ Old age (NC)
5 ☒ Other (3c)

c. What was the cause of — (condition in 3b)? (Specify)
AUTO ACCIDENT - RAN offroad

...ident or injury. 0 ☒ Accident/injury (5)
... result from an accident or injury?


c. Was [...]
1 ☐ Yes

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

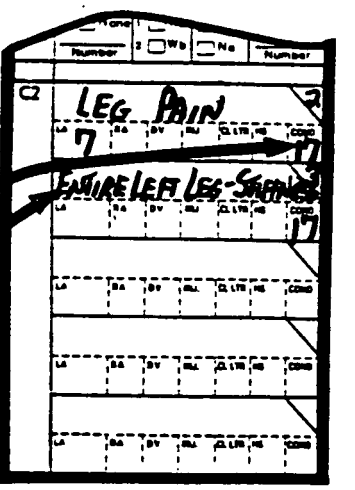
Part(s) of body *	Kind of injury
LOWER LEFT LEG	BROKEN

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now? How is — (part of body) affected? Is — affected in any other way?

Part(s) of body *	Present effects **
ENTIRE LEFT LEG	PAIN AND STIFFNESS
LOWER BACK	PAIN

* Enter part of body in same detail as for 3g.
** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.


Number | 2 ☐ Wb | ☐ No | Number

C2 LEG PAIN 2

LA	BA	DV	RAJ	Q LTR	HS	COND
7						17

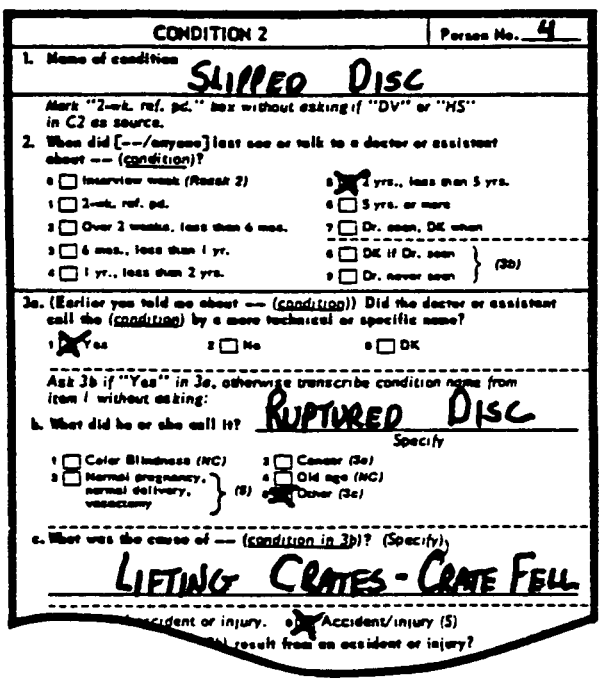
ENTIRE LEFT LEG-STIFFNESS

LA	BA	DV	RAJ	Q LTR	HS	COND
						17

7. b. In this example, while filling a Condition Page for "slipped disc," two present effects of the accident/injury are reported.

(1) The interviewer should record "17" as the source in the "COND." box for "slipped disc" in C2.

(2) "Curvature of spine" should be entered in C2 as an additional condition with "17" as the source in the "COND." box. The next Condition Page filled in this household is for the "curvature of spine" condition.


CONDITION 2 — Person No. 4

1. Name of condition: SLIPPED DISC

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

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

1 ☐ Interview week (Recall 2)
2 ☐ 2-wk. ref. pd.
3 ☐ Over 2 weeks, less than 6 mos.
4 ☐ 6 mos., less than 1 yr.
5 ☒ 1 yr., less than 2 yrs.
6 ☐ 2 yrs., less than 5 yrs.
7 ☐ 5 yrs. or more
8 ☐ Dr. seen, DK when
9 ☐ DK if Dr. seen
0 ☐ Dr. never seen } (3b)

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

1 ☒ Yes 2 ☐ No 8 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

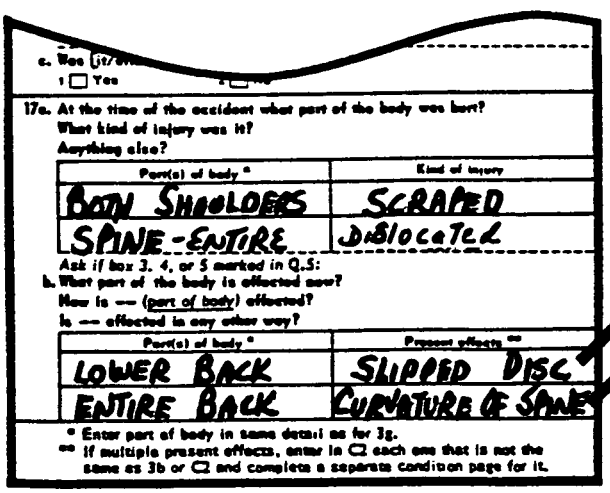
b. What did he or she call it? RUPTURED DISC (Specify)

1 ☐ Color Blindness (NC)
2 ☐ Normal pregnancy, normal delivery, vasectomy } (5)
3 ☐ Cancer (3c)
4 ☐ Old age (NC)
5 ☒ Other (3c)

c. What was the cause of -- (condition in 3b)? (Specify) LIFTING CRATES - CRATE FELL

...cident or injury. 0 ☒ Accident/injury (5)

...(3b) result from an accident or injury?


c. Was it/...
1 ☐ Yes

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

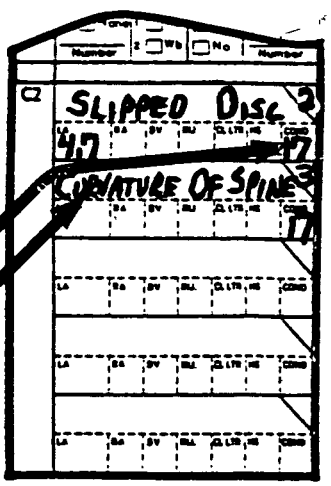
Part(s) of body *	Kind of injury
BOTH SHOULDERS	SCRAPED
SPINE-ENTIRE	DISLOCATED

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now? How is -- (part of body) affected? Is -- affected in any other way?

Part(s) of body *	Present effects **
LOWER BACK	SLIPPED DISC
ENTIRE BACK	CURVATURE OF SPINE

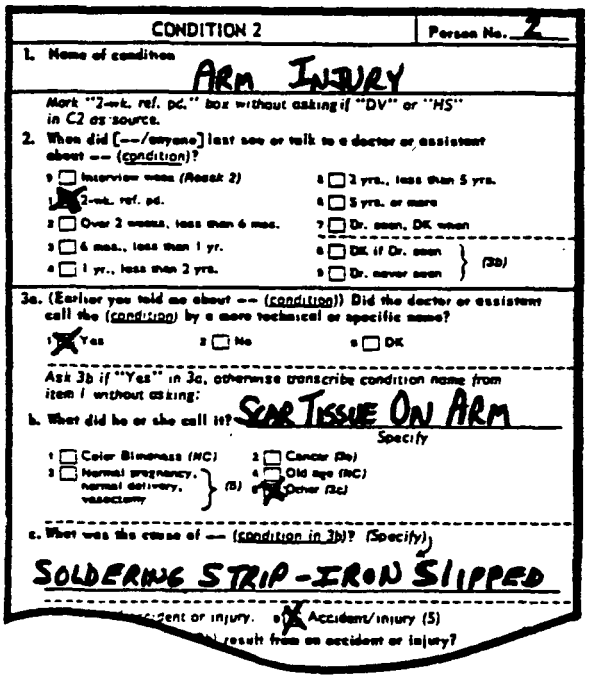
* Enter part of body in same detail as for 3g.
** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.


C2 SLIPPED DISC 3
47 17
CURVATURE OF SPINE 3
17

7. c. Although the part of body is the same, this accident/injury has two present effects, each of which need a Condition Page filled. After comparing the two reported present effects to the entries in items 1 and 3b and in C2, the interviewer realizes that two additional Condition Pages will need to be filled for these present effects:

(1) Enter "left upper arm shriveled" as a condition in item C2 with "17" as the source in the "COND." box.

(2) Also enter "left upper arm painful" as a condition in item C2 with "17" as the source in the "COND." box.


CONDITION 2 | Person No. 2

1. Name of condition: ARM INJURY

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

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

9 ☐ Interview week (Recall 2) | 5 ☐ 2 yrs., less than 5 yrs.
1 ☒ 2-wk. ref. pd. | 6 ☐ 5 yrs. or more
2 ☐ Over 2 weeks, less than 6 mos. | 7 ☐ Dr. seen, DK when
3 ☐ 6 mos., less than 1 yr. | 8 ☐ DK if Dr. seen
4 ☐ 1 yr., less than 2 yrs. | 9 ☐ Dr. never seen } (3b)

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

1 ☒ Yes | 2 ☐ No | 8 ☐ DK

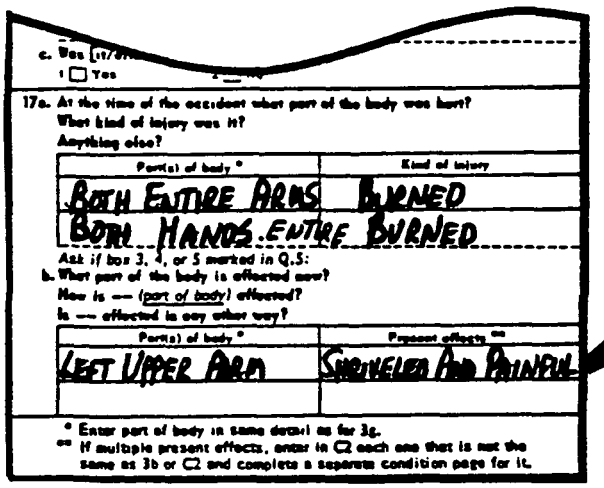
Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it? SCAR TISSUE ON ARM
Specify

1 ☐ Color Blindness (NC) | 2 ☐ Cancer (Ca)
3 ☐ Normal pregnancy, normal delivery, vasectomy } (S) | 4 ☐ Old age (NC)
5 ☒ Other (3c)

c. What was the cause of — (condition in 3b)? (Specify)
SOLDERING STRIP-IRON SLIPPED

ident or injury. 9 ☒ Accident/injury (5)
result from an accident or injury?


c. Was [17/
1 ☐ Yes

17a. At the time of the accident what part of the body was hurt?
What kind of injury was it?
Anything else?

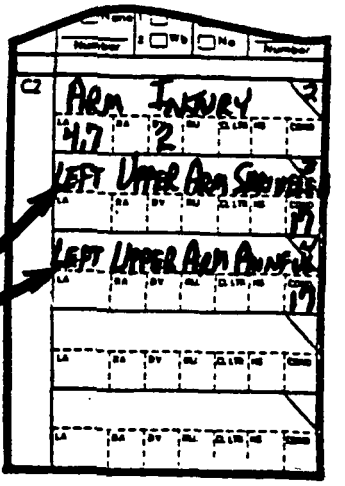
Part(s) of body *	Kind of injury
BOTH ENTIRE ARMS	BURNED
BOTH HANDS. ENTIRE	BURNED

Ask if box 3, 4, or 5 marked in Q.5:

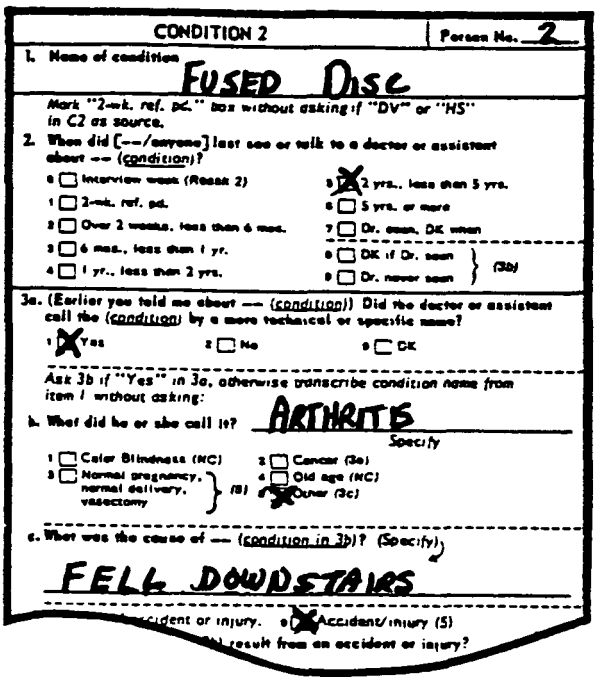
b. What part of the body is affected now?
How is — (part of body) affected?
Is — affected in any other way?

Part(s) of body *	Present effects **
LEFT UPPER ARM	SHRIVELED AND PAINFUL

* Enter part of body in same detail as for 3g.
** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.


C2 ARM INJURY 2
4.7 2
LEFT UPPER ARM SHRIVELED 17
LEFT UPPER ARM PAINFUL 17

7. d. The interviewer reviews item 17b and determines that "arthritis" is already entered in 3b and "fused disc" is already the entry in items 1 and C2. No additional Condition Pages are required for these present effects. The interviewer must:


CONDITION 2 | Person No. 2

1. Name of condition FUSED DISC

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

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

0 ☐ Interview week (Reason 2)
1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☒ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen } (3b)
9 ☐ Dr. never seen } (3b)

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

1 ☒ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it? ARTHRITIS
Specify

1 ☐ Color Blindness (NC)
2 ☐ Cancer (3c)
3 ☐ Normal pregnancy, normal delivery, vasectomy } (3)
4 ☐ Old age (NC)
5 ☒ Other (3c)

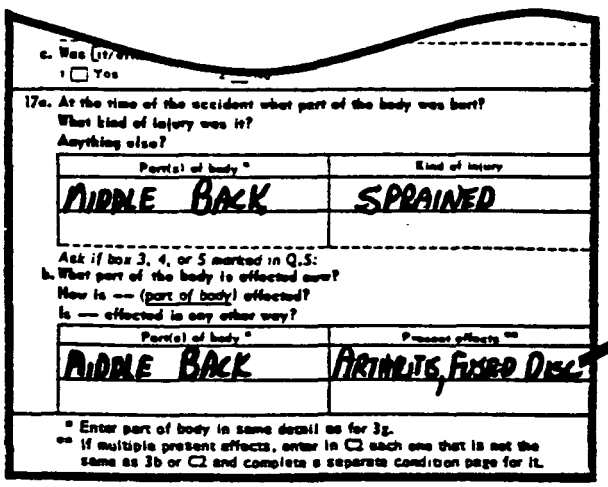
c. What was the cause of — (condition in 3b)? (Specify)

FELL DOWNSTAIRS

accident or injury. 9 ☒ Accident/injury (5)
result from an accident or injury?

(1) Enter "17" in the "COND." box as a source for the "fused disc" condition.

(2) If "arthritis" is already entered in C2, "17" should be listed as a source in the "COND." box for this condition also. In this example, "arthritis" is not entered in C2; therefore, no other action is required. The interviewer will not enter "arthritis" in C2 if it is not already recorded there.


c. Was [17/...]
1 ☐ Yes

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

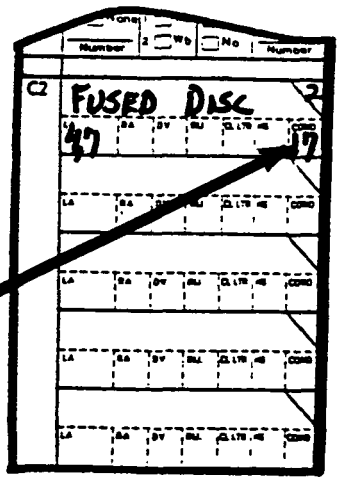
Part(s) of body *	Kind of injury
MIDDLE BACK	SPRAINED

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now? How is — (part of body) affected? Is — affected in any other way?

Part(s) of body *	Present effects **
MIDDLE BACK	ARTHRITIS, FUSED DISC

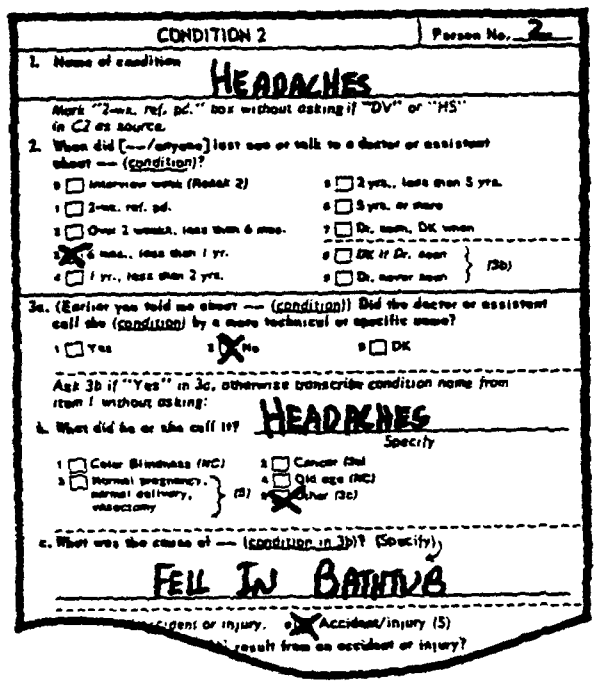
* Enter part of body in same detail as for 3g.
** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.


C2 FUSED DISC 2
17 17

8. If the present effect in 17b is part of another condition previously entered in C2 (for which you have filled or will fill a Condition Page), enter "17" in the "COND." source box, rather than filling a separate page. In order to consider conditions the same, the present effect must be included in the entry in C2.

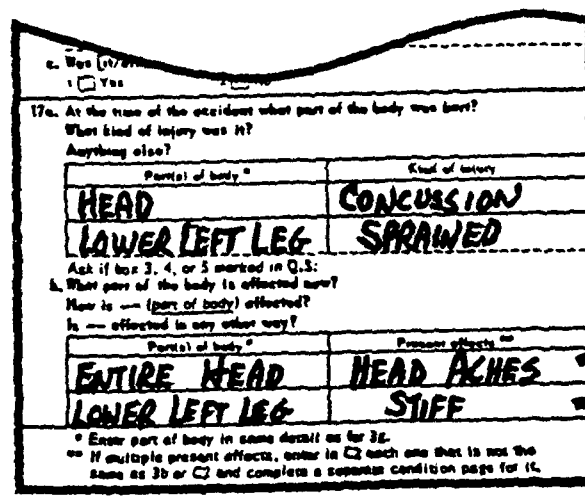
<u>Examples</u>:

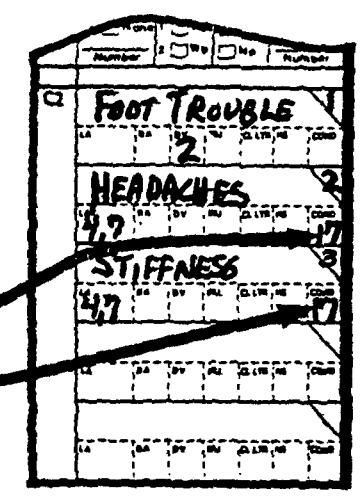
a. Two present effects are reported for the accident/injury causing the listed condition. The interviewer must review items 1 and 3b and C2 to determine what actions must be taken:



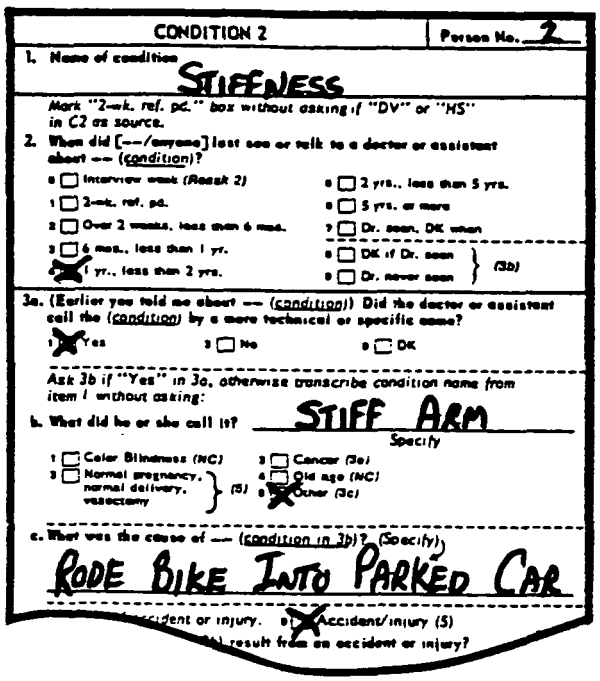
(1) Enter "17" in the "COND." box as the source for "headaches."

(2) Since "stiffness" is already a reported condition, the interviewer enters "17" in the "COND." box as the source for this condition as well. Note that the present effect of "stiff" is equated with the condition of "stiffness." "Pain" and "Painful" is another example of two different words that should be considered the same present effect.





8. b. The present effects reported for this accident/injury are "headaches" and "stiff." By reviewing items 1 and 3b and C2, the interviewer determines that two actions must be done:


CONDITION 2 | Person No. 2

1. Name of condition STIFFNESS

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

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

0 ☐ Interview week (Recall 2)
1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☒ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen
9 ☐ Dr. never seen } (3b)

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

1 ☒ Yes 3 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it? STIFF ARM
Specify

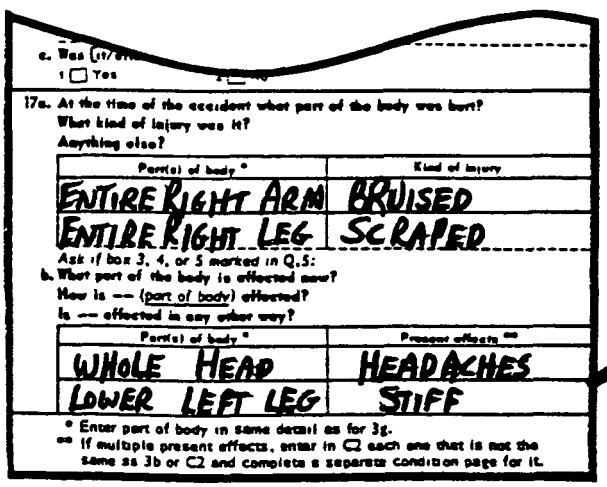
1 ☐ Color Blindness (NC)
3 ☐ Normal pregnancy, normal delivery, vasectomy } (5)
3 ☐ Cancer (3a)
4 ☐ Old age (NC)
8 ☒ Other (3c)

c. What was the cause of --- (condition in 3b)? (Specify)
RODE BIKE INTO PARKED CAR

...ccident or injury. 8 ☒ Accident/injury (5)
...result from an accident or injury?

(1) Enter "17" in the "COND." box as the source for the "stiffness" already reported in C2. Note that even though a different part of body is affected, the present effect is all that is considered in this comparison.

(2) The additional present effect of "headaches" is not reported in any of the items for this condition or in C2. The interviewer must enter "headaches" as a condition in item C2 with "17" as the source in the "COND." box.


c. Was (17/...
1 ☐ Yes

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

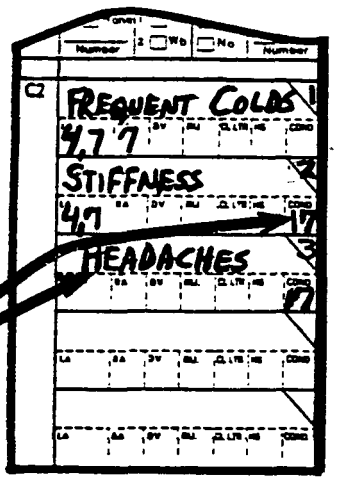
Part(s) of body *	Kind of injury
ENTIRE RIGHT ARM	BRUISED
ENTIRE RIGHT LEG	SCRAPED

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now? How is --- (part of body) affected? Is --- affected in any other way?

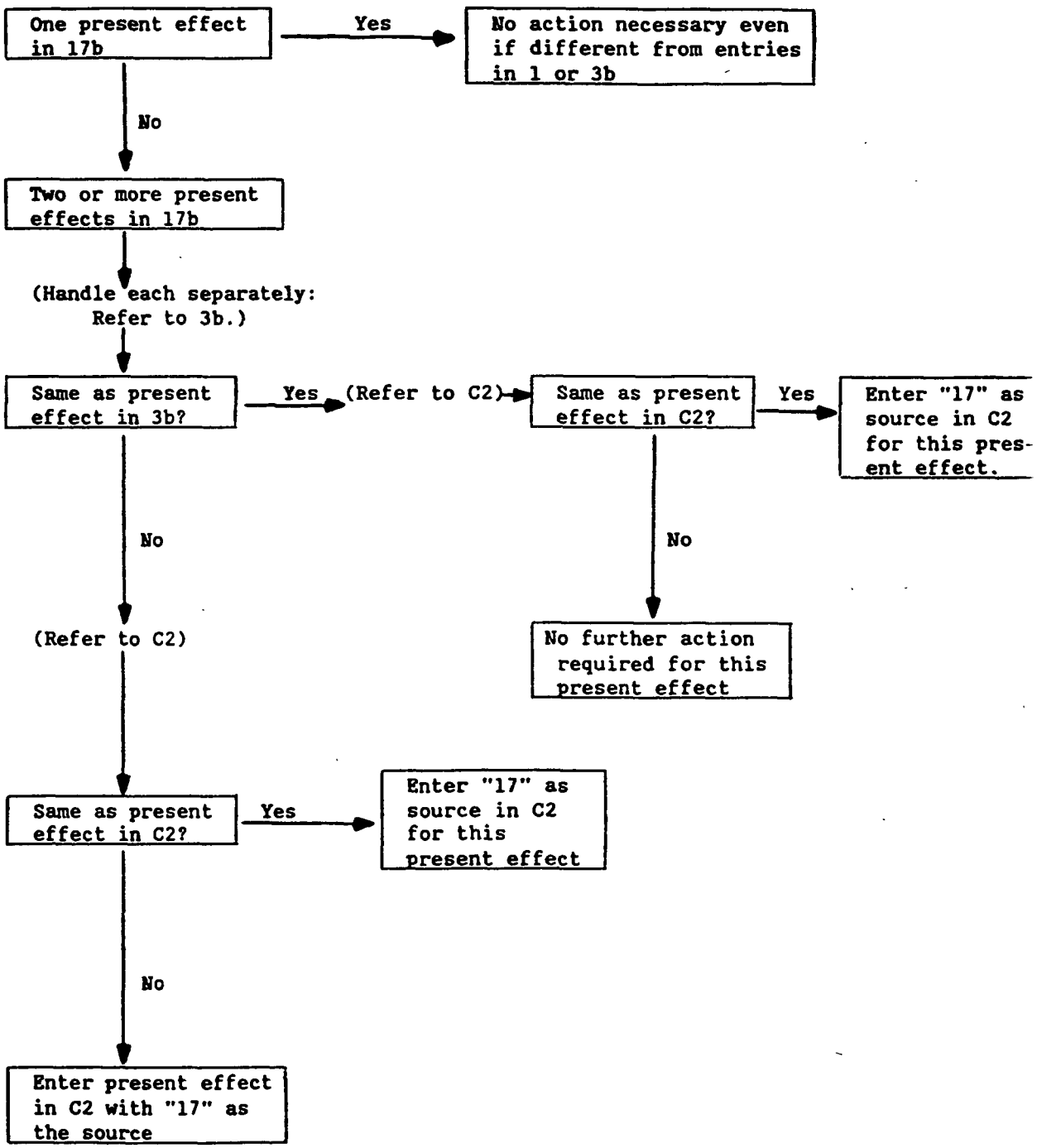
Part(s) of body *	Present effects **
WHOLE HEAD	HEADACHES
LOWER LEFT LEG	STIFF

* Enter part of body in same detail as for 3g.
** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.


C2 FREQUENT COLDS 1
4,7 7
STIFFNESS 2
4,7 17
HEADACHES 3
17

9. Fill a Condition Page for each present effect in the same order as they are listed in 17b before filling Condition Pages for any other conditions listed in C2.

10. The following flow diagram summarizes the procedures to be used when reviewing 17b to determine if additional Condition Pages should be filled.



CHAPTER 14. DEMOGRAPHIC BACKGROUND PAGE

Overall Objective

The Demographic Background Page contains questions about the demographic characteristics of persons and, when combined with the health data obtained earlier in the questionnaire, will provide statistics on the characteristics of people who have health problems. These data will enable analysts to compare the health status and use of health services among the different demographic groups in the country.

Check Item L1

(L1) (L1)

L1	*Refer to age.*	L1	☐ Under 5 *(NP)* ☐ 5–17 *(2)* ☐ 18 and over *(1)*

Objective

Check item L1 directs you to the proper question depending upon the person's age.

Question 1, Service in the Armed Forces

1a. Did — — EVER serve on active duty in the Armed Forces of the United States?	1a.	1 ☐ Yes *(Mark "AF" box, THEN 1b)* 2 ☐ No *(2)*
b. When did — — serve? *Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea mark VN.* Vietnam Era (Aug. '64 to April '75) ..... VN Korean War (June '50 to Jan. '55) ..... KW World War II (Sept. '40 to July '47) ..... WWII World War I (April '17 to Nov. '18) ..... WWI Post Vietnam (May '75 to present) ..... PVN Other Service (all other periods) ..... OS	b.	1 ☐ VN 2 ☐ KW 3 ☐ WWII 4 ☐ WWI 5 ☐ PVN 8 ☐ OS 9 ☐ DK
c. Was — — EVER an active member of a National Guard or military reserve unit?	c.	☐ Yes 2 ☐ No *(2)* 7 ☐ DK *(2)*
d. Was ALL of — — active duty service related to National Guard or military reserve training?	d.	1 ☐ Yes 3 ☐ No 9 ☐ DK

A. Definition

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

Do not count as having served in the U.S. Armed Forces: persons working in civilian positions for the Armed Forces; persons serving in the Merchant Marines; persons in the National Guard whose only "active duty" was while "activated" by Gubernatorial order because of a disaster or civil disorder (flood, riot, etc.). Also, do not include persons in the military service of a foreign nation.

B. Instructions

1. Question 1a--If the response to 1a is "Yes," mark the "Yes" box AND the "AF" box above the person's column; then ask 1b. Mark the "Yes" box in 1a if the person received a medical or disability discharge/release, even if this release came during initial training.

2. Question 1b

   a. If a person served any time during the four major conflicts of this century (Vietnam era, Korean War, World War II, or World War I), mark the code for the most recent wartime service, regardless of any peacetime service. If the person served in more than one of the major wars, mark the code for the most recent war period; for example, mark "VN" for service in both Vietnam and the Korean War; mark "KW" for service in both the Korean War and World War II; mark "WWII" for service in both the second and first world wars.

   b. If a person was in a National Guard unit which was activated for a period and later deactivated, disregard the nonactive period and mark the box in 1b corresponding to the period of active duty.

c. If there is any question as to which box to mark, enter the response verbatim in the answer space of 1b, or as a footnote.

d. The "OS" code in 1b includes service prior to World War I and periods of time between the war-time categories listed.

3. Question 1c

a. Entry into the Guard or Reserves may be voluntary (enlisted, joined, signed-up) or it may be as a continued obligation following active duty service. Members may be either "active" or "inactive."

b. Mark the "Yes" box in 1c for persons who were (or are) "active" Reserve or Guard members; that is, they attended (or attend) regularly scheduled periodic meetings, summer camp, and the like.

c. Mark the "No" box for persons who were never members of the Reserve or Guard and for persons who were only "inactive" members; that is, they never had to attend regular meetings, summer camp, etc.

4. Question 1d

a. Mark the "Yes" box if the person's service consisted entirely of National Guard or Reserve duty training; that is, the person never served on active duty other than a 4- to 6-month period of training.

b. Consider the activation of Guard members for civil reasons (flood, earthquake, riot, etc.) by Gubernatorial order as active duty service related to Guard or Reserve "training."

Question 2, Education

2

2a. What is the highest grade or year of regular school — — has ever attended?	2a.	00 ☐ Never attended or kindergarten *(NP)* Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6 +
b. Did — — finish the *(number in 2a)* [grade/year]?	b.	1 ☐ Yes 2 ☐ No

A. Definition

Regular school--For this question include regular schooling in graded public, private, or parochial schools, or in colleges, universities, or professional schools, whether day school or night school. Regular schooling is that which advances a person toward an elementary or high school diploma, or a college, university, or professional school degree. Count schooling in other than regular schools only if the credits obtained are acceptable in the regular school system.

Do NOT include:

- Education obtained at vocational schools, business schools or colleges, and other trade and specialized schools unless such schools are part of a regular school system.
- Training received by mail from "correspondence" schools, unless the correspondence course counted toward promotion in a regular school.
- Any kind of "on-the-job" training.
- Adult education classes unless such schooling is being counted for credit in a regular school system. If a person is taking adult education classes but not for credit, he/she should not be regarded as enrolled in a regular school. Adult education courses given in a public school building are part of regular schooling only if their completion can advance a person toward an elementary school certificate, a high school diploma, or college degree.
- Training under the Comprehensive Employment and Training Act (CETA) of 1973. Most of the training under this Act or Program more than likely will be courses obtained at private vocational or trade schools or possibly will be in the nature of on-the-job training. In any event, most training under this Act or Program will not be obtained at a regular school. There may be a few isolated cases where such schooling is given for credit at a regular school; ask to be sure.
- Any type of military basic training.

B. Instructions

1. Determine the specific grade and circle the highest year of school attended in 2a for all persons 5 years old and over.

2. Never Attended Regular School or Attended Kindergarten Only--For persons who have never attended a regular school or for those who have gone (or who are currently going) to kindergarten only, mark the "Never attended or kindergarten" box and go to the next person.

3. 7-Year Elementary System--Some schools have, or used to have, a 7-year elementary course and a 4-year high school course. Circle "7" opposite "Elem" for persons who attended only 7 years in such a system and did not attend high school. Circle "9" to "12," as appropriate, opposite "High" for persons who attended some high school following the 7th grade.

   If the respondent says the person completed the 8th grade in such a system, find out whether this was elementary school or the first year of high school. If you are told the person finished the 11th grade, find out whether this was the third or fourth year of high school and circle the appropriate number next to "High."

4. Junior High--If the person's highest grade was in "Junior High," determine the equivalent in elementary grades (1 through 8) or high school grades (9 through 12). Do not assume that junior high grades always consist of "Elem-7" or "Elem-8" or "High-9." In a few systems, junior high starts with "Elem-6" and in some, ends with "High-10."

5. "Post-Graduate" High School--For persons who have attended "post-graduate" high school courses after completing high school, but have not attended college, circle "12" opposite "High."

6. Graduate or Professional School--For persons who have attended more than 4 years of college, or who have attended professional schools (law, medical, dental, etc.) after completion of 4 years of college, circle the number opposite "College" which represents the total number of school years (not calendar years) the person attended college and graduate or professional school. For a person who has attended 6 years or more of college, circle "6+" opposite "College."

7. Credit Year Translation--School years are determined by the number of credits required for completing the requirements for a degree. If necessary, as a general rule of thumb, consider a person as completing one school year for every 24 to 30 credits, regardless of whether the credits are based on quarters or semesters. Do not probe for this information unless the respondent cannot provide a year or grade.

8. Equivalency Tests--For persons who pass a high school equivalency test or finish high school while in the Armed Forces or at any other time, circle "12" opposite "High."

9. Miscellaneous School Systems--Enter the equivalent grade in the regular American school system (8 years of elementary school, 4 years of high school, and 4 years of college) for a person whose formal education was obtained through any of the following methods:

   a. Foreign schools.

   b. Ungraded schools.

   c. Night schools or the instruction by tutors (if such instruction was counted toward promotion in the regular school system).

   d. Level of education measured by "readers"--first reader roughly equivalent to the first grade in elementary school, second reader to the second grade, etc.

   e. "Normal" or professional schools--In some areas, persons enter "normal" schools after completing nothing above elementary school; elsewhere, after 2 years of high school; in other places, after 4 years of high school or even some college. When the respondent answers in terms of "normal" school, obtain the equivalent in terms of the regular school system.

      Also, persons may attend professional schools (law, medicine, dentistry, etc.) after less than 4 years of college. When the respondent answers in terms of these schools, obtain the equivalent in college years. For nurses, determine the exact grade attended. If training was received in a college, determine the grade attended in college. However, if training was received at a nursing school or hospital training school and did not advance the person towards a regular college degree, determine the grade attended at the last regular school.

10. Skipped or Repeated Grades--For persons who skipped or repeated grades, circle the highest grade attended regardless of the number of years it took.

11. Persons Still in School--For persons still attending regular school, the highest grade attended is the one in which they are now enrolled.

12. Summer Status--For persons who are on summer vacation from school, circle the grade or year they were enrolled in during the previous school year, not the grade or year they will attend in the fall. For persons who are enrolled in summer courses, obtain the year or grade that their course work counts toward.

13. Special Schools--For persons enrolled in special schools (such as schools for the handicapped) attempt to obtain a regular school equivalency from the respondent.

14. Level of School Vs. Years Attended--Circle the appropriate number in 2a according to the equivalent level of school the person attended--not necessarily the number of years attended.

    Example 1: the respondent went to night school for 10 years and is still in her sophomore year in college--circle "2" after college, not "6+."

    Example 2: the respondent explains that he went to college for 2 years, majoring in math. Then he decided he didn't want to major in math so he switched to economics and is now attending his third year in this subject and has one more year to complete before graduation. Because of this change, he is only considered a "Junior." In this case, circle "3" after college, not "5."

15. Question 2b--For persons who completed only part of the year or grade or failed to "pass" the year or grade, mark the "No" box in 2b. Also mark this box for persons who are currently enrolled in the regular school system.

Question 3, Racial Background

Hand Card R. Ask first alternative for first person; ask second alternative for other persons. **3a. [What is the number of the group or groups which represents — — race? What is — — race?]** *Circle all that apply* 1 — Aleut, Eskimo, or American Indian 2 — Asian or Pacific Islander 3 — Black 4 — White 5 — Another group not listed — *Specify*	3a.	1 2 3 4 5 7 (Specify)
Ask if multiple entries: **b. Which of those groups; that is, (entries in 3a) would you say BEST represents — — race?**	b.	1 2 3 4 5 7 (Specify)
c. *Mark observed race of respondent(s) only.*	c.	1☐W 2☐B 3☐O

A. Objective

Statistics on racial background will be used in relating the volume of doctor visits, hospitalizations, and other health variables to the various racial and cultural groups of this country.

B. Instructions

1. When asking question 3a for the first person, you must use the first listed wording so the respondent is aware that you are asking for a number to be reported. Question 3a also contains an alternate wording which may be used when asking about the second and remaining family members.

2. Do not suggest an answer or category to the respondent and do not try to explain or define any of the groups. The concept of race does not reflect clear-cut definitions of biological stock or conform to any scientific definition. Rather, it reflects self-identification by the respondent; that is, the race(s) with which the person most closely identifies.

3. Circle all responses given in answer to 3a. If the respondent does not give a number but gives an answer that is exactly the same as one listed, circle the appropriate code. If the answer is not exactly the same as one on the card, circle "5" and write the verbatim response on the "Specify" line.

4. If multiple responses are given in 3a, ask 3b to determine the person's MAIN race. If the respondent cannot answer the first time you ask the question, do NOT reask and do not pursue the matter any further. Enter "DK" in the answer space in that person's column. If the respondent gives more than one category in 3b, enter all responses.

5. Complete 3c for the respondent(s) ONLY. Make no entry in 3c for any family members who did not respond in the interview.

6. Based upon your observation, without regard to the entries in 3a and 3b, mark "W" for White, "B" for Black, and "O" for Other:

   White: Includes Spanish origin persons unless they are definitely Black, Indian, or other nonwhite.

   Black: Black or Negro.

   Other: Race other than White or Black, such as Japanese, Chinese, American Indian, Korean, and Eskimo.

7. Although Armed Forces members living at home are "X'd" out on the Household Composition Page, they are still considered household members and may respond for other related persons in the household. Therefore, mark 3c for each respondent, even though no other information is collected.

8. For persons who are not able to answer the questions for themselves (such as mentally or physically unable and children in a prep or boarding school) and have no relatives living in the household that can answer for them, you may interview someone who is responsible for their care. In such situations, fill 3c in the person's column if the person is present during the interview and the race is observed. If not present, make no entry in 3c. In either case, footnote the circumstances, such as "headmaster responded" or "interviewed friend responsible for person's care."

Question 4, National Origin or Ancestry

4

Hand Card O. **4a. Are any of those groups — — national origin or ancestry? (Where did — — ancestors come from?)**	4a.	1 ☐ Yes 2 ☐ No *(NP)*
b. Please give me the number of the group. *Circle all that apply.* 1 — Puerto Rican 2 — Cuban 3 — Mexican/Mexicano 4 — Mexican American 5 — Chicano 6 — Other Latin American 7 — Other Spanish	b.	1 2 3 4 5 6 7

A. Definitions

National origin or ancestry--The national or cultural group from which the person is descended which is determined by the nationality or lineage of a person's ancestors. There is no set rule as to how many generations are to be taken into account in determining origin. A person may report his/her origin based on the origin of a parent, a grandparent, or some far-removed ancestor.

B. Instructions

1. If the respondent does not understand question 4a, read the probe on the questionnaire: "Where did -- ancestors come from?"

2. Mark the "No" box if the respondent says "No" with or without any explanations or qualifiers.

3. If the respondent does not say "No," but gives a group not specifically listed on the card, enter the response verbatim in the answer space in 4b, but do not mark "Yes" or "No" in 4a. For example, if the response is, "I'm German," enter "German" in 4b.

4. If you are given a name or code that is on the card and one that is not on the card, mark "Yes" in 4a and circle the number from the card in 4b. Do not record the other response. For example, if the person says, "I am Mexican and German," mark "Yes" in 4a and circle "3" in 4b, but do not enter "German."

5. If the response to 4a is "Yes," ask 4b and circle the code(s) of the category(ies) selected by the respondent. If the respondent gives you a name which is exactly the same as one on the card, such as "Mexican," circle the appropriate code.

6. For any responses not exactly the same as ones on the card, write in the response verbatim without circling a code.

7. Do not change the entries in 3a or 3b based on information reported in question 4. The purpose of this question is to obtain the respondent's identification of the person's national origin or ancestry. Origin or ancestry is not necessarily related to race. That is, origin and race may be considered as two independent characteristics.

8. If you are questioned as to why we are asking only about Spanish ancestry, say that we collect information on certain cultural groups.

Check Item L2

L2

L2	*Refer to "Age" and "Wa/Wb" boxes in C1.*	**L2**	0☐ Under 18 *(NP)* 1☐ Wa box marked *(6a)* 2☐ Wb box marked *(5a)* 3☐ Neither box marked *(5b)*

A. Objective

To determine the employment status of persons 18 years of age or older, different sets of questions are asked based upon the responses to question 1 on the Restricted Activity Page. Check item L2 distinguishes between: (1) persons who worked during the past 2 weeks (Wa); (2) persons who did not work but had a job or business during the past 2 weeks (Wb); and (3) persons who had no job or business during the past 2 weeks.

B. Instructions

1. For persons under 18 years of age, mark the "Under 18" box and go on to the next person. The employment questions are asked only for persons 18 years of age or older.

2. For persons 18 years of age or older, refer to the "Wa/Wb" boxes in the "WORK" box of item C1.

   - If the "Wa" box was marked (i.e., the person worked during the past 2 weeks), mark the second box in check item L2 and skip to question 6a.

   - If the "Wb" box was marked (i.e., the person did not work during the past 2 weeks, but did have a job or business), mark the third box in check item L2 and ask question 5a next.

   - If neither the "Wa" nor the "Wb" box is marked in C1 (i.e., the person did not work or have a job or business during the past 2 weeks), mark the last box in check item L2 and skip to question 5b.

Question 5, Work Status

5

5a. Earlier you said that — — has a job or business but did not work last week or the week before. Was — — looking for work or on layoff from a job during those 2 weeks?	5a.	1☐ Yes (5c) 2☐ No (6b)
b. Earlier you said that — — didn't have a job or business last week or the week before. Was — — looking for work or on layoff from a job during those 2 weeks?	b.	1☐ Yes 2☐ No (NP)
c. Which, looking for work or on layoff from a job?	c.	1☐ Looking (6c) 2☐ Layoff (6b) 3☐ Both (6b)

A. Objective

Persons who had a job or business but did not work at it in the past 2 weeks may have been absent for any number of reasons. Question 5a determines whether the reason the person was absent was a layoff and/or if the person was looking for work. Question 5b determines this same information for persons who did not have a job or business.

B. Definitions

1. Layoff--Waiting to be called back to a job from which a person has been temporarily laid-off or furloughed. Layoffs can be due to slack work, plant retooling or remodeling, inventory taking, and the like. Do not consider a person who was not working because of a labor dispute at his/her own place of employment as being on layoff.

2. Looking for work--Any effort to get a job or to establish a business or profession. A person was looking for work if he/she actually tried to find work during the past 2 weeks. Some examples of looking for work are:

   - Registering at a public or private employment office.
   - Meeting with or telephoning prospective employers.
   - Placing or answering advertisements (NOTE: simply reading want-ads does not qualify as looking for work).
   - Writing letters of application.
   - Visiting locations where prospective employers pick up temporary help.
   - Checking with an Armed Forces Recruiting Office about joining any branch of the military service.

   Also, consider persons "on call" at a personnel office, union hiring hall, professional register, etc., as looking for work.

C. Instructions

1. Question 5a

a. Often you may be told that a person was on layoff during the past 2 weeks when you asked question 1b on the Restricted Activity Page. If you remember this response, you may verify it with the respondent and mark "Yes" in question 5a without asking the question. Otherwise, ask question 5a as worded.

b. If, when asking question 5a, you determine that a person did actually work at some time last week or the week before, do not mark an answer box in 5a. In such cases, correct item C1 and L2. Footnote the reason for the change, both in C1 and L2, for example, "Working in 5a," then go to 6a.

c. If a person missed work during the past 2 weeks because he/she was on layoff, mark "Yes" in 5a. Also, mark "Yes" in 5a if the person was looking for work in the past 2 weeks, regardless of the reason for not working during that period. If the person missed work during the past 2 weeks for such reasons as vacation, illness, labor dispute, etc., and was not looking for work or on layoff from a job, mark "No" in question 5a, skip to question 6b, and record the job the person held but did not work at.

d. Special Situations

(1) Some establishments, such as automobile or boat manufacturers, go through a retooling operation before the new models come out. Consider persons who did not work in the past 2 weeks for this reason as being on layoff.

In some instances, companies may combine a vacation shutdown with the model changeover. If this is the case, do not consider the person to be on layoff. Likewise, if the person is reported as being on vacation, even though the plant is closed for some reason, do not consider him/her to be on layoff.

(2) Do not consider school personnel (teachers, administrators, custodians, etc.) who have a definite arrangement, either written or oral, to return to work in the fall, as being on layoff during the summer. For such persons, mark "No" in 5a unless the person was laid off from a summer job or was looking for work.

(3) Do not consider as on layoff, a person who is on strike, is locked out, or does not wish to cross a picket line, even though he/she is not a member of the group on strike. This applies only when the labor dispute is at the person's place of employment. If a person has been laid off because of a shortage of materials or slack work resulting from a strike in another plant and is not on strike him/herself, mark "Yes" in 5a--this is a layoff.

Example: Consider as "laid off" an automobile factory worker who is laid off due to steel shortage resulting from a steelworkers' strike.

(4) If it is volunteered that a person is waiting to begin a new job, either civilian or military, within 30 days of the interview, and was not on layoff during the past 2 weeks, mark "Yes" in 5a, "Looking" in 5c, and describe the person's last full-time job or business lasting 2 consecutive weeks or longer in item 6. Footnote 5a, "New job to begin within 30 days."

If, in addition to waiting to begin a new job within 30 days, the person was on layoff during the past 2 weeks, mark "Yes" in 5a, "Both" in 5c, and describe the job from which the person was laid off in item 6. Do not describe the "new" job in 6 but footnote "New job to begin within 30 days."

If it is volunteered that a person is waiting to start a new job which will not begin for 31 or more days from the interview, make no entry in 5a without probing to determine whether the person was temporarily absent or on layoff from a job during the past 2 weeks; then, proceed as follows:

- If the person was temporarily absent or on layoff from a job or was looking for work, reask question 5a excluding the "new" job and mark "Yes" or "No" as appropriate (i.e., layoff and/or looking--"Yes"; temporarily absent--"No").

- If the person was not temporarily absent or on layoff from a job, nor was he/she looking for work, make no entry in 5a. Instead, erase the entry in C1 and correct check item L2 by marking the last box and footnote the reason for the change, both in C1 and L2. Then skip to question 5b and mark "No" without asking.

(5) If it is volunteered that a person was waiting to begin his/her own new business, professional practice, or farm, find out if the person spent any time during the past 2 weeks making or completing arrangements for the opening and proceed as follows:

- If time was spent making arrangements, consider the person as working. Make no entry in 5a, correct item C1 and check item L2 and footnote the reason for the change, for example, "Working in own business." Then, complete item 6 for the new business, professional practice, or farm.

- If no time was spent making arrangements during the past 2 weeks, make no entry in 5a, erase the entry in C1 and correct check item L2 by marking the "Neither box marked" box. Footnote the reason for the change both in C1 and L2. Then, ask question 5b without reading the "Earlier you said...", and follow the instructions in 5b based upon the response.

(6) If you find out that a person does not expect to be called back to work for reasons such as the plant closed down, the job was phased out or abolished, or the person was fired, make no entry in 5a. Instead, erase the entry in C1 and correct check item L2 by marking the last box and footnote the reason for the change. Then reword question 5b as, "Was -- looking for work during those 2 weeks?", and mark the appropriate answer box. If the person was looking for work, mark "Looking" in 5c without asking.

(7) If a person has more than one job and was absent from both jobs for different reasons, mark "Yes" in 5a if he/she was on layoff from either job or was looking for work regardless of the reason absent from either job.

2. Question 5b

This question is asked only for those persons who were reported as not having a job or business during the past 2 weeks to determine if they may have actually been on layoff or were looking for work. Basically, the same procedures apply to question 5b as 5a.

3. Question 5c

Ask question 5c if "Yes" was answered in either 5a or 5b. If "Looking" is marked in 5c, complete item 6 for the person's last full-time job lasting 2 weeks or longer by asking question 6c. If "Layoff" or "Both" is marked in 5c, complete item 6 for the job from which the person was laid off.

Question 6, Industry, Occupation, and Class of Worker

6a. Earlier you said that — — worked last week or the week before. *Ask 6b.*		
b. For whom did — — work? *Enter name of company, business, organization, or other employer.*	**6b. and c.**	Employer ☐ NEV *(6g)* ☐ AF *(6e)*
c. For whom did — — work at — — last full-time job or business lasting 2 consecutive weeks or more? *Enter name of company, business, organization, or other employer, or mark "NEV" or "AF" box in person's column.*		
d. What kind of business or industry is this? *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.*	**d.**	Industry
If "AF" in 6b/c, mark "AF" box in person's column without asking. **e. What kind of work was — — doing?** *For example, electrical engineer, stock clerk, typist, farmer.*	**e.**	Occupation ☐ AF *(NP)*
f. What were — — most important activities or duties at that job? *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.*	**f.**	Duties
Complete from entries in 6b—f. If not clear, ask: **g. Was — —** An employee of a PRIVATE company, business or individual for wages, salary, or commission ..... P; A FEDERAL government employee? ..... F; A STATE government employee? ..... S; A LOCAL government employee? ..... L; Self-employed in OWN business, professional practice, or farm? Ask: Is the business incorporated? Yes ..... I; No ..... SE; Working WITHOUT PAY in family business or farm? ..... WP; — NEVER WORKED or never worked at a full-time job lasting 2 weeks or more ..... NEV	**g.**	Class of worker: 1 ☐ P, 2 ☐ F, 3 ☐ S, 4 ☐ L, 5 ☐ I, 6 ☐ SE, 7 ☐ WP, 8 ☐ NEV

A. Objectives

Questions 6b-g provide a full description of a person's current or most recent job or business. The detail asked for in these questions is necessary to properly and accurately code each occupation and industry. This information can be combined with the various health data collected in the HIS-1 questionnaire to compare the relationships between jobs and health, exposure to hazards, time lost from work, and other variables.

B. Definitions

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

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

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

4. STATE Government Employee--An employee of a state government, including paid state officials (including statewide CETA administrators), state police, and employees of state universities, colleges, hospitals, and other state institutions.

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

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

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

C. General Instructions

1. Question 6 provides a full description of a person's job or business. The item is divided into five separate parts, each of which must be filled:

   6a--Introduction--This leads persons who worked during the past 2 weeks into this set of questions.

   6b/c--Employer--The name of the company, business, organization, government agency, or other employer.

   6d--Kind of Business--The type of business or industry at the location where the person was working.

Industry, Occupation, and Class of Worker (Continued)

6e--Kind of Work--The type of work the person was doing. Often stated as a job title.

6f--Occupation--The most important activities or duties associated with the type of work the person was doing.

6g--Class of Worker--Whether the industry and occupation described in 6b/c-f identifies the person as working for:

- A PRIVATE employer (P)
- The FEDERAL Government (F)
- A STATE government (S)
- A LOCAL government (L)
- SELF-EMPLOYED in own business, professional practice, or farm
  - -- INCORPORATED (I)
  - -- UNINCORPORATED (SE)
- WITHOUT PAY in a family enterprise (WP)
- Never worked/never worked full-time (NEV)

2. Ask question 6 in the following situations:

   a. For persons who had a job or business in the past 2 weeks, whether they worked at it or not, including persons on layoff.

   b. For all other persons who were looking for work during the past 2 weeks.

3. All entries in question 6 must refer to the <u>same</u> job or business and must present a <u>consistent</u> picture since you are describing only one job, business, or profession. When you get an inconsistency, probe to obtain adequate and consistent entries.

   Example: A respondent reports

   6b/c. Joe's Barber Shop

   d. retail jewelry store

   e. barber

   f. selling jewelry

   g. P

   This is obviously inconsistent. Correct entries might be:

6b/c.	Joe's Barber Shop	OR	6b/c.	Smith's Jewelry Company
d.	barber shop		d.	retail jewelry store
e.	barber		e.	jewelry salesman
f.	cutting hair		f.	selling jewelry
g.	P		g.	P

4. For persons who <u>worked</u> during the past 2 weeks, describe the job at which they worked.

   a. If a person worked at more than one job during the past 2 weeks, or operated a farm or business and also worked for someone else, describe the one job at which he/she worked the <u>most hours</u>. If the person worked the same number of hours at all jobs, enter the one job at which he/she has been <u>employed the longest</u>. If the person was employed at all jobs the same length of time, enter the one job which the respondent considers the <u>main</u> job.

   b. If a person was absent from his/her regular job all of the past 2 weeks, but worked temporarily at another job, describe the job at which the person actually worked, not the job from which he/she was absent.

5. If a person had a job but did not work at all during the past 2 weeks, describe the job he/she held.

   If a person usually works at two or more jobs, but during the past 2 weeks did not work at any of them, enter the job at which he/she usually works the most hours. If the person usually works the same number of hours at all jobs, enter the job at which he/she has been employed the longest. If the person was employed at all jobs the same length of time, enter the one job which the respondent considers the main job.

6. For a person on LAYOFF during the past 2 weeks, enter the job from which he/she was laid off, regardless of whether this is a full- or part-time job.

7. For persons LOOKING FOR WORK, enter the last full-time job which lasted 2 consecutive weeks or more. This may have been for wages or salary, in his/her own business, without pay on a family farm or in a family business or in the armed forces. If the person never worked or never worked at a full-time job lasting 2 weeks or more, mark "Never" in 6b/c and in 6g; leave 6d-f blank.

8. For persons who worked or last worked in a foreign country, enter a description of the foreign job or business. Use the same instructions for completing question 6 for foreign jobs as you do for U.S.-held jobs.

9. Consider persons who are working through an employment contractor to be working for the contractor, not the individual employer to whom they are assigned.

   Example: For a person assigned a job by "Kelly Girls" as a typist for an insurance firm, the question 6 entries could be:

   6b/c. Kelly Girls

   d. temporary help employment contractor

   e. typist

   f. typing

   g. P

6 6

10. Distinguish between different types of farm workers. The following table gives examples of the proper entries for various types of farm workers; however, the 6g, Class of Worker, entries are the specific entries to be made for the examples.

Kind of Farm Worker	6b/c	6d	6e	6f	6g
a. Person responsible for operation of farm, as owner, tenant, or sharecropper.	own farm or self	farm	farmer or sharecropper	all farm work	SE or I (as appropriate)
b. Person doing general farm work for wages.	Martin Farm, Inc. or father's farm	farm	farm hand	runs a tractor	P
c. Household relative of farmer doing work on the family farm without pay.	Oliver's Acres or family farm	farm	farm helper	repairing fences	WP
d. Person hired to manage a farm for someone else.	Jones' Plantation	farm	farm manager	keeping records	P
e. Person who goes from farm to farm performing farm operations on a contract basis, using own equipment.	own business	harvesting farm crops	farm service worker	running own combine	SE or I (as appropriate)
f. Person hired to supervise a group of farm hands.	Baker's Farm	farm	farm foreman	supervise farm laborers	P
g. Person hired to do a specific farm job.	Seaview Farm	farm	fruit picker, cotton chopper, etc.	picking fruit chopping cotton, etc.	P
h. Farm worker on Government-operated farm.	state farm agency	state agric. exper. farm, county farm, etc.	farm manager, farm hand, fruit picker, etc.	keeping records, feeding livestock, picking fruit, etc.	F, S, or L (as appropriate)

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

11. For persons enrolled in government-sponsored programs, record the specific employer rather than the government program. For example, in the case of CETA-sponsored programs, it is possible for an individual to actually work for either the local government or a private employer. If in doubt as to whom the employer is, ask the respondent who pays the wages.

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

Example: A person may say that he/she works for Local #212 of the plumber's union. However, during the past 2 weeks he/she was working on a new construction project and was paid by Acme Contractors. Therefore, "Acme Contractors" would be the employer, not the union.

D. Specific Instructions

1. Item 6a--Introduction

Read 6a only for those persons who were reported as having worked at some time in the past 2 weeks.

6b/c 2. Question 6b/c--Employer 6b/c

a. Ask 6b if the person worked during the past 2 weeks, had a job or business but did not work, or was on layoff from a job. Ask 6c if the person was only looking for work in the past 2 weeks.

b. Enter the full and exact name of the company, business, government agency, or other employer. Do not use abbreviations unless that is all the respondent can give you for the name of the employer. For persons who work or last worked for employers without company names (such as a farm, dentist's or lawyer's office, etc.), write the name of the owner. For persons who worked for several different employers, like odd-job or domestic workers, day workers, baby-sitters, etc., enter "various persons" in 6b/c.

c. Government--For employees of a government agency, record the specific organization and indicate whether the organization is Federal (U.S.), state, county, etc. For example, U.S. Treasury Department, STATE highway police, CITY tax office, COUNTY highway commission. It is not sufficient to report merely "U.S. Government," "city government," "police department," etc.

d. Self-Employed--If the person is self-employed, ask if the place of business or establishment has a name (such as Twin City Barber Shop, Capitol Construction, etc.) and write it in 6b/c. If there is no business name, enter "self-employed," "own business," "family farm," etc.

e. Mark the "AF" box in 6c for persons whose last full-time job was while serving in any branch of the Armed Forces, skip to 6e and mark the "AF" box without asking the question. Do NOT mark the "AF" box if the person was a civilian employee of any branch of the Armed Forces. These boxes should be marked only for persons whose last full-time job was military service in the Armed Forces. Do not consider the "summer obligation" of military reservists as a job in 6c as it is not a full time job.

f. If the person never worked or never worked full-time 2 weeks or more, mark "Never" in 6b/c, then skip to 6g and mark "NEV."

6d 3. Question 6d--Kind of Business or Industry 6d

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

service. The words "mine," "manufacturer," "wholesale," "retail," "construction," and "repair service" show the general function. The words "fountain pen," "grocery," "bookstore," "road," and "shoe" indicate the specific function.

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

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

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

(2) A few specified activities, when carried on at separate locations, are exceptions to the above. Record the activity of the parent organization for research laboratories, warehouses, repair shops, and storage garages, when these kinds of establishments exist primarily to serve their own parent organizations rather than the public or other organizations. For example, if a retail department store has a separate warehouse for its own use, the entry for the warehouse employees should be "retail department store" rather than "warehouse."

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

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

(2) A retailer sells primarily to individual consumers or users but seldom makes products.

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

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

f. Government Organization: Usually the name of the government agency is adequate, for example, U.S. Census Bureau, Alexandria City Fire Department.

(1) If the activity of the government agency is absolutely clear, the name of the agency is sufficient. In such cases, enter "Same" in 6d. However, sometimes the names of government agencies are not fully descriptive of their business or activity. A correct entry in 6d for a County Highway Commission might be one or any combination of the following: "county road building," "county road repair," "county contracting for road building (or repair)." For State Liquor Control Board, the correct entry might be "State licensing of liquor sales" or "State liquor retailer."

(2) If the business or main activity of a government employer is not clear, ask in what part of the organization the person works and then report that activity. For example, for a City Department of Public Works, a correct entry might be one of the following: "city street repair," "city garbage collection," "city sewage disposal," or "city water supply."

g. Persons who do not work at one specific location: Some people's work is done "on the spot" rather than in a specific store, factory, or office. In these cases, report the employer for whom they work in item 6b and the employer's business or industry in 6d. Among those who normally work at different locations at different times are Census interviewers, building painters, and refrigeration mechanics. Their industry entries might be U.S. Census Bureau, building contractor, or refrigeration repair service. For example, a local retail chain is doing remodeling of several stores, one at a time. They have a contract with a building contractor to furnish a small crew each day for the several months needed to do the work. Even though these people report to a retail store each day, they work for the building contractor.

h. Business in own home: Some people carry on businesses in their own homes. Report these businesses as if they were carried on in regular stores or shops. For example, dressmaking shop, lending library, retail antique furniture store, insurance agency, piano teaching, boarding house, rest home, boarding children (for a foster home), etc.

i. Domestic and other private household workers: When the name of a single individual is given as the employer, find out whether the person works at a place of business or in a private home. The proper industry entry for a domestic worker employed in the home of another person is "private home." For a person cleaning a doctor's office which is in the doctor's own home, the proper entry is "doctor's office." This also applies to other types of offices, such as dentists or lawyers.

j. Persons placed on jobs through union hiring halls or other similar registers often report working for the union. In this situation probe to determine who pays the person--the union or the site employer--and complete item 6 for the one who pays.

k. Examples of adequate entries for question 6d: The following are examples of inadequate and adequate entries for the kind of business or industry (question 6d). Study them carefully and refer to them periodically to familiarize yourself with the types of entries that are proper and adequate.

Inadequate	Adequate
Agency	Collection agency, advertising agency, real estate agency, employment agency, travel agency, insurance agency.
Aircraft components Aircraft parts	Airplane engine parts factory, propeller manufacturing, electronic instruments factory, wholesale aircraft parts, etc.
Auto or automobile components Auto or automobile parts	Auto clutch manufacturing, wholesale auto accessories, automobile tire manufacturing, retail sales and installation of mufflers, battery factory, etc.

Inadequate	Adequate
Bakery	Bakery plant (makes and sells to wholesalers, retail stores, restaurants, or home delivery), wholesale bakery (buys from manufacturer and sells to grocers, restaurants, hotels, etc.), retail bakery (sells only on premises to private individuals but may bake its own goods on premises).
Box factory	Paper box factory, wooden box factory, metal box factory.
City or city government	City street repair department, City Board of Health, City Board of Education.
Private club	Golf club, fraternal club, night club, residence club.
Coal company	Coal mine, retail coal yard, wholesale coal yard.
Credit company	Credit rating service, loan service, retail clothing store (sometimes called a credit company).
Dairy	Dairy farm, dairy depot, dairy bar, <u>wholesale</u> dairy products, <u>retail</u> dairy products, dairy products <u>manufacturing</u>.
Discount house Discount store	Retail drug store, retail electrical appliances, retail general merchandise, retail clothing store, etc.
Electrical components manufacturer Electrical parts manufacturer Electronic components manufacturer Electronic parts manufacturer	Electronic tube factory, memory core manufacturing, transistor factory, manufacturer of tape readers, etc.
Engineering company	Engineering consulting firm, general contracting, wholesale heating equipment, construction machinery factory.

Inadequate	Adequate
Express company	Motor freight, railway express agency, railroad car rental (for Union Tank Car Company, etc.), armored car service.
Factory, mill, or plant	Steel rolling mill, hardware factory, aircraft factory, flour mill, hosiery mill, commercial printing plant, cotton textile mill.
Foundry	Iron foundry, brass foundry, aluminum foundry.
Freight company	Motor freight, air freight, railway, water transportation, etc.
Fur company	Fur dressing plant, fur garment factory, retail fur store, wholesale fur store, fur repair shop.
Laundry	Own home laundry (for a person doing laundry for pay in own home), laundering for private family (for a person working in the home of a private family), commercial laundry (for a person working in a steam laundry, hand laundry, or similar establishment).
Lumber company	Sawmill, retail lumber yard, planing mill, logging camp, wholesale lumber, lumber manufacturer.
Manufacturer's agent Manufacturer's representative	Specify product being sold, such as jewelry manufacturer's representative, lumber manufacturer's agent, electric appliance manufacturer's representative, chemical manufacturer's agent, etc.
Mine	Coal mine, gold mine, bauxite mine, iron mine, copper mine, lead mine, marble quarry, sand and gravel pit.

Inadequate	Adequate
Nylon or rayon factory	Nylon or rayon chemical factory (where chemicals are made into fibers); nylon or rayon textile mill (where fibers are made into yarn or woven into cloth); women's nylon hosiery factory (where yarn is made into hosiery); rayon dress manufacturing (where cloth is made into garments).
Office	Dentist's office, physician's office, public stenographer's office.
Oil company Oil industry Oil plant	Oil drilling, petroleum refinery, retail gasoline station, petroleum pipeline, wholesale oil distributor, retail fuel oil.
Packing house	Meat packing plant, fruit cannery, fruit packing shed (wholesale packers and shippers).
Pipeline	Natural gas pipeline, gasoline pipeline, petroleum pipeline, pipeline construction.
Plastic factory	Plastic materials factory (where plastic materials are made), plastic products plant (where articles are actually manufactured from plastic materials).
Public utility	Electric light and power utility, gas utility, telephone company, water supply utility. If the company provides more than one service, specify the services; such as gas <u>and</u> electric utility, electric <u>and</u> water utility.
Railroad car shop	Railroad car factory, diesel railroad repair shop, locomotive manufacturing plant.
Repair shop	Shoe repair shop, radio repair shop, blacksmith shop, welding shop, auto repair shop, machine repair shop.

Inadequate	Adequate
Research	(1) Permanent-press dresses (product of the company for which research is done, when the company or organization does research <u>for its own use</u>), Brandeis University (name of university at which research is done for its own use), St. Elizabeth's Hospital (name of hospital at which medical research is done for its own use). (2) Commercial research (if research is the main service which the company sells, and the research is done <u>under contract</u> to another company). (3) National Geographic, Cancer Association, Brookings Institution (name of the <u>nonprofit</u> organization).
School	City elementary school, private kindergarten, private college, state university. Distinguish between public and private, including parochial, and identify the highest level of instruction provided, such as junior college, senior high school, etc.
Tailor shop	Dry cleaning shop (provides valet service), custom tailor shop (makes clothes to customer's order), men's retail clothing store.
Terminal	Bus terminal, railroad terminal, boat terminal, airport terminal.
Textile mill	Cotton cloth mill, woolen cloth mill, cotton yarn mill, nylon thread mill.
Transportation company	Motor trucking, moving and storage, water transportation, air transportation, airline, taxicab service, subway, elevated railway, railroad, petroleum pipeline, car loading service.

Inadequate	Adequate
Water company	Water supply irrigation system, water filtration plant.
Well	Oil drilling, oil well, salt well, water well.

6e–6f 4. Questions 6e and 6f--Kind of Work 6e–6f

The answer in question 6e should describe clearly and specifically the kind of work or nature of duties performed by the person. The answer in question 6f should tell you the person's most important activities or duties. Often, the response to question 6f, together with the response to question 6e, will give you the information needed to make the person's occupation description complete, and thus, adequate.

a. How to ask: Ask question 6e, record the respondent's answer, and then ask question 6f. When the combination of entries in both questions 6e and 6f does not give you an adequate description of the person's occupation, ask additional probing questions until the total combined information adequately describes the person's job.

b. Examples of combined entries: The following example is provided to help clarify the use of the combined information in 6e and 6f.

Inadequate	Adequate	Adequate
6e - Mechanic	6e - Mechanic	6e - Mechanic, auto body repair
6f - Repairs cars	6f - Fixes dents, replaces fenders, and other repairs to auto bodies	6f - Repairs cars

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

c. Mark the "AF" box in 6e without asking the question for persons whose last full-time job was military service in the Armed Forces regardless of which branch of the military they served, rank, or military occupation specialty. Do NOT complete items 6f or g for these persons. Do NOT mark the "AF" box for civilian employees of the Armed Forces.

d. Examples of adequate entries for question 6e: The following are examples of inadequate and adequate occupation entries. If the combined entries for questions 6e and 6f provide the kind of information shown in the listing of adequate examples, accept them as being adequate.

Inadequate	Adequate
Accounting Accounting work	Certified public accountant, accountant, accounting machine operator, tax auditor, accounts-payable clerk, etc.
Adjuster	Brake adjuster, machine adjuster, merchandise complaint adjuster, insurance adjuster.
Agent	Freight agent, insurance agent, sales agent, advertising agent, purchasing agent.
Analyst Analyzer	Cement analyst, food analyst, budget analyst, computer-systems analyst, etc.
Caretaker Custodian	Janitor, guard, building superintendent, gardener, groundskeeper, sexton, property clerk, locker attendant.
Claim examiner Claim investigator Claims adjuster Claims analyst Claims authorizer	Unemployment benefits claims taker, insurance adjuster, right-of-way claims agent, merchandise complaint adjuster, etc.
Clerical Clerical work Clerk	Stock clerk, shipping clerk, sales clerk. A person who sells goods in a store is a <u>salesperson</u> or <u>sales clerk</u>--do not report them merely as a clerk.
Data processing	Computer programmer, data typist, keypunch operator, computer operator, coding clerk, card tape converter operator.
Doctor	Physician, dentist, veterinarian, osteopath, chiropractor.
Engineer	Civil engineer, locomotive engineer, mechanical engineer, aeronautical engineer.

Industry, Occupation, and Class of Worker (Continued)

6e 6f

Inadequate	Adequate
Entertainer	Singer, dancer, acrobat, musician.
Equipment operator	Road grader operator, bulldozer operator, trencher operator.
Factory worker	Electric motor assembler, forge heater, turret lathe operator, weaver, loom fixer, knitter, stitcher, punch-press operator, spray painter, riveter.
Farmworker	Farmer: for the owner, operator, tenant or sharecropper who is self-employed. Farm manager: for the person hired to manage a farm for someone else. Farm foreman/forewoman: for the person who supervises a group of farmhands or helpers. Farmhand or farm helper: for those who do general farmwork for wages. Fruit picker or cotton chopper are examples of persons who do a particular kind of farmwork. When the place of work is a ranch, indicate specifically rancher, ranch manager, ranch foreman/forewoman and ranch hand or helper, as shown above in the case for similar types of farmworkers.
Firefighter	Locomotive fire stoker, city firefighter (city fire department), stationary fire engineer, fire boss.
Foreman/forewoman	Specify the craft or activity involved: foreman/forewoman carpenter, foreman/forewoman truck driver.
Graphic arts	Illustrator, commercial artist, poster artist, art layout specialist, etc.
Group leader	Group leader on assembly line, harvest crew boss, clerical group leader, labor gang leader, recreation group leader, etc.

Inadequate	Adequate
Heavy equipment operator	Specify the type of equipment, such as: clam-shovel operator, derrick operator, monorail crane operator, dragline operator, Euclid operator.
Helper	Baker's helper, carpenter's helper, janitor's helper.
IBM clerk IBM machine operator IBM operator	IBM card puncher, IBM tabulator, sorting machine operator, proof machine operator, etc.
Interior decorator	Be sure that entries in question 6e differentiate between the interior decorator who plans and designs interiors for homes, hotels, etc., and those who paint, paper-hang, etc.
Investigator	Insurance claim investigator, income tax investigator, financial examiner, detective, social welfare investigator, etc.
Laborer	Sweeper, cleaning person, baggage porter, janitor, stevedore, window washer, car cleaner, section hand, hand trucker.
Layout worker	Pattern-maker, sheet-metal worker, compositor, commercial artist, structural steel worker, boilermaker, draftsperson, coppersmith.
Maintenance worker	Groundskeeper, janitor, carpenter, electrician.
Mechanic	Auto engine mechanic, dental mechanic, radio mechanic, airplane structure mechanic, office machine mechanic.
Nun	Specify the type of work done, if possible, as grammar school teacher, housekeeper, art teacher, organist, cook, laundress, registered nurse.

Inadequate	Adequate
Nurse Nursing	Registered nurse, nursemaid, practical nurse, nurse's aide, student nurse, professional nurse.
Office clerk Office work Office worker	Typist, secretary, receptionist, comptometer operator, file clerk, bookkeeper, physician's attendant.
Program analyst	Computer-systems analyst, procedure analyst, vocational director, manufacturing liaison planner, etc.
Program specialist	Program scheduler, data-processing-systems advisor, metal-flow coordinator, etc.
Programmer	Computer programmer, electronics data programmer, radio or TV program director, senior computer programmer, production planner, etc.
Research Research and development Research and testing Research assistant Research associate Research specialist Research work	Specify field of research, as research chemist, research mathematician, research biologist, etc. Also, if associate or assistant, research associate chemist, assistant research physicist, research associate geologist.
Salesperson	Advertising sales, insurance sales, bond sales, canvasser, driver-sales (route-person), fruit peddler, newspaper sales.
Scientist	Specify field, for example, political scientist, physicist, sociologist, home economist, oceanographer, soil scientist, etc.
Specialist	If the word specialist is reported as part of a job title, be sure to include a brief description of the actual duties in question 6f. For example, for a "transportation specialist" the actual duties might be any one of the following: "gives cost estimates of trips," "plans trips or tours," "conducts tours," "schedules trains," or "does economic analyses of transportation industry."

Inadequate	Adequate
Shipping department	What does the worker do? Shipping and receiving clerk, crater, order picker, typist, wraps parcels, etc.
Supervisor	Typing supervisor, chief bookkeeper, steward, kitchen supervisor, buyer, cutting and sewing foreman/forewoman, sales instructor, route foreman/ forewoman.
Systems analyst Systems specialist	Computer-systems analyst, contract coordinator-manufacturer, production planner, etc.
Teacher	Teacher should report the level of school they teach and the subject. Those below high school who teach many subjects may just report level. College teachers should report title. Following are some illustrations:

Level	Subject
Preschool	-
Kindergarten	-
Elementary	-
Elementary	Music
Junior High	English
High School	Physical Ed.
College	Mathematics professor

Technician	Medical laboratory technician, dental laboratory technician, X-ray technician.
Tester	Cement tester, instrument tester, engine tester, battery tester.
Trucker	Truck driver, trucking contractor, electric trucker, hand trucker.
Works in stock room, bakery office, etc.	Names of departments or places of work are unsatisfactory. The entry must specify what the worker does; for example, "shipping clerk" or "truck loader," not "works in shipping department," OR "cost accountant" or "filing clerk," not "works in cost control."

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

f. Professional, technical, and skilled occupations usually require lengthy periods of training or education which a young person normally cannot achieve. By probing, you may find that the young person is really only a trainee, apprentice, or helper (for example, accountant trainee, electrician trainee, apprentice electrician, electrician's helper).

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

h. Some special situations:

(1) Apprentice versus trainee--An apprentice is under written contract during the training period but a trainee may not be. Include both the occupation and the word "apprentice" or "trainee," as the case may be, in the description, for example, "apprentice plumber" or "buyer trainee."

(2) Baby-sitter versus boarding children--A baby-sitter usually cares for children in the home of the employer. However, when the children are cared for in the worker's own home, the occupation is "boarding children."

(3) Contractor versus skilled worker--A contractor is engaged principally in obtaining building or other contracts and supervising the work. Classify a skilled worker who works with his/her own tools as a carpenter, plasterer, plumber, electrician, and the like, even though he/she hires others to work for him/her.

(4) Paid housekeeper versus housemaid--A paid housekeeper employed in a private home for wages has the full responsibility for the management of the household. A housemaid (general housework), hired helper, or kitchen help does not.

(5) Interior decorator versus painter or paperhanger--An interior decorator designs the decoration plans for an interior of homes, hotels, offices, etc., and supervises the placement of the furniture and other decorations. A house painter or paperhanger only does painting or hangs paper.

(6) Machinist versus mechanic versus machine operator--A machinist is a skilled craftsman who constructs metal parts, tools, and machines through the use of blueprints, machine and hand tools, and precise measuring instruments. A mechanic inspects, services, repairs, or overhauls machinery. A machine operator operates a factory machine (drill press operator, winder, etc.).

(7) Secretary versus official secretary--Use the title "secretary" for secretarial work in an office; report a secretary who is an elected or appointed officer of a business, lodge, or other organization as an "official secretary."

(8) Names of departments or places of work--Occupation entries which give only the name of the department or a place of work are unsatisfactory. Examples of such unsatisfactory entries are "works in warehouse," "works in shipping department," "works in cost control." The occupation entry must tell what the <u>worker</u> does, not what the department does.

i. Importance of question 6f--The responses to the activity question (6f) are very important for coding purposes. Although the question may seem redundant in some cases, the responses often permit more accurate coding of the occupation. We cannot provide you with a complete list showing when an activity response together with the job title is adequate or when additional probing is necessary. However, we would like to stress the importance of the activity question in providing more detail even though it may not appear to. Here are some examples showing the value of question 6f:

6e - Telephone Co. serviceman	6e - Telephone Co. serviceman
6f - Installs phones in homes	6f - Repairs telephone transmission lines

Each of these examples is an adequate combination of responses. The additional information obtained from question 6f identifies different occupations even though in each example the responses to question 6e are the same. These two telephone company servicemen will be assigned different occupation codes.

6e - Bookkeeping	6e - Bookkeeper
6f - Keeping and balancing ledgers	6f - Operates a bookkeeping machine

Again, adequate responses are obtained in each example. On the basis of the detail provided by question 6f, these occupations will be coded in different categories.

These two examples illustrate the importance of the activity question (6f) in obtaining adequate responses even though the question may seem repetitive.

6g 5. Question 6g--Class of Worker 6g

For each person with entries in question 6, other than "Armed Forces," record the class of worker by marking one of the boxes in question 6g. The information given in answer to question 6d will usually be sufficient for identifying "class of worker." If the information previously supplied is not adequate for this purpose, ask additional questions as necessary, for example, "Was he a local government employee?"

When in doubt, use the "Who pays" criterion, that is, record the class of worker category according to who pays the person's wages or salary. For persons paid by check, the employer's name will usually be printed on the check. Although you are NOT to ask to see a check or salary statement, you may ask, "Do you know the name of the employer that is shown on -- salary check?"

a. If a person has more than one job or business, be sure you mark the box in 6g which applies to the one job or business entered in the previous parts of question 6.

b. Cautions regarding class-of-worker entries:

(1) Corporation employees--Report employees of a corporation as employees of a private employer (except for a few cases of employees of government corporations, such as the Commodity Credit Corporation, who must be properly reported as Federal Government employees). Do not report corporation employees as owning their business even though they may own part or all of the stock of the incorporated business. If a respondent says that a person is self-employed, and you find that the business is incorporated, mark the "I" box.

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

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

(4) Public utility employees--Although public utilities (such as transportation, communication, electric light and power, gas, water, garbage collection, and sewage disposal facilities) are subject to government regulations, they may be owned by either government or private organizations. Distinguish between government-operated and privately-owned organizations in recording class of worker for public utility employees.

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

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

(7) Clergymen and nuns--Mark "P" for preachers, ministers, priests, rabbis, and other clergymen except in the following two cases:

Record clergy working in a civilian government job, such as a prison chaplain, as a government employee--"F," "S," or "L" in question 6g.

Record clergy not attached to a particular congregation or church organization, who conduct religious services in various places on a <u>fee</u> basis, as <u>self-employed</u> in their <u>own</u> professional practice--"SE" in question 6g.

Mark "P" for nuns who receive pay in kind.

(8) Registered and practical nurses--private duty--For nurses who report "private duty" for kind of business, mark "SE."

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

(10) Foster parents and child care in own home--Foster parents and other persons who consider themselves as working for profit and who provide childcare facilities in their own homes are furnishing the shelter and meals for certain time periods and are to be considered as operating their own business; mark "SE."

(11) Boarding house keepers--Record boarding house keepers who consider themselves as working and who perform this work in their own homes as "Own home" for industry with "SE" as class of worker. Record those who do this work for someone else for wages or salary or pay in kind as "boarding house" for industry with "P" for class of worker.

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

(13) Post office and TVA employees--Report persons who work for the Postal Service and Tennessee Valley Authority as Federal employees and mark them as "F."

(14) Comsat, Amtrak, and Conrail--Comsat, Amtrak, and Conrail are private companies and you should report the employees of these companies as "P."

(15) Persons who work for public transportation, harbor, airport, housing, etc., Authorities, such as the Chicago Transportation Authority or the New York Port Authority, who got their money from any combination of Federal, state or local funds and user fees, should be reported as "P."

(16) For persons who have never worked at all or who have never worked at a full-time job or business lasting 2 consecutive weeks or longer, mark "NEV" in 6g. This situation should only occur for persons who were asked question 6c; that is, persons who did not have a job or business in the past 2 weeks and were not on layoff from a job, but were looking for work.

Question 7, Marital Status

Mark box if under 14. If "Married" refer to household composition and mark accordingly. 7. **Is — — now married, widowed, divorced, separated, or has — — never been married?**	7.	0 ☐ Under 14 1 ☐ Married — spouse in HH 2 ☐ Married — spouse not in HH 3 ☐ Widowed 4 ☐ Divorced 5 ☐ Separated 6 ☐ Never married

Instructions

1. For persons under 14 years old, mark the "Under 14" box even if the person is married, widowed, divorced, or separated.

2. For persons 14 and over, if it is obvious from the relationship entries on the Household Composition Page that two of the household members are husband and wife, mark one of the "Married" boxes without asking the question.

   a. Mark "Married-spouse in HH" for a married person whose spouse is also listed on the questionnaire as a household member. For example, mark this box for the spouse of an Armed Forces member living at home as well as for a person whose spouse is temporarily absent.

   b. Mark "Married-spouse not in HH" for a married person who is not legally "separated," as defined below, and whose husband or wife is not a member of the same household. For example, mark this box for the spouse of an Armed Forces member not living at home.

   c. Include as "Married," persons who state they have a common-law marriage, or who are living together as husband and wife.

3. Separated persons--Accept a respondent's statement that a person is separated. If, however, the respondent raises a question as to the meaning of "separated," explain that the term refers only to married persons who have a legal separation or who have parted because of marital discord.

   Classify persons who are separated from their spouse because of the circumstances of their employment, service in the Armed Forces, or similar reasons as "Married-spouse not in HH," not "Separated."

4. Annulled Marriage--Consider a legally annulled marriage as never having taken place. For example, mark "Never married" for persons whose only marriage has been annulled; mark "Divorced" for persons whose first marriage ended in divorce and whose second, and most recent, marriage was annulled. Individuals whose marriage has been annulled only through a religious decree are to be marked according to their legal marital status. Probe for clarification if there is any doubt about whether an annulment was granted through the courts or through religious decree.

Question 8, Family Income

8

8a. Was the total combined FAMILY income during the past 12 months — that is, yours, *(read names, including Armed Forces members living at home)* more or less than $20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received. *Read if necessary:* **Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.**	**8a.**	1 ☐ $20,000 or more *(Hand Card I)* 2 ☐ Less than $20,000 *(Hand Card J)*
Read parenthetical phrase if Armed Forces member living at home or if necessary. **b. Of those income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours, *(read names, including Armed Forces members living at home)*)? Include wages, salaries, and other items we just talked about.** *Read if necessary:* **Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.**	**b.**	00 ☐ A, 01 ☐ B, 02 ☐ C, 03 ☐ D, 04 ☐ E, 05 ☐ F, 06 ☐ G, 07 ☐ H, 08 ☐ I, 09 ☐ J, 10 ☐ K, 11 ☐ L, 12 ☐ M, 13 ☐ N, 14 ☐ O, 15 ☐ P, 16 ☐ Q, 17 ☐ R, 18 ☐ S, 19 ☐ T, 20 ☐ U, 21 ☐ V, 22 ☐ W, 23 ☐ X, 24 ☐ Y, 25 ☐ Z, 26 ☐ ZZ

A. Objective

Question 8 is asked because differences in income often indicate differences in the ability to obtain adequate health care or differences in the ability to afford food for adequate diets to prevent diseases, such as malnutrition in children. This question will also enable analysts to determine the relationship of family income and family size in order to identify poverty levels and relate this to other health variables, the utilization of health services, etc.

B. Definition

Family Income--The money income before deducting for taxes, retirement, insurance, union dues, etc. This includes the income of the reference person plus that of all his/her relatives who are currently household members, including Armed Forces members living at home and children.

1. Income includes:

   a. Wages and salaries including tips, commissions, Armed Forces pay and cash bonuses, as well as subsistence allowances.

   b. Net income from unincorporated businesses, professional practices, or farms, or from rental property. ("Net" means after deducting business expenses, but before deducting personal taxes.)

   c. Social Security, or Supplemental Security Income.

   d. Retirement, disability, and survivor pensions.

   e. Interest and dividends.

   f. Cash public assistance payments (welfare), excluding food stamps.

g. Veteran's payments.

h. Unemployment or workmen's compensation.

i. Alimony and child support.

j. Money regularly received from friends or relatives not living in the household.

k. Other periodic money income.

2. Income does NOT include:

a. Income "in kind," such as the value of room and board, free meals in restaurants, food stamps, free or reduced rent, value of crops produced by a farmer but consumed by his/her family, etc.

b. Lump sum payments of any kind, such as insurance payments, inheritances, or retirement.

c. Occasional gifts of money from persons not living in the household or any exchange of money between relatives living in the same household.

d. Money received from selling one's own house, car, or other personal property.

e. Withdrawals of savings from banks, retirement funds, or loans.

f. Tax refunds or any other refund or rebate.

C. Instructions

1. Be sure the respondent understands that the income questions are for the past 12 months, not for the last calendar year.

2. Ask question 8a once for a family to obtain the total combined income during the past 12 months for all household members related to the reference person. Be sure to include all family members, as even a child could receive income (savings account interest, AFDC payments, etc.). Do not include the income of unrelated household members as this will be obtained on the questionnaire(s) prepared for each roomer, lodger, or other person not related to the reference person.

3. After recording the response to question 8a, be sure to hand the respondent the appropriate flashcard when asking question 8b.

4. After you ask these questions, give the respondent enough time to prepare an estimate, then mark the appropriate box. When necessary, help the respondent obtain the total by summing the income of several family members or the income from several sources.

5. If the income is reported in terms of a periodic (weekly, monthly, etc.) paycheck, be sure the respondent understands that we are interested in the amount before taxes and other deductions, not the take-home amount. Help compute the yearly total, if necessary.

6. If the respondent is living alone or with no other relatives, include his/her income only.

7. Include the income of an Armed Forces member who is living at home with the family even though we do not record health information about him/her. If he/she is not living at home, include as family income allotments and other money received by the family from this person. In question 8b, always read the phrase in parenthesis if there is an Armed Forces member living at home. Also read this phrase at any other time you feel it is necessary.

8. "Zero" income, break-even, or loss reported--When no one in the family had income or when a "loss" or "broke even" was reported as the total income for the family, mark box "A" in 8b. Before accepting an answer of "No income," be sure the respondent understands all of the categories counted as income.

9. If the respondent is not sure of the income, try to get the best estimate possible. In difficult cases, you may have to help the respondent. Find out who worked during the past 12 months, how much they made a week, etc.; find out who operated a business or farm; or who received any pension, dividends, etc. If the response is still "Don't know," enter "DK" in 8a or 8b, as appropriate, and skip to item R.

10. Read the statement printed on the questionnaire if the respondent refuses to answer the income items or questions the need for our collecting income data. After reading this, reask question 8a or 8b, if necessary. If the respondent still will not answer, enter "Ref." in 8a or b, as appropriate, footnote the reason(s) for refusal, and skip to item R.

Item R, Respondent

R

R	a. *Mark first appropriate box.*	Ra.	0 ☐ Under 17 1 ☐ Present for all questions 2 ☐ Present for some questions 3 ☐ Not present
	b. *Enter person number of respondent.*	b.	_____ Person number(s) of respondent(s)

A. Objective

Item R is used to identify the respondents and other persons present for all questions up to this point. This information is important to analysts in evaluating and interpreting the data obtained from the survey.

B. Definitions

1. Present--In the same room or within hearing distance.

2. Respondent--A person who provides answers to questions asked.

   a. Self Respondent--A person who responds to the questions about himself/herself.

   b. Proxy Respondent--A person who responds to questions about other household members.

C. Instructions

1. Mark the first applicable box in item Ra for each person according to his/her age or presence or absence during the asking of all questions about him/her. Mark "Present for some questions," if the person was present during the asking of at least one question, but was absent for one or more of the questions.

2. For each person, enter in item Rb the person numbers of all respondents for that person. Include the person himself/herself if that is the case (self respondent) as well as all other household members who answered at least one question about the person (proxy respondent). Only enter in Rb the numbers of persons who are eligible respondents (see page D3-2 through D3-4, paragraph C).

3. For persons under 17, mark the "Under 17" box and do not indicate their presence or absence in Ra. Complete item Rb, showing who responded for them, but do not enter the number of the person under 17, even if he/she answered or assisted in answering some of the questions about himself/herself.

An exception to this rule is for persons under 17 who are eligible respondents, as defined on page D3-3, paragraph 2c. In this case, mark the "Under 17" box in Ra, and enter the person's number in Rb if he/she was a respondent. Footnote these situations.

4. When an interpreter is involved, consider the person(s) providing the information to the interpreter as the respondent(s). In these cases footnote that an interpreter was involved.

L3 Items L3 and L4, Person Number of Parent/Spouse L3

1. Item L3

L3	*Enter person number of first parent listed or mark box.*	L3	_____ Person number of parent 00 ☐ None in household

A. Definition

Parent--includes natural, adopted and step parents excludes foster, in-laws and grandparents.

B. Instructions

1. Complete according to relationships entered on questionnaire and knowledge gained during the interview. If in doubt, verify with the respondent.

2. If both parents are listed on the questionnaire, enter the person number of the first parent listed. For example, if only person 1, father; person 2, mother; and person 3, son are listed, mark "None" for persons 1 and 2 and enter "1" in person 3's column.

3. When relationships to the reference person such as father-in-law, grandmother, sister, niece are given be sure to determine if a parent/child situation exists. For example, the sister of the reference person could be the niece's parent.

L4 2. Item L4 L4

L4	*Enter person number of spouse or mark box.*	L4	_____ Person number of spouse 00 ☐ None in household

Instruction

Enter the person number of the spouse for persons for whom you have marked the "married-spouse in HH" box in question 7. Mark "None" for all other persons.

Item L5, Questions 9-11, Record Matching Information, Items L6, L7 and L8

L5-8

L5	*Refer to age. Complete a separate column for each nondeleted person aged 18 and over.*	L5	**PERSON NUMBER** _____ (3–4)
Read to respondent(s):	**In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.**		
L6	*Enter date of birth from question 3 on Household Composition page.*	L6	Date of birth (5–11): Month / Date / Year
9. In what State or country was — — born? *Print the full name of the State or mark the appropriate box if the person was not born in the United States.*		9.	99 ☐ DK (12–13) _____ State; 01 ☐ Puerto Rico; 02 ☐ Virgin Islands; 03 ☐ Guam; 04 ☐ Canada; 05 ☐ Cuba; 06 ☐ Mexico; 88 ☐ All other countries
L7	*Print full name, including middle initial, from question 1 on Household Composition page.*	L7	Last (14–33); First (34–48); Middle initial (49)
Verify for males; ask for females. **10. What is — — father's LAST name?** *Verify spelling. DO NOT write "Same."*		10.	*Father's LAST name* (50–69) _____
Read to respondent(s):	**We also need — — Social Security Number. This information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on — — benefits and no information will be given to any other government or nongovernment agency.**	11.	999999999 ☐ DK (70–78) ___ - __ - ____ Social Security Number
Read if necessary:	**The Public Health Service Act is title 42, United States Code, section 242k.**		*Mark if number obtained from* → 1 ☐ Memory; 2 ☐ Records (79)
11. What is — — Social Security Number?			
L8	*Mark box to indicate how Social Security number was or was not obtained.*	L8	(80) 1 ☐ Self-personal; 2 ☐ Self-telephone; 3 ☐ Proxy-personal; 4 ☐ Proxy-telephone

A. Objective

The purpose of this page is to obtain enough information about this person to be able to match certain statistical records maintained by the National Center for Health Statistics.

B. Instructions

1. Enter the person number in item L5 and complete a separate column for each person aged 18 and over in the order they are listed on the questionnaire. DO NOT include Armed Forces members and other deleted persons. If there are more than four persons 18+ in the family, use an additional questionnaire(s) for the fifth, sixth, etc. person.

Contact Person Information (Continued)

L5-8

2. Read the introductory statement above item L6 to explain the purpose of obtaining the information. If questions arise as to the type of statistical records maintained, say "Information obtained from Vital Statistics records". Then enter the date of birth from question 3 on the Household Composition page for the first person 18+.

3. Print the full state name on the line in 9; do not use abbreviations. If the person was not born in one of the 50 states or the District of Columbia, mark the appropriate box in 9, leaving the state line blank.

4. In item L7, enter the person's full name, including middle initial, from question 1 on the Household Composition page. If the person has more than one middle initial, enter the first one given. If a first initial and full middle name was entered in question 1, such as "G. Watson Levi", record this in L7 as "Levi, G. Watson". In rare cases where the respondent refused to give the name in question 1, say something like, "I need your full legal name, including middle initial" and enter it in item L7. Do NOT go back and enter this information in question 1.

5a. When verifying 10 for males, ask "Was your father's last name _____?" Always ask the question for females, regardless of their marital status.

b. Print the father's last name in the answer space, whether it is the same as the person's name or not. Always verify the spelling, even if the names sound alike. If it is volunteered that the person was legally adopted, record the name of the adoptive father.

NOTE: Printing is required in items 9 through 10.

6. Read the introduction to 11 the first time you ask the question for a family. Be sure to read it when making a callback for the person's Social Security Number. If you are asked for the legal authority for collecting Social Security Numbers, cite the title and section of the United States Code as printed below the introduction. If you are given more than one number, record the first 9 digit number the respondent mentions, not the first one issued. If the number has more than 9 digits, record only the first 9 digits. Do not record alphabetic prefixes or suffixes.

7. After recording the Social Security Number, mark the appropriate box indicating whether the number was obtained from memory or records.

8. It is of particular importance that the person's Social Security Number is correct. If the respondent does not have this information, or is unsure, ask to call back and indicate this in item 16 of the Household page. It is not required that you contact the person directly on the callback. In fact, unless the person has to be contacted for the Supplement (see Chapter D15), make arrangements with the household respondent to call him/her back for the number. If someone other than the household respondent is contacted for missing numbers, use the "Telephone callback introduction" on page 42 of the Flashcard Booklet to introduce yourself.

Mark the correct box in item L8 to indicate how the number was or was not obtained. For example, if person 1 refused to give person 2's number and this person was temporarily absent, enter "Ref" in question 11 and mark box 3 or 4 in item L8.

Questions 12-15, Contact Person Information

(12)-(15)

Read to Hhld. respondent: **The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of a relative or friend who would know where you could be reached in case we have trouble reaching you. (Please give me the name of someone who is not currently living in the household.)** *Please print items 12—15.*

RT62

12. Contact Person name	3–4	25–39	40	**14.** Area code/telephone number 97–106
Last 5–24	First		Middle initial	☐☐☐ ☐☐☐-☐☐☐☐
13a. Address *(Number and street)* 41–65				1 ☐ None 107 2 ☐ Refused 9 ☐ DK
b. City 66–85	State 86–87	ZIP Code 88–96		**15.** Relationship to household respondent 108–109

A. Objective

The data in items 12 through 15 are needed to assist in contacting the family if a followup survey is conducted at a later time and the household respondent has moved or proves difficult to contact.

B. Instructions

1. Read the introductory statement to the household respondent to explain the purpose of the question and complete items 12 through 15 from the responses.

2. If, when explaining the purpose of the contact person, you are asked when the household will be recontacted, say that NCHS periodically conducts other health surveys with a sample of persons or families who participate in HIS and that you do not know when the next one will be or if this family will be included. Do not, however, state that there will be no other contacts until that time. You may need to recontact the household for additional information or the person may be reinterviewed.

3. Printing is required in items 12 through 15.

4. After completing the Contact Information Section, go to the HPDP supplement.

5. You may complete this section after the supplement if it seems more beneficial to the interview to do so. However, be sure to obtain this information from the household respondent.

CHAPTER 15. HEALTH INSURANCE

Overall Objectives

The Health Insurance Supplement contains questions on Medicare and other types of health insurance coverage, including Health Maintenance Organizations and insurance that covers dental services. The level of health care utilization may vary by the types and amounts of insurance people have. This information is used to measure the types of health insurance coverage and to compare these with other health information, such as doctor visits, hospitalizations, etc.

This Supplement also contains questions on health benefits received through government or retirement programs. This information is useful in evaluating the effectiveness of these programs and in planning for future needs.

Most employed individuals in the United States carry health insurance through their employment. During periods of high unemployment, it is important to be able to measure the impact of unemployment on worker's health insurance coverage and on the coverage of family members. Thus, there are questions designed to directly measure the effect of job layoffs and job losses on health insurance coverage.

(1)-(3) **Questions 1 through 3, Medicare Coverage** (1)-(3)

Read to respondent(s): **Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this.** *Show card*		
1a. Is anyone in this family, that is *(read names)*, **now covered by Medicare?** ☐ Yes ☐ No (4) ☐ DK		
b. Is — — now covered?	1b.	1 ☐ Covered 2 ☐ Not covered 9 ☐ DK 5
Ask for each person with "Covered" in 1b **2a. Is — — now covered by the part of Social Security Medicare which pays for hospital bills?**	2a.	1 ☐ Yes 2 ☐ No 9 ☐ DK 6
b. Is — — now covered by that part of Medicare which pays for doctor's bills? This is the Medicare plan for which — — or some agency must pay a certain amount each month.	b.	1 ☐ Yes 2 ☐ No 9 ☐ DK 7
Ask for each person with "DK" in 2a and b **3. May I please see the Social Security Medicare card(s) for — — (and — —) to determine the type of coverage?** *Transcribe the information from the card or mark the "Card N A." box*	3.	1 ☐ Hospital 2 ☐ Medical 3 ☐ Card N A 8

A. Objective

Although it is most common for persons 65 years old and over to have Medicare coverage, in certain situations people under 65 may also be covered. Therefore, questions 1 through 3 must be asked for the entire family, regardless of the ages of the family members.

B. Instructions

1. Read the introduction above question 1, show the Medicare Card in the Flashcard Booklet, and then ask 1a about Medicare coverage, inserting the names of all family members. If the response is "Yes" or "DK," ask 1b for each person and mark the appropriate box in each person's column.

2. Ask questions 2a and b for each person with the "Covered" box marked in 1b and mark the appropriate box in the person's column.

   If the respondent doesn't know the type of coverage but knows that a certain amount is paid each month for Medicare, that person has "medical coverage." Mark "DK" in 2a and "Yes" in 2b.

3. Ask question 3 for each person with "DK" in either 2a or b or both. Insert the names of all these persons so the respondent needs to make only one trip to look for the Medicare cards.

   a. The type of coverage a person has will be indicated on the card by a date entered opposite it under the "Effective date." If a date has been entered across from "Hospital Insurance," then that person has hospital coverage. If there is a date entered across from "Medical Insurance," then the person has medical coverage.

   b. If the card is available, transcribe the coverage information from the card to the person's column in question 3 by marking one or both of the "Hospital" or "Medical" boxes. If the card is not available (for example, the person is out and has the card, cannot locate the card, etc.), mark the "Card N.A." box.

   c. If you are shown a card other than a Medicare card, do not mark a box but footnote the type of card.

Question 4, Health Insurance

4 4

4a. We are interested in all kinds of health insurance plans except those which pay only for accidents. (Not counting Medicare) Is anyone in the family now covered by a health insurance plan which pays any part of a hospital, doctor's, surgeon's or dentist's bill? ☐Yes ☐No *(M1)* ☐DK *(M1)*

b. What is the name of the plan? *Record in Table H.I.*

c. Is anyone in the family now covered by any other health insurance plan which pays any part of a hospital, doctor's, surgeon's or dentist's bill? ☐Yes *(Reask 4b and c)* ☐No

A. Objective

Question 4 concerns private health insurance.

B. Definitions

1. A health insurance plan is specifically designed to pay all or part of the hospital, doctor, surgeon, dentist or other medical expenses of the insured individual. The plan, in order to be considered as insurance, must be a formal one with defined membership and benefits. Include Health Maintenance Organizations (HMO), such as Kaiser, Group Health, etc. For the purpose of this survey, health insurance excludes the following:

   a. Plans limited to "dread diseases" only, such as polio or cancer.

   b. Insurance that pays only on the basis of the number of days missed from work.

   c. Public welfare, Medicaid, care given children under the "Crippled Children's Program," etc.

   d. Insurance that pays only for accidents, such as liability insurance held by a car or property owner, insurance covering children for accidents at school or camp, etc.

   e. Care given to dependents of military personnel (CHAMPUS).

   f. Insurance for dependents or survivors of disabled veterans (CHAMP-VA).

   g. Veterans Administration benefits.

   h. Care given to military retirees at a military hospital or medical facility, or VA center.

   i. Social Security Medicare.

   j. "Income maintenance" insurance which pays the person a fixed amount of money both in and out of the hospital to make up for lost wages.

NOTE: Do include "extra cash" insurance plans which pay a person a fixed amount of money ONLY WHILE A PATIENT IN A HOSPITAL. Use this distinction only if questions arise. Do not probe.

2. Payment of Plans--Premiums or the payments for health insurance may be paid by the insured person, the family, an employer, a union, a club, a fraternal organization or some other group of which the insured person is a member. Payments by the insurance company may be made directly to the hospital or doctor, or to the insured person.

3. Name of Plan--We are interested in the specific name of the insurance plan, for example, Aetna, Blue Cross, Metropolitan, John Hancock, etc. Also record the specific name of a Health Maintenance Organization (HMO), if reported, such as Kaiser, Group Health, etc. Do not record the type of plan, such as family plan, major medical, high or low option. These plan names will be matched against a master list and coded, so it is important that they be as complete as possible.

4. Insurance That Pays Hospital Expenses--Any insurance which pays all or part of the hospital bill for the hospitalized person. The hospital bill should include only the bill submitted for the hospital itself, the cost of room and meals, and may also include the cost of other services, such as the operating room, laboratory tests, X-rays, and medicine. Excluded are the charges for the doctor's or surgeon's services, as well as for special nurses.

5. Insurance That Pays Doctor's or Surgeon's Bills for Operations--Any insurance which pays all or part of the doctor's or surgeon's bill for operations with or without hospitalization. Include bills for an operation or delivery, pre- or post-surgical care, or pre- or postnatal care. This also includes a dentist's or oral surgeon's bill for oral surgery.

6. Insurance that Pays for Dental Services--Any insurance which pays all or part of a dentist's bill for any dental services other than oral surgery.

C. Instructions

In 4a, include the parenthetical phrase "Not counting Medicare" only if "Yes" or "DK" was marked in question 1a. If the answer to 4a is "Yes," ask 4b and record on separate lines in Table H.I. the names of all plans reported; then ask 4c. If additional plans are reported in 4c, also record these plan names on separate lines of Table H.I. If more than five plans are reported, record only the first five and mark 4c "No" without further reasking of the questions.

1. If you find that family members are covered by separate health insurance policies, even if the plan names are the same, list these on separate lines of Table H.I. For example, use two lines in Table H.I. if Mr. and Mrs. Jones are each covered by separate Blue Cross plans. Do not probe for this information, however.

2. If the respondent does not know the name of the plan, ask if you may obtain the name from a membership card or policy. If the membership card or policy is not available, but the respondent tells you the plan is provided through a union, fraternal group, or employer, enter the name of the group or employer in Table H.I. and indicate that the name of the plan is unknown; for example, "through Steelworker's Union-DK name."

3. Unless otherwise indicated, consider Blue Cross and Blue Shield to be one health insurance plan, even if given separately in answer to question 4. For example, the respondent says "I have a Blue Cross plan" in response to 4b. When reasked 4b, the respondent says "I also have a Blue Shield plan." Enter "BC/BS" as one plan in Table H.I.

   You may use the abbreviation "BC/BS" when entering these plans in Table H.I. You may also abbreviate American Association of Retired Persons to "AARP," and Health Maintenance Organization to "HMO." These are the only words you may abbreviate. If other abbreviations are given, such as "G.H.A.", try to obtain the complete name.

4. Programs which cover dependents or survivors of military persons (CHAMPUS, CHAMP-VA) are obtained in question 15, and programs which include VA medical care and military medical privileges are obtained in question 16. Record in question 4 coverage for a person who is retired from the military only if it is a specific health insurance plan. For example, if a person is covered by a private health plan which is only available to retired military persons, include this plan in question 4. If the person only has CHAMPUS, CHAMP-VA, or medical privileges at a military installation or VA center, do not record this as "health insurance."

5. When a final "No" is received to 4c, go to Table H.I. Record all of the information for all of the plans in the table before going to Check Item M1.

Questions 5 through 7, Details of Plan

5-7

PLAN 1 NAME [10]

	Yes	No	DK			Yes	No	DK	
5a. Is this (name) plan a Health Maintenance Organization or HMO?	1	2	9	11	6a. Does this (name) plan pay any part of hospital expenses?	1	2	9	14
b. Was this plan obtained through an employer or union?	1	2 (6a)	9 (6a)	12	b. Does this plan pay any part of doctor's or surgeon's bills for operations?	1	2	9	15
c. Is it now carried through an employer or union?	1	2	9	13	c. Does it pay for any DENTAL services other than oral surgery?	1	2	9	16

7. Is -- covered under this (name) plan? 7. [17] 1 ☐ Covered ... 2 ☐ Not covered 9 ☐ DK ..... (NP)

PLAN 2 NAME [18]

	Yes	No	DK			Yes	No	DK	
5a. Is this (name) plan a Health Maintenance Organization or HMO?	1	2	9	19	6a. Does this (name) plan pay any part of hospital expenses?	1	2	9	22
b. Was this plan obtained through an employer or union?	1	2 (6a)	9 (6a)	20	b. Does this plan pay any part of doctor's or surgeon's bills for operations?	1	2	9	23
c. Is it now carried through an employer or union?	1	2	9	21	c. Does it pay for any DENTAL services other than oral surgery?	1	2	9	24

7. Is -- covered under this (name) plan? 7. [25] 1 ☐ Covered ... 2 ☐ Not covered 9 ☐ DK ..... (NP)

PLAN 3 NAME [26]

	Yes	No	DK			Yes	No	DK	
5a. Is this (name) plan a Health Maintenance Organization or HMO?	1	2	9	27	6a. Does this (name) plan pay any part of hospital expenses?	1	2	9	30
b. Was this plan obtained through an employer or union?	1	2 (6a)	9 (6a)	28	b. Does this plan pay any part of doctor's or surgeon's bills for operations?	1	2	9	31
c. Is it now carried through an employer or union?	1	2	9	29	c. Does it pay for any DENTAL services other than oral surgery?	1	2	9	32

7. Is -- covered under this (name) plan? 7. [33] 1 ☐ Covered ... 2 ☐ Not covered 9 ☐ DK ..... (NP)

A. Definitions

1. Refer to page D15-4 for the definitions of "Insurance that pays Hospital Expenses," "Insurance that pays Doctor's or Surgeon's Bills for Operations," and "Insurance that pays for Dental Services."

2. A health maintenance organization (HMO) is a health care plan that delivers comprehensive, coordinated medical services to enrolled members on a prepaid basis.

   There are three basic types of HMOs.

   - A group/staff HMO delivers services at one or more locations through a group of physicians that contracts with the HMO to provide care or through its own physicians who are employees of the HMO.
   - An individual practice association (IPA) makes contractual arrangements with doctors in the community, who treat HMO members out of their own offices.
   - A network HMO contracts with two or more group practices to provide health services.

   An HMO differs from other health insurance because it directly provides its members with most or all of their health care while traditional health insurers simply process the claims. An HMO assumes responsibility for providing the treatment as well as paying the bills.

B. Instructions

1. Ask questions 5 and 6 for plan 1, and then ask question 7 separately for each family member for plan 1. Then go to questions 5 through 7 for plan 2, etc.

Details of Plan (Continued)

5-7

2. Insert the name of the plan when asking questions 5a, 6a and 7 so the respondent knows to which plan you are referring. If there is more than one plan with the same name, be sure the respondent knows to which you are referring.

3. Record responses to questions 5 and 6 by "Xing" the box in the corresponding answer column. If you mark the "No" or "DK" column for question 5b, skip to 6a.

4. When completing question 6 for HMOs, mark "Yes" if the service asked about is provided by the HMO even though there may be no "pay" involved. For example, mark "Yes" in 6c if dental services are provided by the HMO.

5. Provide the respondent with the HMO definition in A.2 above if questions arise. Mark "DK" if the respondent is still not sure. Do NOT let your knowledge of the plan, the area, or an HMO influence the respondent's answer.

M1/8

Check Item M1 and Question 8, Coverage

M1/8

M1	*Review 1 and 7 for each person and determine if "Covered" by either Medicare and/or insurance, or "Not covered"*	M1	50 1 ☐ Covered 2 ☐ Not covered under 65 3 ☐ Not covered 65 and over 9 ☐ DK (NP)
	Ask for each person "Not covered" in M1. If "Not covered 65 and over," include "or Medicare" **8a. {Many people do not carry health insurance for various reasons.}** *Hand Card M.* **Which of those statements describes why — — is not covered by any health insurance (or Medicare)?** **Any other reason?** *Circle all reasons given.*	8a.	51–52 1 2 3 4 5 6 7 8 ☐ *Specify* 53–54 55–56 57–58
	Mark box if only one reason. If "Not covered 65 and over" in M1, include "or Medicare" **b. What is the MAIN reason — — is not covered by any health insurance (or Medicare)?**	b.	00 ☐ Only one reason 1 2 3 4 5 6 7 8 ☐ *Specify*

Instructions

1. Check Item M1--If a "Covered" box is marked for a person in question 1 or question 7 for any plans, mark the "Covered" box for that person in M1. If the person is not covered, mark one of the "Not covered" boxes, depending on the person's age. If the only entry in 1 or 7 for a person is "DK," or a combination of "No" and "DK," mark "DK." Complete M1 for all persons before going to question 8.

2. Question 8--Ask question 8 only for individuals who are indicated in check item M1 as having no health insurance or Medicare, that is, box 2 or 3 is marked. Read the introductory statement in braces in 8a once for a family and show Card M to the respondent. Include the parenthetical "or Medicare" when asking 8a and b for persons with the "Not covered 65 and over" box marked in M1.

   a. Circle the number(s) indicated for each person not covered by health insurance. Ask, "Any other reason?" for each person until a "No" answer is given to 8a.

8 Coverage (Continued) 8

b. If the response to 8a or b indicates the person is covered by CHAMPUS, CHAMP-VA, Medicaid, AFDC, or other health care programs, circle "7". Circle "7" also if the person is covered by the sixth, seventh, etc., plan not recorded in table HI.

c. If the same "Other" reason is given for another person not having insurance, enter "Same as col.__," as appropriate, in the person's column. For example, if in column 1 you have circled "8" and entered, "Haven't been with firm long enough," enter "Same as col. 1" in the appropriate column if this is also given as the reason another person does not have insurance. This example may also apply to this person's children, even though they themselves literally have not been with the firm at all.

d. Mark the box in 8b if only one reason is given in 8a. If more than one number is circled in 8a, ask 8b and circle the number given as the main reason this person is not covered by health insurance. Also ask 8b if only "8" is circled in 8a but more than one "Other" reason is entered, or if "8" is circled in addition to another number in 8a.

e. If one of the responses to 8a is "8-Other" and the response to 8b is the same reason, circle "8" in 8b and enter "same as 8a" on the "Specify" line. If more than one "Other" reason is given in 8a, probe for the MAIN "Other" reason and enter the response verbatim in 8b.

9 Question 9, AFDC Assistance 9

Ask only if persons under age 20 in family:		
9a. Does anyone in this family now receive assistance through the "Aid to Families with Dependent Children" program, sometimes called "AFDC" or "ADC"?	☐Yes ☐No (10) ☐DK	
b. Does -- now receive AFDC or ADC?	9b.	1☐Yes 2☐No 9☐DK 59

A. Objective

The "Aid to Families with Dependent Children," known as AFDC or ADC, is a program which bases payments upon family income and number of dependent children. We are interested in identifying the family unit, that is, the adult and children, for whom these payments are intended.

B. Instructions

1. Do NOT ask question 9 if there are no family members under 20 years of age; skip to question 10a.

2. If, after asking question 9b, the respondent has not identified the adult AND the child(ren), probe to determine the adult in whose name the check is written or the child(ren) for whom the check is sent and mark the "Yes" box in all appropriate columns.

3. If you still do not have this "family unit," footnote the situation. For example, "children live with grandparents," or "mother not household member."

(10) (10)

Question 10, Supplemental Security Income

10a. Does anyone in this family now receive the "Supplemental Security Income" or "SSI" check? ☐Yes ☐No (11) ☐DK		
b. Does — — now receive this check?	10b.	1☐Yes 2☐No 9☐DK 60

A. Objective

The "Supplemental Security Income" program provides monthly checks to low income, blind, and disabled persons. This program takes the place of programs formerly known as Old Age Assistance (OAA), Aid to the Blind (AB), and Aid to the Totally and Permanently Disabled (ATPD). Information about persons receiving these benefits will facilitate more efficient planning and implementation of the program.

B. Instruction

In determining persons receiving "SSI," it is not necessary to identify the "family unit" as is done in question 9 (AFDC). Mark the "Yes" box(es) only for the person(s) who receives the check.

(11)–(12) (11)–(12)

Questions 11 and 12, Medicaid Coverage

11a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called (name).) During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or (name))? ☐Yes ☐No (12) ☐DK		
b. Has — — received this care in the past 12 months?	11b.	1☐Yes 2☐No 9☐DK 61
12a. Does anyone in the family now have a Medicaid (or (name)) card which looks like this? *Show Medicaid card(s)* ☐Yes ☐No (13) ☐DK		
b. Does — — now have this card?	12b.	1☐Yes 2☐No 9☐DK 62
Ask for each person with "Yes" in 12b c. May I please see — — (and — —) card(s)? *Mark appropriate box(es) in person's column*	c.	☐Medicaid card seen 1☐Current 2☐Expired 3☐No card seen 8☐Other card seen *Specify* 63

A. Objective

These questions determine which persons in the household are eligible for or have received Medicaid benefits during the past 12 months. This information is useful to Medicaid program planners.

B. Instructions

1. Since Medicaid is known by a different name in certain states, you must provide the respondent with the name of the program in the appropriate state. Include the parenthetical sentence in 11a and also the parenthetical phrase at the end of the question when you are interviewing in one of these states. Insert that state's name for the program from the list on page 13 of your Flashcard Booklet. For example, when asking question 11a in California, you would say, "In this state it is also called Medi-cal." Then read the question, "During the past 12 months, ...paid for by Medicaid or Medi-cal?"

2. Some states have assistance programs that pay the premium on a private health insurance plan for an eligible person/family instead of paying direct medical costs. If a respondent indicates in any way that this is the situation, probe to determine if this was the only assistance provided by Medicaid during the past 12 months. If it was, mark question 11a "No" since paying health insurance premiums is not considered paying for "health care." If no plans were recorded in Table H.I., correct question 4a, record the plan in Table H.I., and complete questions 5-7, M1 and 8 to reflect this plan.

3. Ask question 12 regardless of the answers to question 11, using both "Medicaid" and the state name for the program (if applicable) in 12a. Show the respondent the sample Medicaid Card(s) for the state in which you are interviewing.

   NOTE: Arizona has no Medicaid program. Mark question 12a "No" without asking. However, you must still ask question 11 since care may have been received in or through a state with Medicaid.

4. If the state in which you are interviewing uses more than one type of Medicaid card, be sure you show them all to the respondent. It may be helpful to put them inside a plastic cover to be seen together if your office has not done so.

5. In some states persons participating in certain health care programs may have cards which identify them as being eligible for Medicaid but are different from the card(s) you show them. If a person has such a card, consider this a "Yes" response to 12a.

6. Ask 12c for all persons with the "Yes" box marked in question 12b. Insert the names of all these persons so that the respondent needs to make only one trip to get the cards.

   a. If you are shown a Medicaid card the same as your sample card(s), mark the "Medicaid card seen" box in 12c in that person's column. If more than one person is listed on a Medicaid card, mark the appropriate boxes in 12b and c for each person listed. Refer to the expiration date on the Medicaid card and also mark "Current" or "Expired" based on the date of interview. A card is considered "current" until the end of the day listed, or through the last day of the month listed if no day is specified. Mark the "Expired" box if the date or month on the card has passed.

   b. Mark the "No card seen" box if the respondent does not show you a card for a person with "Yes" marked in 12b.

   c. If you are shown a card that is different from your sample card(s), but which indicates that the person is or was covered by Medicaid in the state in which this family now resides, mark the "Medicaid card seen" box.

   d. If you are shown a Medicaid card from a state other than the one in which this family now resides, mark the "Other card seen" box. Also mark this box if the card you are shown is not a Medicaid card AND does not show eligibility for Medicaid. Do not ask again for a Medicaid card. Be sure to specify the type of card and expiration date, if any, whenever the "Other card seen" box is marked.

(13) (13)

Question 13, Other Public Assistance Programs

13a. Is anyone in the family now covered by any other public assistance program that pays for health care? ☐ Yes ☐ No (14) ☐ DK		
b. Is — — now covered?	13b.	1 ☐ Yes 2 ☐ No 9 ☐ DK 64

A. Objective

This question obtains data on persons covered by other public assistance programs, such as welfare, which may provide health care benefits in certain cases.

B. Instructions

1. If the respondent reports more than one type of public assistance program, mark the "Yes" box in 13b for each family member who is covered by one or more of these programs.

2. Do NOT include church sponsored or "charitable foundations," such as Shriner's Children's Hospitals, American Cancer Society, Arthritis Foundation, etc., as public assistance programs, if this information is volunteered.

(14) (14)

Question 14, Military Retirement Payments and Pensions

14a. Does anyone in the family now receive military retirement payments from any branch of the Armed Forces or a pension from the Veterans' Administration? Do not include VA disability compensation. ☐ Yes ☐ No (15) ☐ DK		
b. Does — — now receive military retirement or a VA pension?	14b.	1 ☐ Yes 2 ☐ No 9 ☐ DK 65
Ask for each person with "Yes" in 14b. c. Which does — — receive — the Armed Forces retirement, the VA pension or both?	c.	1 ☐ Armed Forces 2 ☐ VA 3 ☐ Both 66

Definitions

1. Military retirement payments--Payments made by the Federal government to persons who retired from the military after 20 or more years of service (sometimes called "career" soldiers/sailors/etc.) or their survivors.

2. Pensions from the Veterans Administration, as distinguished from military retirement payments, are based on need, number of dependents, and nonservice connected disabilities or age.

(15) (15)

Question 15, CHAMPUS, CHAMP-VA

15a. Is anyone in the family now covered by CHAMPUS, which is a program of medical care for dependents of military personnel? ☐ Yes ☐ No (15c) ☐ DK		
b. Is — — now covered by CHAMPUS?	15b.	1 ☐ Yes 2 ☐ No 9 ☐ DK 67
c. Is anyone in the family now covered by CHAMP-VA, which is medical insurance for dependents or survivors of disabled veterans? ☐ Yes ☐ No (16) ☐ DK		
d. Is — — now covered by CHAMP-VA?	d.	1 ☐ Yes 2 ☐ No 9 ☐ DK 68

Definitions

1. CHAMPUS (Civilian Health and Medical Program for the Uniformed Services)--This program provides health care for dependents of military personnel on active duty or retired for reasons other than disability.

2. CHAMP-VA (pronounced "champ V-A," the Civilian Health and Medical Program of the Veteráns Administration)--This program provides medical care for the spouse, dependents, or survivors of a veteran who had a total disability, permanent in nature, resulting from a service-connected disability.

(16) (16)

Question 16, Other Military Programs

16a. Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons? ☐ Yes ☐ No (M2) ☐ DK		
b. Is — — now covered?	16b.	1 ☐ Yes 2 ☐ No 9 ☐ DK 69

Instruction

Include any other military health programs such as g and h on page D15-3, that provide health care for military dependents or survivors.

Check Item M2 and Question 17, Armed Forces Disability

M2/17

M2	*Refer to "AF" box above person's column.*	M2	1 ☐ AF box marked *(17)* 8 ☐ Other *(NP)*	70
17a. Does -- have a disability related to -- service in the Armed Forces of the United States?		17a.	1 ☐ Yes 2 ☐ No *(NP)*	71
b. Does -- now receive compensation for this disability from the Veterans' Administration?		b.	1 ☐ Yes *(NP)* 2 ☐ No	72
c. Has -- ever applied for a service-connected disability rating from the Veterans' Administration?		c.	1 ☐ Yes 8 ☐ DK *(NP)* 2 ☐ No *(NP)*	73
d. Was it approved or denied?		d.	1 ☐ Approved 3 ☐ Pending 2 ☐ Denied 8 ☐ DK	74

A. Definitions

1. Service-related disability--A disability caused by injury or illness which was incurred while in, or aggravated by, active duty service in the Armed Forces of the United States.

2. Disability compensation--Veterans who qualify for disability compensation are entitled to receive monthly payments which vary in amount depending upon the degree of disability.

B. Instructions

1. Refer to the "AF" (Armed Forces) box above each person's column when marking check item M2.

2. Mark "Yes" in 17c if the person applied for the disability rating or if it is volunteered the application was made by someone else for the person, for example, a family member, physician, lawyer, friend, doctor, etc.

Question 18, Laid Off or Lost Job

18a. During the past 12 months, that is since *(12-month date)* a year ago, have *(read names of related HH members 18 or over)* been laid off from a job or lost a job? ☐ Yes ☐ No *(Supplement Booklet)* ☐ DK *(Supplement Booklet)*		
b. Who was this? *Mark "Laid off/lost job" box in person's column.*	18b.	1 ☐ Laid off/lost job — 75
c. Anyone else? ☐ Yes *(Reask 18b and c)* ☐ No		
Ask 18d, e, and f for each person with "Laid off/lost job" in 18b. d. How many times has — — been laid off or lost a job during the past 12 months?	d.	_____ Times — 76
e. In what month and year was — — laid off or did — — lose a job ([the last time/the time before that])?	e.	Mo. Yr. 19___ Time 1 — 77–80 Mo. Yr. 19___ Time 2 — 81–84 Mo. Yr. 19___ Time 3 — 85–88
f. For ANYTIME during [that/those] job layoff(s) or job loss(es), did — — receive unemployment insurance benefits?	f.	1 ☐ Yes 2 ☐ No — 89

A. Definitions

1. Job--See page D7-4 for the definition of "Job."

2. Laid off--Waiting to be called back to a job from which a person has been temporarily laid off or furloughed. Layoffs can be due to slack work, plant retooling or remodeling, inventory taking, and the like. Do not consider a person who was not working because of a labor dispute at his/her own place of employment as being laid off.

3. Lost a job--This does not include voluntary separations, such as quitting, retirement, etc. Do include, however, persons who indicate that they have been fired or terminated, or who were forced out of business, such as through bankruptcy or legal actions; or who completed a temporary job or whose services were no longer required, such as persons on call or assigned jobs through a union or other register.

B. Instructions

1. When asking these questions, it is not necessary to differentiate between a job layoff and a job loss.

2. Insert the "12-month date" from item A1 on the HIS-1 when asking question 18a. Include the names of all related household members who are 18 years old or over for the second parenthetical in 18a. When multiple names are used, be sure to insert the word "or" before the final name, for example, "... have you, Mrs. Williams, or John been laid off from a job or lost a job?" Using the word "and" implies that we are asking if all of these persons were laid off or lost a job rather than any one of them.

3. Ask 18d-f for each person with the "Laid off/lost job" box marked to determine the number of times during the 12-month reference period that the person was laid off or lost a job. If the person was laid off, returned to work and later was laid off again or lost a job, count this as two events in 18d. However, if the person was notified while on layoff that the job no longer existed, or that he/she permanently lost the job, count this as one event.

If questions arise, include each "temporary" layoff or job loss of any duration as a separate event.

4. Ask 18e separately for each job layoff or job loss recorded in 18d to determine in what month and year the layoff/loss occurred. Disregard the parenthetical when asking 18e if only one layoff/loss is recorded in 18d and enter the response in the "Time 1" box. If more than one layoff/loss is recorded in 18d, include the parenthetical phrase "the last time" when first asking 18e and record the response in the "Time 1" box. For each subsequent layoff/loss for that person, include the parenthetical phrase "the time before that" when asking 18e and record the response in the "Time 2" or "Time 3" box, as appropriate. If more than three layoffs/losses are recorded in 18d, it is not necessary to obtain the month and year for those in excess of 3.

5. Ask 18f to determine if anyone who was laid off or lost a job during the past 12 months received unemployment insurance benefits for any of that time.

   - This includes unemployment compensation insurance administered by the states, as well as special unemployment compensation paid by unions or other groups.

   - It does not include severance pay even though it may be paid periodically rather than in a lump sum.

6. If you learn while asking any part of this question that a job layoff or loss occurred prior to the reference date, even if it continued into the 12-month reference period, do not include this as being laid off or losing a job. Make all appropriate corrections--that is:

   - correct the number of times in 18d;

   - correct 18c, if appropriate;

   - correct 18b if this was the only layoff/loss for that person; and,

   - correct 18a if this was the only layoff/loss for the family.

(19) Question 19. Lost Coverage Due to Job Layoff/Loss (19)

19a. Because of *(names of persons in 18b)* job layoff(s) or job loss(es), did anyone in the family lose any health insurance coverage that had been carried through [that/those] job(s)? ☐ Yes ☐ No *(Supplement Booklet)* ☐ DK *(Supplement Booklet)*

b. Who was this?

Mark "Lost coverage" box in person's column.

19b. 1 ☐ Lost coverage 90

c. Anyone else? ☐ Yes *(Reask 19b and c)* ☐ No

A. Objective

This question focuses on the impact of any of the reported job layoffs/losses on each family member's health insurance coverage carried through any of those jobs.

B. Instructions

1. Insert the names of all persons with the "Laid off/lost job" box marked in 18b when asking 19a. When multiple names are inserted, be sure to use the word "or" before the final name, for example, "Because of John's, Clyde's or Mary's job layoff or job loss..." If only one person has the "Laid off/lost job" box marked in 18b AND there is only one time recorded in 18d, use the word "that" in brackets when asking 19a. If the "Laid off/lost job" box is marked for more than one person OR if more than one time is recorded in 18d for a person, use the word "those" when asking 19a.

2. Since this question is concerned with the impact of any of the job layoffs/losses on each family member's health insurance coverage carried through any of those jobs, mark "Yes" in 19a even if the person was still covered during that time by a plan carried through another family member who was neither laid off nor lost a job. For example, both person number 1 and person number 2 had health insurance plans under which all family members were covered. When person number 2 lost his/her job two months ago, all family members lost the coverage that was carried on that policy; therefore, mark "Yes" in 19a even though they were still covered by person number 1's policy.

   The loss of a job does not necessarily mean the health insurance carried through that job will be lost. For example, there may be an extension coverage clause in the policy that keeps the coverage in effect for a certain period of time subsequent to the job layoff/loss. In these cases, do not include persons if they are still covered by the extension clause. However, do include persons who had job related coverage which was converted to an individual (that is, non-group) policy after the job layoff/loss. For example, mark "Yes" if a person lost job-related coverage, but began paying for it him/herself.

3. Do not consider health insurance carried through or provided by a union or some other group who was not the specific employer from which the job was lost. Unless the insurance was provided through the employer, the response to question 19a should be "No" since there was no job related insurance to lose.

M3 Check Item M3, Lost Coverage M3

M3	Refer to 19b and mark appropriate box.	M3	1 ☐ Lost coverage (20) 2 ☐ Did not lose coverage (NP)	91

Instruction

Refer to the "Lost coverage" box in question 19b for each person and mark the appropriate box. For each person who lost coverage due to a job layoff or loss, ask question 20.

20 Question 20, Other Health Insurance Coverage 20

20a. For ANYTIME during [that/those] job layoff(s) or job loss(es), was — — without any type of health insurance coverage? (Do not include health care programs, such as Medicaid, AFDC, or military benefit programs, as health insurance coverage.)	20a.	1 ☐ Yes 2 ☐ No (21)	92
b. For how long was — — without some type of health insurance coverage? (How many months is that?)	b.	00 ☐ Less than 1 month _____ Months	93–94

A. Objective

This question determines if anyone who lost coverage resulting from a job layoff/loss was without any type of coverage (except for federal, state, or local government sponsored programs) during any of that (those) period(s).

B. Instructions

1. Do not include in question 20a or b any type of health care benefits obtained through a federal, state, or local government sponsored program, such as Medicaid, AFDC, or military benefit programs.

2. Use the word "that" in brackets and omit the parentheticals when asking 20a if only one person in the family has the "Laid off/lost job" box marked in 18b AND there is only one time recorded in 18d. If the "Laid off/lost job" box is marked for more than one person OR if more than one time is recorded in 18d for a person, use the word "those" in brackets and include the parentheticals. Read the statement in braces the first time this question is asked and at any other time you believe it's necessary.

3. Mark "No" in 20a if the person was never without some type of coverage. For example, when person number 1 lost his/her job, all persons in the family lost the coverage carried through that job; however, a new health insurance policy was purchased and became effective the day the other was lost. Since these persons were never without <u>some</u> type of health insurance, mark "No" in 20a.

4. If a person reports being without any type of coverage for anytime during that/those job layoff(s) or loss(es), mark "Yes" in 20a and ask 20b. For example, a person lost his/her job six months ago and lost his/her only health insurance coverage carried through that job at the same time. In this case, mark "Yes" in 20a since the person was without coverage.

5. Ask question 20b to determine how long the person was without coverage. If the response is less than one month, mark that box. If the response is one month or more, enter the verbatim response, including fractions, on the "Months" line.
NOTE: This is the <u>total</u> time the person was without any type of coverage during the job layoff/loss period(s) during the past 12 months, not just the last time. For example, if a person was without coverage three times, for two months each time, enter "6" on the "Months" line.

6. If when asked question 20, the respondent indicates that a person didn't actually lose coverage because the policy contained an extension clause which remained in effect, do <u>not</u> include this in question 20. Make all appropriate corrections to questions 19a, b, and/or c, and M3.

7. Use the parenthetical probe printed on the questionnaire if the response to 20b is unclear. For example, if the response is "Since I was laid off," ask the probe question.

(21) Question 21. Other Health Care Programs (21)

21a. For ANYTIME during [that/those] job layoff(s) or job loss(es), was — — covered by any health care program, such as Medicaid, AFDC, or a military benefit program?	21a.	1 ☐ Yes 2 ☐ No (NP) 95
b. For how long was — — covered by some health care program? (How many months is that?)	b.	00 ☐ Less than 1 month 96–97 ____ Months

A. Objective

This question determines if anyone who lost coverage resulting from a job layoff/loss was covered by a federal, state, or local government sponsored health care program at any time during that (those) period(s).

B. Definition

Health Care Program--a federal, state, or local government sponsored program. Medicaid, AFDC, and military benefit programs are the usual sources of this type of health care coverage.

C. Instructions

1. Use the word "that" in brackets and omit the parentheticals when asking 21a if only one person in the family has the "Laid off/lost job" box marked in 18b AND there is only one time recorded in 18d. If the "Laid off/lost job" box is marked for more than one person OR if more than one time is recorded in 18d for a person, use the word "those" in brackets and include the parentheticals when asking 21a.

2. Ask question 21b to determine how long the person was covered by some health care program. If the response is less than one month mark that box in 21b. If the response is one month or longer, enter the verbatim response, including fractions, on the "Months" line. NOTE: This is the total time the person was covered by some health care program during the job layoff/loss period(s) during the past 12 months, not just the last time.

3. Use the parenthetical probe printed on the questionnaire if the response to 21b is unclear. For example, if the response is "Ever since the plant closed," ask the probe question.

CHAPTER 16. SUPPLEMENT BOOKLET HIS-1(SB)

A. Overall Objective

The 1986 HIS Supplement Booklet contains supplements to obtain information on Longest Job Worked, Dental Health, Functional Limitations, and Vitamin and Mineral Intake.

B. General Instructions

1. When to Complete a Supplement Booklet

Complete a separate booklet for each interviewed family unit as reported on the HIS-1. Conduct the supplement after completing the HIS-1, including Section M, for the family.

2. When to Use Additional Supplement Booklets

The number of supplement booklets used in a household will depend on household composition and vitamin/mineral usage. Additional booklets will be needed when:

a. There are unrelated persons.

b. There are more than 5 persons in the family.

c. There are more than 2 persons 65+ in the family.

d. There are more than 3 vitamin, mineral or fluoride products reported for the sample child.

e. There are more than 6 vitamin, mineral, or fluoride products reported for the sample adult.

3. Interviewer Check Items and Verification

Some interviewer check items and/or questions refer to earlier answers in order to complete them. Directions are given that refer to the appropriate item. Use regular verification procedures if you are sure you remember the original response. If in doubt, ask the question as worded.

4. Symbols and Print Type

The design conventions used throughout the HIS-1(SB) are the same as those used for the HIS-1 questionnaire (see Chapter D2).

5. Reference Dates

Use the reference dates, as appropriate, entered in item A1 of the HIS-1 even if all or part of the supplement is conducted in a later week.

6. Correcting the HIS-1

Do NOT make ANY changes to the HIS-1 because of information received while completing the supplement booklet. If inconsistencies are detected, footnote them on the supplement.

7. Correcting Supplement Sections

Refer to E1-18 for instructions on how to make these corrections.

8. Transmittal of Supplement Booklets

Insert the HIS-1(SB) between pages 2 and 3 of the first corresponding HIS-1 completed for the family. Before transmitting the forms to the office, verify that the supplement booklet(s) has been included for every interviewed family.

C. Respondent Rules

1. Complete the HIS-1(SB) through N, O, and Section Q for the sample child with the household respondent. See page D16-23 for Section P respondent rules.

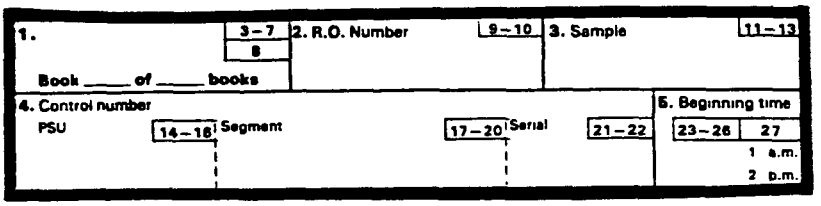
2. Complete the adult sample person part of Section Q with the sample adult. If the adult sample person is unavailable during your initial visit, a telephone call or return visit must be made to obtain this information (see D16-46).

COVER PAGE

Overall Objective

The purpose of the Cover Page is to record identifying information and interview status information which will link the supplement booklet with the HIS-1 filled for the same household.

(1)-(5) Items 1 through 5, Identification and Beginning Time (1)-(5)



Instructions

1. Use similar procedures for completing the "Book __ of __ books" item as used for item 1 on the HIS-1 to indicate how many booklets were completed for this household. These items will not necessarily agree since additional supplement booklets are sometimes filled for different reasons than are HIS-1 questionnaires.

2. Transcribe items 2 through 4, control information, from the Household Page of the HIS-1 before beginning the supplement interview in each household. This will ensure that supplement booklets match their corresponding HIS-1 questionnaires during your edit and during processing.

3. Enter the beginning time for the Supplement Booklet in item 5 using 2 digits each for the hour and minutes. For example, "09:12" for 12 minutes after 9 o'clock. Circle "AM" or "PM", as appropriate. This item represents only the beginning time for the supplement booklet at the initial interview. Record callback times in item 17 of the HIS-1.

(6)-(8) Items 6, 7, and 8, Vitamin and Mineral Intake Sample Selection (6)-(8)

6. Are there any nondeleted children 2–6 years old in this family?	1 ☐ Yes *(List by age (oldest to youngest) in Table A, THEN 7)* 2 ☐ No *(7)*	28
7. Are there any nondeleted persons 18+ years old in this family?	1 ☐ Yes *(List by age (oldest to youngest) in Table B)* 2 ☐ No	29

8.

TABLE A (2–6 year olds)				TABLE B (18+)			
Line No.	Person No.	Name	Age	Line No.	Person No.	Name	Age
30	31–32		33–34	35	36–37		38–39
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			

Refer to the appropriate sections of the sample person selection label and circle as applicable. THEN circle Person No. in TABLE A and/or TABLE B and mark the "SP" box(es) on the HIS-1 for the selected sample person(s). THEN go to Section N.

A. Objective

The Supplement Booklet consists of two sample person sections, one for children aged 2 to 6, the other for adults aged 18 and over. Items 6, 7, and 8 enable you to list applicable family members in age order so that you may select the appropriate sample person and enter the person number correctly.

B. Instructions

1. To select the sample persons, first complete items 6 and 7 by referring to the Household Composition page of the HIS-1.

   a. Item 6 is designed to determine if there are nondeleted children aged 2 through 6 in the family. If there are, mark "Yes" and list all nondeleted children in this age group, oldest to youngest, in Table A of item 8. Also enter the person numbers and ages. Then go to item 7.

   b. Item 7 is designed to determine if there are nondeleted persons aged 18 and over in the family. If there are, mark "Yes" and list all nondeleted persons in this age group, oldest to youngest, in Table B of item 8. Also enter the person numbers and ages.

2. Note that the order of listing in item 8, Table A or B, may not be the order in which persons are listed on the Household Composition Page. Complete the tables in the specified order: do NOT change the HIS-1.

3. If a person refused the age item at the start of the interview, say something like, "I need your age so that I can list the family members in the correct order". If the age is still refused, use your best estimate, or ask if the person is older or younger than other persons in the household and then list them as accurately as possible.

4. In the case of twins, triplets, etc., assume the order they are listed on the questionnaire is the rank order by age. For example, the first one listed would be considered the oldest, and so on.

5. Only the person's first name is necessary. If, however, the first name was an initial, include the middle name also, such as "J. Frank."

SP

Selecting the Sample Person

SP

```
        1986 NHIS

FAM MEM 2-6: 1 2 3 4 5 6 7 8 9+
SELECT THE   1 2 3 4 4 6 3 7 2

FAM MEM 18+: 1 2 3 4 5 6 7 8 9+
SELECT THE   1 1 3 3 5 4 6 5 2
```

Instructions

1. On the HIS-1 questionnaires prepared for interview by the regional office there will be a label affixed to the Household Composition Page in the Footnotes space to indicate which person(s) to select as the sample person(s).

   Notice there are 2 lines for children aged 2-6 and 2 lines for persons 18+ on the same label.

   a. To select the sample person in the 2-6 age group, refer to Table A of the Cover Page. Count the number of persons listed there. Circle the number on the first line of the label which corresponds to that number and the number on the "Select the:" line which appears below the number on the first line.

   b. To select the sample person in the 18+ age group, refer to Table B. Count the number of persons listed there. Circle the number on the third line of the label which corresponds to that number and the number on the "Select the" line which appears below the number on the third line.

SP Selecting the Sample Person (Continued) SP

c. The numbers on the "Select the:" line of the label refer to the ranked order of persons by age and correspond to the "Line No." in the Tables. They do not refer to person or column numbers. "1" on the label means the oldest (line 1), "2" the next oldest (line 2), "3" the third oldest (line 3), etc. These line numbers may help to verify that you have selected the correct person. For example, if "2" is circled on the second line of the label, the sample child should be listed on line 2 of Table A.

For example, the following family members are listed in Tables A and B:

8. TABLE A (2–6 year olds)				TABLE B (18+)			
Line No.	Person No.	Name	Age	Line No.	Person No.	Name	Age
30	31–32		33–34	35	36–37		38–39
1	4	Susan	6	1	1	James	42
2	5	Leonard	4	2	2	mary	41
3				3	3	John	18

Assuming that the label below is affixed to the questionnaire for this family unit, you would select the oldest child, person 4 - Susan, as the sample child and the second oldest adult, person 2 - Mary as the sample adult.

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FAM MEM 2-6: 1 2 3 4 5 6 7 8 9+
SELECT THE 1 1 2 1 1 6 2 5 1

FAM MEM 18+: 1 2 3 4 5 6 7 8 9+
SELECT THE 1 1 2 2 3 5 4 4 9

d. Circle the <u>person's number</u> in Table A and/or B and mark the "SP" box above the appropriate column(s) on the HIS-1 for the selected sample person(s).

e. If there are more than nine persons in either group, list only the first 9, that is, the 9 oldest, in Table A or B. Use the "9+" column on the "Family members 2-6" line or the "Family members 18+" line, as appropriate, to select the sample person.

2. For households containing more than one family unit, after completing the HIS-1 questionnaire and the supplements for the first family unit, complete a separate HIS-1 questionnaire and supplement booklet for the second family unit. Affix a label from your supply to the additional HIS-1 questionnaire, to select the sample person(s) for the second family unit.

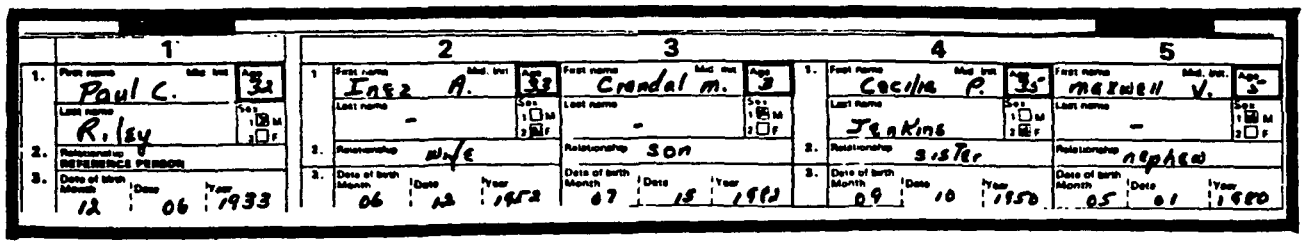
3. If you use more than one questionnaire to record more than 5 household members, who are all related to each other, do not affix a label from your supply to the additional questionnaire(s). Use the label on the original questionnaire to select the sample person(s).

   However, if you have to prepare a separate questionnaire for persons or groups of persons <u>unrelated</u> to the reference person, affix a label from your supply, to that HIS-1 questionnaire and use it to select the sample person(s) for that group.

4. For EXTRA units and units you add to the listing sheet, which are designated for the current HIS sample, take a label from your supply and affix it to the HIS-1 questionnaire you prepare for the unit to select the sample person(s) in that unit.

5. If there is no label on a questionnaire, take one from the supply your office has sent you and affix it to the HIS-1 questionnaire. In your supply, you will receive a sheet of 24 labels, eight labels to a column, three columns. When selecting a label for an unlabeled questionnaire, always start with the left most column at the top of the sheet and go down the column until all labels in that column have been used. Then, start with the center column and do the same, followed by the right-most column. Call your office for a new sheet of labels when your sheet gets below six (6) labels.

6a. Remember that the "Select the:" line on the label pertains to the rank by age, that is, the oldest = 1, next oldest = 2, etc., as long as they are related. Even if the persons are not listed on the HIS-1 in descending order by age, you must enter them in order of age when you completed the Tables. For example, the following household members are listed on the HIS-1:



SP

SP

Selecting the Sample Person (Continued)

b. In Tables A and B, you would enter:

8. TABLE A (2–6 year olds)				TABLE B (18-)			
Line No.	Person No	Name	Age	Line No.	Person No.	Name	Age
30	31–32		33–34	35	36–37		38–39
1	5	maxwell	5	1	4	Cecilia	35
2	3	Crandal	3	2	2	Inez	33
3				3	1	Paul	32
4				4			

c. Using the label below, there are two children and three adults in the family and you are to select Crandal since he is the second oldest child and Paul since he is the third oldest adult.

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FAM MEM 2-6: 1 2 3 4 5 6 7 8 9+
SELECT THE 1 2 2 2 5 6 1 6 5

FAM MEM 18+: 1 2 3 4 5 6 7 8 9+
SELECT THE 1 1 3 1 1 1 1 5 3

Remember to circle these <u>person numbers</u> in item 8 (Tables A and B) and mark the "SP" boxes for these persons on the HIS-1. Do NOT circle the "line no." in the tables.

Item 9, Final Status of Supplements

9

9. FINAL STATUS OF SUPPLEMENTS

a. Sections N and O (Household Respondent Section) — 40

Interview
- 1 ☐ Complete interview (all appropriate sections completed)
- 2 ☐ Partial interview (some but not all appropriate sections completed) *(Explain in notes)*

Noninterview
- 3 ☐ Refusal
- 8 ☐ Other

} *(Explain in notes)*

b. Section P (Eligible Person Section) — 41
- 0 ☐ No person 65+ in this family
- 1 ☐ All eligible persons interviewed
- 2 ☐ Some but not all eligible persons interviewed *(Explain in notes)*
- 3 ☐ No eligible persons interviewed *(Explain in notes)*

c. Section Q (Child Sample Person Section) — 42
- 0 ☐ No child 2–6 in this family
- 1 ☐ Interview
- 2 ☐ Noninterview *(Explain in notes)*

d. Section Q (Adult Sample Person Section) — 43
- 0 ☐ No person 18+ in this family
- 1 ☐ Interview

Noninterview
- 2 ☐ Refusal *(Explain in notes)*
- 3 ☐ SP temporarily absent
- 4 ☐ SP mentally or physically incapable
- 8 ☐ Other *(Explain in notes)*

Instructions

1. Fill each part of Item 9 to indicate the final status of various sections of the Supplement Booklet. Entries are required in all four parts even if the interview was terminated before completing any part of the HIS-1(SB).

2. Item 9a indicates the final status of Sections N and O, the household respondent section.

   a. Mark "Complete interview" if both sections are completed, <u>even if a section is not required</u>. For example, mark this box if there are no persons 25+ in the family and thus Questions 1-3 in Section N were not required.

   b. Mark "Partial interview" if one, but not both, of the required sections are completed. For example, mark this box if there are persons 25+ and the respondent refused to answer Section N, Longest job, but Section O was completed. A "DK" or "Refused" response to some items does not constitute a "Partial interview". For example, consider Section O as complete even if the respondent refuses to answer question 5 but has answered the other questions in this section.

   c. Mark the appropriate "Noninterview" box and explain the reason in the "Footnotes" section if neither of these sections were completed.

3. Item 9b indicates the final status of Section P, the Functional limitations section. This section should be completed with the eligible person but a proxy may be accepted. See page D16-24.

   a. Mark "No person 65+ in this family" if this is the case ("No persons 65+ in family" marked in item P1).

(9) Final Status of Supplements (Continued) (9)

b. Mark "All eligible persons interviewed" if all eligible persons were interviewed, either by self-response or by proxy.

c. Mark "Some but not all eligible persons interviewed" if for some reason you were able to interview some of the people but were not able to obtain the interview for all of the eligible persons. Explain the circumstances in a footnote, for example, "Person 2 TA, HH resp. refused."

d. Mark "No eligible persons interviewed" if all eligible persons were noninterview. Explain the reason in a footnote, for example, "Person 1 not at home, no proxy available on callback."

4. Item 9c indicates the final status of Section Q, the Child Sample Person section.

   a. Mark "No child 2-6 in this family" if this is the case ("No" marked in cover page item 6).

   b. Mark "Interview" if some or all required items are completed.

   c. Mark "Noninterview" if none of this section was completed and explain the reason in the "Footnotes" section.

5. Item 9d indicates the final status of Section Q, the Adult Sample Person section.

   a. Mark "No person 18+ in this family," if this is the case ("No" marked in cover page item 7).

   b. Mark "Interview" if some or all required items are completed.

   c. Mark the appropriate "Noninterview" box and explain the reason in the "Footnotes" section if the adult sample person was not interviewed.

6. If any boxes are marked in item 9 indicating a partial or noninterview, submit an INTER-COMM with a detailed explanation of the situation(s) and actions you took to try to obtain the complete interview.

(10)-(11) Items 10 and 11, Ending Time, Name and Code (10)-(11)

10. Ending time	11. Interviewer identification	
44–47 48 1 a.m. 2 p.m.	Name	Code 49–50

Instruction

Enter the supplement ending time in item 10 in the same manner as for item 5. Remember, this entry represents the ending time for the supplement at the initial interview. Then enter your name and code in item 11. Record callback ending times in item 17 of the HIS-1.

SECTION N - LONGEST JOB WORKED

Objective

The information obtained here may be more appropriate than the present job in determining the effects of a person's occupation on his/her health since a person may have held the present job for only a short time but for most of his/her life may have held a different type of job which caused a health problem or exposure to risk. For example, a person currently working as a file clerk could have been working in the asbestos industry for the major part of his working life; or vice versa, he could now hold a hazardous job that he just started.

(N1) – (N2) **Check Items N1 and N2** (N1) – (N2)

N1	*Refer to age*	N1	5 1 ☐ Under 25 *(NP)* 2 ☐ 25 + *(N2)*
N2	*Refer to HIS-1 pages 44, 45, q 6b/c.*	N2	6 1 ☐ "NEV" marked in 6b/c *(NP)* 8 ☐ All others *(1)*

Instructions

1. Refer to each person's age and mark the appropriate box in item N1.

2. Mark item N2 based on the entry in questions 6b/c of the Demographic Background Page for the person.

(1) – (3) **Questions 1 through 3, Longest Occupation/Industry Worked** (1) – (3)

READ TO RESPONDENT(S): **(Now I would like to ask about work experience.)**		7 – 9 000 ☐ Never worked *(NP)* 905 ☐ AF
1. Of all the PAID jobs or businesses — — ever had, what kind of work was — — doing the longest? *(For example, electrical engineer, stock clerk, typist, farmer.)*	1.	_____ Occupation
2. How long did — — do this kind of work?	2.	10 1 ☐ Less than 5 years 2 ☐ 5 years, less than 10 years 3 ☐ 10 years, less than 20 years 4 ☐ 20 or more years
Mark box if "AF" marked in 1 **3. What kind of business or industry did — — work in the longest as a** *(entry in 1)***?** *(For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.)*	3.	11 – 13 942 ☐ AF _____ Industry

A. Definition

Occupation/Industry - See pages D14-22 through D14-37.

B. Instructions

1a. Read the introductory statement in braces once for a family. Then ask questions 1-3 for each person 25+ who was not indicated on the HIS-1 as "Nev." Do NOT consider unpaid work in a family farm or business or volunteer work in response to question 1. If it is volunteered that the person never worked at a paid job or business (including military service), mark the "Never worked" box.

b. Enter the occupation the person worked at the longest, even though more than one employer may have been involved. For example, a person worked 5 years as a tax auditor for IRS, then worked for 7 years as a salesman for Sears and has been working again as a tax auditor for W.M. Bell for the past 4 years. This person has thus worked as a "tax auditor" for 9 years and "tax auditor" should be the entry in question 1.

c. If questions arise, or if the respondent volunteers that the longest job worked was while in the military, mark the "AF" box in question 1. Do not attempt to determine the kind of work done in the Armed Forces.

2. Mark the appropriate box in question 2 that represents the time spent at the occupation in 1. If the longest job was in the military ("AF" in question 1), question 2 refers to the length of time in the service.

3a. In question 3, enter the kind of business or industry the person worked in the longest at the occupation entered in 1. For example, for the case described in paragraph 1b above, enter "Federal Internal Revenue Service" since this is the business or industry the person worked longest as a "tax auditor".

b. Mark the "AF" box in question 3 without asking if that box is marked in question 1.

c. It may be necessary to reword the occupation when asking question 3. For example, if the entry in question 1 is "Digging Graves," ask question 3 as "What kind of business or industry did -- work in the longest as a grave digger?"

4. Probe as necessary for an adequate description of the longest occupation and the industry the same as you would for questions 6d and e on the HIS-1 Demographic Background Page.

Section O. DENTAL HEALTH

Overall Objectives

The Dental Health Supplement contains questions about visits to dentists, reasons for using dental services, use of fluoride products, and other oral health practices. Data from this supplement will enable analysts to assess the preventive care dental practices of the population in addition to learning the current public knowledge of fluoridation status. These data will help dental planners develop and target preventive care dental programs to the appropriate populations.

(1)-(2) **Questions 1 and 2, Fluoridation** (1)-(2)

Now I'm going to ask you some questions about WATER FLUORIDATION.		5–6
1. As you understand it, what is the purpose of adding FLUORIDE to the public drinking water? *Do not read answer categories, circle the ONE that best fits respondent's answer.* 1. Prevent tooth decay, protect teeth, or related response 8. Other *(Specify)* 9. Don't know	1.	1 8 9 _____ *(Specify)*
2a. Does the water that you drink at home come from a public water system or is it from another source, such as a well?	2a.	7 1 ☐ Public water system 8 ☐ Other source 9 ☐ DK
b. Does this drinking water have FLUORIDE in it?	b.	8 1 ☐ Yes 2 ☐ No 9 ☐ DK

A. Objective

Recent studies indicate there is a general decline in public knowledge of the purpose of fluoridation. This decline has resulted in fewer numbers of communities initiating efforts to realize the benefits of fluoridating their water supply. Results of these questions will permit comparison to previous data to assess the level of current public understanding on this issue.

B. Definitions

1. Fluoridated water - All water contains some fluoride; however, fluoridated water refers to water that has a level of fluoride that prevents tooth decay. This level may occur naturally or the fluoride level may be adjusted for good dental health. The effectiveness of naturally fluoridated water is identical to water that has the fluoride level adjusted.

2. Public water system - A water system supplying water to over 15 households, which is managed by a city, county, or other municipal government. It also includes a spring or cistern serving more than 15 households.

3. Other Source - Includes bottled water.

Fluoridation (Continued)

1-2

C. Instructions

1. Ask question 1 to determine which reason the respondent thinks best describes the purpose of public water fluoridation and circle the reason given. Do not read the answer categories to the respondent. Circle "1" if the reason given has any relation to dental health. Circle "8" if the reason is not related to dental health and enter the response verbatim.

2a. Ask question 2a to determine how the respondent's home drinking water is supplied.

b. Ask 2b to determine if this water supply has fluoride in it. Mark "yes" regardless of whether the respondent notes that they have either naturally fluoridated or adjusted fluoridated water.

3. A "DK" response is acceptable in question 1 or 2 and requires no further probing.

3

Question 3, 2-Week Dental Visits

3

HAND CALENDAR.
These next questions are about receiving dental care.

3a. During the 2 weeks (outlined in red on that calendar), beginning Monday *(date)* and ending this past Sunday *(date)*, did anyone in the family go to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. ☐ Yes ☐ No *(4)*

b. Who was this?
Mark "Dental visit" box in person's column.

3b. 1 ☐ Dental visit — 9

c. During those 2 weeks, did anyone else in the family go to a dentist? ☐ Yes *(Reask 3b and c)* ☐ No

Ask for each person with "Dental visit" in 3b:

d. During those 2 weeks, how many times did — go to a dentist?

d. ☐ Number of times — 10–11

A. Objective

This question determines whether anyone in the family went to the dentist during the past 2 weeks; and if so, who went and how many times.

B. Definitions

1. Dentist--A person who has been trained in the prevention, diagnosis, and treatment of diseases of the teeth and adjacent tissues. Some examples are: oral surgeon, endodontist, orthodontist, pedodontist, periodontist, prosthodontist, dental hygienist, and a dentist in a general practice.

2. Dental Visit--Include all visits for dental services except those given on a mass basis, such as screening examinations given to a group of children at school. If you are in doubt, include the visit and explain the circumstances in a footnote.

C. Instructions

1. Read the introduction above question 3 before asking 3a.

2. Ask question 3a, including the 2-week reference period. Omit the parenthetical "outlined in red on that calendar" if conducting the interview by telephone.

3. Ask question 3b to find out which persons in the family visited a dentist during the 2-week reference period. Mark the "Dental visit" box(es) only for the person(s) who went to the dentist for their own examination or treatment during this period. For example, if a mother took her child to the dentist for treatment or examination, mark the box in the child's column only, not the mother's column.

4. Ask question 3c to remind the respondent to report any other persons who visited a dentist during the past 2 weeks. Mark "No" without asking if all family members were accounted for in 3b.

5. Ask question 3d separately for each person with the "Dental visit" box marked in 3b to determine the total number of times each person went to a dentist during the 2-week period.

6. If the response to 3a or 3c is "DK", enter "DK person ___" in a footnote. For example, if the respondent says "I didn't, but I don't know about my wife", mark "no" in 3a and footnote "3a - DK person # 2."

7. Special Situations

   Do not probe, but if the respondent reports the information or raises a question, use the following procedures:

   a. Two or more dentists seen on same visit--if two or more dentists are seen on the same visit, each dentist seen counts as a separate visit. Explain any situations of this type in a footnote.

   b. Dentist(s) and assistant(s) seen on same visit--a visit in which the person sees both a dentist and one or more assistants who work under this dentist's supervision should be counted as only one dental visit. For example, if the person sees a dental hygienist and then the dentist who supervises the hygienist, count this as one visit. If, however, the person sees both a dentist and a dental hygienist supervised by a different dentist, count this as two visits.

   c. More than one assistant seen on same visit--when the person sees more than one assistant on the same visit, count a separate visit for each assistant seen who works under the supervision of a different dentist. If each of the assistants seen on the same visit works under the supervision of the same dentist, count this as only one visit.

   d. Two or more visits for continuation of same treatment--count each visit. For example, if the person visits the dentist twice in the 2-week reference period for root canal therapy on the same tooth, count this as two visits.

(4) **Question 4, Frequency of Visits** (4)

Mark box if under two years old.		12–14
4a. During the past 12 months (that is, since *(12-month date)* a year ago), how many visits did — — make to a dentist? (Include the *(Number in 3d)* visit(s) you already told me about.)	4a.	999 ☐ Under 2 *(NP)* _____ Visits 000 ☐ None
Mark "2-week dental visit" box in person's column if visit(s) reported in 3d.		15
b. How long has it been since — — LAST went to a dentist?	b.	1 ☐ Past 2 weeks not reported *(Mark 3b, ask 3d)* 2 ☐ 2-week dental visit 3 ☐ Over 2 weeks, less than 6 months 4 ☐ 6 months, less than 1 year 5 ☐ 1 year, less than 2 years 6 ☐ 2 years, less than 5 years 7 ☐ 5 years or more 0 ☐ Never

A. Objective

This question determines the number of visits made to the dentist and the time interval since the last visit.

B. Definition

Dentist/Dental Visit--Refer to the definitions on page D16-13.

C. Instructions

1. Mark the "Under 2" box for children under 2 years old, even if visits were reported for them in question 3.

2a. Insert the "12-month date" from item A1 on the HIS-1 the first time question 4a is asked and at any other time you feel it is necessary. If any 2-week dental visits have been reported for this person, also read the parenthetical statement following the question, inserting the number of visits previously reported in question 3d.

b. Count each visit as a separate visit even if treatment is a continuation from a previous visit. For example, some respondents may have two or three visits for fillings or other work as the result of one checkup and may want to report this as only one visit. If this information is known to you, verify the number of different visits and record the TOTAL number of visits.

3a. Ask question 4b for all persons 2 years old and older who have not reported "2-week dental visits" in question 3d. If the person has reported visits during the past 2 weeks, mark the "2-week dental visit" box (box 2) for that person without asking.

b. Past 2 weeks not reported--mark box 1 if at this point the respondent first reports a visit during the 2-week reference period. Then:

1) if necessary, go to 3a and change the "No" box to "Yes,"

2) mark the "Dental visit" box in 3b for that person,

3) reask 3d for that person (do not ask or reask 3c),

4) reask 4a for that person, and

5) mark the "2-week dental visit" box in 4b. Entries in both boxes 1 and 2 in 4b are acceptable.

(01) – (5) Check Item 01 and Question 5, Reason for Last Dental Visit (01) – (5)

01	*Refer to 4b.*	01	16 1 ☐ Less than 2 years in 4b *(5)* 8 ☐ Other *(NP)*
	(Some people go to the dentist because they think they have a problem; other people go to the dentist for a check-up or to have their teeth cleaned. Sometimes when people go for a check-up the dentist discovers a problem that needs to be treated.) **5. What was the MAIN REASON — — last went to the dentist?** *Do not read answer categories, circle the ONE main reason.* 1. Went in on own for check-up, examination or cleaning. 2. Was called in by the dentist for check-up, examination or cleaning. 3. Something was wrong, bothering or hurting — —. 4 Went for treatment of a condition that dentist discovered at earlier check-up or examination. 8. Other *(Specify)* 9. Don't know	5.	17–18 1 2 3 4 8 7 8 *(Specify)*

A. Objective

This question is designed to determine the reason the person last went to the dentist - for preventive care, a check up or cleaning, because there was a problem, or for some other reason. It also determines whether the person went on his/her own or was called in by the dentist.

B. Instructions

1. Mark check item 01 based on the entry in 4b. "Less than 2 years" includes boxes 2-5 in 4b.

2. Read the introductory statement the first time you ask question 5 in the family.

3. Ask question 5 if box 1 is marked in 01 and circle the number in the person's column that describes why the person last visited the dentist.

4. Do not read the answer categories to the respondent. Circle the ONE reason that BEST describes the reason for the visit. If more than one reason is given, reask 5 to determine the MAIN reason. If the response does not fit choices 1-4, circle 8 and enter the response verbatim. However, if the response is "check-up", "examination," or "cleaning," probe to determine whether the person went on his own, or if the dentist called the person in for this procedure and circle 1 or 2, as appropriate.

(6) Question 6, Loss of Teeth (6)

6a. Is there anyone in the family who has lost ALL of his or her natural teeth? ☐ Yes ☐ No (7)		
b. Who is this? *Mark "Lost all teeth" box in person's column.*	6b.	19 1 ☐ Lost all teeth
c. Anyone else? ☐ Yes *(Reask 6b and c)* ☐ No		

A. Objective

Question 6 measures the number of persons who have lost all their teeth. The loss of teeth may reflect both the prevalence of dental problems and the success or failure in the delivery of dental services.

B. Definition

Loss of All Teeth--person must not have any natural teeth, for reasons such as pulled, fallen out, never came in, etc. Do not consider capped teeth as lost teeth. Also, do not include infants and children who do not yet have any teeth.

C. Instruction

Ask questions 6a-c in the same manner as other similar questions, to identify the persons in the family who have "lost" all their teeth. These persons may or may not wear dentures (false teeth).

(02)-(7) Check Item 02 and Question 7, Use of Dental Products (02)-(7)

02	*Refer to 6b for all family members.*	02	20 1 ☐ "Lost all teeth" marked in 6b for all family members *(Section P)* 8 ☐ Other *(7)*
Do not ask for persons with "Lost all teeth" in 6b. 7a. (Now I am going to ask about some things that people may be doing to take care of their teeth.) What does — — use when — — brushes — — teeth — toothpaste, tooth powder, or something else?		7a.	21 1 ☐ Toothpaste *(7b)* 8 ☐ Other 7 _____ *(Specify)* *(NP)*
b. What brand did — — use most often during the past two weeks? *Do not read answer categories, circle ONE brand.* 1. Crest 2. Crest Tartar Control 3. Colgate 4. Dentagard 5. Aquafresh 6. Aim 8. Other *(Specify)* 9. Don't know		b.	22-23 1 2 3 4 5 6 8 7 9 _____ *(Specify)*

A. Objective

This question will determine what types of products are used to brush teeth. Not all dentifrices have demonstrated the same effectiveness. Some are marketed for specific purposes, such as to reduce sensitivity, to reduce plaque, or to improve appearance. While brand names are not specifically of value, they are an aid in categorizing products by effectiveness and purpose. Note that not all brand names are included, just the most commonly sold products.

B. Definition

Other (7a)--products such as "Powder", "Soda", "Salt", etc. used for cleaning the teeth.

C. Instructions

1. Check Item 02 - If "Lost all teeth" is marked in 6b for all family members, mark that box in 02 and go to Section P. Otherwise, mark the "Other" box.

2. Question 7

a. Read the introductory statement in braces once for a family before asking 7a. Ask 7a for all persons except those who have "Lost all teeth" marked in 6b. Mark "Other" and note the situation if the response is that the person never brushes his/her teeth (for example, infants) or uses something other than toothpaste to brush the teeth.

b. Ask question 7b for all persons with the "Toothpaste" box marked in 7a and circle the category indicated for each person. If the response indicates more than one category, for example, Crest (1) and Aim (6), reask the question to determine which the person used most often during the past 2 weeks.

c. Make no distinction between pastes and gels for categories 1-6 in 7b. If the response is not in categories 1-6 or 9, circle "8" and specify what brand the person uses.

8 Question 8, Fluoride Mouthrinse at Home 8

Some MOUTHRINSES contain FLUORIDE to reduce tooth decay. Others do not. ACT, Fluorigard, Listermint with Fluoride, StanCare and some prescription brands are example of mouthrinses that contain FLUORIDE.

8a. Does anyone in the family now use a FLUORIDE mouthrinse at home? ☐ Yes ☐ No (03) ☐ DK (03)

b. Who is this? *Mark "Fluoride mouthrinse" box in person's column.* — 8b. 1 ☐ Fluoride mouthrinse — 24

c. Anyone else? ☐ Yes (Reask 8b and c) ☐ No

Ask for each person with "Fluoride mouthrinse" in 8b:

d. What brand did — — use most often during the past 2 weeks? — 25–26

Do not read answer categories, circle ONE brand.

1. ACT, Fluorigard, Listermint with Fluoride, StanCare
2. Prescription fluoride rinse
8. Other (Specify)
9. Don't know

d. 1 2 8 7 9 (Specify)

A. Objective

This question provides information on the use of fluoride mouthrinse. While not as effective as community water fluoridation, it is another product used to prevent dental decay.

B. Definitions

1. Fluoride--Substance which is used to prevent tooth decay. It can be taken internally in fluoridated water or in dietary supplements, or applied to the surfaces of the teeth in toothpaste, mouthrinses or professional applications. Question 8 refers only to fluoride applied to the surface of the teeth in mouthrinse. It may be combined with different substances such as sodium fluoride and stannous fluoride.

(8) Fluoride Mouthrinse At Home (Continued) (8)

2. Fluoride Mouthrinse-- Any substance containing fluoride which is used as a mouthrinse. Examples include commercial mouthrinse preparations containing fluoride, such as those listed in the introduction, as well as fluoride powder, which is dissolved in water and used as a mouthrinse. Mouthrinse containing fluoride may be purchased either by prescription or over the counter. If the question arises, do not include topical fluoride treatments provided in a dentist's office.

C. Instructions

1. Question 8a determines if anyone in the family now uses fluoride mouthrinse. Ask questions 8b and c in the same manner as other similar questions. Do NOT influence the respondent by your knowledge of fluoride products. Accept the response as given.

2. Ask 8d only for persons with the "Fluoride mouthrinse" box marked in 8b. Circle the category indicated. If the respondent suggests referring to the container for the name, allow him/her to do so. Do not change 8b or 8d if it is discovered that the product used does not contain fluoride.

3. If the response does not fit category 1 or 2, circle "8" and specify what brand the person uses.

(03)-(9) Check Item 03 and Question 9, Fluoride Mouthrinse at School (03)-(9)

03	*Refer to age.*	03	1 ☐ Under 17 *(9)* 2 ☐ 17 and over *(NP)*	27
(Some schools have fluoride MOUTHRINSE programs.) 9. Does — — now take part in a fluoride MOUTHRINSE program at school?		9.	1 ☐ Yes 2 ☐ No 9 ☐ DK	28

Instructions

1. Refer to the person's age and mark item 03 accordingly.

2. Ask question 9 only of children under 17 to determine if they take part in a fluoride mouthrinse program at school.

Question 10, Use of Fluoride Supplements

Sometimes doctors or dentists prescribe or provide pills or drops with fluoride in them. Sometimes these are given at school.

10a. Does anyone in the family now take vitamins with FLUORIDE in them or any other kind of FLUORIDE drops, pills, or tablets, either at home or at school? ☐ Yes ☐ No *(11)* ☐ DK *(11)*

b. Who is this? *Mark "Fluoride Supplements" box in person's column.* 10b. 29 1 ☐ Fluoride supplements

c. Anyone else? ☐ Yes *(Reask 10b and c)* ☐ No

A. Objective

When home drinking water contains inadequate fluoride to reduce tooth decay, fluoride products may be prescribed or provided to supplement dietary fluoride intake. This question provides information on the use of such fluoride products.

B. Definitions

1. Drops, Pills or Tablets--Include fluoride drops, fluoride tablets, vitamin drops with fluoride, vitamin tablets with fluoride, and any other fluoride supplement which is swallowed. These fluoride supplements are available only by prescription or provided by a doctor or dentist. If a question arises, do not count fluoridated water as a fluoride supplement. As with previous questions, do not count fluoride treatments given in any form in a dentist's office--the question specifically limits supplements to home or school use.

2. Fluoride--Substance which is used internally to prevent tooth decay. It may be combined with other substances such as vitamins.

C. Instruction

Ask question 10 in the same manner as other similar questions. If the respondent suggests referring to the container to determine if a produce contains fluoride, allow him/her to do so. However, unlike similar questions, correct any entries in 10 if it is discovered the product does not contain fluoride.

(11) Question 11, Dental Sealants (11)

11a. Dental SEALANTS are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are put on by a dentist or a dental hygienist. They are DIFFERENT from fillings, caps, crowns and fluoride treatments. Has anyone in the family had dental SEALANTS placed on their teeth? ☐ Yes ☐ No *(Section P)* ☐ DK *(Section P)*		
b. Who is this? *Mark "Dental sealants" box in person's column.*	11b.	30 1 ☐ Dental sealants
a. Anyone else? ☐ Yes *(Reask 11b and c)* ☐ No		

A. Objective

This question will determine the extent to which dental sealants, a relatively new dental procedure applied to teeth to prevent tooth decay, are used.

B. Definition

Dental Sealants - Plastic coatings which are painted on the chewing surfaces of teeth to prevent decay before it occurs. This is usually provided for children and youth. They are placed in the grooves and crevices of teeth by a dentist, dental hygienist, or dental assistant. Dental sealants are not fillings for teeth that have already become decayed or abraded. Fluoride treatments applied as a gel or solution in the dental office are also not sealants.

C. Instructions

1. Ask questions 11a-c in the same manner as other similar questions, to identify the persons in the family who have had dental sealants applied to their teeth.

2. A "Don't Know" in 11a may mean that the respondent doesn't know what dental sealants are or doesn't know if anyone in the family has had dental sealants applied to the teeth. In either situation, mark "DK" and go to section P.

SECTION P. FUNCTIONAL LIMITATIONS (FL)

A. Overall Objective

Section P determines the degree of difficulty eligible persons may have in performing functional activities of daily living. These have been found to be a valuable indicator of the potential need for long-term care, either at home or in an institution. Functional limitation data collected in 1986 can be compared with the 1984 Supplement on Aging to analyze certain health care issues for the target population.

B. General Instructions

1. Each booklet contains two sets of Functional Limitations (FL) pages. Use additional booklets if there are more than two persons in the family 65 years of age and over.

2. Conduct the FL interview with any eligible persons who are at home, in the order they are listed on the HIS-1 questionnaire. Use the first set of Functional Limitations pages for the first eligible person, regardless of whether or not you actually interview this person at this time. Use the second set of pages for the second eligible person, if there is one. If there are three or more eligible persons, use additional booklets and change item FL1 to FL3, FL2 to FL4, etc.

C. FL Respondent, Proxy and Callback Rules

1. Eligible persons should respond for themselves except in the following situations:

   - If the person is physically or mentally incapable of answering the questions, or if the person is temporarily absent and will not return during the interview period, accept a proxy respondent.

   - If the person is not temporarily absent, but you have been unable to contact him/her using the callback procedures in 3a and b below, accept a proxy respondent.

2. If, after you have explained the purpose of this section, the eligible person refuses to answer the questions, accept the refusal. Do not attempt to obtain the interview from a proxy. If, however, another family member refuses for a person who is not at home, use your own judgement as to whether to accept a proxy or to call back. For example, if the person says somthing like, "My wife told me not to participate in this survey, so please don't call on her--she'll be very upset if she finds out I gave you any information," you may accept a proxy and not call back to interview the person. However, if the person says something like, "My husband won't want to answer any questions," arrange for a callback to interview the person.

FL Respondent, Proxy and Callback Rules (Continued)

3. If an eligible person is not at home, but not temporarily absent, during the initial interview, make arrangements for a callback. The procedures for callbacks are based on telephone availability:

   a. If the person has access to a telephone and a telephone interview is acceptable, make one telephone callback at a time recommended by the household respondent to interview the "FL" person.

      - If at the time of the phone call, the person is still unavailable, accept a proxy.

   b. If there is no telephone or a telephone interview is not acceptable, make one personal visit callback at a time recommended by the household respondent to interview the FL person if you will be in the area.

      - If during the personal callback the person is still not available, accept a proxy respondent.

      - If you will not be returning to the same general area at the time recommended by the respondent, accept a proxy respondent during the initial interview.

4a. The proxy respondent should be a related household member who is knowledgeable about the person's health.

b. If, however, there are no related household members eligible to be proxy respondents for the person, you may interview someone who is responsible for this person's care. The person providing the care may or may not be a member of the household.

5. When interviewing a proxy, be sure to change the references in various questions from "You" and "Yourself" to the name or appropriate pronoun for the eligible person.

(P1) - (FL) Check Items P1 and FL, Eligible Person Information (P1) - (FL)

P1	*Refer to ages of all family members*		☐ Persons 65+ in family *(Enter person number and first name of EACH person on a separate FL page)* ☐ No persons 65+ in family *(Section Q)*
FL1	Person No. 3–4 _____	First name _____	☐ Callback required *(Hhld. page, THEN NP)* ☐ Noninterview *(Footnotes, THEN NP)* ☐ Available *(1)*

Instructions

1. Item P1--If there are persons aged 65 and over in the family, mark that box and enter the person number and first name of each such person in item FL on separate Functional Limitation pages in the order they are listed on the questionnaire. Begin with the first person aged 65 or over and then the other persons in this age group.

   If there are no persons aged 65 and over in the family, mark that box and go to Section Q.

2. Item FL--Mark the appropriate box in item FL1, FL2, etc.

   a. Callback required--Mark this box if the eligible person is unavailable, but not TA, during the initial interview. Then enter the person number in item 16, on the Household Page, mark "Section P" and arrange for a callback. If a person for whom you have marked this box comes in before you leave the household or you determine that a proxy interview will be required at this time, correct item 16 and P1 and ask the questions of this person (or proxy). Do not consider this a callback.

   b. Noninterview--Mark this box if you learn during the initial interview that you will not be able to interview this person (or a proxy). Explain the reason in the "Footnotes" on the cover page. If the noninterview status is determined on a callback, do NOT change FL but explain the reason in item 17 of the Household Page and in the "Footnotes" on the cover page of the HIS-1(SB). Submit an Inter-Comm for all noninterviews.

   c. Available--Mark this box if the eligible person is available or if a proxy respondent is accepted during the initial interview.

Question 1, Difficulty in Performing Activity

Read to respondent — The next questions are about how well you are able to do certain activities — by yourself and without using special equipment.

1. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem? If "Yes," mark box 1; if "No," mark box 3*	(1) 5 Bathing or showering?	(2) 21 Dressing?	(3) 37 Eating?
	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
Reask 1 (4) 53 Getting in and out of bed or chairs?	(5) 69 Walking?	(6) 85 Getting outside?	(7) 101 Using the toilet, including getting to the toilet?
1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason

A. Definitions

1. Special Equipment--Aids or devices used to assist the person in a particular activity, such as a cane, walker, artificial limb, special dishes or implements for eating, etc. Do NOT, however, include dentures. Also include structural modifications to the home, such as lowered or raised commodes, lowered or raised kitchen equipment, ramps, etc.

2. Getting Outside--Moving from inside the unit to outside, including to a patio, porch, or a building hallway. It does not imply any real movement or exertion once the person has reached the outside.

3. Bed--Anything used for lying down or sleeping, including a sofa, cot, or mattress.

B. Instructions

1. Read the introductory statement and ask question 1. Read all items above the horizontal bold line in question 1, columns (1) through (7) and determine any difficulty for each before going to questions 2-5. If necessary, remind the respondent that the questions should be answered based on "by yourself and without using special equipment." Repeat question 1 before you ask (4), "Getting in and out of bed or chairs?" and at any other time you feel it necessary to remind the respondent we are referring to difficulty because of health or physical problems.

2. If the response indicates the person doesn't do the activity at all, ask the "doesn't do" probe to determine if this is because of a health or physical problem.

   a. If this response indicates that the activity isn't done because of a health or physical problem, mark box 1 "Yes." For example: "Yes, my arthritis is so bad that my daughter has to bathe me."

   b. If this response indicates that the activity isn't done because of something other than a health or physical problem, mark box 3 "Doesn't do for other reason." For example: "I never go outside, this area is too dangerous."

NOTE: Age alone is not normally considered a health or physical problem; however, if the response indicates the person doesn't do the activity because of age, mark box 1.

(2)-(5) Question 2 through 5, Degree of Difficulty/Help/Special Equipment (2)-(5)

Ask 2–5 for each activity marked "Yes" in 1.	6	22	38
2. By yourself and without using special equipment, how much difficulty do you have *(activity)*, some, a lot, or are you unable to do it?	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	1 ☐ Some 2 ☐ A lot 3 ☐ Unable
3. Do you receive help from anyone in *(activity)*?	7 1 ☐ Yes 2 ☐ No *(5)*	23 1 ☐ Yes 2 ☐ No *(5)*	39 1 ☐ Yes 2 ☐ No *(5)*
4a. Who gives this help? Anyone else?	4a. Source of help 8–11	4a. Source of help 24–27	4a. Source of help 40–43
Mark the S/C/P box without asking if ONLY help is from spouse/children/parents.	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .
b. Is this help paid for? *Ask if necessary: Which helpers are paid?*	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .
	4b. Paid 12–15	4b. Paid 28–31	4b. Paid 44–47
	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
5a. Do you use any special equipment or aids in *(activity)*?	18 1 ☐ Yes 2 ☐ No *(2 for next activity with "Yes" in 1)*	32 1 ☐ Yes 2 ☐ No *(2 for next activity with "Yes" in 1)*	48 1 ☐ Yes 2 ☐ No *(2 for next activity with "Yes" in 1)*
b. What special equipment or aids do you use? Anything else?	Special equipment or aids _____ 17–18 _____ 19–20	Special equipment or aids _____ 33–34 _____ 35–36	Special equipment or aids _____ 49–50 _____ 51–52

A. Definitions

1. Special Equipment--See definition on page D16-26.

2. Paid Help--Any monetary reimbursement. Also include cases where no cash is received but the helper regularly gets pay-in-kind or room and board for helping.

B. Instructions

1. Ask questions 2-5 as a block, for each "Yes" marked in question 1. Insert the appropriate activity where indicated. If no activities are marked "Yes" in question 1, go to question 6. Likewise, go to question 6 after 2-5 are asked for each activity marked "Yes" in question 1.

2. Question 4 determines who gives help, and whether the person(s) is paid or not. First mark the appropriate "Source of help" box(es) in 4a. If needed, refer to the Household Composition Page to determine if the person(s) providing the help is a household member or not. Then ask question 4b to determine if the help was paid for. Both columns, 4a and 4b, require at least one entry if question 3 was marked "Yes."

3. Note the instruction above question 4b to mark the S/C/P box without asking and skip to 5 if the only help is from the person's spouse, children, or parents or any combination of these people. Mark this box for these people regardless of whether they are household members or not. Do not ask question 4b in such situations because it may seem inappropriate to ask if such close relatives are paid for their help. Ask 4b if any help is provided by someone else or a S/C/P in combination with someone else. For example, if the response to 4a is "My husband and sister who lives next door," ask "Is this help paid for?" If the response is just "Yes" mark the "Yes" boxes in 4b which correspond to both "Relative" categories. However, if the response is "My sister is paid," mark "No" for the spouse and "Yes" for the sister since we do not want to ask specifically if the spouse is paid.

4. When a single category in 4b represents two or more people, with some paid and some not, the paid answer takes precedence. For example, if a person receives help from a neighbor and a cleaning lady but only the cleaning lady is paid, mark 4a-b as follows:

4a. Source of help	4b. Paid
56–59	60–63
HH member	0 ☐ S/C/P *(5)*
1 ☐ Relative	1 ☐ Yes 2 ☐ No
2 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No
Non-HH member	
3 ☐ Relative	1 ☐ Yes 2 ☐ No
4 ☒ Nonrelative .	1 ☒ Yes 2 ☐ No

5. If more than 2 aids are mentioned in 5b, enter the others in the footnote space on page 9.

(6)-(7) Question 6 and 7, Difficulty Controlling Bowels/Urination (6)-(7)

6a. Do you have difficulty controlling your bowels? (RT 68 3–4)	1 ☐ Yes	2 ☐ No (6c)	5
b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?	1 ☐ Daily 2 ☐ Several times a week 3 ☐ Once a week	4 ☐ Less than once a week 8 ☐ DK	6
c. Do you have a colostomy or a device to help control bowel movements?	1 ☐ Yes	2 ☐ No (7)	7
d Do you need help from anyone in taking care of this device?	1 ☐ Yes	2 ☐ No	8
7a. Do you have difficulty controlling urination?	1 ☐ Yes	2 ☐ No (7c)	9
b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?	1 ☐ Daily 2 ☐ Several times a week 3 ☐ Once a week	4 ☐ Less than once a week 8 ☐ DK	10
c. Do you have a urinary catheter or a device to help control urination?	1 ☐ Yes	2 ☐ No (P2)	11
d. Do you need help from anyone in taking care of this device?	1 ☐ Yes	2 ☐ No	12

A. Definitions

1. Difficulty Controlling Bowels--Includes accidentally soiling one's self as well as chronic inability to empty the bowels, excluding occasional constipation.

2. Difficulty Controlling Urination--Includes accidentally wetting one's self, including occasional slight "leaking."

3. Colostomy/Urinary Catheter/Device--Surgical openings or aids used to aid in bowel movements or urination when the person has lost natural control of this function through illness, disability, surgery, or other causes. Do not include enemas or suppositories as devices.

4. Help in Taking Care of This Device--Personal assistance or supervision is required and/or received in operating, maintaining, or cleaning the device, in emptying the bags, etc.

B. Instruction

Use the definitions provided above only if the respondent asks.

(P2) Item P2, Respondent (P2)

P2	Mark first appropriate box	1 ☐ Respondent is a proxy 2 ☐ Person has only been seen in a bed or chair } (8)	3 ☐ Telephone interview (8) 4 ☐ All other (Page 10)	13

Instruction

Mark the first appropriate box in P2, based on the interview situation at this time, to indicate if question 8 should be completed. If you are conducting a telephone interview with a proxy respondent, mark box 1--the first appropriate box.

(8) Question 8, Stay in Bed or Chair (8)

Mark if known 8. Because of a health or physical problem, do you usually –			
a. Stay in bed all or most of the time?	1 ☐ Yes (Page 10)	2 ☐ No	14
b. Stay in a chair all or most of the time?	1 ☐ Yes	2 ☐ No	15

A. Definition

ALL or Most of the Time--More than half of the hours the person is usually awake.

B. Instructions

1. Ask question 8 if there is an indication or possibility that the person may be bed or chair bound, that is, when the person has not been observed or if the person has been seen only in a bed or chair and not up and around.

2. Mark questions 8a and b "No," without asking, in cases such as a proxy respondent or a telephone interview, if the eligible person previously has been observed up and around.

(9)-(12) Questions 9 through 12, Difficulty in Performing Activity/Degree of Difficulty/Help (9)-(12)

Read to respondent — **Now I will ask about some other activities. Tell me about doing them by yourself.**

9. **Because of a health or physical problem, do you have ANY difficulty —** *Ask if "Doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?** *If "Yes," mark box 1; if "No," mark box 3*		**(1)** 16 **Preparing your own meals?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason		**(2)** 27 **Shopping for personal items, (such as toilet items or medicines)?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	
(3) 38 **Managing your money, (such as keeping track of expenses or paying bills)?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	*Reask 9* **(4)** 49 **Using the telephone?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	**(5)** 60 **Doing heavy housework, (such as scrubbing floors, or washing windows)?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason		**(6)** 71 **Doing light housework, (such as doing dishes, straightening up, or light cleaning)?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	
Ask 10—12 for each activity marked "Yes" in 9. **10.** **By yourself and without using special equipment, how much difficulty do you have (activity), some, a lot, or are you unable to do it?**		17 1 ☐ Some 2 ☐ A lot 3 ☐ Unable		28 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	
11. **Do you receive help from anyone in (activity)?**		18 1 ☐ Yes *(12)* 2 ☐ No *(10 for next activity with "Yes" in 9)*		29 1 ☐ Yes *(12)* 2 ☐ No *(10 for next activity with "Yes" in 9)*	
12a. **Who gives this help?** **Anyone else?** *Mark the S/C/P box without asking if ONLY help is from spouse/children/parents, THEN 10 for next activity marked "Yes" in 9.* **b.** **Is this help paid for?** *Ask if necessary:* **Which helpers are paid?**		**12a. Source of help** 19—22 HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	**12b. Paid** 23—26 0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	**12a. Source of help** 30—33 HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	**12b. Paid** 34—37 0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No

Instructions

1. Read the introductory statement before asking question 9. Read all items above the horizontal bold line in question 9, columns (1) through (6) and determine any difficulty for each before going to questions 10-12. If necessary, remind the respondent that the questions should be answered based on "doing them by yourself." Repeat question 9 before you ask (4), "Using the telephone?" and at any other time you feel it necessary to remind the respondent we are referring to difficulty because of a health or physical problem. In item (2), "difficulty in shopping" does not include needing help getting to or from the store, but only whether the person can shop without assistance while in the store itself.

2. Refer to the instructions for questions 1 through 4 on pages D16-26 through D16-28 and complete 9 through 12 in the same manner.

3. When asking questions 9 through 12, it is not necessary to include the phrases in braces in columns (2), (3), (5), and (6) unless the respondent needs to be reminded of the definitions (or explanations).

(P3)-(15) Item P3 and Questions 13, 14, and 15, Physical Characteristics of Living Quarters (P3)-(15)

P3		
	1 ☐ 13 and 14 filled on another FL page *(15)* 8 ☐ Other *(13)*	
13a. Is it NECESSARY to go up or down a step to get into this [house/apartment] from the outside?	1 ☐ No Yes — *If not mentioned, ask:* Is it one step or more than one step? 2 ☐ 1 step 3 ☐ More than 1 step	83
b. Counting basements and stepdown living areas as separate levels, does this [house/apartment] have more than one floor or level?	1 ☐ Yes 2 ☐ No *(14b)*	84
14a. Does this [house/apartment] have a bathroom, bedroom, and kitchen ALL on the same floor or level?	1 ☐ Yes 2 ☐ No	85
b. Does this [house/apartment] have a walk-in shower, that is, where you don't step over the side of the tub to get into the shower?	1 ☐ Yes 2 ☐ No	86
15a. Because of a health or physical problem do YOU NEED a bathroom, bedroom, and kitchen ALL on the SAME floor or level?	1 ☐ Yes 2 ☐ No	87
b. Because of a health or physical problem do YOU NEED a walk-in shower?	1 ☐ Yes 2 ☐ No	88

A. Objective

These questions ask for some detail regarding the structural characteristics of the eligible person's living quarters. When combined with other information they will help identify housing features which may make it difficult for the person to continue living in his/her own home.

B. Instructions

1. Ask questions 13 and 14 only of the first eligible person for whom you complete a Functional Limitation page. Mark the first box in item P3 if these questions were already asked on another FL page.

2a. In 13a, select the word in brackets which best describes the living quarters. For multi-unit structures, include stairs or steps inside the building used to gain access to the unit as well as stairs or steps from the outside into the building. If the response is "Yes," ask the printed probe, if necessary, to determine if only one or more than one step is required. If it is volunteered the stairs or steps can be avoided by using another entrance or elevator, mark "No." If the respondent replies that one entrance has a single step and another has more than one, mark the "1 step" box.

b. Mark "No" without asking if you gained access to the unit without going up or down a step. However, if you used one or more steps, you must ask the question because the presence of other entrances which may not have a step (level access, ramp, elevator) is not always obvious.

3a. Mark "Yes" in 13b without asking if the unit is obviously multi-level, including split foyers and split levels, as well as units with basements or stepdown living areas. However, do not assume that trailers, ranch or rambler style houses are single level and never mark "No" without asking, because the presence of basements or stepdown living areas is not always obvious.

b. The procedure is the same for apartments. If you can see various levels in the apartment, mark "Yes" in 13b without asking; otherwise, be sure to ask. Don't assume apartments are all on one level. However, many apartment buildings have storage areas or common areas such as a lounge or recreation room. Do not consider these to be part of an apartment for the purpose of 13b.

4. For question 14, the rooms and the shower do not have to be used by the person in order for a "Yes" answer to be marked. Remember that these questions are asking about the physical characteristics of the living quarters and not necessarily those parts of the living quarters which the person uses.

5. Ask question 15 of each person for whom you fill an FL page. This question determines whether or not the eligible person needs the physical arrangement of rooms, and/or the walk-in shower because of his/her own health, regardless of whether they are available, and regardless of other household members' needs.

SECTION Q. VITAMIN AND MINERAL INTAKE

A. Overall Objective

Vitamin and mineral dietary supplements currently provide a significant source of nutrients in the American diet. The Food and Drug Administration (FDA) is sponsoring this series of questions to assess individual consumption of these products to determine the level of "megadosing" (i.e., consumption of nutrients above reasonable levels) and to identify resulting health problems. Analysis of these data will also focus on the quantity of vitamin/mineral intake by selected sex/age subgroups of the U.S. population and permit comparison to other demographic and health status information.

B. General Instructions

1. The household respondent may continue the supplement by responding for the child 2-6 years old selected as the sample person regardless of whether or not he/she is the child's parent. If this respondent does not want to or cannot provide the information, do not select any other sample child or attempt to contact another proxy respondent. Explain the situation in item 9c on the cover page.

2. The adult, 18+ years old, selected as the sample person MUST respond to that portion of Section Q for him/her self. No proxies are allowed for the adult sample person. See page D16-48 for callback rules.

*3. The Vitamin and Mineral Intake supplement will be administered only to selected sample persons during Samples 861 and 862; therefore, it is imperative that as high a response rate as possible be achieved.

4. Complete no more than 12 products per person, regardless of the number entered in question 2.

Q1 (1)-(3) VITAMIN AND MINERAL INTAKE-CHILD Q1 (1)-(3)

Item Q1 and Questions 1 through 3, Use of Vitamin, Mineral, or Fluoride Products

Section Q. VITAMIN AND MINERAL INTAKE — CHILD		Sample Person Number _____ 3-4
Q1	Refer to Table A. Cover page ☐ Children 2–6 in family (Enter sample person number and name, THEN 1) ☐ No children 2–6 in family (NEXT SP)	First name 5-6 _____
HAND CALENDAR Read to respondent: The following questions concern (name) use of vitamin and mineral products. 1. During the past 2 weeks, (that is, the 2 weeks outlined in red on that calendar), beginning Monday (date) and ending this past Sunday (date), did — — take any vitamin, mineral, or fluoride products?	1.	7 1 ☐ Yes 2 ☐ No } (Next SP) 8 ☐ DK
2. How many DIFFERENT vitamin, mineral, or fluoride products did — — take during the past 2 weeks?	2.	8-9 _____ Number of different products 98 ☐ DK
3. [May I see the container(s)/Would you please bring to the telephone the container(s)] for (ALL) the vitamin or mineral product(s) — — took during the past 2 weeks, including any fluoride or vitamin fluoride product(s)?		

A. Objective

These questions determine if the sample child took any vitamins, minerals or fluoride products during the past 2 weeks, and if so, how many different products were taken. Fluoride products include drops, tablets or supplements containing fluoride that are swallowed and should be reported again in Section Q even if previously reported in Section O, question 10.

*Revised February 1986

B. Instructions

1. Refer to Table A in item 8 on the Cover Page and mark the appropriate box in item Q1. Then, if appropriate, enter the person number and first name of the sample child on the lines provided.

2. Include the name of the sample child when reading the introduction to question 1. Then ask the question to determine if the child took any of these products during the past 2 weeks. Use the parenthetical phrase "outlined in red on that calendar" if conducting a personal interview.

3. Ask question 2 to determine the total number of DIFFERENT products the child took.

4a. When asking question 3 during a personal interview, use the first phrase in brackets, "May I see the containers ...?"

b. When asking question 3 during a telephone interview, use the second phrase, "Would you please bring to the telephone the containers ...?"

c. Use the parenthetical plurals and "All" if more than one product is recorded in question 2.

4 - Q2 Question 4, Product Name and Item Q2 4 - Q2

RECORD FROM THE PRODUCT LABEL. IF NO CONTAINER AVAILABLE AND FOR TELEPHONE, ASK 4 FOR EACH PRODUCT.

PRODUCT 1	4a. What is the (first) product name?	10 – 54
	b. What is the manufacturer's or distributor's name?	55 – 99
Q2	Refer to FLASHCARD Q.	100
	1 ☐ Both names NOT on card, container available and legible (5) 2 ☐ Both names NOT on card, container not available or illegible (6) 3 ☐ Both names on card (Enter code → ☐, THEN 6)	101 – 102

Instructions

1a. Complete questions 4-9 for product 1 before going to product 2, and so on. Enter the person number and first name on each page prepared for the sample child.

b. Space is allowed for up to 3 products for children. If more than 3 products are given, use an additional booklet and change "first" to "4th", "second" to "5th" and so forth, when asking 4a. Also change "Product 1" to "Product 4," etc. in the box to the left of questions 4a and b.

2a. During a personal interview, if you are given a container, record the product name and the manufacturer's or distributor's name in question 4 according to the instructions given in 4 below. If you are NOT given a container, ask question 4.

b. During a telephone interview, ask the respondent to read the entire product name and the manufacturer's or distributor's name from the container before you make any entry since the wording you record will depend upon certain rules. (refer to 3a-e below) If there is no container, obtain as much information as possible to complete question 4.

c. If both a manufacturer and distributor is noted on the container, record only the manufacturer. If the product name and/or the manufacturer's or distributor's name is not known or cannot be determined, enter "DK" in 4a and/or 4b, as appropriate. Try to obtain at least the product name from the respondent if this information is obscured.

d. Omit the parenthetical "first" in 4a if only one product is given in question 2.

3a. It is important to record from the label a product name that uniquely identifies the product. Labels are complicated and can have several parts, not all of which are necessary to identify the product.

b. Basically, there can be as many as four possible parts to a full product name which may appear on the label.

1. A manufacturer's/distributor's name or Logo such as "Lederle" or "Peoples."

2. Trademark and/or product title, such as "Flintstones" or "Theragran M". These names are usually in large type size and stand out.

3. Qualifiers are such terms as "+ ____," "Plus ____," "With ____," or "Formula number." For example, "+ Zinc," "Plus Iron," "With Extra C," "With Mineral," or "Formula 100." Consider "+" and "Plus" to be the same.

4. Generic descriptions are descriptions of a product type other than 1, 2, or 3 above. Examples are catch phrases such as "sugar free," "nutrasweet," "Naturally sweetened," "New", "advanced (or improved) formula" and descriptions such as "children's chewable vitamins" and "high potency vitamin and mineral formula," which are usually in smaller type size. It is not necessary to record these generic descriptions as part of the product name.

c. The key parts to record in 4a are 1) trademark and/or product title and 2) the qualifiers. These two parts must always be recorded in 4a whenever they appear on the label.

Generic descriptions of product type should be recorded in 4a only when there is no trademark or other product title to identify the product

d. If the critical parts of the product name are not obvious, record the full name in 4a, continuing in a footnote as necessary.

4 — Q2

e. The manufacturer's/distributor's name must <u>always</u> be recorded in 4b. If the manufacturer's/distributor's name is part of the product name, do not record it in 4a.

f. When completing 4a and b, <u>print</u> one letter, hyphen, period, etc., per space.

- You may abbreviate "Company" as "Co.," "Laboratory" as "Lab." Do <u>not</u> use other abbreviations unless that is how they are shown on the label.

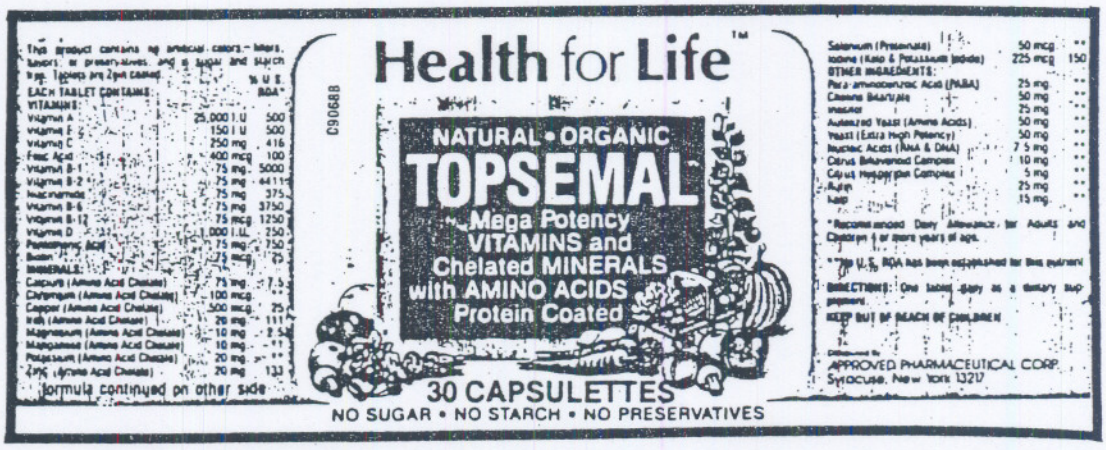
- If either name exceeds the space provided, continue in a footnote.

4. Examples of completing questions 4a and b:

a.

PRODUCT 1	4a. What is the (first) product name?	10–64
	BUGS BUNNY	
	b. What is the manufacturer's or distributor's name?	65–99
	MILES LAB. INC.	

b.



PRODUCT 4	4a. What is the (fourth) product name?	10–64
	HEALTH FOR LIFE TOPSEMAL WITH AMINO ACIDS	
	b. What is the manufacturer's or distributor's name?	65–99
	APPROVED PHARMACEUTICAL CORP.	

c.

PRODUCT 5

4a. What is the (fifth) product name? 10–54

SPORT + IRON

b. What is the manufacturer's or distributor's name? 55–99

PEOPLES DRUG STORES, INC.

5a. To complete item Q2, refer to Flashcard Q:

- If the product name <u>and</u> manufacturer's (or distributor's) name are NOT on the card and there is a legible container available, mark the first box and list the contents in item 5 from the container. When conducting the interview by telephone, ask the respondent to read the contents to you.

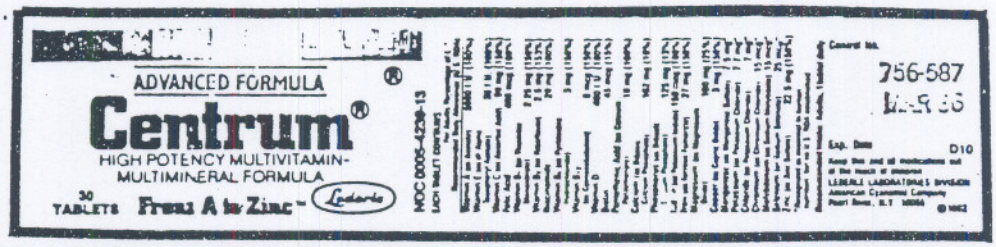
- If the product name <u>and</u> manufacturer's (or distributor's) name are NOT on the card and no container is available or the nutrient list is illegible, mark the second box and ask question 6 next. "Illegible" means that some or all of the nutrients cannot be read because the print is too small, the contents are covered by a label, the container is soiled, etc.. Mark box 2 in Q2 if "DK" is entered in 4a and/or 4b.

- If the product name <u>and</u> the manufacturer's name is the same as one of the entries on the card, mark the third box, enter the code from the flashcard, and ask question 6 next. For example, if "Geritol Complete with high Potency Iron" is the product name and "Beecham Products" is the manufacturer/distributor, enter "2" in the code box and go to question 6.

b. The flashcard lists only a limited number of available products. It is very important to check carefully to see if the names on the label <u>exactly match</u> the names on the flashcard. For example, "Bugs Bunny with Extra C" and "Bugs Bunny with Amino Acids" are two <u>different</u> products, and one may be on the list, but the other may not.

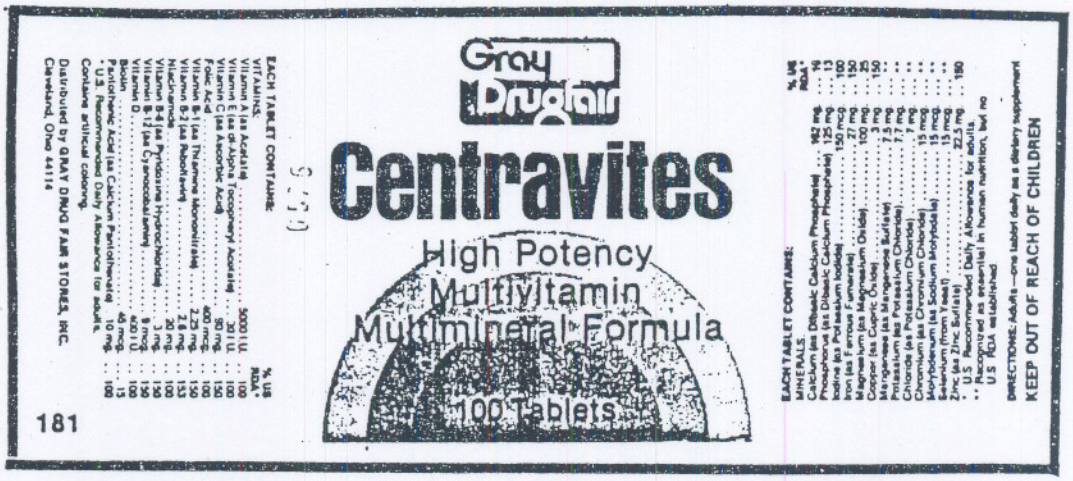
6. Some examples of completing Q2:

a.



PRODUCT 3	4a. What is the (third) product name? CENTRUM	10 – 54
	b. What is the manufacturer's or distributor's name? LEDERLE LAB. DIVISION	55 – 99
Q2	Refer to FLASHCARD Q.	100
	1 ☐ Both names NOT on card, container available and legible (5) 2 ☐ Both names NOT on card, container not available or illegible (6) 3 ☒ Both names on card (Enter code → 1 , THEN 6)	101 – 102

b.



PRODUCT 4	4a. What is the (fourth) product name? CENTRAVITES	10 – 54
	b. What is the manufacturer's or distributor's name? GRAY DRUG FAIR STORES, INC.	55 – 99
Q2	Refer to FLASHCARD Q.	100
	1 ☒ Both names NOT on card, container available and legible (5) 2 ☐ Both names NOT on card, container not available or illegible (6) 3 ☐ Both names on card (Enter code → ____ , THEN 6)	101 – 102

Item 5, Nutrients

5. Nutrients					RT 70	3–4
	Vitamins		Quantity		Units	
01	Vitamin A	5–6	7–11			12–13
02	Vitamin D	14–15	16–20			21–22
03	Vitamin E (Tocopherol)	23–24	25–29			30–31
04	Vitamin C (Ascorbic Acid)	32–33	34–38			39–40
05	Folic Acid (Folacin)	41–43	43–47			48–49
06	Thiamine (B_1)	50–51	52–56			57–58
07	Riboflavin (B_2)	59–60	61–65			66–67
08	Niacin (Niacinamide)	68–69	70–74			75–76
09	Vitamin B_6 (Pyridoxine)	77–78	79–83			84–85
10	Vitamin B_{12} (Cyanocobalamin)	86–87	88–92			93–94
11	Biotin	95–96	97–101			102–103
12	Pantothenic Acid (Pantothenate)	104–106	108–110			111–112
	Minerals	Compound	Quantity	Units	RT 71	3–4
13	Calcium 5–6	7–8	9–13			14–15
14	Phosphorus 16–17	18–19	20–24			25–26
15	Iodine 27–28	29–30	31–35			36–37
16	Iron (Ferrous/Ferric) 38–39	40–41	42–46			47–48
17	Magnesium 49–50	51–52	53–57			58–59
18	Copper (Cuprous/Cupric) 60–61	62–63	64–68			69–70
19	Zinc RT 72 3–4 5–6	7–8	9–13			14–15
20	Potassium 16–17	18–19	20–24			25–26
21	Chromium 27–28	29–30	31–35			36–37
22	Manganese 38–39	40–41	42–46			47–48
23	Selenium (Selenite) 49–50	51–52	53–57			58–59
24	Fluoride 60–61	62–63	64–68			69–70
25	Non-listed nutrient 71–72					

LIST OF COMPOUNDS FOR ITEM 5

1 — Aluminum citrate	7 — Fumarate	13 — Lactate
2 — Aspartate	8 — Gluconate	14 — Oxide
3 — Bicarbonate	9 — Glycerophosphate	15 — Phosphate
4 — Carbonate	10 — Hydroxide	16 — Pyrophosphate
5 — Chloride	11 — Iodate	17 — Sodium
6 — Citrate	12 — Iodide	18 — Sulfate

Instructions

1. You do not have to determine if a nutrient is a vitamin or mineral. The list order in item 5 is how the contents are usually listed on the label of the container; vitamins first, then minerals.

2a. If a nutrient that appears in the vitamin section is listed, enter an "X" in the column to the left of the vitamin and then enter the quantity and unit as indicated on the label. There are many alternative names for vitamins which may appear on product labels. To assist you in identifying a specific nutrient, a list of vitamins and their alternative names is shown on page 16 of the flashcard booklet. Alternative names, such as "ascorbic acid" or "ascorbate" for Vitamin C, may be shown in or out of parentheses or may not be shown at all. Therefore, mark number 4 if either Vitamin C, ascorbic acid, or ascorbate is listed.

b. If a nutrient that appears in the mineral section is listed, enter an "X" in the column to the left of the mineral. Then enter the number of the compound, if appropriate, as well as the quantity and unit as indicated on the label.

c. Mark box "25" to indicate any nutrient(s) (vitamins or minerals) not listed in item 5. For example, if "Bee Pollen" is named as a nutrient, mark box "25" but do not record any quantity or units.

d. Quantity and units must be listed as IU, Mg, % U.S.RDA, % RDA, RE, etc., as well as the number that comes before the unit. In cases where "U.S. RDA" (U.S. Recommended Daily Allowance) is shown, enter the U.S. RDA quantity and unit instead of the "Mg", "MDR", "IU," and so forth. If, however, the quantity and units are given in weights and "RDA," or "MDR," record the weight amount. Remember "U.S. RDA" and "RDA" are two different types of units. If a nutrient in item 5 is listed on the label but no quantity or units are indicated, mark the nutrient box and enter "DK" for the quantity and units. Record units exactly as they appear on the label. However, do not record the % sign (see example "3b" below).

e % U.S. RDA values on some chewable supplements may be shown for more than one age group, for example, for children 2 to 4 years of age, and adults and children 4 or more years of age. If this is the case, always record the % U.S. RDA entries for adults and children 4 or more years of age, regardless of the child's age.

f. The unit "U.S. RDA" may sometimes be expressed as "Times U.S. RDA" instead of "% U.S. RDA." If the unit on the label is "Times U.S. RDA" record this as "XUSRDA."

3. Some examples for filling item 5 are:

a. "Vitamin C" with quantity and units of 100 mg would be recorded as:

04	X	Vitamin C (Ascorbic Acid)	32–33	100	34–38	mg	39–40	

b. "Vitamin D" with quantity and units of 400 I.U. and U.S. RDA of 100% would be recorded as:

02	X	Vitamin D	14–16	100	18–20	USRDA	21–22	

c. "Calcium pantothenate" with quantity and unit of 10 mg would be recorded as:

12	X	Pantothenic Acid (Pantothenate)	104–106	10	108–110	mg	111–112	

NOTE: Even though Calcium is one of the minerals in the nutrient list, the compound "calcium pantothenate" is a compound name for pantothenic acid, not for "calcium," and thus it should be recorded as "pantothenic acid."

d. "Pyridoxine hydrochloride" listed with quantity and unit of 20 mg and a U.S. RDA of 1000% would be recorded as:

09	X	Vitamin B_6 (Pyridoxine)	77–78	1000	79–83	USRDA	84–86

e. A label which says "Each tablet contains 17 mg riboflavin providing 10 times the U.S. Recommended Daily Allowance for riboflavin" would be recorded as:

07	X	Riboflavin (B_2)	59–60	10	61–65	X USRDA	66–67

f. "Vitamin C" listed with quantity and units of 250 mg and 625 RDA would be recorded as:

04	X	Vitamin C (Ascorbic Acid)	32–33	250	34–38	mg	39–40

4. When entering compounds in the "Mineral" section, first find the basic mineral, that is, nutrient portion, listed in item 5 and mark the box. Then, if the mineral on the label contains a term that is in the list of compounds, enter the appropriate number from the list of compounds in the "Compound" section. Finally, enter the quantity and units.

   If the basic mineral is in the mineral list and the compound term is not in the list of compounds, make the box, footnote the entire name of the compound and enter the quantity and units as usual. (See example b)

a. Ferrous Fumarate listed with quantity and unit of 10.4 mg and a U.S. RDA of 100% would be recorded as:

16	X	Iron (Ferrous/Ferric)	38–39	7	40–41	100	42–46	USRDA	47–48

b. Ferrous Succinate listed with quanity and unit of 30mg would be recorded as:

16	X	Iron (Ferrous/Ferric)	38–39	1/	40–41	30	42–46	mg	47–48

FOOTNOTES 16 1/ Ferrous Succinate

c. Copper Sulfate listed with quantity and unit of 2 mg and no U.S. RDA would be recorded as:

18	X	Copper (Cuprous/Cupric)	60–61	18	62–63	2	64–68	mg	69–70

5. Nutrients may be stated on the label in a chart, a paragraph, or both. Always complete item 5 from the chart if one is present. Use the paragraph description only if there is no chart. Examples of these two types of label entries are:

a. CHART

COMPOSITION:

Sodium Fluoride	2.2 mg
Inert Organic Filler	75.8 mg

Nutrients (Continued)

5

b. PARAGRAPH

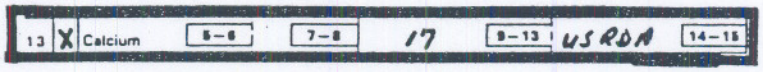
DESCRIPTION: Each drop contains 0.125 mg. of sodium fluoride for use as a cavity preventive in children. Sugar-Free, Saccharin-Free.

6. Some minerals may appear in the product in more than one compound or form. The entries for item 5 in such situations depend on whether or not quantities of the basic mineral as listed in item 5 are summarized on the label.

a. If the basic mineral quantity is summarized, record that summary in item 5, for example, record:

Each Tablet Contains		% US RDA
Calcium Lactate	250.0 mg	
Calcium Gluconate	250.0 mg	
Calcium Carbonate	300.0 mg	
(Calcium	175.7 mg)	17%

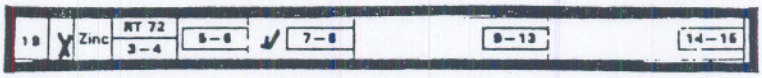
As:



b. If the basic mineral quantity is not summarized when contained in more than one compound, footnote all compounds containing that mineral, along with the quantities and units of each compound. For example, record:

Composition:	
Zinc Sulfate	10 mg
Zinc Fumarate	10 mg
Zinc Gluconate	15 mg

As:



Footnotes 19. 1/ Zinc Sulfate - 10 mg
Zinc Fumarate - 10 mg
Zinc Gluconate - 15 mg

c. If the basic mineral is listed in more than one compounds and the compounds are not listed together, record the first one as usual and footnote the second one and so on. For example, record:

Nutrients (Continued)

Composition:

Potassium Iodide	150 mcg
Ferrous Fumarate	27 mcg
Magnesium Oxide	100 mg
Potassium Sulfate	7.5 mg

As:

16	X	Iron (Ferrous/Ferric)		38–39	7	40–41	27	42–46	mcg	47–48
17	X	Magnesium		49–50	14	51–52	100	53–57	mg	58–59
18		Copper (Cuprous/Cupric)		60–61		62–63		64–68		69–70
19		Zinc	RT 76 3–4	5–6		7–8		9–13		14–15
20	X	Potassium		16–17	12	18–19	150	20–24	mcg	25–26

Footnotes 20. Potassium Sulfate - 7.5 mg

d. If the compound is stated as being "equivalent to", "the same as", or "equals" the nutrient, record in item 5 the equivalent quantities. For example, record:

> 550 mg Potassium Gluconate equivalent to 92 mg of Potassium

As:

20	X	Potassium		16–17		18–19	92	20–24	mg	25–26

e. If the basic mineral or its compound appears as two measures and one is a "dried" quantity, record in item 5 the "dried" quantity and units. For example, record:

> Description:
> Zinc Sulfate USP 80 mg
> as 50 mg dried Zinc Sulfate
>
> Magnesium Sulfate 70 mg
> as 50 mg dried magnesium Sulfate

As:

17	X	Magnesium		49–50	18	51–52	50	53–57	mg	58–59
18		Copper (Cuprous/Cupric)		60–61		62–63		64–68		69–70
19	X	Zinc	RT 72 3–4	5–6	18	7–8	50	9–13	mg	14–15

7. Below is an example of a typical label with questions 4 through 5 filled.

FOSFREE

MISSION PHARMACAL COMPANY

Calcium--Vitamins--Iron
NDC-0178-0031-01

Composition: Each tablet contains:

		One Tablet % US RDA
Vitamin D	150.0 USP U.	optional
Vitamin A Acetate	1500.0 USP U.	30
Ascorbic Acid (C)	50.0 mg.	83
Pyridoxine HCl (B_6)	3.0 mg.	150
Thiamine Mononitrate (B_1)	5.0 mg.	333
Riboflavin (B_2)	2.0 mg.	117
Niacinamide (B_3)	10.0 mg.	50
Vitamin B_{12} (Crystalline on resin)	2.0 mcg.	33
d-Calcium Pantothenate (B_5)	1.0 mg.	10
Calcium Lactate	250.0 mg.	
Calcium Gluconate	250.0 mg.	
Calcium Carbonate	300.0 mg.	
(Calcium	175.7 mg.)	17
Ferrous Gluconate	125.0 mg.	
(Iron	14.5 mg.)	80

PRODUCT 3

4a. What is the (third) product name?
FOSFREE

b. What is the manufacturer's or distributor's name?
MISSION PHARMACAL CO.

Q2 Refer to FLASHCARD Q.

1 ☒ Both names NOT on card, container available and legible (5)
2 ☐ Both names NOT on card, container not available or illegible (6)
3 ☐ Both names on card (Enter code → [ ]), THEN (5)

5. Nutrients

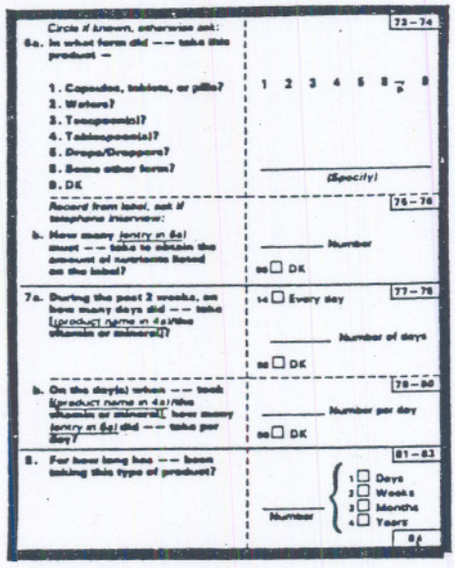
		Vitamins		Quantity		Units	
01	X	Vitamin A	5–6	30	7–11	USRDA	12–13
02	X	Vitamin D	14–15	150.0	16–20	USPU	21–22
03		Vitamin E (Tocopherol)	23–24		25–29		30–31
04	X	Vitamin C (Ascorbic Acid)	32–33	83	34–38	USRDA	39–40
05		Folic Acid (Folacin)	41–43		43–47		48–49
06	X	Thiamine (B_1)	50–51	333	52–56	USRDA	57–58
07	X	Riboflavin (B_2)	59–60	117	61–66	USRDA	66–67
08	X	Niacin (Niacinamide)	68–69	50	70–74	USRDA	75–76
09	X	Vitamin B_6 (Pyridoxine)	77–78	150	79–83	USRDA	84–85
10	X	Vitamin B_{12} (Cyanocobalamin)	86–87	33	88–92	USRDA	93–94
11		Biotin	96–98		97–101		102–103
12	X	Pantothenic Acid (Pantothenate)	104–106	10	106–110	USRDA	111–112

		Minerals		Compound	Quantity		Units	RT 71	3–4
13	X	Calcium	5–6	7–8	17	8–13	USRDA		14–15
14		Phosphorus	16–17	18–19		20–24			25–26
15		Iodine	27–28	29–30		31–35			36–37
16	X	Iron (Ferrous/Ferric)	38–39	40–41	80	42–46	USRDA		47–48
17		Magnesium	49–50	51–52		53–57			58–59
18		Copper (Cuprous/Cupric)	60–61	62–63		64–68			69–70
19		Zinc (RT 72 3–4)	5–6	7–8		9–13			14–15
20		Potassium	16–17	18–19		20–24			25–26
21		Chromium	27–28	29–30		31–35			36–37
22		Manganese	38–39	40–41		42–46			47–48
23		Selenium (Selenate)	49–50	51–52		53–57			58–59
24		Fluoride	60–61	62–63		64–68			69–70
25		Non-listed nutrient	71–72						

LIST OF COMPOUNDS FOR ITEM 5

1 — Aluminum citrate	7 — Fumarate	13 — Lactate
2 — Aspartate	8 — Gluconate	14 — Oxide
3 — Bitartrate	9 — Glycerophosphate	15 — Phosphate
4 — Carbonate	10 — Hydroxide	16 — Pyrophosphate
5 — Chloride	11 — Iodate	17 — Sodium
6 — Citrate	12 — Iodide	18 — Sulfate

FOOTNOTES


Circle if known, otherwise ask:
6a. In what form did -- take this product --
1. Capsules, tablets, or pills?
2. Wafers?
3. Teaspoonful?
4. Tablespoonful?
5. Drops/Droppers?
8. Some other form?
9. DK
73-74
1 2 3 4 5 8 9
(Specify)
Record from label, ask if telephone interview:
b. How many (entry in 6a) must -- take to obtain the amount of nutrients listed on the label?
75-76
Number
99 DK
7a. During the past 2 weeks, on how many days did -- take (product name in 4a)/the vitamin or mineral?
77-78
14 Every day
Number of days
99 DK
b. On the day(s) when -- took (product name in 4a)/the vitamin or mineral, how many (entry in 6a) did -- take per day?
79-80
Number per day
99 DK
8. For how long has -- been taking this type of product?
81-83
Number
1 Days
2 Weeks
3 Months
4 Years
84

Instructions

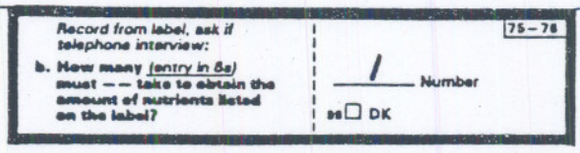
1a. Circle the appropriate category in question 6a, if this information is known to you from examination of the container and contents. Otherwise ask the question, reading the entire list. DO NOT read the numbers, however. If the product is taken in a form not listed, (for example, "powder"), circle "8" and specify the form.

b. Leave item 6b blank if item 5 was not filled. If item 5 was filled from your review of the label, fill item 6b also from the label. Ask 6b as worded only when the sample person provided the item 5 information over the telephone.

c. The amount of supplement (tablet, capsule, etc.) needed to obtain the amount of nutrients listed on the label is usually found right above or near where the nutrient quantity is presented on the label. It may say something like "Each tablet contains (or provides) the following amount of nutrients." This amount should not be confused with the recommended daily dosage: For example, if the label states:

> Dosage: Take 3 tablets each day as calcium supplements.
>
> Each tablet provides 300 mg calcium carbonate and 150 IU vitamin D.

Record as:


Record from label, ask if telephone interview:
b. How many (entry in 6a) must -- take to obtain the amount of nutrients listed on the label?
75-76
1 Number
99 DK

2a. In asking question 7a, insert the product name from question 4a. If there is no product name, use "the vitamin or mineral".

b. If you learn while asking question 7a that the product was not taken during the past 2 weeks, enter a dash (-), footnote the situation and go to the next product or to the adult sample person.

6-8 Frequency of Use (Continued) 6-8

3a. In question 8, enter the response by recording the length of time and marking a box, for example, enter "2 1/2" on the "Number" line and mark the "Years" box. If the respondent cannot give at least an estimate of how long this type of product has been taken, enter "DK" on the line and do not mark a box.

*b. If it is mentioned that there was an interruption in usage, for example, "She takes it every winter," "I give it to him when he has a cold," etc., ask "How long has -- been taking it during this period including the past 2 weeks?" We want to know how long this type of product has been taken during this episode.

c. "Type of" refers to the general kind of vitamin or mineral supplement, for example, "multivitamins," "vitamin C," "iron," "potassium," etc., not a specific brand or product.

9 QUESTION 9, PRESCRIPTION NECESSARY 9

9. Did — — have a doctor's prescription to obtain this product?	1 ☐ Yes 2 ☐ No 8 ☐ DK	85 (Next product)

Instruction

Mark "Yes" if a prescription label is on the container and the sample person is named on the label. Mark "No" if the label contains someone else's name. If there is no prescription label on the container, ask question 9 and go to the next product for this child. If this is the last product for the sample child, go to the adult sample person page.

VITAMIN AND MINERAL INTAKE - ADULT

Objective

These questions determine if the adult sample person took any vitamins, minerals, or fluoride products during the past 2 weeks, and if so, which and how many different products were taken and the frequency of use.

Q1 Item Q1, Availability Status Q1

Section Q. VITAMIN AND MINERAL INTAKE — ADULT		Sample Person Number _____ 3–4
Q1	Refer to Table B, Cover page ☐ Persons 18 + in family (Enter sample person number and name, THEN mark box) ☐ No persons 18 + in family (Cover page)	First name 5–8 ☐ Available (1) ☐ Callback required (HHld. page) ☐ Noninterview (Cover page)

A. Sample Person Callback Rules

1. Sample adults must respond for themselves. Do not accept a proxy respondent under any circumstances.

2. If, after you have explained the purpose of this section, the sample person refuses to answer the questions, accept the refusal. If, however, another family member refuses for a person who is not at home, use your own judgment as to whether to call back. For example, if the person says something like, "My wife told me not to participate in this survey, so please don't call on her--she'll be very upset if she finds out I gave you any information," you may accept the noninterview. However, if the person says something like, "My husband won't want to answer any questions," arrange for a callback to interview the person.

3. If the sample person is not at home during the initial interview, but is not temporarily absent for the entire interview period and is not incapable of answering the questions, make arrangements for callbacks. The procedures for callbacks are based on telephone availability:

   a. If the person has access to a phone and a telephone interview is acceptable, make as many calls as necessary up to your regular closeout to interview the person.

   b. If there is no telephone or a telephone interview is not acceptable, make up to 2 personal visit callbacks, at the times recommended by the household respondent, to interview the person. If on the second personal callback the interview is still not completed, arrange for additional personal visits if you will be returning to the same general area during the interview period.

   c. If the self-response interview is not completed by your regular assignment closeout (both telephone and personal visit cases) or when you will no longer be returning to the area (for cases that require personal visits), consider this a noninterview and explain the circumstances in item 9d of the Cover Page and in item 17 of the HIS-1.

Q1 Availability Status (Continued) Q1

B. Instructions

1. Refer to Table B of the Cover Page and mark the appropriate box in item Q1. Then enter the person number and first name of the sample adult on the line provided.

2a. Mark the "Available" box in Q1 if the sample person is available.

b. If the person is not available, mark the "Callback required" box in Q1. Then enter this person's column number and mark the "SP" column in item 16 of the HIS-1 and arrange for a callback as instructed in paragraph A3 above. You might also mention that it would be helpful for the person to have any containers available for reference when you call back.

Do NOT change Q1 on a callback if the interview is obtained but follow the appropriate instructions for the "available" box.

If the sample person is unavailable and the respondent volunteers the person took one or more products during the past 2 weeks, ask for the container(s) and transcribe all available information from the label(s) (questions 4, 5, and 6) while in this household. Then during the callback, verify, correct, or obtain any necessary information from the sample person. Do NOT, however, repeat items 5 and 6 for any products that you verify that the sample person takes.

If you are told by the sample person that any of these products were not taken during the past 2 weeks, "X" out the appropriate pages and footnote "product not taken during the past 2 weeks". It is not neccessary to renumber any succeeding pages.

Do not fill items 1 and 2 until you talk to the sample person.

c. Mark the "Noninterview" box in Q1 if you learn during the initial visit that you will not be able to interview the sample person. Then mark the appropriate "Noninterview" box in 9d on the Cover Page of the Supplement Booklet and explain the reason in the "Footnotes" space.

If the noninterview status is determined on a callback, do NOT change Q1 but mark the appropriate "Noninterview" box in 9d on the Cover Page of the Supplement Booklet and explain the reason on the supplement cover page and in item 17 on the Household page.

3. Fill an Inter-Comm explaining the situation for each noninterview.

(1)-(9) Questions 1 through 9, Use of Vitamin, Mineral, or Fluoride Products (1)-(9)

Instructions

1. Handle these questions in the same manner as the same questions in the sample child's portion of this section.

2. Space is allowed for up to 6 products for adults. If more than 6 products are given, use an additional booklet and change, "first" to "7th," "second" to "8th," and so forth when asking 4a. Also change "Product 1" to "Product 7," etc., in the box to the left of questions 4a and b.

3. If you learn when asking question 7, that the product was not taken during the past 2 weeks enter a dash (-), footnote the situation and go to the next product or item Q3. Do not delete the page.

(Q3)-(10) Item Q3 and Question 10, Pregnant or Breast Feeding (Page 24) (Q3)-(10)

Q3	*Refer to age and sex on Household Composition Page.*	Q3	1 ☐ Sample Person is female 18–44 *(10)* 8 ☐ Other *(Cover page)* — 36
It is important to know about vitimin and mineral use or nonuse by women who where pregnant or were breastfeeding a baby during the past 2 weeks. 10a. Were you pregnant during the past 2 weeks?		10a.	1 ☐ Yes 2 ☐ No 8 ☐ DK — 37
b. Were you breastfeeding a baby during the past 2 weeks?		b.	1 ☐ Yes 2 ☐ No 8 ☐ DK — 38

Instructions

1. Complete item Q3 based on the age and sex of the sample person. If additional booklets are used because there are more than 6 products, complete Q3 (and 10, if required) in the first booklet, after completing 4-9 for all products.

2. Ask question 10 to determine if the sample person was pregnant or breastfeeding during the past 2 weeks, regardless of any vitamin/mineral intake.

   NOTE: Upon completion of Q3 or 10b remember to fill 9, 10, and 11, as appropriate, on the Cover Page of the Supplement Booklet. If the sample person is interviewed during your initial visit, ask for the telephone number and record it in question 11 on the Household page of the HIS-1, if not already there.

CHAPTER 17. ITEM E AND TABLE X

E

Item E

E

E	If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit ➡	_____	If in AREA OR BLOCK SEGMENT, also enter for FIRST unit listed on property ➡	LISTING SHEET	
				Sheet number	Line number

A. Objective

Fill item E on questionnaires prepared for EXTRA units. The information is utilized by the regional office in assigning serial numbers.

B. Instruction

Fill item E by entering the control number of the original sample unit and, if the EXTRA unit is in an area or block segment, by entering the listing sheet and line number of the first unit listed on the same property as the original sample unit.

(X) **Table X** (X)

TABLE X — LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS

ADDRESS OF ADDITIONAL LIVING QUARTERS	LOCATION OF UNIT	SEPARATENESS AND FACILITIES		CLASSIFICATION	AREA AND BLOCK SEGMENTS	PERMIT SEGMENTS
If already listed, fill sheet and line number below and stop Table X. Otherwise, enter basic address and unit address, if any, OR description of location. (1)	Is this a unit in a special place? (2)	Do the occupants (or intended occupants) of (address in col. (1)) live and eat separately from all other persons on the property? (3)	Does (address in col. (1)) have direct access from the outside or through a common hall? (4)	N — Not a separate unit. Include on the questionnaire. HU/OT: Separate unit — Do not include on the questionnaire. Complete the appropriate segment type column for interviewing instructions. (5)	Is this unit within the segment boundaries? (6)	Is this unit within the same structure as the original sample unit? (7)
Sheet _____ Line _____	☐ Yes — Skip to col. (5) and mark according to Table A in Part C of manual ☐ No	☐ Yes ☐ No — Skip to col. (5) and mark N	☐ Yes — Mark HU in col. (5) ☐ No — Mark N in col. (5)	☐ N — Stop Table X for this line ☐ HU — Fill col. (6) or (7), as appropriate ☐ OT — Fill col. (6) or (7), as appropriate	☐ Yes — Interview as an EXTRA unit ☐ No — Do not interview	☐ Yes — List on first available line of listing sheet. Interview if in sample. ☐ No — Do not interview
Sheet _____ Line _____	☐ Yes — Skip to col. (5) and mark according to Table A in Part C of manual ☐ No	☐ Yes ☐ No — Skip to col. (5) and mark N	☐ Yes — Mark HU in col. (5) ☐ No — Mark N in col. (5)	☐ N — Stop Table X for this line ☐ HU — Fill col. (6) or (7), as appropriate ☐ OT — Fill col. (6) or (7), as appropriate	☐ Yes — Interview as an EXTRA unit ☐ No — Do not interview	☐ Yes — List on first available line of listing sheet. Interview if in sample. ☐ No — Do not interview
Sheet _____ Line _____	☐ Yes — Skip to col. (5) and mark according to Table A in Part C of manual ☐ No	☐ Yes ☐ No — Skip to col. (5) and mark N	☐ Yes — Mark HU in col. (5) ☐ No — Mark N in col. (5)	☐ N — Stop Table X for this line ☐ HU — Fill col. (6) or (7), as appropriate ☐ OT — Fill col. (6) or (7), as appropriate	☐ Yes — Interview as an EXTRA unit ☐ No — Do not interview	☐ Yes — List on first available line of listing sheet. Interview if in sample. ☐ No — Do not interview

NOTE: Be sure to continue interview for original unit after completing Table X for all lines.

A. Objective

Use Table X to record information to help determine whether the reported living quarters is a part of the unit being interviewed or is occupied or intended for occupancy as separate living quarters and should be interviewed as an EXTRA unit or added to the listing sheet.

B. Instructions

Use a separate line of Table X for each living quarters reported, example, if the respondent reports there are living quarters in the basement and on the second floor, you would fill one line for the basement and another line for the second floor.

1. Column (1)

   a. If the unit in question is already listed on the listing sheet, enter the sheet and line number that the unit is listed on, in the space provided; then stop.

   b. If the unit in question is NOT listed on the listing sheet, enter the basic and unit (specific) address of the living quarters or a description of each space you are inquiring about; for example, "2nd floor left", "1st floor rear", or "basement".

2. Column (2)

   Mark "Yes" or "No" in colunn (2) based upon whether or not the address is in a special place. If the address is in a special place, refer to Table A in part C to determine whether or not the address is a separate housing unit or OTHER unit. Then skip to column (5) and mark the appropriate box. If the address is not in a special place, go to column (3).

3. Columns (3) and (4)

   For addresses not located in special places the questions in these columns will determine whether or not the living quarters is a separate housing unit.

   a. Column (3)

      Mark "Yes" or "No" in column (3) based upon whether or not the occupants or intended occupants of the address in column (1) live and eat separately from all other persons on the property. (See part C, topic 10 for definition of separateness.)

      -- If "Yes, go to column (4).
      -- If "No" skip to column (5) and mark the "N" box.

   b. Column (4)

      In column (4) indicate whether or not the address in column (1) has direct access from the outside or through a common hall. See part C, topic 10 , for definition of direct access.

      -- If "Yes", go to column (5) and mark the "HU" box.
      -- If "No", go to column (5) and mark the "N" box.

4. Column (5)

Mark in column (5) the classification of the living quarters identified by the address in column (1). Do this based upon the responses to the questions in columns (2) and (4) (plus information from Table A in part C if applicable).

- If you mark "N," indicating that the address in column (1) does not identify separate living quarters, stop filling Table X for this line. Consider the additional living quarters on this line as part of the original sample unit and include any occupants of it on the HIS-1 questionnaire prepared for the original sample unit.

- If you mark "HU" or "OT," indicating that the address in column (1) identifies separate living quarters, fill column (6) or (7), depending on the segment type.

5. Columns (6) and (7)

Fill column (6) or column (7), depending on the type of segment in which the separate living quarters is located. Determine if the unit meets the criteria, as listed at the top of the appropriate column.

- If the unit <u>does</u> meet the criteria, mark "Yes" in the appropriate column. For an EXTRA unit in Area or Block Segments, prepare a separate HIS questionnaire. Continue the interview with the original sample unit. For an unlisted unit in a Permit Segment, add the unit to the Listing Sheet and prepare a separate HIS-1 questionnaire if the unit is listed on a current sample line. Continue the interview with the original sample unit.

- If the unit <u>does not</u> meet the criteria, mark "No" in the appropriate column and <u>do not</u> prepare an HIS questionnaire. Continue the interview for the original sample unit.

CHAPTER 18. PROCEDURES FOR EXTRA UNITS AND MERGED UNITS

A. Definitions

1. EXTRA Unit--An unlisted unit, found at the sample address in an Area or Block Segment at time of interview. For a more complete discussion of EXTRA units, refer to part C, topic 8 .

2. Merged Unit--A unit which is formed by the combination of two or more units. The resulting unit may or may not be in the current sample.

B. Instructions

EXTRA UNITS

1. Prepare an HIS-1 questionnaire for each EXTRA unit, whether occupied or vacant.

   a. Transcribe heading items 2 through 4 from the questionnaire for the original unit.

   b. Transcribe PSU and segment number to item 5 but leave the space for serial number blank.

   c. Item 7, YEAR BUILT--Mark the "Ask" or "Do not ask" box the same as for the original unit.

   d. Item 9, LAND USE--Mark the "URBAN/RURAL" boxes the same as for the original sample unit.

   e. Fill item E on the back of the questionnaire for the EXTRA unit.

   f. If the EXTRA unit is occupied, complete the interview in the usual fashion. If the EXTRA unit is vacant, fill the questionnaire as you would for any vacant unit.

   See page E1-19 for items which must be filled prior to transmittal.

2. Prepare an INTER-COMM; fill the heading items and explain how the EXTRA unit was discovered. Attach the INTER-COMM to the forms for the EXTRA unit.

MERGED UNITS

1. To determine if the merged unit should be interviewed, see part C, topic 14, of the manual.

2. For merged units discovered at time of updating, see part C, topic 14.

3. Questionnaires

   a. First Unit Involved in Merger--A Current Sample Unit--If the first of the listed units which are involved in the merger is a unit for which you have a questionnaire, interview the merged unit on that questionnaire. If the merger also involves any other units for which you have questionnaires, return those questionnaires as "Type C-merged."

   b. First Unit Involved in Merger--Not a Current Sample Unit--If the first of the listed units involved in the merger is not a current sample unit but the merger involves one or more other units for which you do have questionnaires, return the questionnaires as "Type C-merged."

   c. On the Questionnaire Used for the Merger--Enter in item 6a the complete description or address of the units now merged.

4. In addition to the entries required on the questionnaires for merged units, certain notations must be made on the listing sheet. For these instructions, refer to part C, topic 14.

5. Prepare an INTER-COMM; fill the heading items and specify sheet and line numbers of the merged units. Attach the INTER-COMM to the forms for the merged units.

PART E

INTERVIEWING TECHNIQUES AND ADMINISTRATIVE

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CHAPTER 1. INTERVIEWING TECHNIQUES

A. Your Role as an Interviewer

You must play two roles as an interviewer.

1. Technician

You are a technician who applies standard techniques to each interview. The standard techniques, detailed in parts A through D of your Interviewer's Manual, ensure that the data collected by all HIS interviewers are accurate and reliable. Since all interviewers apply the same techniques, the results of the interviews from across the country can be combined to provide valid statistical totals on the health of the Nation's population.

2. Diplomat

You should show a sincere understanding and interest in the respondent, and create a friendly but businesslike atmosphere in which the respondent can talk truthfully and fully. You should begin building a harmonious relationship with the respondent when he or she first answers the door. Maintain the rapport throughout the interview to ensure full and valid information.

During an interview, if rapport is broken because the respondent finds a particular question "too personal," you would be wise to take a little time to reassure the respondent regarding the impersonal and confidential nature of the survey. Through restating the survey (or question) objectives and showing the respondent a report from a past survey you will be able to illustrate how one respondent's answers are grouped with answers from other respondents as an impersonal statistic.

B. Locating the Address and Contacting the Household

1. Locating the Address

Most addresses in your assignment can be easily located based on your general knowledge of your interviewing area. If you have difficulty locating an address, use the suggestions below to find the address.

- Maps of your interview area may be available from various sources, such as the Chamber of Commerce, local government offices, automobile clubs, private firms that sell maps, some service stations, and local or state highway departments. Ask your supervisor before purchasing any maps, since you may be reimbursed for the cost of maps.

- Post Office employees are familiar with the locations of addresses, and are the best sources of information on the locations of "rural route" mail delivery addresses.

- The segment folder may contain maps, sketches, or notes on the locations of the addresses in that segment.

- Police, fire, and other local government officials, such as assessors, building inspectors, and zoning officials, may be helpful.

- Local businesspersons who deal with people in the area may be able to explain the location of an address.

- Utilities such as electric companies and telephone companies service most households and would have a knowledge of the locations of most addresses.

- Part B, Chapter 2, of your Interviewer's Manual discusses locating addresses in permit segments.

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

2. Contacting the Household

After you locate an assigned address, list or update at that address, if applicable, then visit the household at the sample unit and introduce yourself using an introduction similar to the one discussed in paragraph C1b on page E1-4. Area and Block segments are prelisted and preupdated; therefore, you will only have to visit the household at the sample unit and introduce yourself using the above introduction reference.

a. No one Home on First Visit

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

- If the occupants are temporarily absent (acccording to the conditions listed on page D4-18), follow the instructions on pages D4-18 and D4-19 for temporarily absent households.

- If the occupants are not temporarily absent, fill a Request for Appointment (Form 11-38 or 11-38a) indicating when you plan to call back. Enter your name and telephone number in the space provided. Also, enter the date and time you said you would call back in a footnote on the Household Page. Do not leave this form where it is easily visible from the street as this may anger the respondent.

- Try to find out from neighbors, janitors, or other knowledgeable persons when the occupants will be home; however, do not identify the specific name of the survey. Note the time in a footnote on the Household Page and call back at that time.

b. No One Home on the Second and Subsequent Visits

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

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

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

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

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

c. Number of Callbacks to Make in an Attempt to Obtain an Interview

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

Your office will designate a closing date for completing your assignment.

C. How to Begin the Interview

1. Introduce Yourself to the Respondent

a. The first step in an interview is to introduce yourself, including these six points:

(1) Your name.

(2) The U.S. Bureau of the Census.

(3) Your Identification (ID) Card.

(4) The fact that you are taking a health survey.

(5) The National Center for Health Statistics of the U.S. Public Health Service.

(6) The "Advance" letter.

b. A suggested introduction is:

"I am _____ from the United States Bureau of the Census. Here is my identification card. We are conducting a health survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service. Did you receive a letter explaining this survey?"

c. If you are not invited in immediately after your introduction, you may add, "May I come in?"

2. The Privacy Act of 1974 and the "Advance" Letter

a. The Privacy Act passed by Congress in 1974 seeks to ensure that personal information about individuals collected by Federal agencies is maintained in a manner which prevents unwarranted intrusions on individual privacy.

Among other things, the provisions of the Privacy Act call for Federal agencies to provide individuals with the following information about requests for information:

-- The authority under which the information is being collected and whether compliance is mandatory or voluntary.

-- The principal purpose or purposes for which the information is intended to be used.

-- The various uses which may be made of the information.

-- The effects on the respondent, if any, of not providing all or any part of the requested information.

b. The information listed above, along with a general explanation of the HIS, is contained in the advance letter which is sent from the regional office on Monday preceding the week of interview. The letter is sent only to those households for which the office has a specific street address or mailing address.

c. It will be necessary for you to inquire if respondents received the "Advance" letter. It is not necessary to ask if they have read it. If the "Advance" letter was not received or if the respondent does not know if it was received, provide him/her with a copy. If the respondent wishes to read the letter prior to the interview, allow sufficient time for that purpose. If the respondent inquires about the purpose of the survey, even though a copy of the "Advance" letter had been provided, you should offer an explanation such as:

"The Bureau of the Census is conducting the National Health Interview Survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service, because of the urgent need for up-to-date statistics on the health of the people. The survey is authorized by title 42, United States Code, section 242k. The information collected is confidential and will be used only for statistical purposes. Participation in this survey is voluntary and there are no penalties for refusing to answer any question. However, your cooperation is extremely important in obtaining much needed information to ensure the completeness and accuracy of the data."

At households where two or more members are interviewed at different times, it is not necessary to give the second person a letter; however, include the statement, "Your household has been provided with a letter explaining this survey," in your introduction.

d. After inquiring about the "Advance" letter and seating yourself, begin immediately with the first question of the interview: "What is your exact address?" The sooner the respondent begins to participate in the interview, the better. (NOTE: If a listing of the address is required, verify the listing before beginning the HIS-1 interview.) Starting the actual interview is much more desirable than describing the types of questions you plan to ask.

e. If persons who are not members of the immediate family are present, before continuing suggest to the respondent that it might be preferable to talk in a more private place. Even though a respondent might not refuse to be interviewed under these circumstances, the presence of outsiders might cause a reluctance to talk about certain types of illnesses which could result in a loss of information and cause a bias in the data. This may also help to assure respondents that the information they provide is confidential. Allow the respondent to make this determination.

3. Background of the National Health Interview Survey

a. The National Health Survey, of which the National Health Interview Survey is a part, is authorized by title 42, United States Code, section 242k.

b. The National Health Survey is a fact-finding survey only. Everyone realizes the importance of information about people's health and medical care, and they trust the survey to be concerned only with gathering facts about these health problems--and not with how the problems should be solved. Actually, when there are questions about how to solve a health problem, health administrators turn to the National Health Interview Survey for the facts on the siutation because they trust the survey results to be accurate.

c. If the respondent confuses this survey with other census work, or the 10-year decennial census, explain that this is one of the many special surveys that the Census Bureau is asked to carry out because of its function as an objective fact-finding agency and because of its broad experience in conducting surveys.

4. Reluctant Respondents

You will find that most respondents will accept your introduction as the reason you are taking the survey. However, there will be a few who want more information about the survey and you should be prepared to answer their questions. There also may be a few respondents who are reluctant to give information, or who refuse to be interviewed because they do not want to be bothered or because they do not believe the survey has any real value.

It is your responsibility, as a Census Bureau representative, to "sell" the HIS program to a reluctant respondent. A good selling job at the beginning of the interview should gain you the cooperation needed to complete the HIS interview.

To convert reluctant respondents, you must decide how much explanation is needed and the best approach. Explain the survey in your own words, in a manner that the respondent can understand. A thorough understanding of the survey by you is the key to an appropriate explanation.

a. General Explanation of Survey

If a respondent mentions specific reasons why he/she does not want to participate, refer to the topics listed in section 4b below for handling specific points. An example of a general explanation is shown below.

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

If we know in advance the direction the Nation's health is moving, it is easier to initiate programs to meet current and future health care needs. The statistical information developed from this survey is urgently needed in order to plan intelligently for the health needs of the population."

You may also refer to the "Advance" letter, the explanation on the last page of the Flashcard Booklet, and the material in part A, chapter 1, of this manual for assistance in explaining the survey to the respondents.

b. Specific Reasons for Reluctance

If a respondent gives specific reason(s) for her/his reluctance to be interviewed, you may use the general explanation in section 4a above, but you should also respond to the reason(s) mentioned. Shown below are some reasons a person may give for being reluctant to participate, and the responses you should give.

(1) How long will the interview take?

Mention that the length of the interview depends largely on the number of persons in the family. Do not say the interview will take only a few minutes.

(2) I don't have the time.

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

(3) I don't want to tell you about myself and my family.

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

(4) Why are you interviewing this household?

Explain that it would be too costly and time-consuming to interview everyone in the United States and therefore a sample of addresses was selected. The respondent happens to live at one of the representative addresses picked. Say that the selection was not based on who lives at the address, nor whether they have problems with their health. Each person represents approximately 1,600 persons. Taken as a group, the people living at these sample addresses will represent the total population of the United States in the health statistics produced and published by the U.S. Public Health Service.

(5) Why don't you go next door?

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

(6) I consider this a waste of taxpayer's money.

We are conducting the National Health Interview Survey for the U.S. Public Health Service to provide needed information on the health of the Nation's people. This information is useful when public or private health care programs are proposed or evaluated. The cost of conducting this survey is modest in comparison to the cost of health care in the United States. The information obtained from this survey helps ensure a more efficient allocation of funds for health care programs.

(7) How can you say that the survey is confidential but yet the data will be published?

All information gathered in this survey is held in strict confidence by law, unless we specifically request a respondent to sign a release form. There are severe penalties for revealing any information gathered in the survey that would identify any individual. Data are produced in such a way that no individual person can be identified. Both NCHS and the Census Bureau have outstanding records in this area.

(8) Why don't you get this information from doctors or the American Medical Association?

Doctors and the American Medical Association only have records on contacts with health care facilities. They do not have information on illnesses or injuries for which persons do not contact medical persons, and on persons without health problems.

The HIS also collects information on the effects of health on the person's lifestyle. This information is not available from medical records.

(9) What have you done with the data collected in the past?

From previous surveys a number of detailed reports on the following subjects have been published.

- Medical Care of Acute Conditions
- Hospital and Surgical Insurance Coverage
- Personal Out-of-Pocket Health Expenses
- Characteristics of Persons with Hypertension
- Information on Hospitalizations

Provide the respondent with a copy of the most recent "Fact Sheet" provided by NCHS.

(10) I gave information in the decennial census.

The 1980 Decennial Census was conducted in April 1980. Therefore, some respondents may question why you are interviewing them whey they have already completed a census questionnaire. Explain that the decennial census does not collect information on the health of the Nation's people. The information in the National Health Interview Survey is very important to collect this needed health information.

(11) Isn't participation in the survey voluntary?

Although participation in the National Health Interview Survey is voluntary, it is very important that we obtain the cooperation of all households selected in this relatively small sample to assure that we will continue to produce valid and representative information on the health of the population.

(12) Will this be the end of it?

Do not tell respondents they will be interviewed only once, since they may be reinterviewed by your supervisor or interviewed again for some other survey at a later time. If asked about additonal interviews, tell the person that the household may be contacted at a later date to obtain additional health related information. This is also stated in the "Advance" letter.

(13) Not convinced of need for information on health.

Other approaches may be used for persons who are not convinced that it is important to have information on health.

- For example, a respondent with children may be interested that data are sometimes collected on the immunization of children, dental care, or other topics specific to children.

- For example, a respondent who is concerned with the "high" cost of health care may be interested in the fact that HIS data may be useful for more efficiently directing government health care expenditures and for formulating government programs to assist persons with their payments for health care.

c. Refusals

Occasionally, a household may refuse to give any information. You should make every effort to obtain cooperation from each household assigned to you for interview. Use the explanations provided in this part of the Manual to demonstrate to the respondent the need for this information and to overcome any objections he/she has.

If all attempts at obtaining cooperation have failed, follow the instructions for refusals on page D4-17.

D. Your Own Manner

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

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

3. Sometimes you may feel it awkward to ask particular questions of certain family groups or in certain situations, for example, specific items in the condition lists, income, etc. If you ask these questions without hesitation or apology and in the same tone of voice as other questions, you will find that most respondents will not object. If

there is any discussion on the respondent's part, explain that the questionnaire is made up of a prescribed set of questions that must be asked in all households, even though they may seem to be inappropriate in some cases.

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

E. How to Ask the Questions

1. Ask Each Question as Instructed--The uniformity and value of the final results depend on all interviewers asking the questions in the same order and with the same wording.

   a. If you change the order, it is likely that both you and the respondent will become confused. This is especially true of the health questions, which refer to different periods of time. Asking the questions out of order would invite confusion.

   b. Speak clearly and read the entire question as it appears on the questionnaire. If you change the wording of a question, the respondent may answer differently than if you asked the question with the proper wording. This would mean the information obtained in the interview is not reliable, because it is not comparable to the information obtained in all interviews where the question was asked properly.

   c. It may appear to be bad manners to ask a question when the respondent has already provided you with the specific answer. It may confuse the respondent, or even cause antagonism, and may result in loss of information for later questions in the interview. If you are sure of the specific answer, you may make the appropriate entry without asking the question. However, you should verify the answer by saying something like: "I believe you told me earlier that a motor vehicle was involved in the accident, is this correct?"

2. Listen to the respondent until the statement is finished. Failure to do so can result in your putting down incorrect or incomplete entries. The two most common types of errors made in this regard are:

   a. Failure to listen to the last half of the sentence because you are busy recording the first half.

   b. Interrupting before the respondent has finished, especially if the person hesitates. A respondent often hesitates when trying to recollect some fact, and you should allow sufficient time for this to be done. Also, people will sometimes answer "I don't know" at first, when actually they are merely considering a question. When you think that this may be the siituation, wait for the respondent to finish the statement before repeating the question or asking an additional question.

3. Repeat the Question if Not Understood--The respondent may not always understand the question when it is first asked, and sometimes you can tell from the answer that the question has not been understood. In this case, repeat the question using the same phrasing as used originally. This should not prove to be embarrassing since what you said the first time was not heard or understood. Frequently the respondent is capable of understanding the question but has missed a word or two. If you think it is helpful, preface the repetition of the question by a phrase, such as "I see," "Oh, yes," and the like, and then repeat the actual question. If the respondent still does not understand the question, follow the instructions for probing in paragraph F on page E1-14.

4. Repeat the Answer--Sometimes it is helpful to repeat the respondent's answer and then pause expectantly. Often this will bring out additional information on the subject. It is also helpful as a check on your understanding of what has been said, especially if the statements or comments given have not been entirely clear. For example, "Including your doctor visit last week, that makes three times during the past 2 weeks?"

5. Avoid Influencing the Respondent

   a. Experiences in other studies have shown that respondents tend to agree with what they think you expect them to say, even though the facts in the case may be different. Therefore, avoid "leading" the respondent by adding words or making slight changes in questions that might indicate an answer you expect to hear.

   b. Even slight changes which may seem to make no apparent difference can prove harmful and should be avoided. For example, the question, "During those 2 weeks did you stay in bed because of illness or injury?" is greatly changed in meaning when changed to, "You didn't stay in bed during those 2 weeks because of illness or injury, did you?" The question, "Did the doctor or assistant call the eye trouble by a more technical or specific name?" would have a different meaning if changed to "Did the doctor say you had glaucoma?"

   c. Changes in question wording such as these suggest answers to the respondent and must be avoided. In an effort to be helpful the respondent may say, "Yes, that was it," or "That is true," or "That sounds about right"; whereas, the facts may have been quite different.

   d. Sometimes the respondent may not know the answers to the questions, and if this is the case, record the fact that the information is not known. (See page D2-9, paragraph 4, for instructions on recording "Don't know" responses.)

6. Information Given Out of Turn--Sometimes respondents will start describing the health of the family in answer to the very first question and will cover their own illnesses and those of other family members in such a way that is difficult to know which person has which condition. When this happens, you should explain that you cannot keep up in recording the information and ask them to permit you to ask the questions as they appear so that the information needed will not be given more than once.

   If you find it helpful, you may footnote conditions which are reported in questions not designed to pick up conditions for your reference in verifying these conditions later on the same page. For example, if the response to 2b on the Restricted Activity Page is, "He missed 3 days from work because of sinus trouble," you may wish to footnote "Sinus trouble" for verifying this condition when asking 7a. Do NOT attempt to verify conditions reported on a previous page.

   Do not enter conditions in C2 unless they are verified or reported in response to questions designed to obtain conditions so that you will be sure to enter the proper source.

7. Do Not "Practice Medicine"

   a. Do not try to decide yourself whether or not any member of the household is ill. If the respondent mentions a condition but makes light of it or expresses doubt that the person was "ill," enter the condition on the questionnaire and ask the appropriate question(s) about it.

   b. Do not attempt to diagnose an illness from the symptoms, or to substitute names of diseases for the respondent's own description of the trouble. If an answer to a question is not specific or detailed enough, ask additional questions in accordance with instructions in section F below. However, the final entry must always represent what the respondent said, in his or her own words.

   c. If respondents ask for any information regarding health, explain that you are not knowledgeable enough to give health information and refer them to their physician or to the local medical society.

8. Pacing the Interview

   a. Try to avoid hurrying the interview even under trying circumstances. If respondents sense that you are in a rush to complete the questions and get out of the house, they will probably cooperate by omitting important health information which they might feel would take too much time to explain and record.

   b. Maintaining a calm, unhurried manner and asking all the questions in an objective and deliberate way will do much to promote an attitute of relaxed attention on the part of the respondent.

   c. Do not, however, unnecessarily "drag" the interview by allowing the respondent to present extraneous information after each question.

F. Probing

1. When to Probe

a. Sometimes a person will give you an answer which does not furnish the kind of information you need or one which is not complete. It will be necessary to ask additional questions to obtain the required information, being careful to encourage the respondent to do the explaining without suggesting what the explanation might be. Ask as many questions as necessary to satisfy yourself that you have obtained complete and accurate information insofar as the respondent is able to give it to you.

b. Be sure to keep asking additional questions until you have a complete picture and all the pertinent details. In some cases, the actual probe to use is printed on the questionnaire.

c. However, do not "over-probe." If the respondent does not know the answer to a question, do not try to insist that an answer be given. This might cause irritation and also cause concern about our interest in accurate responses.

2. How to Probe

a. Ask additional questions in such a way that you obtain the information required without suggesting specific answers. For example, "Please explain that a little more," "Please describe what you mean," or "What was the operation for?" Fit the question to the information which has already been given.

b. Ask probes in a neutral tone of voice. A sharp demanding voice may damage rapport. Also, it is sometimes a good technique to appear slightly bewildered by the respondent's answer and suggest in your probe that it was you who failed to understand. (For example, "I'm not sure what you mean by that--could you tell me a little more?") This technique can arouse the respondent's desire to cooperate with you since he or she can see that you are conscientiously trying to do a good job. However, do not overplay this technique. The respondent should not feel that you do not know when a question is properly answered.

c. In some instances you may need to suggest specific alternatives when general phrases have not been successful in obtaining the information. This is also an acceptable method of asking additional questions, provided the respondent is never given a single choice. Any items specifically suggested must always consist of two or more choices. The examples below illustrate both acceptable and unacceptable methods for asking additional questions.

	Acceptable	Not Acceptable
(1)	Can you tell me the approximate number of days?	Would you say it was 6 days?
(2)	You said you first noticed the condition about a year ago. Was it more than 12 months ago or less than 12 months ago?	Was it more than a year ago?
(3)	Do you all live and eat together?	Are you all one household?
(4)	Does she live the greater part of the year here or at her sister's home?	Is she a member of this household?
(5)	What kind of asthma is it?	Is it bronchial asthma?

d. The "Not acceptable" questions in examples (3) and (4) show an interviewer who is unable to apply Census rules for determining the composition of a household, and expects the respondent (who doesn't know the Census rules) to make the decision.

e. The "Not acceptable" questions in examples (1) and (5) illustrate an invitation to the respondent to just say "Yes" without giving any thought to the question.

f. The "Acceptable" question in example (2) illustrates a proper way to give the respondent an opportunity to tie an event to a particular period of time. The "Not acceptable" question is again an invitation to the respondent to say "Yes."

g. We have stressed the fact that you need to "stimulate" discussion. This does <u>not</u> mean that you should influence the respondent's answer or unnecessarily prolong the interview. Probing should always be neutral so that the respondent's answers are not distorted. When a neutral question is asked of all respondents, we have comparability between all the interviewers in the survey. If each interviewer asked a <u>leading</u> probe, the replies would no longer be responses to the original question but would vary from interviewer to interviewer, depending upon the probe. This thoroughly defeats the objective of standardization, and dilutes the respondent's answer with interviewer ideas.

h. Your thorough knowledge of the objectives of the questions will alert you to those times when probing is necessary for clearer, more complete, answers. Do not accept vague or partial answers which a respondent gives; this may lead to inaccurate data. The following example illustrates a faulty knowledge of a question objective:

Question: What were you doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?

Answer: Well, last week I was doing something else.

Probe: Then you were doing something other than working, keeping house, or going to school. Is that right?

Answer: Yes, that's correct.

In this example, notice that the question asks what the respondent was doing during most of the past 12 months. However, the respondent answered in terms of last week and the interviewer failed to catch this. The mere fact that the respondent said something doesn't mean that the question was answered according to the question objective. You must be able to separate the facts wanted from the respondent's answers. The basic procedure is:

- to know the question objective thoroughly.
- to know how to probe when the answer is inadequate while, at the same time, maintaining good rapport.

i. Sometimes a respondent may answer, "I don't know." This answer may mean:

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

Do not immediately record "DK" for "Don't know" if that is the respondent's first answer. Probe if it appears the respondent answered "I don't know" only because he/she did not understand the question, needs additional time to think of an answer, or is attempting to evade the question.

G. Recording Information Correctly

Recording information correctly is just as important a part of the interview as asking the questions correctly. This involves printing clearly in the space allotted for descriptive entries. If an additional description is required, make free use of the footnote space. Be careful not to leave blank spaces where they should be filled in.

1. Use a black lead pencil so that you can erase incorrect entries.

2. Make sure all entries are legible. Printing is required in some cases and may be best for you if your handwriting is hard to understand.

3. Use "DK" for "don't know" only to indicate that the respondent does not know the answer to a particular question. Do not use it to fill answers for questions that you may have overlooked at the time of interview.

4. If, after an interview, you discover blanks in the questionnaire for questions which should have been asked, and you are unable to call back for the information, leave the items blank.

H. Making Corrections

1. HIS "Core" Questions

a. The HIS core questions are separated by topic into "Pages"--Limitation of Activities, Restricted Activity, etc. through the Demographic Background Page. Generally, do not go back and make corrections to information recorded on previously completed "Pages" when inconsistencies are discovered later during the interview. For example, do not change the Restricted Activity Page because of answers received to questions 5 and 6 on the Demographic Background Page. For these cases, footnote the situation.

b. However, you should make any necessary corrections when inconsistencies are discovered with information on the "Page" you are currently completing. For example, correct the entries in Limitation of Activities Page questions 2-6 if an inconsistency is discovered when asking question 14.

c. The above rules apply to inconsistencies discovered during the interview. If you discover errors or omissions in any "core" pages during your edit after the interview, call the respondent and reask only the appropriate questions, that is, the ones missed or in error. Do not try to fill answers or make corrections from memory.

d. Make corrections to item C1 on the HIS-1 as necessary: Correct item C1 and footnote the reason if the number of Doctor Visit columns completed for a person differs from the entry in the 2-Wk. Dr. Visit box (D9-3) or the number of Hospital columns completed for a person differs from the entry in the Hospital box (D12-5).

e. If, when completing the Demographic Background Page, there is an inconsistency between the response to question 5 and the entry in item L2, correct item L2 and the "Work" box in C1 (D14-13 through 15), footnoting the reason for the change.

f. If, when completing the Condition Page, you learn that a condition started during "interview week," do not delete the condition from item C2. Footnote the situation and do NOT ask any further questions for this condition (D13-20). For example, if the response to question 5 is "this week," verify the information, footnote "during interview week," and stop asking further questions on this Condition Page. However, do not delete or correct any previously recorded information for this condition.

NOTE: Make NO changes to the HIS core pages because of information received later in the interview while completing the supplement(s). Footnote the inconsistency on the appropriate supplement(s).

2. Supplements

Supplements may be contained in the HIS-1 or may be contained in a separate booklet.

a. Do not make any corrections when inconsistencies are discovered from one section to another (in the supplement you are currently completing), but do make corrections within the section. For example, do not correct the entries in Section M based on later information provided in Section O. However, do footnote the situation.

b. The above rules apply to inconsistencies discovered during the interview. If you discover errors or omissions in any of the supplement(s) during your edit after the interview, call the respondent and reask only the appropriate questions, that is, the ones missed or in error. Do not try to fill answers or make corrections from memory.

3. Correcting the Sample Person Selected

a. If you discover during the interview that the wrong sample person was selected, stop the interview with this person, make any necessary corrections and try to interview the correct sample person. Callback, if necessary, to interview the correct sample person.

b. If you discover after the interview that the wrong sample person was selected, footnote this information but do NOT try to contact the correct person.

I. Review of Work

1. At Close of Interview--Look over the questionnaires while you are in the house so that you can ask any missing items or clarify any questions you might have. Check to be sure you have completed:

   a. The Limitation of Activities Page.

   b. A Restricted Activity Page for each person.

   c. A 2-week doctor visit column for each visit recorded in item C1.

   d. The Health Indicator Page.

   e. A hospital stay column for each hospitalization recorded in item C1.

   f. A Condition Page for each condition listed in item C2.

   g. The Demographic Background Page.

   h. The Health Insurance Supplement.

   i. The Cover Page of the HIS-1(SB) Supplement Booklet, if appropriate.

   j. The Supplement Booklet or made arrangements for a callback.

   Also check to be sure you have entered dates and times for callbacks on the Household Page.

2. Prior to Transmittal

   Review the Household Pages for completeness. Verify that you have correctly filled the following items:

   a. EXTRA (OR UNLISTED) UNITS

      1 through 5 (except serial number)

      6

      7 (Ask or Do not ask box must be marked same as for original unit.)

      9 (URBAN or RURAL box must be marked same as for original unit.)

      10

      11 through 17

      Item E on page 60 (for EXTRA units)

b. Nonrelated Household Members

1 through 5

6b

11 through 17

c. More Than One Questionnaire for Related Household Members

1 through 5

13

d. Noninterviews

All items must be completed as specified in item 14.

J. "Thank You" Letters

The "Thank You" letters are signed by the Director of the National Center for Health Statistics of the U.S. Public Health Service. Leave one of these at each household after the interview has been completed. The letter thanks the respondent briefly for his/her cooperation and can be shown by the person interviewed to other members of the household who were not a home at the time of your call. In leaving the letter, say something such as: "Here is a letter of appreciation from the U.S. Public Health Service," or "Here is a letter from the U.S. Public Health Service thanking you for your cooperation in this survey."

K. Use of Telephone

1. When to Use the Telephone

Use the telephone only:

a. To make appointments.

b. To obtain a few items of information missed in the personal interview.

c. To obtain information that was not available to the respondent during the personal interview.

d. To conduct certain supplement interviews with persons not available during the initial interview. (See Chapter D16 for specific callback procedures.)

2. General Guidelines

The guidelines appearing in this section should be kept in mind any time you contact respondents on the telephone.

a. Principles of Using the Telephone

Successful telephone communication is not dependent on visual techniques. Physical means of communication, such as gestures, posture, etc., which can be a factor in creating a favorable impression during a personal visit are not a factor in telephone interviewing. Vocal expression, through the use of language, grammer, voice quality, rate of speech, and effective enunciation is the key for creating a favorable impression over the telephone.

When you are talking to a respondent on the telephone, he/she forms a mental picture of you. Therefore, it is important to convey a positive image over the telephone. To do that, you must maintain a businesslike attitude and positive frame of mind at all times. There will be occasions when respondents will give you a very difficult time on the telephone. At these times, it is especially important that you maintain a professional attitude. Do not allow a respondent to upset or excite you and, by all means, be certain that you do not say anything to upset or excite the respondent.

b. General Rules

You obviously want to create a favorable impression over the telephone. Experienced interviewers will impress the respondent as being confident, easy to understand, polite, and businesslike. The following general rules should help you to project this image when interviewing by telephone.

- CLARITY

  Avoid talking with anything in your mouth, such as a cigarette, food, chewing gum, or pencils. Speak directly into the mouthpiece with your mouth about one inch from the telephone.

- ENUNCIATION

  The English language is full of similarities, "T" and "D," "P" and "B," and "E" and "P." Clear enunciation will help avoid misunderstandings and the need to repeat yourself.

- COURTESY

  Common everyday courtesy is just as important on the telephone as it is in personal interviews. For telephoning, it may be even more important because you can't see the person to whom you are speaking, and it may be more difficult to gain his/her confidence and trust.

- RATE

  The basic rate of speech is 120 words per minute. If you speak too rapidly, people start listening to how fast you're talking, instead of what you are saying. If you speak too slowly, it can be irritating to a listener because he or she is kept hanging on every word and tends to anticipate what you are going to say. Take a paragraph from a magazine or newspaper, count out 120 words, and practice reading it aloud, timing yourself to see how close you can come to the standard rate.

- PITCH

  Speech experts say low pitch is desirable because it projects and carries better. Also, it is more pleasant. Try lowering your head, since this technique helps to lower the pitch of your voice.

- INFLECTION

  Don't talk in a monotone. Use the full range of your voice to make the conversation interesting. Rising inflection toward the end of a sentence is very helpful. As in personal interviews, stress those words or phrases that need to be emphasized. These are USUALLY shown in capital letters.

c. Keys to Good Listening

A good interviewer does much more than ask questions. In order to interview properly, he/she must be a good listener. This is especially important during a telephone call, where verbal communication is the only form of contact. During a personal interview, where you can see the respondent, gestures, facial expressions, etc., may tell you that a respondent is pausing to gather his/her thoughts. Since we lose this advantage when using the telephone, interviewers must be especially aware of the proper listening techniques described below:

- LIMIT YOUR OWN TALKING

  You can't talk and listen at the same time.

- ASK QUESTIONS

  If you don't understand something, or feel you may have missed a point, clear it up immediately. If you don't it can confuse the interview and may embarrass both you and the respondent.

- DON'T INTERRUPT

  A pause, even a long pause, doesn't always mean the respondent is finished saying everything he/she wants to say. When telephoning, you may find it is necessary to probe more often than usual.

- CONCENTRATE

  Focus your mind on what the respondent is saying. Practice shutting out distractions.

- INTERJECTIONS

  An occasional "Yes," "I see," etc., shows the respondent you're still with him/her, but don't overdo it or use comments that might bias the interview an any way, such as "That's good," or "That's too bad."

- AVOID REACTIONS

  Don't allow your irritation at things the respondent may say, or allow his/her manner, to distract you.

- DON'T JUMP TO CONCLUSIONS

  Avoid making assumptions about what the respondent is going to say, or mentally trying to complete a sentence for him/her. Such conclusions "lead" the respondent, and bias the interview.

d. Telephone Techniques

Every interviewing situation is unique and should be treated as such. It is important that you adapt to each new respondent. Don't allow a difficult interview or sharp refusal to shake your confidence or affect subsequent interviews. There is nothing mechanical about interviewing either in person or by telephone, but there are some basic techniques for a telephone contact that will help to make telephone interviewing easier.

- SELECT GOOD WORKING PLACE

  When contacting a respondent on the telephone, select a quiet place where you have adequate working space, and where interviews may be conducted confidentially.

- BE PREPARED

  Always have enough paper, pens, pencils, and forms, as well as your Interviewer's Manual and interviewer aids within arm's reach when you are on the telephone. Excuse yourself in the unlikely event that you have to leave the telephone and never leave the telephone for more than 30 seconds.

- KEEP INTRODUCTION BRIEF

  Avoid lengthy introductions. Keep them brief and to the point, and begin interviewing as soon as possible. A recommended telephone callback introduction is printed on the last page of your Flashcard Booklet.

- BE COURTEOUS

  Never slam the receiver down. Explain all lengthy pauses which delay the interview; for example, "Please excuse the slight delay but I'm writing down the information you gave me. Is this correct (repeat your entry)?"

- MAINTAIN YOUR CONFIDENCE

  Do not allow a "tough" interview or refusal to affect the next call. Remember, you are speaking to a different person each time and your attitude will be easily betrayed by your telephone voice.

- DO NOT RUSH THE INTERVIEW

  Speak deliberately and distinctly and ask all questions as worded. Speak clearly and pronounce each word.

- ENDING THE INTERVIEW

  When you are finished interviewing a respondent, express your thanks, and when the time comes, always let the respondent hang up first.

e. Telephone Expenses

You will be reimbursed each month for the actual expenses you incur in making telephone calls. See instructions in your 11-55, Administrative Handbook.

3. Specific Rules for HIS Telephone Interviews

a. Local and Long Distance Calls

Use a local telephone whenever practical. (Consult your Administrative Handbook or supervisor on the use of long distance calls.)

b. Make your telephone calls at the time which will maximize your chances of contacting the desired household members you need to interview. Avoid calling very early in the morning (before 8:00 a.m.) or very late in the evening (after 9:00 p.m.) unless the respondent specifically requested that you call at such times.

c. Once you have contacted the household by phone, ask to speak to the desired respondent(s). If they are not available, determine when they will be available and record this in a footnote on the Household Page of the HIS questionnaire.

d. If the desired respondent is available and you have spoken to this person previously, introduce yourself and explain your reason for calling. (For example, "I am calling for the information which you were unsure of during my visit.")

e. If the desired respondent is available and you have not spoken to this person previously, you will need to introduce yourself and explain your reason for calling in more detail.

   Use the following introduction:

   "I am _____ from the United States Bureau of the Census. I spoke with -- (previous respondent) during a visit to your household concerning a health survey we are taking across the Nation. I arranged with -- (previous respondent) to call today to ask you some questions. Your answers are confidential. The survey is voluntary and you may discontinue participation at any time. Your household has been provided with a letter explaining this survey."

f. If the respondent is unable to provide certain information during the HIS-1 interview, arrange a telephone callback to obtain this information from a more knowledgeable respondent. For example, if the respondent is unable to provide information on the 2-Week Doctor Visits Probe Page about his 19-year-old cousin, arrange a telephone callback to speak with the cousin and complete all appropriate questions which the previous respondent was unable to answer. If the cousin now reports one doctor visit during the 2-week period, also complete a 2-Week Doctor Visits column. Do NOT, however, verify or change information previously reported by the original respondent. For example, if you are calling the cousin to ask questions 2 and 3 on the Health Indicator Page, do not reask questions 1, 4, or 5 on this page for the cousin. Again, if the family does not have a telephone, make <u>personal</u> callbacks for missing information only if you have other work to do in the same general area.

   Keep in mind that the above callback procedures apply only if a few items are missing. If most of the interview cannot be completed for one or more family members or the household in general, a personal callback is required to interview a more knowledgeable respondent.

g. After the interview is completed, thank the respondent for his/her cooperation. If necessary, ask to speak with any other persons you need to interview.

CHAPTER 2. ADMINISTRATIVE

A. Transmittal of Materials

1. If possible, transmit all "materials" for a segment to the regional office together, in the same package. These include all questionnaires (completed interviews and final noninterviews) and the Segment Folder. However, do not delay your transmittal for one or two outstanding cases.

2. Insert the HIS-1(SB) Supplement Booklet for a household inside the HIS-1 questionnaire for that household.

3. Mail the materials on the day you make your last call, that is, the day you complete your last interview in the (each) segment, but no later than Saturday of interview week.

4. If you feel you will not be able to complete your assignment by Saturday of the interview week but can complete it by Monday or Tuesday of the following week, contact your office by Friday for instructions.

5. If you have picked up an EXTRA unit(s) or added a unit for which no serial number was assigned, enter "EXTRA" or "ADDED," as appropriate, in the serial number column of the "Transmittal Record" on the Segment Folder, following the serial numbers for questionnaires received from your office.

6. Enter the date you are mailing all "materials" for the segment on the Segment Folder in the "Date of Shipment" column opposite serial number "01." If only some questionnaires are being mailed, enter the date after each appropriate serial number.

7. If, in unusual circumstances, you have permission to complete any questionnaires after interview week, enter the following notation in the lower left-hand corner of the mailing envelope: "Late transmittal for Week ____" (enter the appropriate interview week number, for example, 01, 02, etc.). If you have permission to complete supplement interviews after interview week, make a note in your transmittal of HIS-1 questionnaires which HIS-1(SB) Supplement Booklets you are retaining. You may need to transcribe telephone number and other appropriate information from the HIS-1 before you transmit it in this situation.

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 to Part E of the manual explains the guarantee of confidentiality given to respondents in the National Health Interview Survey (HIS), and what you should do to maintain this guarantee. Your 11-55, Administrative Handbook, also contains information on nondisclosure policies, violations of confidentiality, and ways to prevent careless disclosure. You took an oath not to reveal information collected and you will be required to sign a semiannual certification of compliance with the Bureau's nondisclosure policy.

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 printed in the upper left corner of the HIS-1 Household Page:

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

A similar statement is also made in the HIS-600 advance letter to fulfill the requirements of the Privacy Act of 1984.

3. SPECIAL SWORN EMPLOYEES (SSEs)

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

4. USING THE GUARANTEE OF CONFIDENTIALITY WITH RELUCTANT RESPONDENTS

Use the information in Part A, paragraph E (page A1-7), and Part E, section C4.b(3), (7), and (9) (pages E1-7 through E1-9), when a respondent is reluctant to participate because he/she thinks the data will be open for public inspection. Also show the respondent a copy of published data from this survey, if available.

5. PENALTIES FOR DISCLOSING CONFIDENTIAL INFORMATION

Unauthorized disclosure of individual information collected in the National Health Surveys is punishable by a fine of up to $1,000, or imprisonment up to 1 year, or both (18 USC 1905). Deliberate falsification, by an employee, of any information in this survey is punishable by a fine up to $10,000, or imprisonment up to 5 years, or both (18 USC 10001).

6. HOW TO MAINTAIN CONFIDENTIALITY

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

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

b. When Conducting Interviews: Do not permit unauthorized persons (including members of your family) to listen to an interview. For example:

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

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

(3) If you need an interpreter because of a language barrier, ask if the respondent is willing to have another person act as 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 interviewer who speaks the respondent's language can conduct the interview later. If the respondent agrees to an interpreter, locate someone to interpret and have him/her read and sign Form BC-1415, "Contract for Interpreter Services". This form must be signed by anyone other than a household member who interprets - even friends and neighbors must sign. You are authorized to pay the current rate for a GS-3, Step 1, for each quarter hour worked. Submit the signed Form BC-1415 with your payroll forms for reimbursement and give a copy to the interpreter. (These instructions are also in Chapter 2 of the Administrative Handbook for Intermittent and Part Time Schedule A Employees, Form 11-55.)

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

c. When Discussing Your Job with Family, Friends, Others: You must not reveal any information which you obtained during an interview or identify any persons who participated in the survey to unauthorized persons in conversation or by allowing them to look at completed questionnaires.

d. When "Storing" Completed Questionnaires: If it becomes necessary to leave completed questionnaires around your home, motel room, or other nonsecure place when you will not be there, put them "out-of-sight" so that unauthorized persons will not be tempted to look at them if they cannot be more securely stored.

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 Bureau of the Census through the regional office. Action to satisfy such subpoena will be taken only as authorized by Public Health Service Regulations, section 1.108 of title 42, U.S.C.

APPENDIX B

DIAGNOSTIC ERROR CODES

Code	Page/Item	Situation
01	Limitation of Activities/2 through 15	Limitations are reported, but conditions causing the limitations are not entered in C2 with "LA" as source.
02	Restricted Activity/2 through 7	Restricted activity days are reported, but no condition entered in C2 with "RA" as source. --- Code 02 is not assigned if: "Normal birth," "immunization/vaccination with no side effects," or "tests/exams-no condition" is footnoted as the cause of the restricted activity.
03	2-Week Doctor Visits/Column	Doctor visit recorded in C1 but a doctor visit column is not completed for it.
04	2-Week Doctor Visits/4	• "Condition" box is marked in 4a/b, AND/OR an entry appears in 4f and/or 4h, BUT no condition entered in C2 with "DV" as source. • "Other" box is marked in 4a/b, AND the name of a condition is entered in 4a/b but not in C2, OR an operation or surgery is reported in 4a/b but the condition causing the operation or surgery, or the name of the operation or surgery if condition cannot be determined, is not entered in C2.

Code	Page/Item	Situation
05	Hospital/ Column	Hospital stay recorded in C1 but a hospital column is not completed for it.
06	Hospital/4 and J1	• Nights during 2-week reference period but condition in 4 is not entered in C2 with "HS" as source. • "No condition" box is marked in 4, AND the name of a condition is entered in 4 but not in C2, OR an operation or surgery is reported in 4 but the condition causing the operation or surgery, or the name of the operation or surgery if condition cannot be determined, is not entered in C2.
07	Condition/ Page	Condition entered in C2 but a Condition Page is not completed for it.
08	Condition/3b	Double entries appear, but a separate Condition Page is not completed for each entry.

Code	Page/Item	Situation
09	Condition/3f and 17b	Condition, or additional present effect(s), not entered in C2 when more than one present effect is reported in 3f (for stroke only). Examples--3f: • "Paralyzed arm and leg"--requires one Condition Page. • "Paralyzed arm and stiff leg"--requires two Condition Pages. Multiple present effects reported in 17b but not entered in C2. Examples--17b: • "Lower left arm stiff and sore"--requires two Condition Pages. • "Lower left arm stiff, upper right leg sore"--requires two Condition Pages. • "Upper left arm and lower right leg stiff"--requires one Condition Page. Code 09 is not assigned if: Present effects in 3f (for stroke only) or in 17b are the same as the entry in item C2 or question 3b on the same Condition Page.
10	2-Week Doctor Visits/1	Date entered is impossible. OR Date is outside the reference period. OR Date is omitted. Code 10 is not assigned if: Date is blank but "Last week" or "Week before" box is marked.

Code	Page/Item	Situation
11	Hospital/2	Date entered is impossible. OR Date is omitted. OR Date and number of nights indicates entire stay during interview week.
12	Condition/3b	"Effects of operation," "after-effects," "ill effects," "recuperating," or "convalescing" is entered, but not the condition causing the operation, or the name of the operation if no condition. ---------- Code 12 is not assigned if: Condition causing the operation is given as "cause."
13	Condition/3b	Only part of body is entered. OR "DK" entered. OR An obviously vague description, such as "lame," "retarded," "gasstric stomach," "impaired," "crippled," "heart failure," "tubes in ear," etc., is entered, AND a more complete description is not recorded in any succeeding question. OR No entry is recorded.
14	Condition/3c	Cause not entered for any condition other than color blindness, cancer, normal pregnancy, normal delivery, vasectomy, or old age. ---------- Code 14 is not assigned if: Accident/injury is given as "cause" and a complete or adequate description of the accident is not given.

Code	Page/Item	Situation
15	Condition/3d	Neither "Accident/injury" box nor "Yes/No" box marked, as appropriate.
16	Condition/3e	Kind or manifestation is not given, for the terms or conditions listed. OR Entry describes only site, part of body, or surface. Example: "flesh tumor," "bone cyst," "skin ulcer." ---------- Code 16 is not assigned if: • Entry includes term "disease," when commonly used as part of the name of a specific disease. Example: "Parkinson's Disease." • Entry of "skin cancer." • "Birth defect" entered as cause. • Entry of "trouble sleeping." • Entry indicates doubt that the condition exists, or respondent is not sure what condition is. Example: "Swelling on neck-DK, cyst or boil," or "chest congestion, may be asthma, DK."
17	Condition/3f	Effects or manifestation of allergy or stroke is not entered OR is inadequate, such as "lame," "impaired," "no use of," "deformed," etc.

Code	Page/Item	Situation
18	Condition/3g	Part of body is not entered OR is inadequate, for (1) the terms or conditions specified, OR (2) an impairment, OR (3) for the parts of the body shown. OR "Internal" is entered without any reference to specific areas. Example: "internal pain." --- <u>Code 18 is not assigned if</u>: • Specific part of body is not entered in 3g for terms entered in item 1 but not 3b. Example: "Ear infection" is entered in item 1 and "otitis media" is entered in 3b, no error is charged if 3g is blank. • "Headache," "earache," "eye strain," or "female organs" entered. • Part of body is adequately described in previous part of 3.
19	Condition/13 through 17	Accident questions not complete for an injury or condition due to an accident. --- <u>Code 19 is not assigned if</u>: • Code 15 was previously assigned for question 3d on this Condition Page. • Birth injuries to mother or child entered. • There is a footnote indicating "same as for condition 1" or something similar. • There is doubt as to whether or not an accidental injury happened, or the respondent does not remember the accident, even though a doctor believed it was the cause of the condition.

Code	Page/Item	Situation
20	Condition/17	Part of body not entered OR is inadequate. Code 20 is not assigned if: Part of body is not entered for "whiplash" (neck injury).
21	Condition/17a	"Kind of injury" is inadequate. OR "Kind of injury" is not specified when injury is described as internal but no site or organ is entered. Example: "internal bleeding" or "broken blood vessel." OR Entry consists of only a general description. Example: "nerve injury," "nerve damaged," etc.
22	Condition/17b	Present effects are not entered or are inadequate for accidents or injuries which happened more than 3 months ago. OR Entry such as "no use of," "can't bend," "lack of mobility," "difficulty," etc., i.e., a limitation rather than a condition. Code 22 is not assigned if: Entry of "slipped disc," "slipped vertebra," "dislocated disc," or "ruptured disc," which may indicate continuing conditions (present effects).

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